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# Integrated Use of Social and Behaviour Change Interventions Improved Complementary Feeding Practices and Reduced Stunting in Amhara Region



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# Presentation Outline

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## **Program background**

- Objectives and overview of interventions

## **Study methods**

- Evaluation design
- Sample size, data collection methods and data analyses

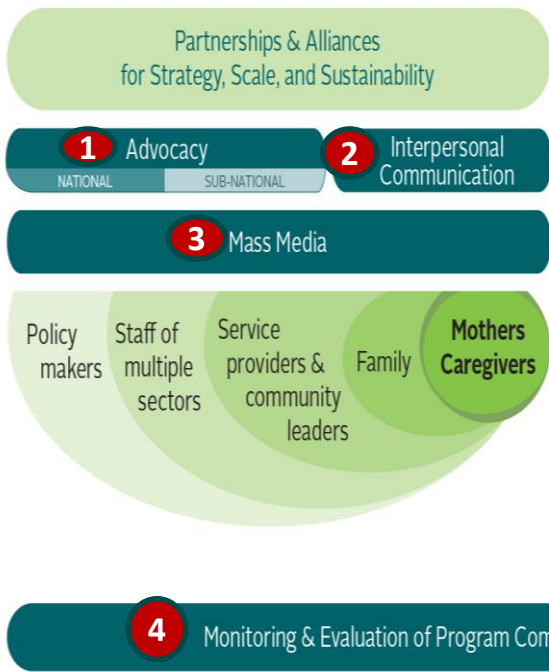
## **Results**

- Sample characteristics
- Infant and young child feeding (IYCF) practices and child growth

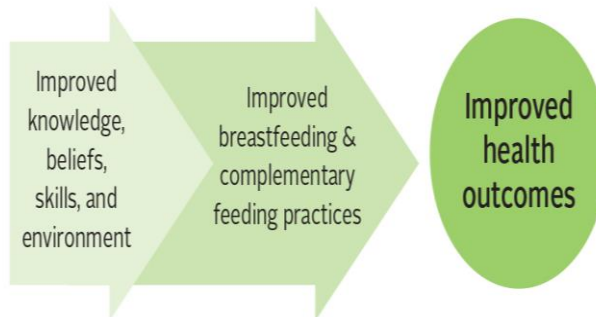
## **Lessons learned & Program Implication**

# Project Background

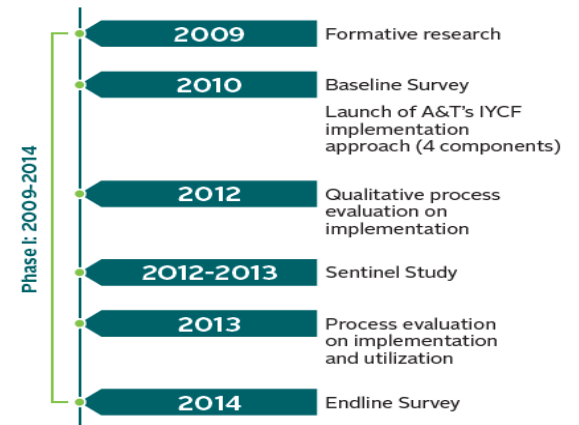
- The Project used Social and Behavior Change (SBC) approach to promote appropriate infant and young child feeding ( IYCF) in two phases



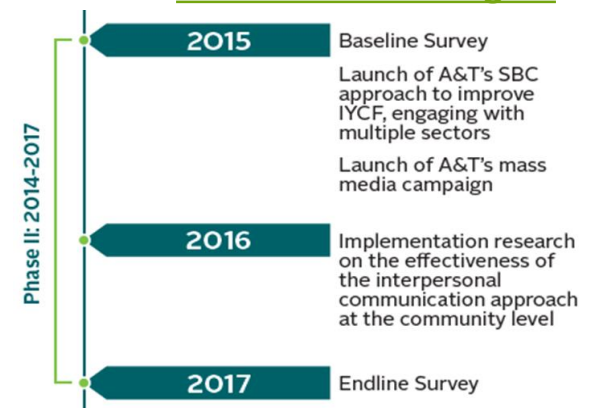
## The SBC framework with four components



## Phase One: In four regions



## Phase Two: One region



# Objectives

1. Sustain high rates of exclusive breastfeeding (EBF) among children 0-5.9 months at over 70 percent in A&T program areas.
2. Increase the proportion of children 6-23.9 months who receive a diverse diet (consume at least 4 food groups) by 10 percentage points.
3. Increase the proportion of children 6-23.9 months who receive complementary food at least the minimum number of times per day by 10 pp.



