AN OVERVIEW OF ALIVE & THRIVE'S Implementation Research

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Maternal Nutrition IN GOVERNMENT ANC SERVICES

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Government public ANC services at health facilities and in the community, based on updated WHO guidelines (2016), focus on maternal nutrition counseling and iron-folic acid (IFA) counselling and distribution; IFA stock monitoring; maternal weight measurement; and breastfeeding counseling. However, to address capacity gaps to provide quality counseling, monitor and track weight gain, conduct community outreach activities, and provide effective training and supportive supervision with use of data A&T is strengthening implementation research in the Boucle du Mouhoun and Hauts-Bassins regions.

EVALUATION DESIGN
Randomized control trial (RCT) cross-sectional baseline and endline

RESEARCH QUESTIONS
- Is it feasible to integrate maternal nutrition interventions into existing public ANC programs?
- Can maternal nutrition knowledge and practices be improved by integrating nutrition-focused SBC and systems strengthening approaches into existing ANC services?
- What factors affect effective integration of maternal nutrition interventions into ANC in breastfeeding?
- Do pregnant adolescents have special needs and how can they be reached?
- What are the barriers and opportunities for completing eight ANC visits and how does this affect the delivery of interventions in the maternal nutrition package?

OUTCOMES
1. Improved knowledge and practices pertaining to:
   - Dietary diversity (MDD-W) among pregnant women
   - IFA supplement intake during pregnancy
   - Weight gain during pregnancy
   - Early initiation and exclusive breastfeeding
2. Evidence that will inform national policies and program learning:
   - Enabling factors and challenges in integrating maternal nutrition in existing the existing ANC system
   - Number of ANC contacts

STATUS
- Baseline completed in November/December 2019
- Endline planned for January/February 2021

THE INTERVENTION

Additional nutrition services
- Counseling focused on dietary diversity
- Use of job aids
- Use of IFA supplement card as reminder for women and spouses
- Monthly IFA stock monitoring
- Advice on healthy weight gain
- Intensified breastfeeding counseling using job aids

Community activities
- ANC advocacy among traditional and religious leaders, local associations, etc.
- Community ANC gatherings to promote ANC services in first trimester
- Early identification of pregnant women (PW)
- Support women's group discussions
- At least 3 home visits per pregnant woman by community health agents (Counseling on diet quality, breastfeeding, importance on adherence to daily IFA consumption and side effect management, etc.)
- Mobilization of husbands and mothers-in-law to support PW

Health system support
- Training on nutrition interventions
- Training on correctly filling out data registers; mother's cards; and reviewing data to identify gaps in coverage of services
- Semi-annual supervision at the district level
- Quarterly supportive supervision of health facility staff
- Monthly supportive supervision of Community Health Agents (ASBC)
- Monthly review between health facilities and ASBC
ETHIOPIA

The national government maternal nutrition guidelines include maternal nutrition and IFA counseling; IFA distribution and stock monitoring; weight gain monitoring; and breastfeeding counseling. Yet coverage and quality of these interventions remains low. A&T's implementation research being carried out in Southern Nations Nationalities and People's Region (SNNPR) and Somali regions tests the integration of an intensive package of interventions into existing ANC services to address these gaps.

EVALUATION DESIGN
Clustered RCT cross-sectional baseline and endline

RESEARCH QUESTIONS
• Is it feasible to integrate locally relevant maternal nutrition interventions into existing public ANC programs?
• Can maternal nutrition knowledge and practices be improved by integrating nutrition-focused SBC and systems strengthening approaches into existing ANC services?
• What factors affect effective integration of maternal nutrition interventions into ANC?
• What are the barriers and opportunities for completing eight ANC visits and how do they affect the delivery of the maternal nutrition package?

