
Using data for decision-making

Case 1: Changing Strategies and Activities to Reach Different Populations with Appropriate Messages

Context: We are implementing in two regions of the Kyrgyz Republic, both of which contain urban and rural areas. 18% of children less than 5 years of age are stunted. Stunting rates do not vary much by rural and urban areas, wealth quintiles, or education level of mothers. Our implementation areas are relatively food secure, but fruit and vegetable consumption is low, tea and processed junk food consumption are high, and breastfeeding and complementary feeding are sub-optimal. Anemia rates are high in women and children. Literacy rates and women's status are high, and the primary health system is strong. Almost all homes have access to improved water sources. Homes have a mix of indoor toilets and outdoor latrines. 99% of homes have televisions, most with satellite access to national and regional channels. Practices around sanitation, food hygiene, and handwashing with soap and water leave much room for improvement.

Priority behaviors contributing to project objectives: We promoted 11 priority maternal, infant, and young child nutrition and water/sanitation/hygiene practices, through a combination of Health Promotion Units (HPU) based in primary health centers and community volunteers who conducted both household visits and community meetings on monthly nutrition topics. To support both HPU staff and volunteers, SBCC training modules and complementary materials like a calendar, an IFA reminder card, a cookbook, and brochures were developed on important nutrition topics and disseminated at health centers, and during home visits and community meetings. We worked on broader social change by developing animated and live action videos to broadcast on TV.

Findings: We found through routine monitoring data, which we explored through additional key informant interviews that our SBCC strategies weren't working well in urban areas. Even though formative research indicated that the same community structures were in place in urban and rural contexts, SPRING found engaging and retaining community volunteers in urban areas more difficult than in rural areas. In part this was due to the faster pace of urban life. Also, household visits weren't as acceptable, and urban families were more skeptical about trusting nutrition advice from non-medical people.

Questions

How would you adapt your mix of SBCC strategies, including communication channels, to reach urban audiences? Would you change anything about the "feel" or "tone" of communication materials? If so, what?

Small group exercise instructions:

- 1. Your group will be asked to report out to the plenary at the end, please designate a recorder and reporter**
- 2. Read through this case study**
- 3. Come up with group answers to the questions at the end of the case study**
- 4. Don't worry about what you don't know—it's just an exercise, feel free to make assumptions**
- 5. There are no wrong answers**

Case 2: Optimal WASH practices to reduce stunting of small children

Context. In a rural district of Sierra Leone, 41% children under five years of age are stunted. Environmental enteropathy (EE) – caused by contact with contaminants such as animal feces – is thought to be an important contributor to childhood stunting. SPRING, with Helen Keller International/Sierra Leone, set out to develop counseling cards for use by mothers support groups and nurses at peripheral health units to promote optimal nutrition and WASH practices among households with small children.

Priority behaviors contributing to project objectives and formative research. As most households in the intervention area have chickens and sheep that wander in and out of the home unpenned, SPRING planned to develop counseling cards to encourage members of households with a child under 23 months old to keep the child in a separate playpen to keep her from coming in contact with animals and animal feces. To inform the design of the counseling cards, SPRING conducted a Trial of Improved Practices (TIPs). TIPs is a qualitative research methodology that pretests specific evidence-based improved behaviors directly with beneficiaries and then returns after the beneficiary has had time to try out the behavior to consult with them on which improved behaviors might be most feasible and acceptable - before being widely promoted.

Findings. Of 24 households included in the TIPs, 14 of the households were recommended to try keeping their small child in a fenced-in clean, play area to protect them from contacting animal feces. Interviewers showed caregivers a prototype of a counseling card with an image of a child playing happily in a home-made playpen away from sheep and chickens. Only five of the 14 households agreed to try the behavior. However, at the follow-up visit three weeks later, none of the five participants had actually built a playpen. Many households preferred to use the common practice of periodically sweeping their courtyard instead. Courtyard sweeping was considered by local WASH experts as an “*acceptable but not optimal*” method of keep children from coming in contact with animal feces. Interviewers noted that one of the main reasons that householders gave for NOT trying to use a play-pen was that they had never seen or heard of such a practice. And so, were very uncomfortable with it.

Questions

How would you modify or refine the practice being promoted?

What changes would you make to project materials?

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To view the final set of cards, go to:

<https://www.spring-nutrition.org/publications/tools/counselling-cards-hygiene-practices-sierra-leone>

For more information about the TIPs visit:

<https://www.spring-nutrition.org/publications/articles/using-trials-improved-practices-shift-nutrition-and-hygiene-behaviours-sierra>

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