# Overview of Project Interventions

## 1. Timed and age-appropriate messaging (TAAM) about IYCF

- Delivered by health extension workers (HEW) during home visits and health post visits
- Delivered by women's development army team leaders (WDATL) at home visits

## 2. Nutrition messaging and activities promoted by agricultural workers

- Delivered by agricultural extension workers/development agents (AEW/DA) during any contact with 1000-day households
- Promotion of “baby's chicken”
- Promotion of “baby's vegetable garden”

## 3. Community mobilization activities

- Monthly food demonstrations
- Enhanced community conversations
- Priests' sermons about child feeding

## 4. Mass media campaign

- “Sebat Mela” radio drama program





# Impact Evaluation Design

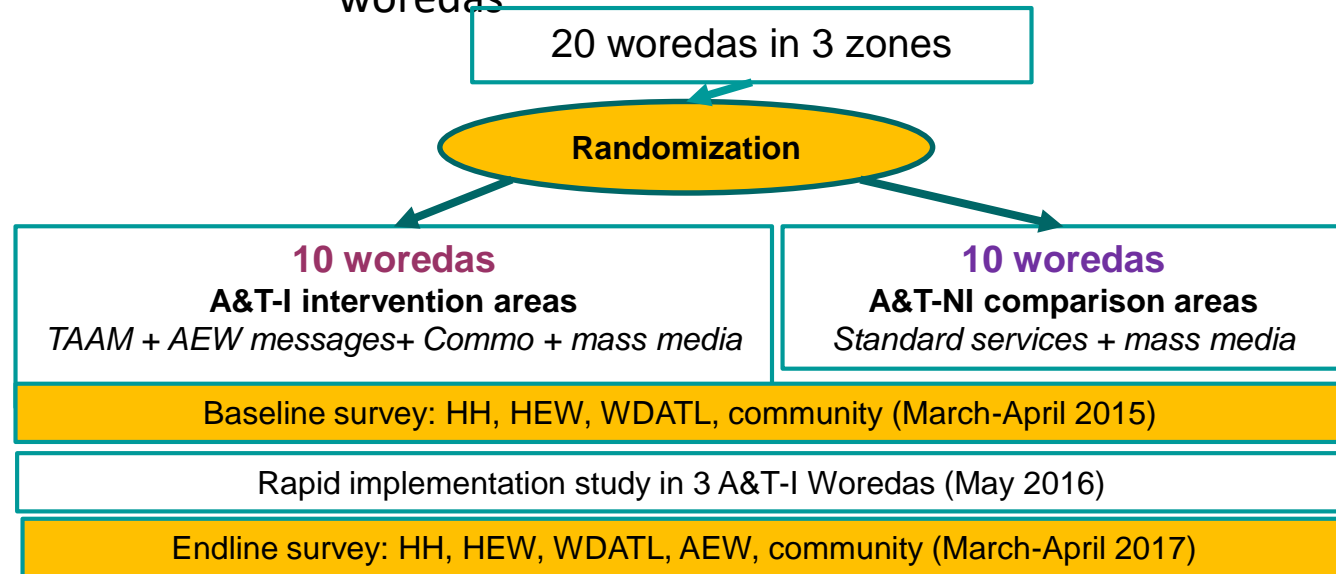
## Study Location

- 3 zones of Amhara region (Awi, N. Gondor, W. Gojjam), 20 non-PSNP woredas



## Study Design

- Cluster-randomized program evaluation with repeated cross-sectional surveys
- Random assignment of 20 woredas, to 10 A&T-intensive (A&T-I) and A&T non-intensive (A&T-NI) woredas



