



UNITED REPUBLIC OF TANZANIA

# How evidence transformed the design of SBCC strategies to improve nutrition in Tanzania

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A young child with dark skin and short hair is looking directly at the camera with a neutral expression. The child is wearing a vibrant, patterned shirt with green, orange, and blue colors and black outlines. The background is slightly blurred, showing green foliage and a brick wall. The text is overlaid on the left side of the image.

## The Challenge

When we aren't systematic about data collection and use, we build programmes on limited evidence ...

... which means we run the risk of misusing resources designed to improve public health.



Objective: How to use evidence to design large-scale SBCC programmes



# ASTUTE Programme

Objective: reduce stunting in children <5 years of age by:

1. Improving the government's response to nutrition at national and sub-national levels [Health; Agriculture; WASH; Early Childhood Development (ECD)];
2. Building capacity to support optimal care practices for maternal and infant and young child nutrition, WASH, and ECD; and
3. Increasing the knowledge of pregnant women, caregivers of children <2 years old, and household and community decision makers on:
  - Maternal, Infant, Young Child, and Adolescent Nutrition (MIYCAN); WASH; and ECD.

ASTUTE is implemented by IMA World Health, PANITA, DMI, Cornell University, and the Government of Tanzania with funding from DFID.

Duration: 4.5 years (2016- 2020).

# Coverage

## 5 Lake Zone regions:

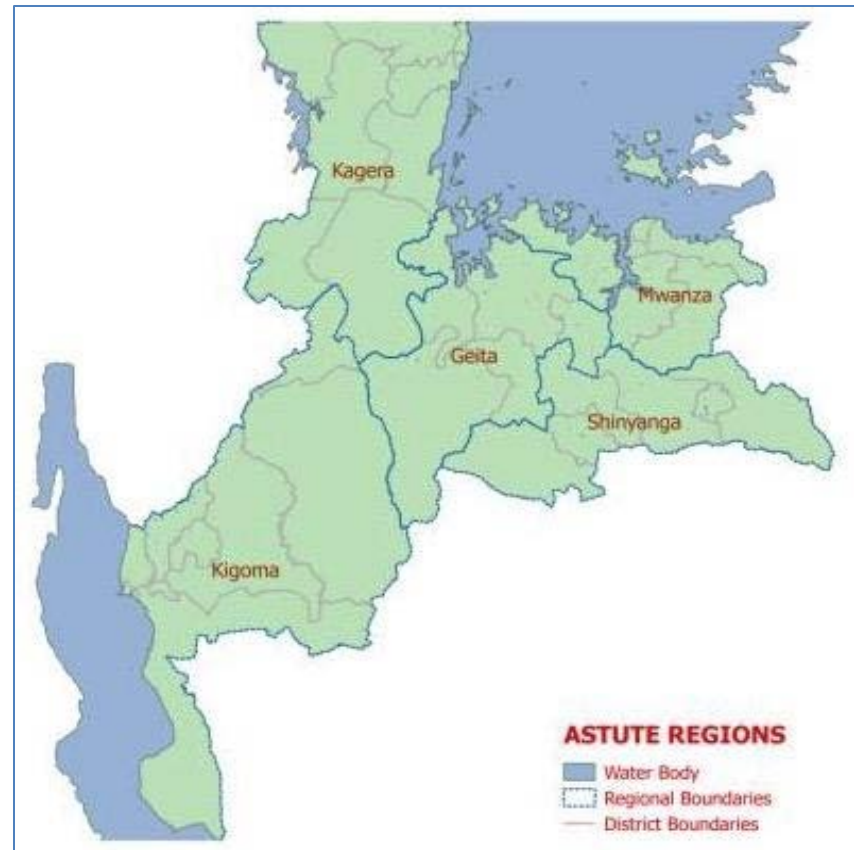
Mwanza, Shinyanga, Geita, Kagera, Kigoma.

