

BCC interventions for Nutrition in other countries - Alive and Thrive

Social and behaviour change communication (BCC) interventions are integral to improving dietary and care practices. The Alive and Thrive initiative examined the extent of, and factors associated with intervention exposure: interpersonal communication (IPC) alone or with other interventions (i.e., mass media, community mobilization, or nutrition-sensitive agricultural activities) in Bangladesh, Ethiopia, and Vietnam. This initiative aimed to improve infant, and young child feeding (IYCF) practices through large-scale SBCC programs, which include IPC delivered by frontline health workers. IPC during health facility or home visits was combined with mass media (MM) and community mobilisation (CM) activities, which were delivered by a NGO in Bangladesh and government health systems in Ethiopia and Vietnam.

Intervention

In Bangladesh and Vietnam, large-scale SBCC interventions were implemented in various districts or provinces throughout the country from 2010 to 2014. In Ethiopia, SBCC interventions were implemented in the northwest zones of Amhara region from 2015 to 2017. A core component of all the programs was IPC (individual or group counselling or provision of key program messages). Additional interventions included MM and CM in all countries and agriculture activities in Ethiopia³.

- In Bangladesh's intervention areas, BRAC⁴ health workers and community volunteers conducted multiple, age-targeted, IYCF-focused counselling visits to households with PW and mothers of children ≤2 years of age (12–27 contacts, depending on frontline worker type). IYCF promotors were also recruited and trained to support them. CM included sensitization of community leaders about IYCF, and community theatre shows focused on IYCF. The MM component consisted of the national broadcast of 7 television spots with messages on various aspects of IYCF—2 spots focused on breastfeeding, 4 spots on complementary feeding, and 1 spot on hygiene.
- In Ethiopia, Alive & Thrive with Save the Children worked with health workers, volunteers, and agricultural extension workers to deliver intensified IPC about IYCF and promote AG activities to benefit children. Age-appropriate IYCF messaging was provided to women from their last trimester of pregnancy to 2 years of child age. Agricultural extension workers promoted agricultural activities, such as designating a chicken whose eggs are prioritized for young children in the household and designating vegetables from homestead gardens for children. Priests and religious leaders delivered CM activities such as sermons about adequate child feeding. The MM component consisted of a regional broadcast of a radio drama, which included 12 episodes with stories that aligned with IYCF messages, associated jingles, and testimonials of model mothers.
- In Vietnam, Alive & Thrive with Save the Children worked with the government to establish a total of 781 social franchises within government health facilities at the province, district, and commune levels in 15 of the 63 provinces to deliver high-quality IYCF counselling. The IPC schedule included 9–15 counselling contacts. There was little to no CM, involving only the distribution of invitation cards to social franchises by village health workers to encourage mothers to attend counselling services. MM

³ Kim SS, Nguyen PH, Tran LM, Alayon S, Menon P, Frongillo EA, Different Combinations of Behaviour Change Interventions and Frequencies of Interpersonal Contacts Are Associated with Infant and Young Child Feeding Practices in Bangladesh, Ethiopia, and Vietnam

⁴ A large nongovernmental organization



consisted of a national broadcast campaign that used television, print, and digital media; 2 television spots focused on breastfeeding, 1 spot on complementary feeding, and 1 spot promoted the use of franchise services. Other MM activities in intervention areas included loudspeaker announcements in community, posters promoting breastfeeding in commune health centres, and billboards.

Results

- Over a 4-year period (2010–2014), program interventions led to significant impacts on IYCF practices in both Bangladesh and Vietnam; in Ethiopia, positive impacts on complementary feeding practices and stunting were observed after a 2-year period (2015–2017).
- Across the three countries, changes in behaviour and adoption of recommended practices did not occur uniformly. A major determinant of change was the reach of the intervention, which in turn was affected by choice of the delivery platform. Reach was highest in Bangladesh, where nutrition workers delivered home-based counselling. In Vietnam, where interventions were delivered at health facilities, reach was lower because of demand-side constraints; in Ethiopia, the use of multipurpose government health workers also led to lower reach.⁵

Lessons for India

- The design of BCC must be flexible and responsive to shifts in societies and contexts.
 This may need regular local-level assessment of constraints faced by women and children in securing appropriate nutrition. Performance of adequate IYCF also requires investments to generate community demand through social mobilization, relevant media and existing support systems.⁶
- Diffusion of IYCF information through social networks, reinforced by positive social norms for messages promoted over time, will contribute to positive changes in IYCF practices that may be achieved and sustained through large-scale social and behaviour change interventions.⁷ It will also be worthwhile to have different delivery platforms in different areas based on the geographical spread, literacy levels and prevalence of communication mediums such as smartphones, TVs etc.

⁵ Menon P, Ruel MT, Nguyen PH, Kim SS, Lapping K, Frongillo EA, Alayon S, Lessons from using cluster-randomized evaluations to build evidence on large-scale nutrition behaviour change interventions, 2020

⁶ Osendarp S., Roche M., Behavioural Change Strategies for Improving Complementary Feeding and Breastfeeding, 2019
⁷ Nguyen PH, Frongillo EA, Kim SS, Zongrone A, Jilani A, Tran L, Sanghvi T, Menon P, Information Diffusion and Social Norms are Associated with Infant and Young Child Feeding Practices in Bangladesh