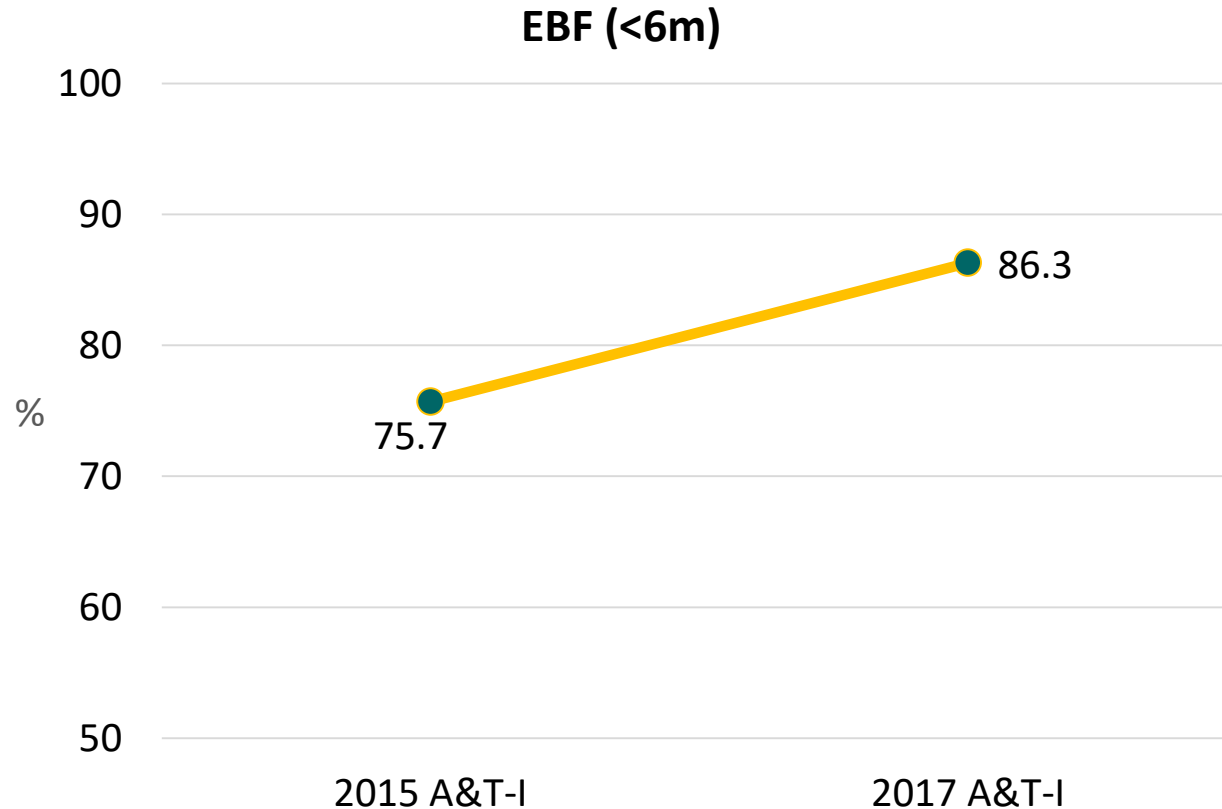
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# Results

