

## TITLE

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

## AUTHORS

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## ABSTRACT

The caregiving behaviours needed to improve children's nutritional status are well known. But in many settings, the reasons for failure to practice those behaviours, and hence, an appropriate programmatic response, are not clear. We describe how we used evidence to design a multi-sectoral SBCC intervention known as Addressing Stunting in Tanzania Early (ASTUTE). Supported by UKaid, ASTUTE aims to reduce stunting in children < 5 years of age and is implemented by the Government of Tanzania in five Lake Zone regions, including Mwanza, Geita, Shinyanga, Kagera, and Kigoma. Collaborators include IMA World Health, PANITA, DMI, and Cornell University. To construct an evidence-based SBCC strategy for stunting reduction in Tanzania, ASTUTE 1) surveyed the epidemiological literature to identify behaviours associated with stunting as well as information from the Tanzania Demographic and Health Survey and the National Nutrition Survey to pinpoint optimal feeding, caring, and health behaviours with low prevalence; 2) reviewed program literature to identify successful nutrition interventions; and 3) conducted formative research. This presentation describes findings of formative research which was used to 1) develop nutrition messages and mass media strategies; 2) inform the project about the enablers and barriers to adopting optimal practices, and 3) design community-based behaviour change interventions. Both the formative research and the design of ASTUTE were informed by health behaviour theory, including the socio-ecological model which accounts for how social and political environments can be used to facilitate behaviour change.

Fieldwork was conducted in seven villages selected from three regions (Mwanza, Geita, and Shinyanga). Villages were selected to represent differing contexts (e.g., lakeside with fishing vs. inland cultivation). Researchers conducted 1) in-depth interviews with women whose children were < 2 years old, fathers, and health workers; 2) focus group discussions with mothers, fathers, and elders; and 3) observation of food preparation, hygiene and child care/stimulation. We conducted 67 in-depth interviews and focus group discussions with 162 individuals.

ASTUTE developed the following targeted strategies to address barriers to behaviour change identified in formative research: Trials of Improved Practices with men to identify ways they could reduce women's workload (women work all but a few days

around delivery) and women to improve exclusive breastfeeding and complementary feeding; health facility worker training in lactation management and support (mothers perceive they do not have enough breastmilk); positive deviance\hearth to identify how a few families are able to give children chicken and eggs (a rarity in project areas because chickens and eggs are used for emergency cash); CHW home visits to “negotiate” behaviour change by providing mothers options for washing hands after using the toilet or disposing of faeces; and radio campaigns to help parents understand that their infants can hear and should be spoken to starting at birth. Radio campaigns use a “Saturation+” approach that includes saturation (high exposure to campaign messages), science (campaign design based on data and modelling), and stories (the dramatic climax focuses on the target behaviour) to maximize the impact of behaviour change campaigns.

In conclusion, all of ASTUTE’s interventions encourage families to adopt small, do-able actions that reduce stunting. Grounded in formative research, these interventions include mass media to raise awareness and shift social norms, mothers’ groups to foster peer support, home visits to resolve individual barriers mothers face as they attempt to change behaviours, positive deviance to identify local solutions to entrenched problems, and health facility worker training to offer a voice of authority for behaviour change.