

# ALIVE & THRIVE PROGRAM BRIEF: TIMED AND AGE APPROPRIATE MESSAGING APPROACH ON INFANT AND YOUNG CHILD FEEDING

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Timed and Age Appropriate Messaging for Infant and Young Child Feeding (TAAM-IYCF) is an approach that facilitates frequent one-on-one contact between health personnel and mothers of children less than two years of age. TAAM aims to reach mothers with children under two in their homes at critical times in the child's growth and development to promote relevant IYCF practices.

## Background

Interpersonal communication is one of the most effective ways to bring about behavior change.<sup>1</sup> Evidence from several studies strongly suggests that increasing the number of one-to-one contacts increases the positive effect of social and behavior change communication (SBCC) on breastfeeding and appropriate complementary feeding practices.

In Ethiopia, the Health Extension Program (HEP) is the main vehicle for reaching people in rural areas. In Phase I, A&T used the HEP and engaged health extension workers (HEWs) to provide IYCF messages to mothers in their homes. Key lessons learned during this phase include:

- The HEP provides a very good platform to promote infant and young child feeding services and represents a significant opportunity to improve the access and equity of these services.
- Although HEWs are the most trusted source of health information in the community, there are challenges in reaching the target population and meeting their needs and demands for IYCF. A&T's baseline survey (2010) showed that only 32 percent of mothers were visited by a HEW at their homes in the last six months prior to the survey.<sup>2</sup>
- Counseling is demanding, resource intensive, and requires repeated sustained support to mothers. HEWs have a high workload which includes a package of 16 health



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interventions, and are not able to devote enough time and energy to in-depth and customized one-on-one counseling for IYCF.

- Providing appropriate counseling and maintaining the recommended frequency of contacts with caregivers of children under two is challenging, especially considering the large package of interventions that HEWs must cover.

A baseline survey in Phase II in the Amhara region—conducted by IFPRI in 2015—reinforced some of the same learnings from Phase I. The survey showed that almost all mothers (92.5 percent) knew the HEW working in their area but only 40 percent received a home visit from a HEW in the last three months. Among those who received a home visit, the most common topics covered during the last visit were

<sup>1</sup> Kim SS, Rawat R, Mwangi EM, Tesfaye R, Abebe Y, Baker J, et al. (2016) Exposure to Large-Scale Social and Behavior Change Communication Interventions Is Associated with Improvements in Infant and Young Child Feeding Practices in Ethiopia. *PLoS ONE* 11(10): e0164800. <https://doi.org/10.1371/journal.pone.0164800>.

<sup>2</sup> Ali D, Tedla M, Subandoro A, Bamezai A, Rawat R, Menon P. *Alive & Thrive Baseline Survey Report: Ethiopia*. Washington, D.C.: Alive & Thrive, 2011.

hygiene or latrine use (51.3 percent), immunization (45.7 percent), and safe water use (18.6 percent). When asked specifically, 25.8 percent of mothers reported that the HEW discussed IYCF. The data showed that HEWs continued to face several challenges in delivering IYCF counseling to households, including the large package of intervention topics they must discuss, and the long distances required to reach households.

### A New Approach to Behavior Change

Alive & Thrive, in partnership with the Amhara Regional Health Bureau, took these factors into consideration and tested a model that builds the capacity of lower level frontline workers with closer ties to the community—the Women Development Army Team (WDATL)—to promote IYCF. The WDATLs were trained by HEWs to deliver eight structured visits to mothers in their homes, beginning during pregnancy and ending when the child is 14-18 months old (figure 1). The number of visits was decided in discussion with HEWs after gaining insight into the workload of

mothers and frontline workers, geographic settings, and the determinants of child feeding actions.

At each visit, the WDATLs use a pictorial job aid—based on UNICEF’s Community IYCF Counselling Package of materials—to counsel the mother on specific and relevant IYCF behaviors that are critical for her child at that specific stage of growth. The job aid guides the WDATL on what messages to deliver and when to visit a particular mother.

A&T developed a pictorial Child Nutrition Card (CNC) that was given to the mother during the first visit. The CNC reinforces the messages the WDATLs deliver and highlights “seven excellent feeding actions” to remind the mother of optimal IYCF practices. WDATLs distribute these cards to pregnant women and make sure to post it somewhere visible in the household. After each visit, the WDATLs link their session to the actions in the CNC to ensure that mothers remember the messages every time they see the card.

**Figure 1: Timing and purpose of TAAM visits**

Visit Number	Timing of Visit	Purpose of Visit
1	8 - 9 month of pregnancy	To explain the importance of delivering at a health facility and initiating breastfeeding within 1 hour of birth.
2	2 - 3 days after delivery	To encourage the mother to feed only breast milk for the first 6 months, not water or any other milk or liquids.
3	5 months after delivery	To mobilize mothers to attend complementary food demonstrations and ensure advance preparation of enriched flour.
4	6 months after delivery	To ensure introduction of complementary foods at 6 months and continuation of breastfeeding.
5	7 months after delivery	To encourage and support the mother to enrich a child’s complementary food with at least 4 food items (egg, milk, finely minced pumpkin, carrot or other Vitamin A rich foods, green leafy vegetables or dry meat powder) and ensure the child is fed the appropriate number of times and appropriate quantity based on his/her age.
6	9 - 11 months after delivery	
7	12 months after delivery	To discuss the introduction of enriched family food, and continue to promote age appropriate feeding frequency and continued breastfeeding till the child is 2 years of age.
8	18 months after delivery	To discuss continuation of breastfeeding and feeding enriched family food.