## Targeted Population:

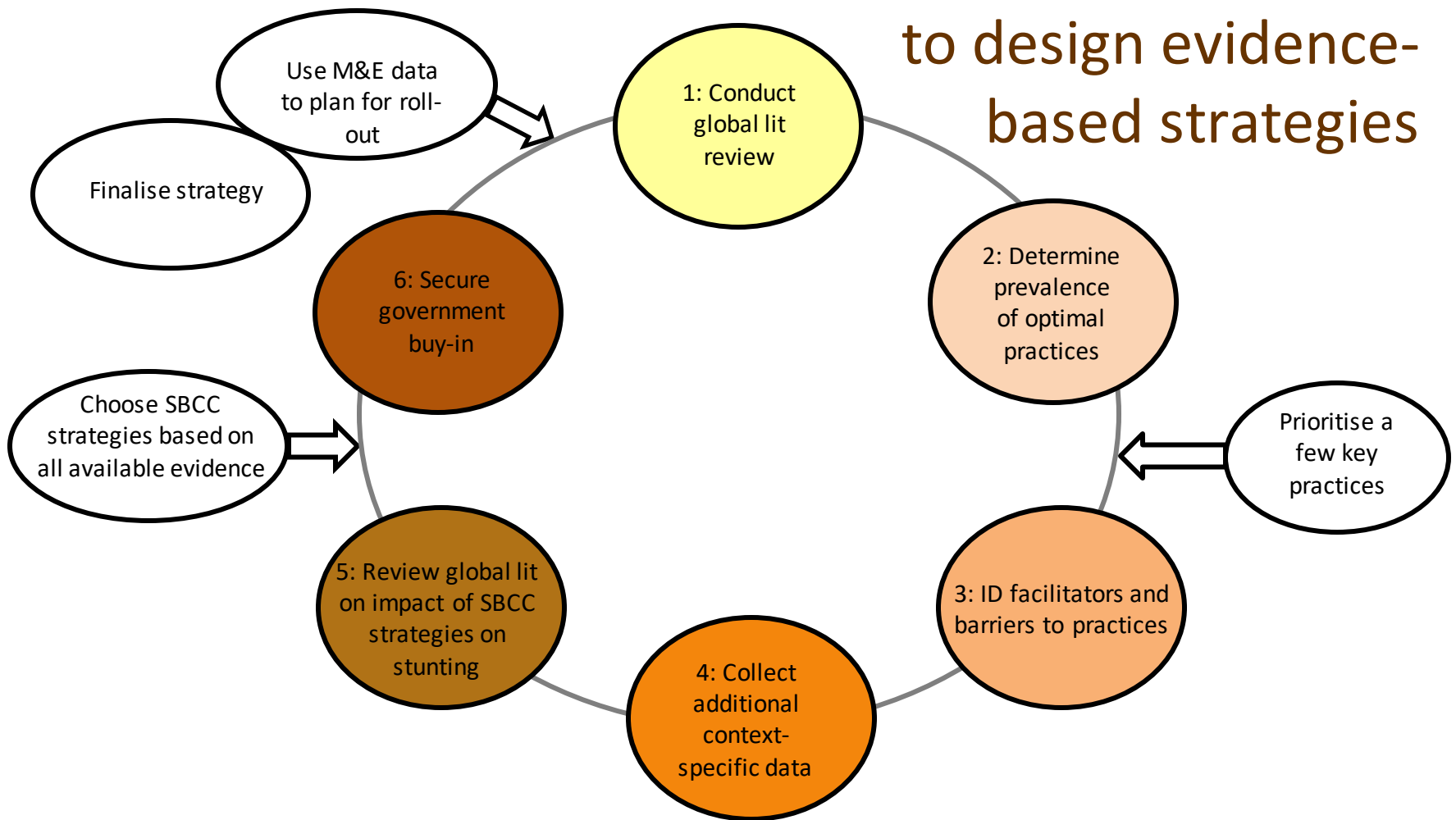
10.2 million total;

Over 3 million mothers and children.

**Aim:** >50,000 children will not be stunted.



# Steps ASTUTE used to design evidence-based strategies





# Case Study

Giving children >6 months animal source foods





# Step 1: Conduct Global Literature Review

Does the peer-reviewed literature suggest an impact on stunting?

**Yes!**

Evidence comes from a variety of sources.

Bhutta ZA et al (2008). What works? Interventions for maternal and child undernutrition and survival. Lancet 371:417-40.

