



Effective delivery of social-behavioral change communication through a care group model in a supplementary feeding program: A descriptive analysis

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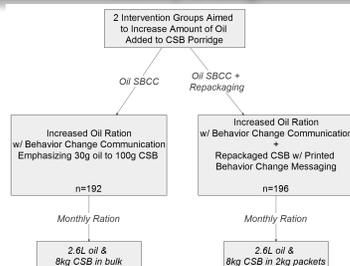
Background & Objective

Phase I of the Food Aid Quality Review recommended that Corn-Soy Blend (CSB) porridge for treatment of moderate acute malnutrition (MAM) be prepared and consumed with fortified vegetable oil in the ratio of 30 g oil to 100 g CSB (target ratio=30:100). A 2014 study examined the feasibility of increasing the ratio of oil to CSB in porridge prepared by caregivers of children with moderate acute malnutrition, in order to increase caloric density and improve the absorption of fat soluble vitamins (Rogers et al.). This study found that this can be achieved with an increased oil ration, along with SBCC (Social Behavior Change Communication).

Along with slight changes in the supplementary food ration, a key component of this intervention was SBCC. Social behavior change nutritional interventions, but few studies have documented the transfer of communication from healthcare workers to caregivers. This analysis describes the flow of key SBCC messages delivered through a care-group model during an intervention aimed at increasing the oil in corn-soy blend (CSB) porridge prepared by caregivers of children under 5 enrolled in a MAM treatment program in Malawi.



Study Design



Methods

Study Design: 3 cross-sectional groups assessed the effectiveness of two interventions compared to standard programming (see above). Control group not pictured as it is not included in this analysis.

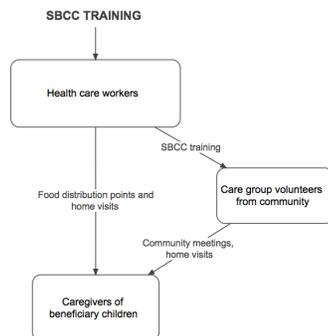
Study participants: Caregivers of children (age < 5 years) who were receiving CSB with oil as treatment for moderate acute malnutrition

Study Intervention: Intervention groups received SBCC, with or without repackaged monthly rations. The flow of SBCC between Healthcare Workers (HCWs), Care Group Volunteers (CGVs), and caregivers is depicted in top figure. For the purposes of this analysis, the intervention groups are combined to be analyzed as a single intervention group.

Data collection and analysis: Interviews and focus groups were conducted with HCWs, CGVs, and caregivers to determine the exchange on key messages regarding ingredient use, purpose, and storage. All data were analyzed descriptively.

Overview of SBCC Training

The study used the care group model in which HCWs are trained to deliver SBCC messages to CGVs, who then deliver these messages to caregivers. In this study, HCWs communicated directly with BMCs as well.



Sample SBCC Materials



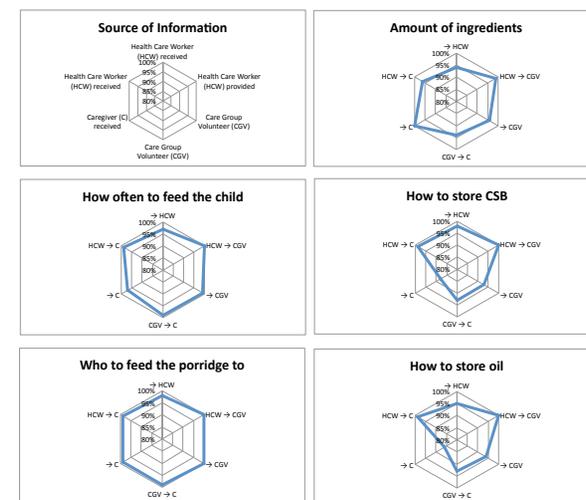
Five Key Measures of SBCC Assessed

- ❖ Amount of ingredients
- ❖ How often to feed the child
- ❖ How to store CSB
- ❖ Who to feed the porridge to
- ❖ How to store oil

Results

Percent of HCWs, CGVs, and BMCs reporting that they provided or received each 5 key social-behavioral change communication messages during the supplementary feeding program

The arrows are used to indicate direction of information flow; at each point of each graph, those on the left side of the arrow are providing information to those on the right side of the arrow, who are receiving information.



Conclusions

The SBCC messages delivered in this study, through the care group model along with some supplemental communication, were effectively exchanged across the 3 intended channels between HCWs, CGVs, and BMCs. The successful flow of the SBCC, in conjunction with an additional oil ration, resulted in overall program effectiveness, increasing the oil added to porridge and reducing sharing of the ration in the household.

Acknowledgements and References

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References: Rogers BL, Wilner L, Maganga G, Walton S, Suri DJ, Langlois B, et al. Program changes are effective and cost-effective in increasing the amount of oil used in preparing corn soy blend porridge for treatment of moderate acute malnutrition in Malawi. *Matern Child Nutr*. 2016.

Please send any comments/ inquiries about this poster to Lauren Wilner via Lauren.Wilner@tufts.edu.

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