OUTCOMES
1. Improved knowledge and practices pertaining to:
   • Dietary diversity (MDD-W) among pregnant women
   • IFA supplement intake during pregnancy
   • Weight gain during pregnancy
   • Early initiation and exclusive breastfeeding
2. Evidence that will inform national policies and program learning:
   • Identify barriers and opportunities for the integration of maternal nutrition in ANC contacts and ensuring quality of service delivery

STATUS
• Baseline completed December 2019
• Intervention paused in April 2020 due to COVID-19 and the government’s Emergency Order
• Earliest to restart intervention at end of August. Once restarted, intervention to continue for eight months before endline; tentatively planned for April 2021

THE INTERVENTION
Additional nutrition services
• Intensified counselling on dietary diversity and a quality diet during pregnancy
• Support for strengthened government supply and distribution of IFA
• Counseling on IFA supplements; managing side effects; and reminder materials
• Weight gain monitoring linked to messages about healthy diet and adequate rest as well as attention to excess weight gain as a danger sign
• Intensified breastfeeding counseling
INDIA

Despite national policy guidance based on global ANC guidelines, a streamlined package of proven maternal nutrition (MN) services—IFA and calcium supplementation, counseling on maternal diet, weight measurement, and counseling on breastfeeding—does not reach most women during pregnancy. In Uttar Pradesh, less than one-quarter of women received even four ANC visits, and IFA consumption is very low. A&T’s implementation research tested strengthening the approach to current ANC services under the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCHA) program to improve coverage as well as maternal and child outcomes. Publications from results are forthcoming.

EVALUATION DESIGN
Evaluation: cluster-randomized design with cross-sectional surveys at baseline (2017) and endline (2019), and a repeated-measures longitudinal study; qualitative study on implementation; and cost of diet survey

RESEARCH QUESTIONS
• Can the coverage and utilization of MN interventions be improved under the RMNCHA program?
• What factors affect effective integration of MN interventions into the ANC platform under the RMNCHA program?
• What are the impacts of interventions on knowledge and practices?

OUTCOMES
Improved knowledge and practices pertaining to:
• Dietary diversity during pregnancy (MDD-W)
• Adequate protein, energy and micronutrient intake
• Intake of IFA and calcium supplements
• Early initiation of breastfeeding
• Gestational weight gain
• Anemia

STATUS
Evaluation and all other study components completed

THE INTERVENTION

Additional nutrition services
• At-home food demonstrations
• Peer group problem-solving discussions
• IFA and calcium family counseling at home visits
• Weight check and weight gain chart for at-home use
• Micronutrient, diet and weight gain reminder messages
• Counseling focused on maternal nutrition and early initiation of breastfeeding

Community mobilization
• Husbands’ forums with video (Ratri Chaupal)
• Village Health and Nutrition Days
• Community sensitization sessions with leaders and local doctors

Health system support
• Training and monthly refreshers
• Materials from training and job aid
• Supervision visits from government and project staff
• Supervision checklist and feedback
• Support for IFA and calcium procurement

COVID-19 ADAPTATION
• Conducted a phone survey with frontline workers and households in Bihar, Gujarat, Jharkand and Uttar Pradesh states
• Elicited information on solutions to strengthen delivery of services during COVID-19
• Explored effects on household exposure to nutrition services and communications, nutrition practices, and food security
• Results expected by end of 2020
• Manuscripts forthcoming
Urban Nutrition
IN NGO-OPERATED FACILITIES

BANGLADESH

Significant gaps exist in access to quality nutrition services in urban areas, particularly for the poor. MIYCN counseling during ANC and nutrition counseling during sick child visits is inconsistent, coverage is low, and quality of interventions is neglected and weak. A&T’s implementation research carried out in eight NGO-operated facilities in Dhaka addresses these gaps.

EVALUATION DESIGN
Quasi-experimental design with non-randomized allocation to intervention

RESEARCH QUESTIONS
• Is it feasible to integrate MIYCN services into existing urban health facilities?
• Can coverage and quality of MIYCN practices be improved by integrating MIYCN services into existing urban health facilities?
• Can MIYCN interventions within health services improve nutrition outcomes?
• What factors most affect implementation of the urban MIYCN model?