Bhutta ZA et al (2013). Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? Lancet 382:452-77.

African Development Bank (2017). Synthesis of evidence of multi-sectoral approaches for improved nutrition. Author: Tunis, Tunisia.

...and many other studies.



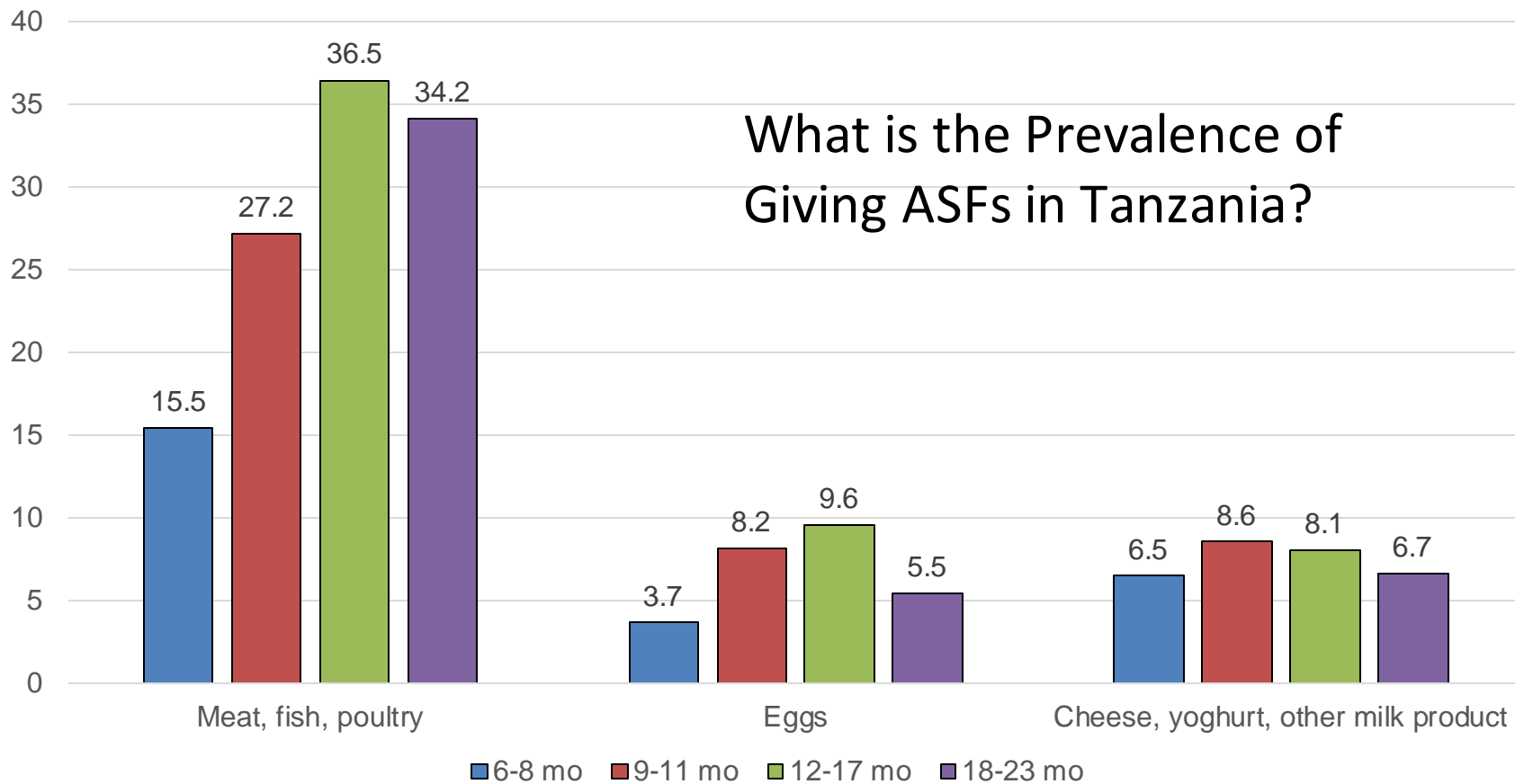


**Step 2: Determine Prevalence of Optimal Practices**



## Consumption of Animal Source Foods among Breastfed Children in Tanzania (DHS, 2015)

What is the Prevalence of Giving ASFs in Tanzania?





