Alive & Thrive: “Can we scale up nutrition?”

Designing the Future of Nutrition SBCC | Bethesda, MD | November 2014
Can we scale up infant and young child feeding programs?
Yes! We can scale up

Interpersonal: 3.7 million mothers

Mass media:

Bangladesh ~6.5 million
Ethiopia <1 million
Viet Nam >2 million
Yes! We can change behaviors

Increased exclusive breastfeeding

<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>19%</td>
<td>72%</td>
<td>49%</td>
</tr>
<tr>
<td>2013 (During)</td>
<td>80%</td>
<td>83%</td>
<td>63%</td>
</tr>
</tbody>
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*KEY
- Bangladesh
- Ethiopia
- Viet Nam

*A&T intensive areas only
Yes! We can change behaviors

More diverse complementary feeding

<table>
<thead>
<tr>
<th></th>
<th>2010 Before program</th>
<th>2013 During A&amp;T program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>6%</td>
<td>32%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>15%</td>
<td>62%</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>89%</td>
<td>74%</td>
</tr>
</tbody>
</table>

*KEY: Bangladesh, Ethiopia, Viet Nam

*A&T intensive areas only
Overview

• A&T Framework for scaling up nutrition
• A&T design for measurement, learning & evaluation
• Early results: What we’ve learned about what it takes to be:
  – Scalable
  – Effective
A&T Framework for scaling up

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

**Interpersonal Communication & Community Mobilization**
- Improved knowledge, beliefs, skills, and environment
- Improved breastfeeding & complementary feeding practices

**Mass Communication**
- Improved health outcomes

**Strategic Use of Data**
- Policy makers & legislators
- Employers
- Staff of multiple sectors
- Service providers & community leaders
- Family
- Mothers Caregivers
Changing social norms, engaging people throughout society

Partnerships & alliances in the health system and other sectors for scale and sustainability

Advocacy  Interpersonal Communication & Community Mobilization

Mass Communication

Policy makers & legislators  Employers  Staff of multiple sectors  Service providers & community leaders  Family  Mothers Caregivers

Strategic use of data
A&T measurement, learning & evaluation (MLE)
Key research questions

- What impact did A&T have on IYCF practices and stunting?
  - A&T-intensive vs. mass media only

- How was this impact achieved?
  - Reach
  - Quality
  - Intensity
  - Cost
Measurement, learning & evaluation at a glance: Viet Nam

**ADVOCACY**
- Baseline 2011
- Content analysis of provincial plans, annual 2010 – 2014
- Endline 2014

**Program monitoring ongoing**

**INTERPERSONAL**

**MASS MEDIA**
- WAVE 1 Baseline 2011
- WAVE 2 2012
- WAVE 3 2013
- WAVE 4 2013
- WAVE 5 Endline 2014

**OVERALL A&T EVALUATION**
- Baseline survey 2010
- Process evaluation
  - Training assessment 2010
  - Client provides observation 2012
  - Qualitative interviews 2012
  - Quantitative survey 2013
- Endline survey 2014

**Costing** 2009 – 2013
Overall A&T evaluation, Bangladesh
Cluster randomized design (cRCT)

60 rural subdistricts

20 (paired) subdistricts

Randomized

10 A&T intensive
Intensive IYCF counseling, community mobilization & mass media

10 A&T non-intensive
Standard care & mass media

Baseline – 2010

Process, wave 1 – 2011

Process, wave 2 – 2012

Process, wave 3 – 2013

Endline – 2014

At scale program in 40 subdistricts
What have we learned?

SCALABLE
EFFECTIVE
What we’ve learned about how to reach SCALE
SCALE: Think big, really big

- **3,000** Attendees, community mobilization sessions
- **405,800** Home visits
- **25,000** Phone contacts
- **38,500** Attendees, health forums
- **BRAC contacts in a single month, Bangladesh**
- **37,400** Mothers at ANC visits
Reach varied in different contexts

Interpersonal counseling
- Bangladesh: 92%
- Ethiopia: 73%
- Viet Nam: 45%

Mass media
- Bangladesh: 62%
- Ethiopia: 30%
- Viet Nam: 85%

2013 data
What we’ve learned about how to be EFFECTIVE

Intensity matters
More than mothers
Focus on drivers of behavior
What we’ve learned about how to be EFFECTIVE

Intensity matters
Intensity matters

Dramatic increase in exclusive breastfeeding

Intensity matters

![Graph showing percent egg consumption by number of A&T activities in Ethiopia.](image-url)
What we’ve learned about how to be EFFECTIVE

More than mothers
Changing social norms, engaging people throughout society
Bangladesh TV spot

Of course. Didn't you notice how well he's growing?
What we’ve learned about how to be EFFECTIVE

Focus on drivers of behavior
Behavior change model, Viet Nam

Exposure to messages on breastfeeding

A&T MEDIA CAMPAIGN
- TV spots
- Out-of-home advertising (loudspeaker announcements, print)
- Internet
- Earned media (news stories placed)

Behavioral Determinants
- Knowledge of recommended behavior
- Beliefs about consequences
- Perceptions of social norms
- Sense of self-efficacy
- Supportive environment

Behaviors
BREASTFEED EXCLUSIVELY FOR 6 MONTHS
- Component behaviors
  - Do not give water
  - Do not give infant formula
  - Do not give other liquids
  - Do not give semisolid or solid foods
What we’ve learned about effective: Changing behavioral determinants

• Beliefs about outcomes
  – Does not believe exclusively breastfed infant will be thirsty (OR=1.54)

• Perceptions of social norms
  – Most women like me feed their infants only breastmilk (OR=1.77)

• Self-efficacy
  – My breastmilk is good enough to nourish my infant for 6 months (OR=1.78)
Viet Nam TV spot
Behavioral determinants have improved

Trends in behavioral determinants

Viet Nam

- Self-efficacy
- Social norm
- Belief about outcome

Believes her BM is enough
Believes EBF for 6m is the norm
Does not believe exclusively BF infant will be thirsty

n=2,305 (Aug 11); n=2,065 (Oct 12); n=2,321 (May 13); n=2,593 (Oct 13)
SCALABLE
EFFECTIVE
Intensity
More than mothers
Behavioral determinants
At the deep dive...
How can we help countries scale up NOW?