## Impact on IYCF and Child Growth



# Objective of maintaining high rates of EBF was achieved

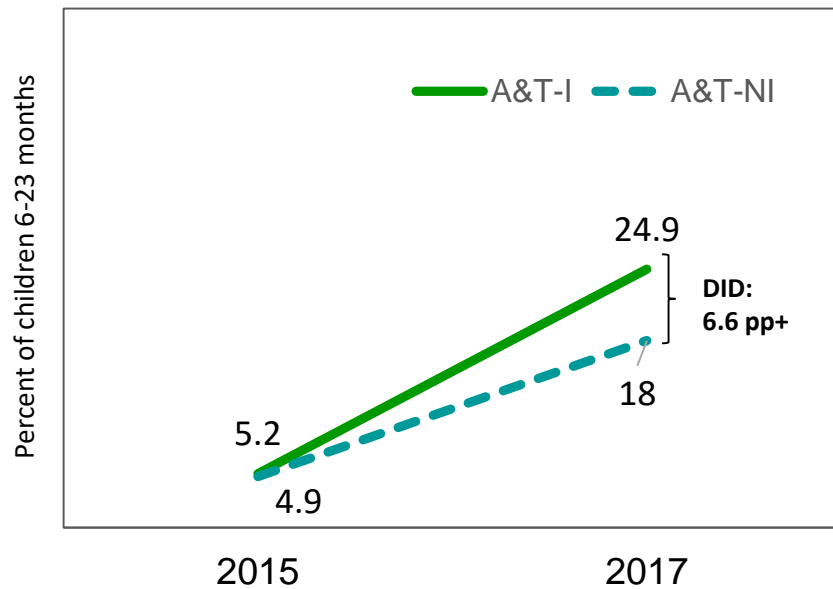




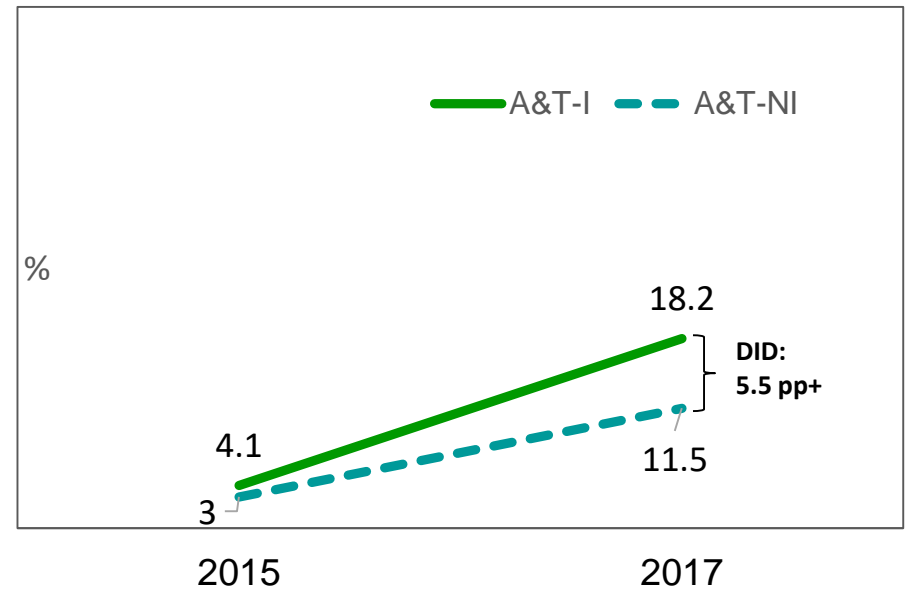
# Minimum dietary diversity (MDD) and minimum acceptable diet (MAD) increased, with significant differential impact