During breastfeeding counseling, HEWs and WDATLs inquire if the mother is experiencing any feeding problems, discuss optimal breastfeeding practices that will ensure adequate breastmilk production such as frequent breastfeeds, and help build-up the mother's confidence of her ability to provide enough breastmilk for her child. When the child is six months of age, the WDATLs advise on age-appropriate complementary feeding, tailoring the message to the age and condition of the child and the concerns of the mother. In addition to counseling, the WDATLs support the mother by helping her prepare enriched complementary foods for her baby at six months and encouraging her to attend community events, such as complementary food demonstrations and community conversations. WDATLs regularly communicate and meet with HEWs to report on the progress of pregnant and lactating women under their care and share experiences with other WDATLs. Families that successfully complete these actions are celebrated in the community at a graduation ceremony where they receive a certificate. They then serve as model families that encourage others to do the same, creating yet another channel to deliver IYCF messages to mothers in the community.



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## Implementing the TAAM Approach

Alive & Thrive collaborated with the Amhara Regional Health Bureau, zonal, and *woredas* officials to deliver this approach in 20 *woredas* (four zones) of the Amhara region with its implementing partners: Save the Children and Concern Worldwide (CWW). Initial TAAM training for frontline workers was conducted at the *woreda* level by A&T and the Regional Health Bureau, and subsequently cascaded to HEWs and WDATLs.

After the training, HEWs and WDATLs began community mapping, which entailed listing every pregnant woman and mothers with children under two in their catchment areas/neighborhood. This helps to ensure that all households in the catchment area are reached by the program and provides the WDATLs with a record to follow-up on.

Using WDATLs to promote health and nutrition is now strongly recommended in many national strategies including the Health Sector Transformation Plan and the Comprehensive Integrated Nutrition Service Delivery Guide.

## Monitoring Activities

A&T developed a robust routine monitoring system that focused on tracking the number of household visits provided by HEWs and WDATLs each month against their targets, and the number of mothers and fathers attending complementary feeding demonstrations. A&T trained partner staff and *woredas* officials to use these target-based dashboards to interpret the data, and helped supervisors identify high and low-performing *kebeles* and *woredas*.

Quarterly review meetings at the *woredas* level provided a forum to discuss this data at different levels of the health system. During these meetings *woredas* officials and HEW supervisors facilitate the exchange of lessons learned, and provide refresher training. Actions plans to increase coverage were also developed. Monitoring by *woreda* officials using dashboards continues without additional support from A&T.

## Results

An endline evaluation conducted by IFPRI in April 2017, 18 months after the initial implementation of the TAAM approach, shows significant improvements in several IYCF indicators and an increase in exposure to key IYCF messages. In these *woredas*, minimum diet diversity improved by nearly 20 percentage points between 2015 (baseline) and 2017 (endline). The endline data also found substantial improvements in the frequency of contacts with HEWs. Among mothers with children six to 24 months of age:

- Contact with HEWs in the last three months increased significantly from 63 percent at baseline to 70 percent at endline.
- Contact with a WDATL in the last three months increased significantly from 27 percent at baseline to 43 percent at endline.
- HEWs who discussed IYCF at the last home visit increased significantly from 25 percent at baseline to 61 percent at endline.



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In addition, among mothers with children six to 24 months, exposure to A&T's main program materials (TAAM job aid and CNC) were high in A&T intervention areas:

- Nearly 75 percent of respondents in the A&T intervention areas had seen the TAAM job aid, compared to just 25 percent of respondents in the non-intervention areas.
- Over 70 percent of respondents in A&T intervention areas had seen the CNC, compared to just 20 percent of respondents in non-intervention areas.

Both findings illustrate that WDATLs were using the materials provided to them.

## Key Takeaways

**Selecting a few age-appropriate messages for mothers helped improve the quality of interpersonal communication on IYCF.** Findings from A&T's

implementation research conducted in 2016 showed that using job aids to provide a few age-appropriate messages to mothers, rather than blanket messaging to all mothers with children zero to 24 months, helped improve the quality of interpersonal communication on IYCF, as well as increased program coverage.

## Frequently Asked Questions

### Is TAAM sustainable?

TAAM is a sustainable approach to improve IYCF because it utilizes the government's existing health structure to deliver services. TAAM is easily integrated into the government's Comprehensive Integrated Nutrition Service Delivery Guide and can be implemented even in the absence of partner organizations. In addition, because TAAM relies on WDATLs—the frontline worker closest to the community—it is easier to reach a large proportion of the target population.

### Is TAAM scalable?

The reasonable cost incurred in material production, training, and monitoring of this program suggests that it can be easily scaled to other *woredas* in the region and to other regions in the country. While A&T currently does not have cost data for this approach, the training model can reach a large number of frontline workers in a small amount of time.

### Is TAAM effective?

Our data showed that within a short time-frame, the TAAM approach can show significant improvements in IYCF indicators and increase in exposure to key IYCF messages.