OUTCOMES
1. Improved knowledge and practices pertaining to:
   • Early initiation and exclusive breastfeeding
   • Complementary feeding—dietary diversity, other practices
   • Consumption of IFA and calcium supplements during pregnancy
   • Maternal diet diversity and quantity of food consumed
2. Improved services related to:
   • Provision and quality of MIYCN services in health facilities

STATUS
• Baseline study completed in March 2020
• Efforts are ongoing to incorporate the use of mobile-MIYCN due to COVID-19
• Adaptations at community level underway (e.g. social distancing) due to COVID-19

THE INTERVENTION
Additional services via NGOs
• Training on MIYCN
• Standardized layout for MIYCN counseling room
• Standardized MIYCN-specific SBC materials and job aids
• Dedicated health facility counselor (compensated) or other staff to counsel on diet; promote and counsel on IFA and calcium supplements; monitor weight gain; and counsel on breastfeeding and complementary feeding
• Dedicated community worker (compensated by project) to promote MIYCN services and provide support for follow-up with dedicated counselors
• Community mobilization through mass media and leaders for MIYCN services

COVID-19 ADAPTATION
• Phone survey in process with frontline workers and clients to understand effects of COVID-19 on services
• Identifying solutions to strengthen delivery and uptake of essential health and nutrition interventions
• Exploring COVID-19 impact on households’ access to health and nutrition services and communications, nutrition practices, food security and other livelihood aspects
• Survey completed October 2020
NIGERIA

Limited evidence is available on how to effectively address urban and rural malnutrition at scale. A&T’s project in Nigeria adapts the proven A&T IYCF implementation framework and tests its applicability in a large urban setting and a diverse rural area. Carried out in urban Lagos and rural/urban Kaduna states, A&T’s large-scale impact evaluation assesses the impact on breastfeeding and complementary feeding of national and state-level advocacy; mass communications; interpersonal communication and community mobilization; and the strategic use of data.

EVALUATION DESIGN
Large-scale cluster-randomized mixed methods impact evaluation

RESEARCH QUESTIONS
• What is the impact of delivering a multi-component program (advocacy, IPC, community mobilization, mass media, strategic use of data) on IYCF practices in Lagos (a primarily urban state) and Kaduna (primarily rural)?

OUTCOMES
Improved knowledge and practices pertaining to:
• Early initiation of breastfeeding
• Exclusive breastfeeding
• Introduction of complementary feeding (minimum dietary diversity, minimum feeding frequency)

STATUS
• Baseline and midline evaluations completed
• Endline data collection delayed due to COVID-19; currently ongoing in both states

THE INTERVENTION
LGAs in Lagos and Kaduna states
• Roll-out of Nigeria-adapted WHO/UNICEF C-IYCF and new package of materials and tools for IPC (individual or group) including training, materials, mentoring, coaching, and support supervision
• Mass communication (Start Strong campaign) using radio and TV; out-of-home billboards, posters, ads on buses, neighborhood loudspeakers, TV spots on LCD screens at health facilities, shown by mobile vans; and digital communications (website and social media) to promote IYCF practices
• Advocacy that supports the national nutrition plan of action; BMS Code and maternity entitlements; and other IYCF policies
• Community mobilization to engage influential audiences
• Strategic use of data to shape advocacy, guide program design decisions, and improve program implementation and management
Urban Nutrition
IN PRIVATE HEALTH FACILITIES

NIGERIA

Most Lagos health facilities are private, constituting the most common points-of-care for ANC and well-child care. Yet private facility-based providers often have gaps in knowledge of optimal breastfeeding practices, and many do not counsel women on IYCF. They also lack materials to support counseling during regular ANC and MCH visits. A&T’s implementation research in 20 private health facilities in Lagos will assess how these gaps can be addressed.

