

SPRING Uganda SW SBCC Activities

Review of the Project Assessment and TOPS Documentation

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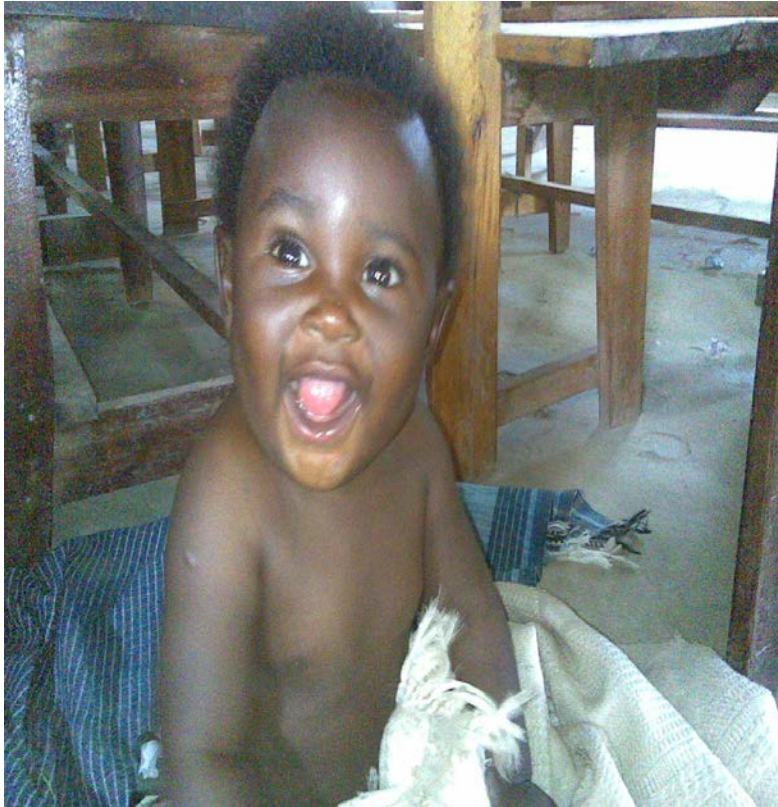
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March 15, 2016



SPRING SBCC Intervention in SW Uganda



- 54% of working population is stunted (Cost of Hunger report, 2013).
- Stunting at 33% for children
- The impact is irreversible -- cognitive, physical and mental development (2008 Lancet Series).



SW Uganda



- Considered the “food basket” of Uganda
- Largely livestock and food production for own consumption
- Despite this, 42% stunting level (UDHS,2011)



