Research to Action: The use of data for SBCC scale up
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Part 1

The Alive & Thrive experience

Rapid large scale behavior change is possible
Who we are

• $163M global health project
• Focus on maternal & child nutrition
• Funded by
  1. Bill & Melinda Gates Foundation
  2. Department of Foreign Affairs, Trade and Development (Canada)
  3. Irish Aid
• Managed by FHI 360
Where we work
Part 2

How is Behavioral Change a challenge?
What is SBCC?

Social and Behavior Change Communication (SBCC) is the systematic application of interactive, theory-based and research-driven communication processes and strategies to address change at:

1. Individual
2. Community, and
3. Societal levels
Mostly people change for two reasons

• The logical reason

• The *real* reason
Feelings are more important than facts
What percentage of the mind is conscious?

a) 70 - 76%
b) 50 - 55%
c) 25 - 30%
d) 5 - 10%
Practices and behaviors

Mental models, filters, world view

Values, beliefs, emotions

Subconscious

5-10%
How to get to the subconscious mind?
The 3 learning domains:

- **Cognitive** “THINK”
  - How?

- **Psychomotor** “DO”
  - Why?

- **Affective** “FEEL”
  - What?
Exercise 1

1. Would you identify the word/phrase/sentence related to:
   1. Cognitive
   2. Psychomotor and
   3. Affective

2. To bring a positive change for John, what should be done?
I’m happy and healthy because...

1. You helped my mom to **understand** what type of enriched porridge is important for me

2. You **trained** my mom on how to cook my enrich porridge

3. You **inspired** my mom to envision my healthy growth and development
Part 3

Reflection on the 3 learning domains in A&T
Cognitive

- Research based
- Adequately field tested
- Focused on do-able action
Psychomotor

Start breastfeeding within 1 hour of birth

Feed only breastmilk for the first 6 months. Don’t give your baby any other food, not even water

Empty one breast before switching to the other

HDA: Observe the mother breastfeeding. Ensure the position and attachment of the baby are correct.

Mothers, it is important to attend an enriched porridge demonstration.

HDATLs: In advance of the demonstration

Please prepare enriched flour:
- 3 portions of cereals (barley, wheat or tef)
- 1 portion of legumes (beans, check pea or other legumes).

Prepare dried meat powder
Affective

Trusted messengers
Clone best practices

Multi-Sectoral Nutrition Strategy Global Learning and Evidence Exchange
East and Southern Africa Regional Meeting
Testimony

• Diary of best performer mother/father (Magazine format)
Evidence for rapid, large-scale behavior change
IMPACT: Rapid, large-scale improvements in breastfeeding are possible
**IMPACT:** Rapid, large-scale improvements in complementary feeding

- **Bangladesh**: 32% (2010) to 64% (2014)
- **Ethiopia**: 6% (2010) to 12% (2014)
- **Viet Nam**: 74% (2010) to 91% (2014)

Multi-Sectoral Nutrition Strategy Global Learning and Evidence Exchange
East and Southern Africa Regional Meeting
SCALE: Intensive behavior change programs can reach scale

4 COMPONENTS  3 COUNTRIES

- Advocacy
- Interpersonal Communication & Community Mobilization
- Mass Communication
- Strategic Use of Data

BANGLADESH  VIET NAM  ETHIOPIA

16 MILLION Mothers of children under 2 years of age reached
Essential to start with an “at-scale mindset”

- Trained HEW & other health workers: 1,300
- Master Trainers: 60
- Around 18,000 trained HDATLs

More than 150,000 Households Expected
Part 5

4 components for a comprehensive program
A&T framework for scaling up behavior change programs

1. Advocacy
2. Interpersonal communication & community mobilization
3. Mass communication
4. Strategic use of data

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

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

Improved knowledge, beliefs, skills, and environment
Improved breastfeeding & complementary feeding practices

Improved health outcomes
Proportion spent on components

Percentage spent, Ethiopia

- Interpersonal, 47%
- Mass media, 24%
- Advocacy, 7%
- M&E, 19%
- Strategy design, 3%
STRATEGIC USE OF DATA

Infant and young child feeding at scale

THE ALIVE & THRIVE INITIATIVE
A&T Program Research Questions

1. Why, when, how do problems persist?

2. What behaviors to prioritize?
   1. Biggest gaps, change possible, potential for health impact

3. How to overcome barriers?
   Through behavior change approach: channels, motivations
   Through social change: most influential persons, how to reach them
   Through advocacy: who can improve current policies, guidelines, perceptions that need to be changed, how
INTERPERSONAL COMMUNICATION & COMMUNITY MOBILIZATION