EVALUATION DESIGN
Quasi-experimental longitudinal cohort study comparing women in intervention and comparison private health facilities

RESEARCH QUESTIONS
• Can IYCF IPC and support delivered by private providers effectively improve breastfeeding practices in urban areas?
• What are facilitators of and barriers to integrating breastfeeding counseling and support into private health services?
• What motivates private health service owners and providers to address IYCF during the provision of routine ANC and MCH services?

OUTCOMES
Improved knowledge and practices pertaining to:
• Early initiation of breastfeeding
• Exclusive breastfeeding
• Introduction of complementary feeding

STATUS
• Data collection complete (both among women and providers)
• RTI analyzing data from third and final round of collection
• Part of final round of data collection remote due to COVID-19

THE INTERVENTION
Private health facility nutrition services
• Support to achieve the BFHI 10 steps
• IYCF training for staff
• Distribution and use of IYCF materials during ANC and PNC
• Group counseling sessions on breastfeeding during ANC and PNC
• Breastfeeding champions as peer educators
• Father/family engagement on breastfeeding during facility-sponsored quarterly baby showers
• Engagement of midwives during delivery to facilitate early initiation of breastfeeding
• Scripted breastfeeding messages sent via mobile phone (bulk SMS and WhatsApp groups – pregnant women and mothers only)
• Breastfeeding messages during immunization and well child visits
INDIA

The Ministry of Health and Family Welfare implements Home-Based Newborn Care (HBNC) up to 42 days after birth; then home visits focus on immunization and healthcare for childhood illnesses. To fill gaps, including reinforcing the importance of exclusive and continued breastfeeding, adequate age-appropriate complementary feeding, and early childhood development from 3 to 15 months, the government developed a program of five additional structured home visits, Home-Based Care for Young Children (HBYC). A&T’s implementation research carried out in two districts of Bihar (Gaya and Sitamarhi) assessed the system’s readiness and the status of baseline outcome indicators to facilitate effective rollout of the enhanced program.

EVALUATION DESIGN

A baseline cross-sectional design survey using mixed methods

RESEARCH QUESTIONS

• What is the baseline coverage and use of child health and nutrition interventions by FLWs?
• What are the baseline enablers and barriers to the demand for and supply of child health and nutrition interventions delivered through HBYC?

OUTCOMES

1. Status of knowledge and practices pertaining to:
   • Early initiation of breastfeeding
   • Exclusive breastfeeding
   • Age-appropriate complementary feeding practices

2. Learnings related to:
   • Enablers and barriers to service delivery and demand for services and practices

STATUS

• Baseline assessment completed
• Key findings shared with government

THE INTERVENTION

Technical assistance from A&T
• Communication materials, training package and implementation plan
• Training of trainers, supportive supervision, and monitoring of quality of training and supervision visits

Government program
• Five additional home visits by Accredited Social Health Activists during a child’s 3rd, 6th, 9th, 12th and 15th month to ensure exclusive and continued breastfeeding, adequate complementary feeding, age-appropriate immunization and early childhood development
• Quarterly visits to low birth weight babies. The Sick Newborn Care Unit (SNCU) and Nutrition Rehabilitation Center (NRC) will now be aligned with this new HBYC schedule
ETHIOPIA

The federal government adopted a package of adolescent nutrition interventions in the Ministry of Health’s national guidelines, including health education with nutrition content delivered through education and health platforms. Yet, the delivery and effectiveness of these school-based interventions are uncertain. A&T’s implementation research in 31 schools in Southern Nations Nationalities and People’s Region (SNNPR) and 23 schools in Somali Region tests the feasibility and impact of implementing a package of locally tailored adolescent nutrition interventions through schools, health and community platforms.