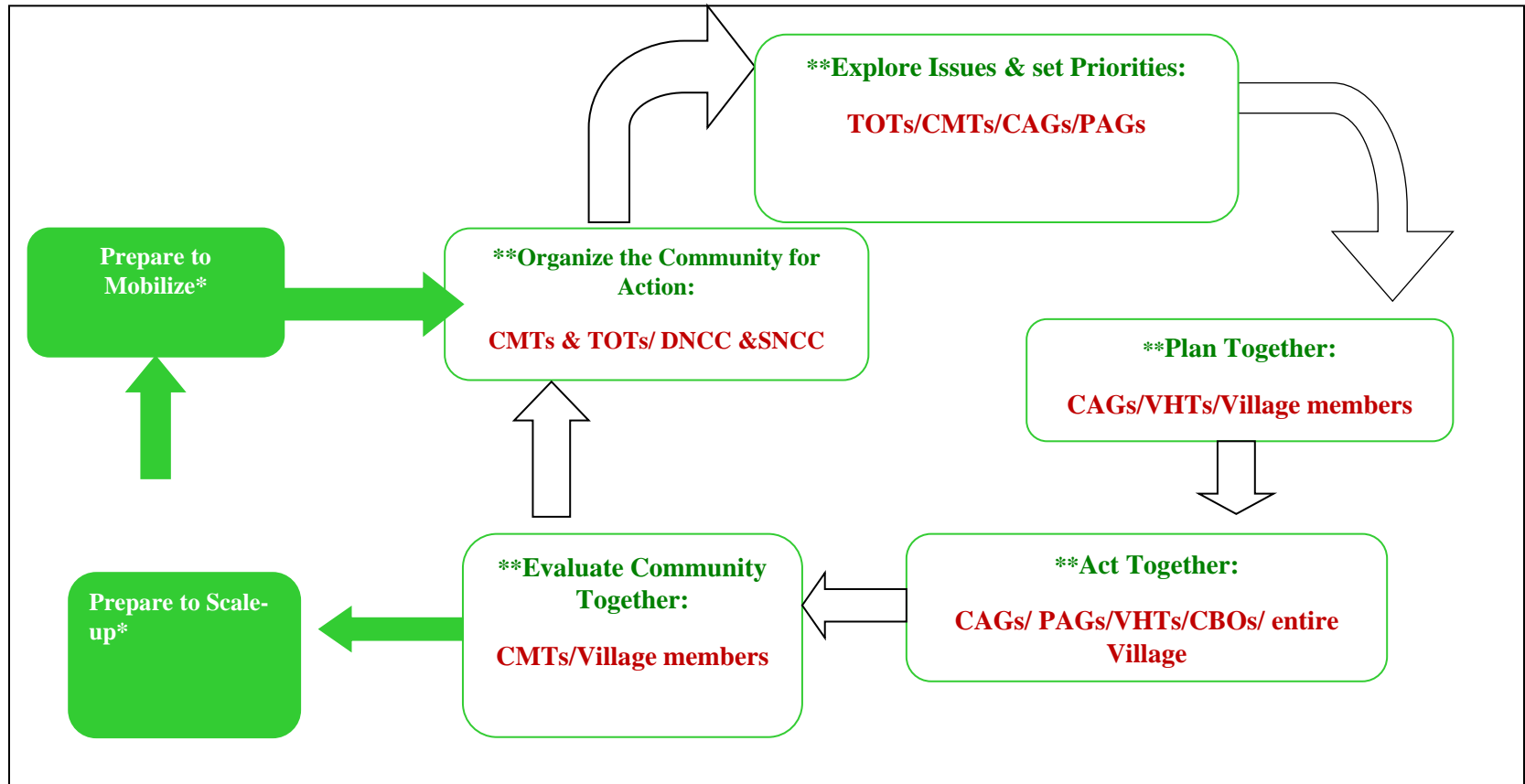
Government of Uganda Commitment



- Uganda committed to Scaling Up Nutrition (SUN)
- Multi-sectoral Uganda Nutrition Action Plan (UNAP) 2011-2016
- Objective 5: Create awareness, maintain national interest & commitment to improve support for nutrition



Community Action Cycle (CAC)



The Community Action Cycle

- Promote communication and other approaches to SBCC for nutrition during the first 1000 days
- Addresses gaps highlighted in the UNAP – low community involvement, a preference for curative rather than preventive, and a lack of proven models).
- Built on existing governmental and partner efforts
- Creates avenues for creativity of nutrition actions/programs



Review of the Project Assessment



Project Background

- Targeted SBCC Activities in 2 districts of Southwest Uganda – Ntungamo and Kisoro
- Project timeline
 - Research and development March 2013-July 2014
 - Activities implementation August 2014-September 2015
- Target beneficiaries – mothers, fathers, and grandmothers of children under 2 years
- Intervention coverage
 - 2 districts, 4 subcounties
 - 216 villages
 - 14,317 participants



Project Design

- Began with extensive formative research using a commercial marketing based approach to develop SBCC strategy
- Conducted 20 focus group discussions (FGD) with 65 women and 45 men
- Drew on emotional “hot buttons” to trigger behavior change
 - Status in the community
 - Recognition by community members
 - Self-fulfillment
 - Achievement



Formative research



Community Action Cycle (CAC)

- CAC as foundation and community platform
- Phase 1: Prepare to mobilize and implement social behavior change communications
- Phase 2: Organize the community to support the village health teams (VHT)/SBCC
- Phase 3: Plan for supporting the VHT and creating other community mechanisms to prevent malnutrition
- Phase 4: Implement SBCC campaign and community mobilization activities



Community orientation meeting



Great Moms, Healthy Children Video Campaign

- Facilitated video screening and discussion sessions led by VHTs
- 8 videos in 2 languages featuring 4 key topics
 - Exclusive Breastfeeding
 - Care for the recovering child
 - Feeding a sick child
 - Seeking medical care
- 3 distinct target groups
 - Great moms – lactating mothers
 - Fabulous Fathers – fathers of children <2
 - Wise women – grandmothers of young children



VHT video session



Purpose of the Assessment

- Review intervention coverage and participation
- Assess change in knowledge and attitudes on the four key nutrition topics with direct beneficiaries and others potentially reached through word of mouth in the community.
- Determine if the project design was appropriate, sustainable, and successful in reaching the target population.



