

NEEP INFORMATION BRIEF NO. 4

Infant and Young Child Feeding and Nutrition

Exploring connections through programme evaluations

The Nutrition Embedding Evaluation Programme (NEEP) is a four-year project led by PATH and funded by the United Kingdom Department for International Development, concluding in 2017. NEEP was designed to build the evidence base for what works in improving nutrition by conducting credible, robust evaluations of innovative interventions implemented by civil society organisations.

NEEP interventions fall under one or more thematic areas: 1) agriculture (5 grantees); 2) cost-effectiveness analysis (4); 3) early childhood development (5); 4) infant and young child feeding (10); 5) micronutrients (6); 6) water, sanitation and hygiene (5); 7) women's empowerment (8); and 8) e-learning (1). This brief is focused on infant and young child feeding, and how these approaches can be leveraged to improve child nutrition.

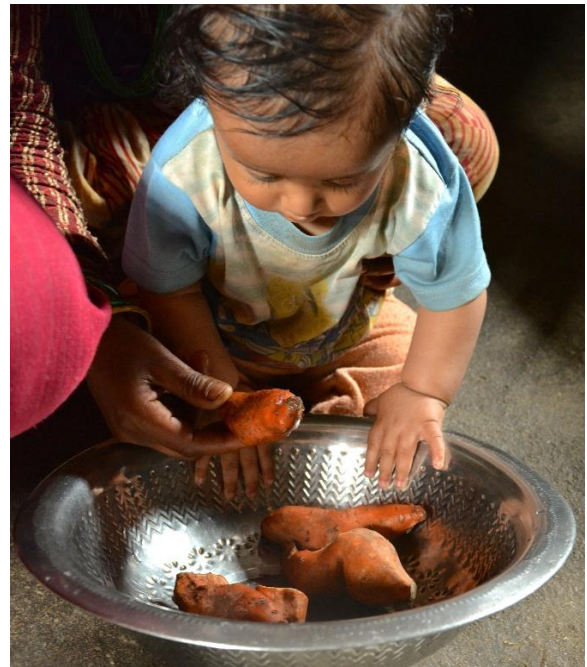
FEEDING IN THE FIRST 1,000 DAYS

Proper nutrition in the first 1,000 days of life—from the start of a mother's pregnancy to the child's second birthday—has long been established as vitally important to child health and development. It is during these early days that the foundation for healthy growth is laid, and seemingly small actions may carry significant consequences well into adulthood.¹

Over the years, many infant and young child feeding (IYCF) interventions have been designed and tested, but no single intervention model can possibly be effective within every context. Therefore, more evidence is needed to adequately support a diverse portfolio of IYCF and nutrition programming. The Nutrition Embedding Evaluation Programme (NEEP) is supporting 10 programme evaluations with IYCF components, operating in five countries in southern Asia and sub-Saharan Africa. Although the programmes vary widely in their scope and strategies, each evaluation will contribute something new to the child nutrition knowledge base.

CAMEROON CASE STUDY: NUTRITION IMPROVEMENT PROGRAMME

In Cameroon, where malnutrition and HIV are prevalent and health system capacity is low, Cameroon Baptist Convention Health Services (CBCHS) provides a six-week nutrition counselling training to local residents who have passed the General Certificate Examination Advance Level under the CBCHS Nutrition Improvement Program (NIP). Once



The Johns Hopkins University Center for Communication Programs/Valerie Caldas.

trained, counsellors complete a three-month internship at a local hospital and are then employed at a CBCHS facility.

The project conducted an analysis of caregivers and their children from four NIP sites, and compared their nutritional practices with caregivers and children with comparable demographics from four control sites that did not offer NIP

counselling. After analysis, they found that children in the intervention group were nearly seven times more likely to be exclusively breastfed and five times less likely to be stunted than those in the control group.

“Developing a cadre of health workers working within hospitals and health centres and dedicated only to nutrition counselling and education is vital for contributing towards [the World Health Organization’s] priority action of increasing human resources to implement nutrition interventions.”²

Reinsma, Nkuoh, and Nshom, 2016

Although the study cannot definitively conclude causality, these results are promising and suggest that investments in human and organisational capacity have potential to reap great rewards in maternal and child nutrition outcomes.

NEEP’S INFANT AND YOUNG CHILD FEEDING FOCUS

Other NEEP grantees are still in the process of analysing and reporting on their evaluation results. In Ethiopia, Nutrition International (formerly the Micronutrient Initiative) sought to develop innovative community-based approaches to improve IYCF practices. Their project formed a partnership, which included the Federal Ministry of Health, the United Nations Children’s Fund and several international development organisations and academic institutions, to pilot a programme that combined micronutrient powder distribution with IYCF counselling and the production of complementary foods through “grain banks.” With NEEP support, the programme aims to evaluate the effect of low-dose iron-containing micronutrient powders on young children with and without iron deficiency, as assessed by iron status and infectious disease morbidity.

In Kenya, Organic Health Response (OHR) is investigating the utility of social networks for increasing access to nutritious foods, spreading knowledge of proper IYCF practices and improving the nutritional status of young children and women of childbearing age. Noting the importance of social networks in providing support and resources, OHR is interested in learning whether a social network-based intervention is effective in changing behaviours and producing optimal nutrition outcomes. They measured food intake, food security and nutrition knowledge at the beginning and end of the programme, and gathered feedback through focus groups and household observations in order to collect their data.

A programme being implemented by Eminence Associates is working to make it easier for mothers employed in the garment factories of Bangladesh to exclusively breastfeed

their children and follow complementary feeding recommendations. Their mother-friendly urban workplace model provides breastfeeding handbooks and lactation kits for pregnant women and new mothers, IYCF training manuals for doctors and other health care providers serving garment factory workers and various advocacy and education tools to factory managers, informing them of existing maternity policies and the benefits of providing working mothers with space and time to feed their children appropriately. Through NEEP, Eminence is evaluating their programme’s impact on breast milk expression, exclusive breastfeeding, complementary feeding practices and prevalence of diarrhoea in infants.

CONCLUSION

From sub-Saharan Africa to Southeast Asia, NEEP grantees are testing novel approaches to reducing childhood malnutrition and disease. Although IYCF interventions may be one of the more straightforward approaches to improving nutrition outcomes, NEEP grantees have demonstrated the wide variety of ways these interventions can be modified according to context and community needs. It has become clear that education and behaviour change communication are often not enough to create and sustain change, without also including the systems that reinforce the status quo—whether that is a health system, a national policy, a social network or an urban workplace. Although the final evaluation results are still being analysed, NEEP has successfully begun to fill in the gaps in evidence related to IYCF and overall child nutrition outcomes. PATH will continue to support these programmes, providing technical assistance throughout the evidence dissemination process to ensure maximum uptake and optimal health outcomes for women and children throughout the developing world.

REFERENCES

1. Series from the Lancet journals: Maternal and Child Nutrition page. The Lancet website. 2013. Available at <http://www.thelancet.com/series/maternal-and-child-nutrition>.
2. Reinsma K, Nkuoh G, Nshom E. The potential effectiveness of the nutrition improvement program on infant and young child feeding and nutritional status in the Northwest and Southwest regions of Cameroon, Central Africa. *BMC Health Services Research*. 2016;16(654). doi:10.1186/s12913-016-1899-z. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5109805/>.

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