EVALUATION DESIGN
Two-arm cluster-randomized, two cross-sectional surveys with a sub-sample panel of in-school adolescent girls

RESEARCH QUESTIONS
• Is it feasible to integrate locally relevant adolescent nutrition interventions through school-based platforms?
• What are the barriers and opportunities for strengthening school-based nutrition interventions for adolescents?
• What are the impacts of these interventions on adolescent girls’ nutrition and health?

OUTCOMES
1. Improved knowledge and practices of adolescent girls and their parents pertaining to:
   • Dietary quality (dietary diversity; micronutrient, protein and energy intake)
   • Adequate energy consumption (three diversified meals plus health snack)
   • Consumption of soda and other unhealthy foods
   • Handwashing

2. Improved school teacher, principal and health extension worker knowledge of:
   • Benefits of and interventions for dietary diversity, healthy foods/snacks, and handwashing

STATUS
• Intervention paused since April due to Government Emergency Order
• Contracts with implementers paused
• Tentative plan to restart intervention in October 2020, run for full semester and collect endline data in February 2021
NIGERIA

Fathers' engagement in complementary feeding of children from 6-23 months can be a determinant of complementary feeding practices. A&T’s implementation research in Kaduna State tests an innovation that draws on religious and traditional leaders to promote involvement of fathers in complementary feeding, reinforced by enrolling fathers in a program to receive text messages on complementary feeding via mobile, and introducing similarly-focused counseling cards for government community health extension workers (CHEWs) to utilize during home visits.

EVALUATION DESIGN
Mixed methods pre-post design with repeated cross-sectional surveys

RESEARCH QUESTIONS
• Can community-based infant and young child feeding (IYCF) interventions targeted at fathers improve dietary diversity in their children?
• Can religious and community leaders/institutions motivate the engagement of fathers/husbands in ensuring complementary feeding?
• Can mobile phone contacts maintain the engagement of fathers to facilitate household availability of diverse foods for complementary feeding?

OUTCOMES
1. Improved knowledge and practices pertaining to:
   • Dietary diversity among children 6-23 months
   • Fathers’ dietary diversity knowledge, beliefs and support
2. Program learning related to:
   • Facilitators and barriers to community-based interventions and cell phone contacts to engage fathers

STATUS
• Face-to-face components of the intervention resumed in June as some COVID-related restrictions lifted in Kaduna State
• Endline data collection completed in September

THE INTERVENTION
• SMS messages sent to fathers on complementary feeding
• Religious sermons related to fathers’ role in complementary feeding
• Counseling card to be used during home visits through community health extension workers
• Child complementary feeding bowl
SOUTHEAST ASIA

In recent years, Viet Nam and the Philippines have achieved significant policy change related to maternity protection and implementation of the International Code of Marketing of Breast-milk Substitutes (BMS). Learnings from these two countries can build an evidence base for advocacy and stronger policies and contribute to improved enforcement by informing other countries in the region and globally. A&T’s policy research from these two countries examines the potential impact of the new and updated policies and bottlenecks for successful implementation based on available documentation and perspectives of stakeholders.

EVALUATION DESIGN

Mixed methods (desk review, trend data analysis, quantitative and qualitative data)

RESEARCH QUESTIONS

• What does an analysis of policy participation and the perceptions of pregnant and lactating women who have been affected by the policies tell about the areas for improvement?
• How do we improve future policy design and advocacy efforts for breastfeeding promotion, protection and support?

OUTCOMES

Learning on:
• National maternity protection and BMS Code policies
• Implementation, coverage, monitoring, and enforcement of policies
• Impact of BMS Code policies on the exposure to BMS marketing; and impact of maternity protection policies on work force participation of women
• Perceptions of stakeholders and beneficiaries about policies; perceived benefit, limitations, difficulties, areas for improvement, and recommendations

STATUS

• Philippines: Scope of the study streamlined to a desk review and in-depth interviews
• Viet Nam: Maternity protection study completed and findings disseminated. BMS Code data collection completed; analysis and write-up ongoing. Peer-reviewed manuscripts in progress.