Assessment Methodology

- Review of routine monitoring data and financial documents
- 38 FGDs with direct beneficiaries who participated in VHT activities
- 19 FGDs with community members who did not participate in VHT activities (non-participants)
- 88 Key informant interviews (KII)
- Secondary analysis of SPRING household survey nutrition SBCC section

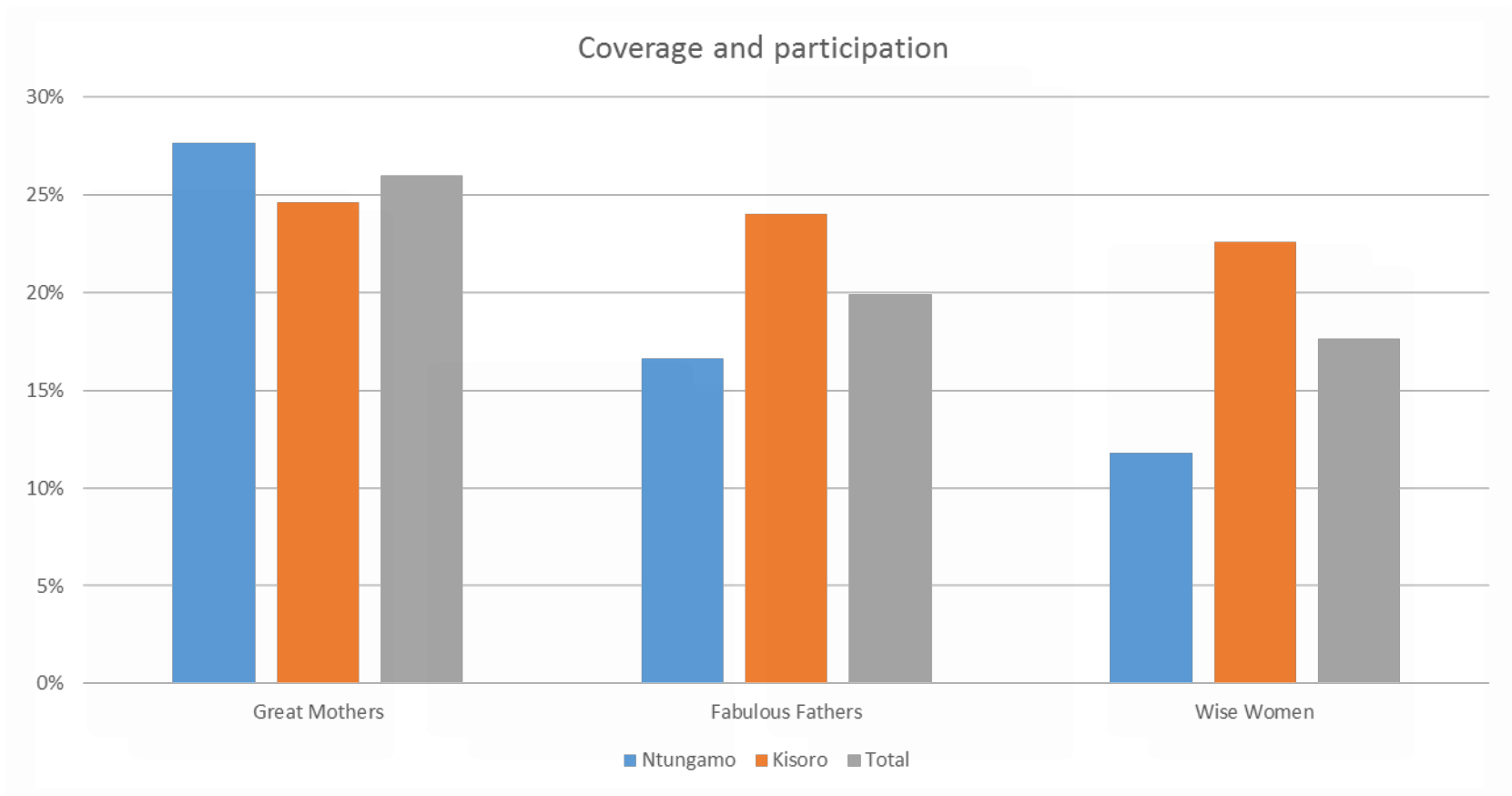


Findings

- Coverage and participation
- Project operations
- Change in knowledge and attitudes on key behaviors
- Project design