# Step 3: Identify Facilitators and Barriers to Optimal Practices





## Per ASTUTE's literature review and formative research:

### Barriers:

- Nutritious foods are expensive;
- Incomplete and incorrect advice on complementary feeding from health workers;
- Poverty, belief that children shouldn't be given preference for ASFs; and
- Chicken and eggs are for emergency cash and are not to be used as a nutritious food.

### Facilitators:

- ASFs are available (e.g., small fish in 4 regions);
- Few food taboos;
- Men and women are open to trying new behaviours, including giving ASFs.



**Step 4: Collect Additional,  
Context-Specific Data**



## What practices are people willing to try? Per ASTUTE's Trials of Improved Practices and recipe trials:

- **Recommendation:** use milk instead of water to prepare porridge.
  - Not well received in recipe trials.
- **Message:** children don't need teeth to eat foods such as eggs, meat, and vegetables if you mash them.
  - Fears of choking need to be addressed.
- **Recommendation:** add egg, *dagaa*, or vegetables to porridge.
  - It takes 8-10 times before a child is used to a new food. Keep trying!



**Step 5: Review of the Literature on the Impact of SBCC Strategies on Stunting**



## The global literature suggests that:

The impact of health facility worker training on consumption of ASFs is mixed. In Tanzania, health facility workers (HFWs) rarely counsel on nutrition.

- ASTUTE provided 1-day orientation to HFWs rather than extensive training they might not use.

Support groups have mixed impact on ASF consumption but home visits have consistent positive effects.

- ASTUTE conducts support groups but prioritises home visits using negotiation to assist CHWs as they help families try new practices.





There is limited but positive impact of mass media on ASF consumption.

- ASTUTE broadcasts radio messages, including spots on men's roles (e.g., one radio drama between fathers who are fishing emphasises the importance of adding fish to children's porridge).

Positive deviance/hearth has an impact on animal source food consumption:

- ASTUTE pilots and carefully monitors programmes to determine nutritional impact.



**Step 6: Secure  
Government Buy-In**

ASTUTE works with government at all levels to secure buy-in. Examples:

- Government and ASTUTE staff co-designed training;
  - Training was made more specific based on TIPs;
- Government reviewed ASTUTE's approach to radio and its SBCC strategy.

# Challenges Using Evidence

- There may not be enough data about the:
  - Efficacy of interventions;
  - Prevalence of optimal practices in programme areas;
  - Facilitators and barriers; and
  - Impact of SBCC programme approaches.
- Weak studies or old data compromise decisions about programme design;
- Synthesising evidence takes time and capacity to use information;
- Findings from some project studies may not be available in time to influence programme design.

# Conclusion

- We believe that when data are used systematically to design strategies, the impact of our programmes is maximised.

**Thank you**





# Handout: Crocodile radio spot

*Voices and a rowboat on the lake.*

KASIMU: Maganga, we got more fish now than in the first round. The net is heavy.

MAGANGA: Kasimu, stop pulling. Stop! It's a crocodile!

KASIMU: Crocodile?

MAGANGA: Yes, thankfully we got some fish the first round. At least I got my child's meal.

KASIMU: We work in a dangerous environment and you feed a one-year-old child fish?

MAGANGA: I want my child to be strong and smart.

KASIMU: My child takes maize and cassava porridge only.

MAGANGA: Kasimu, in order for a child to grow well, he needs different nutritious foods, like fish, vegetables, lentils, and fruits while continuing with breastfeeding.

KASIMU: Why should I give him all that food? What's wrong with porridge?

MAGANGA: A child must be given additional nutritious food for him to grow well. We mix cassava porridge with groundnuts. Other days we mix with an egg, as we have been advised at the dispensary.

KASIMU: Really?

MAGANGA: Or we smash sweet potatoes and mix with fish fillet.

KASIMU: If I give those foods will my child be like yours? Your child is so healthy.

**Parents and caregivers, continue to breastfeed a baby but once it's six months (old), feed it additional nutritious foods so that it has good physical and mental development.**