### MDD (6-23 months)

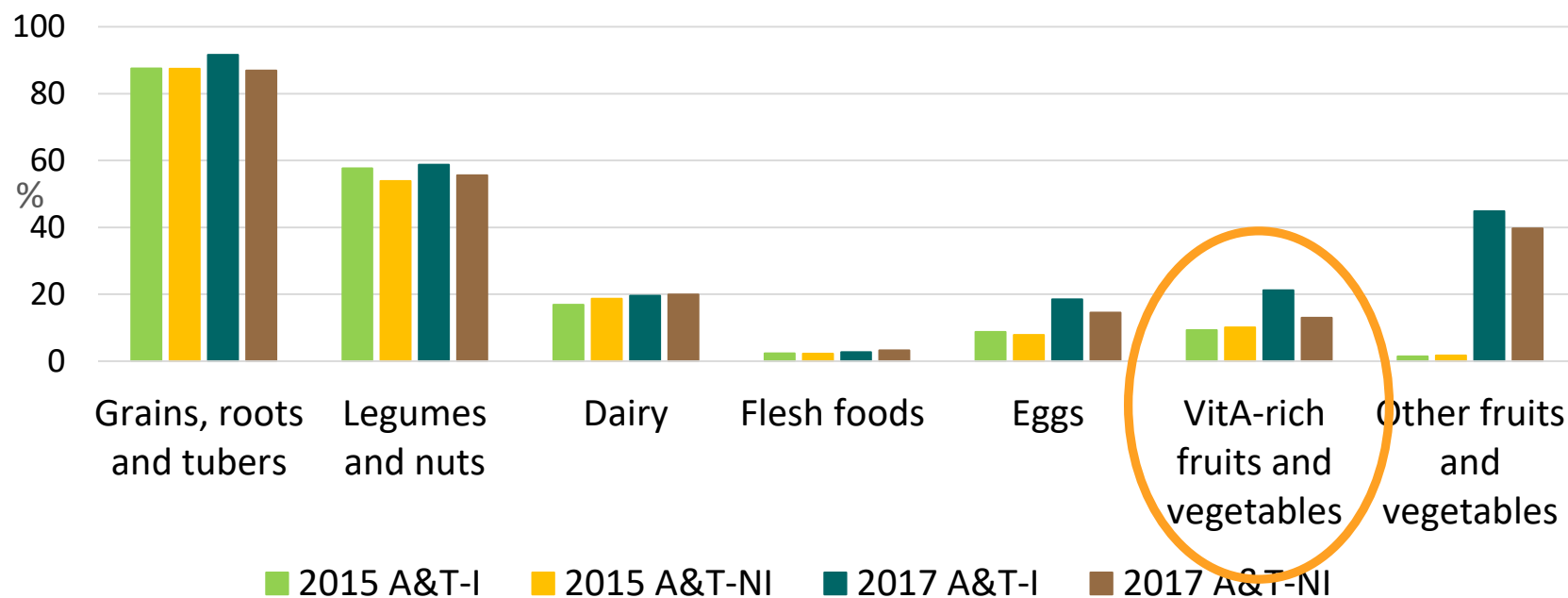


### MAD (6-23 months)



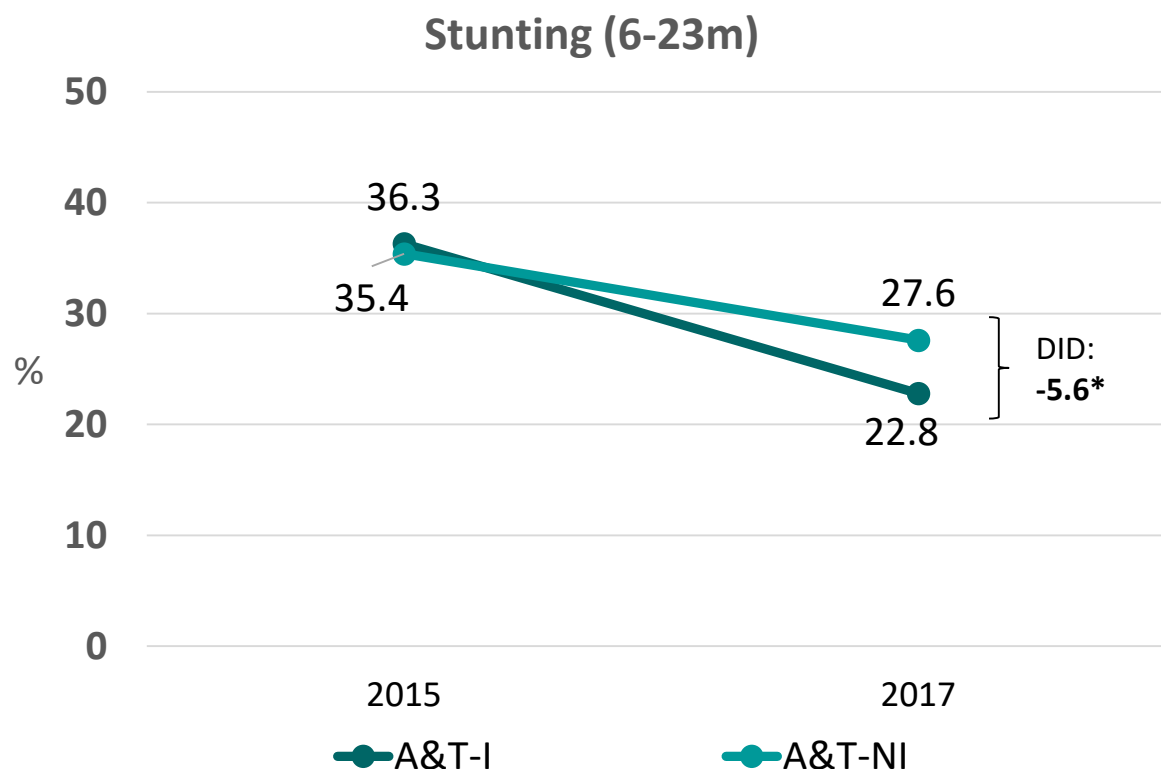
+p<0.1, \*p<0.05, \*\*p<0.01

# Significant Improvement In Consumption of Vitamin A rich Fruits & Vegetables as well as Eggs



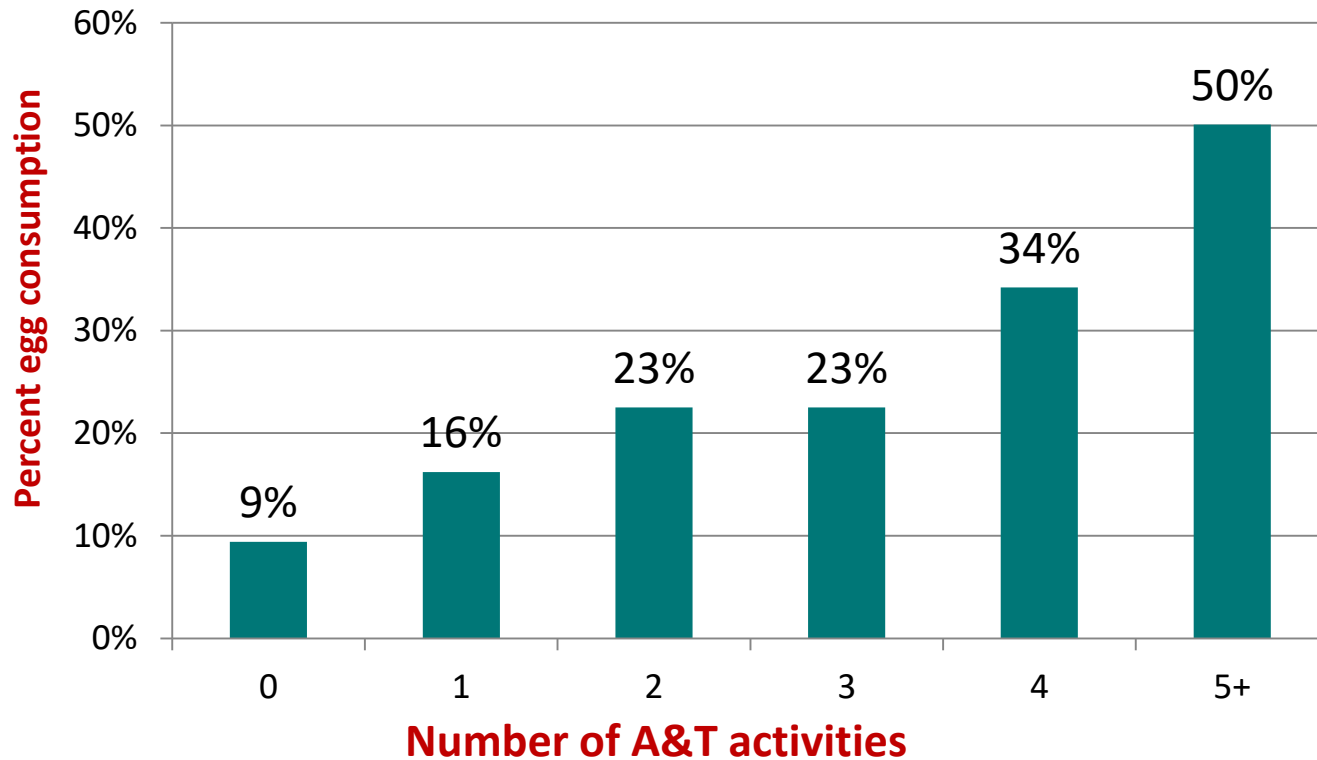
+p<0.1, \*p<0.05, \*\*p<0.01, \*\*\*p<0.001  
Adjusted for clustering effect at woreda level

# Stunting among children 6-23months reduced significantly particularly among older children (18-23m)



- DHS showed a decline in stunting from 52 to 46 percent among children <5 years in Amhara, 2011-2016

# Saturation Effect: Intensity of activities matter to adopt a behavior



# Lessons Learned & Program Implication

1. Changing child feeding behaviors remains difficult , but this study results showed that improving MDD and MAD is possible through behavior change interventions even within a short 2-year period.
2. Intensity of exposure to interventions and appropriate messages are key.
3. Efforts to stunting reduction demands accelerated, high coverage and quality of services with adequate follow up!

## Program Implication

This evidence and tools will have significant contribution for the national flagship program of stunting reduction if scaled up through system strengthening.

# Acknowledgements



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Health Bureau



Save the Children®

- Health staff, HEWs, WDATLs, AEW/DAs
- Respondent mothers and their communities



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*Thank you*