Coverage and participation



Project Operations

- Insufficient distribution and quantity of pico projectors
 - More projectors were procured but arrived late in the implementation cycle
- Weak battery life of pico projectors and expensive/inconvenient to charge
 - Solar panels distributed
- Short implementation period



Change in knowledge and attitudes

- In the FGDs generally positive perceptions of SPRING expressed across all study areas
- Participants claimed their lives had improved and were eager to credit new knowledge and behaviors to the project
- Many noted that they had shared this new knowledge with others or that neighbors were interested in the information and activities



Breastfeeding

“Before I had watched the video, you know a child eats at 6 months but sometimes when a child would want to eat we would just give even before the 6 months have reached. But after watching the video I make sure that I feed the child when it has reached 6 months.” *FGD Participant Ntungamo*

“We thought that first milk was very bad and dangerous to the baby’s health so we would give them water but after watching the video, we realized that it was important and now we breast feed our children before giving them anything.” *FGD Participant Kisoro*



Seeking Medical Care

“I found out that when a child is sick, you should not run to the herbal doctors but you should rather talk to your husband and find ways possible to take you child to the hospital.” *FGD Participant Ntungamo*

“We also give them herbs, we take them to the witch doctors, we pray for them.” *FGD Non-participant Ntungamo*



Feeding a Sick or Recovering Child

“Those video sessions have helped us a lot especially on young children because we learned how to feed our children and what to give them to help them not fall sick. And when you feed a child you see when he has good health, which helps a child not to fall sick.” *FGD Participant Ntungamo*

“You give them the medicine that they have given you in the hospital. And you continue to push him to drink after you come from the hospital. You buy for them mukene and eggs. You increase the milk.” *FGD Non-participant Ntungamo*



Other behavior change attributed to SPRING

- Using locally available fruits and vegetables, such as avocado and amaranth that had not been previously consumed
- Planting kitchen gardens to grow greens and vegetables
- More active engagement and support of their wives' health by men
- Village peer pressure to motivate behavior change



Program Design

- Use of locally produced videos
- Mixed methodology of video screening and discussion
- Persistent follow-up by VHTs and community action groups (CAG)
- Use of established VHTs
- Challenge –short implementation



Program Design



Program Design

“The truth is that people were very receptive to the program. When they found that the video was made by people of the same sub-county, they said that means that we are also important people we can do something and other people come to see it. So it brought them an interest to come and watch that video.” *KII VHT Ntungamo*



Analysis

- Program coverage was limited by operational challenges and shortened timeframe but still managed to reach a quarter of mothers and almost a fifth of fathers and grandmothers
- Participants demonstrate strong recall as they cited key messages from the videos, willingly credited their knowledge to SPRING, and demonstrated an eagerness to change behavior
- The emotional triggers identified in the formative research of status and recognition were recurrent in FGDs



Analysis

- Unique program design using locally produced videos motivated participation and provided the VHTs with a useful and attractive tool
- Engaging the community through the CAC platform and well established VHTs provided a solid foundation
- Targeting fathers and grandmothers with specific messages was well designed but implementation challenges didn't allow sufficient time for these groups to participate



Conclusions



TOPS Documentation



New awareness of stunting and its consequences



Close attention to videos, even with repeat viewings



Every group of participants mentions appreciation for seeing “people like us” in the videos – a good tool for VHTs.



VHTs, elder women and men express the value of harmonized messages to provide support for mothers.



Brought nutrition to the forefront at all levels: district, sub-county and community



Increased the depth of training VHTs have on nutrition versus other health topics



Mothers, fathers and elders report changed behaviors



The Community Action Cycle involved many sectors and resulted in action.



Thank you!

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