Infant and young child feeding at scale

THE ALIVE & THRIVE INITIATIVE
8 structured counseling sessions

- 9 month of pregnancy
- 2 – 3 days after delivery
- 5 month after delivery
- 6 month after delivery
- 14 - 18 month after delivery
- 12 month after delivery
- 9 month after delivery
- 7 month after delivery
MASS COMMUNICATION

Infant and young child feeding at scale

THE ALIVE & THRIVE INITIATIVE
Media at scale

• 3 radio channels
• Frequency:
  1. Drama, 15x/week
  2. Spots, 60 times
• Radio formats:
  1. Drama
  2. Spots
  3. Jingle
  4. Vox pop
  5. Magazine
  6. Trailer
With both, greater changes

Behavior change by type of exposure, Bangladesh

- Exclusive BF 0-6 months
  - Baseline (2010): 50
  - Mass media only (2013): 62
  - Mass media + interpersonal (2013): 87

- Consumption of iron-rich foods among 6-23 months
  - Baseline (2010): 36
  - Mass media only (2013): 52
  - Mass media + interpersonal (2013): 70
ADVOCACY
Infant and young child feeding at scale
THE ALIVE & THRIVE INITIATIVE

Multi-Sectoral Nutrition Strategy Global Learning and Evidence Exchange
East and Southern Africa Regional Meeting
Ethiopian Orthodox Church platform

Help the EOC address ways to ensure religious fasting does not keep children from eating animal source foods
Lessons learned about comprehensive programming
Comprehensive programming matters

Number of A&T activities Ethiopia

Percent egg consumption

0% 10% 20% 30% 40% 50% 60%

0 1 2 3 4 5+

9% 16% 23% 23% 34% 50%
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Alive & Thrive tools and resources you can adapt
A&T’s case studies for behavior change

CASE STUDY #1
Research to Action: Designing communication on child feeding in Bangladesh

CASE STUDY #2
Dads can do that! Strategies to involve fathers in child feeding

CASE STUDY #3
What drives behavior? Key factors for handwashing in Bangladesh

http://aliveandthrive.org/resources-main-page/case-studies/
A&T resources for program designers

1. Find program design and implementation resources in our toolbox

2. View our behavior change case study kits

3. Learn more about the framework for delivering nutrition results at scale
A&T country briefs

• Our approach & results in Bangladesh

• Our approach & results in Ethiopia

• Our approach & results in Viet Nam
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A small doable action that achieved an increase in the “ideal” behavior: Alive & Thrive in Viet Nam
Rapid, large-scale improvements in breastfeeding are possible.

In four years, exclusive breastfeeding **tripled in Viet Nam** and reached more than **80%** in **Bangladesh and Ethiopia**.

Exclusive breastfeeding means giving breastmilk only and no other foods or fluids for the first six months.
Framework for scaling up behavior change programs

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

2. Interpersonal communication & community mobilization
   - Improved knowledge, beliefs, skills, and environment
   - Improved breastfeeding & complementary feeding practices

3. Mass communication
   - Improved health outcomes
   - Policy makers & legislators
   - Employers
   - Staff of multiple sectors
   - Service providers & community leaders
   - Family
   - Mothers Caregivers

4. Strategic use of data

Alive & Thrive
Exclusive breastfeeding

5 small doable actions = the ideal behavior

• Give breastmilk
• Do not give water
• Do not give infant formula
• Do not give other liquids
• Do not give semisolid or solid food
Not giving water would potentially double exclusive breastfeeding

Viet Nam, baseline, 2010
Behavior change model for “No water” TV spot

**Exposure to “No Water” TV spot**
- Broadcast
- Out-of-home
- Online

**Changes in behavioral determinants**
- Knowledge
- Beliefs about outcomes
- Perceptions of social norms
- Sense of self-efficacy

**Small doable action**
- Not give water for 6 months

**Ideal behavior**
- Breastfeed exclusively for 6 months
Impact on EBF same as on “no water”

% Exclusive BF

% No water

Exposed

Unexposed

n=2,305 (Aug 11)
n=2,065 (Oct 12)
n=2,321 (May 13)
Qualitative data:
Low self-efficacy

Yes, but my mom's afraid she doesn't have enough breastmilk for me.
Second small doable action: “Nurse more”
Quantitative data:

• High agreement with belief that “nurse more = more milk”
• The belief was not associated with the behavior of exclusive breastfeeding
• Minimal recall of the “nurse more” messages
Mothers who recalled more messages had significantly higher scores for self-efficacy.
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