



## LEVERAGING AN EXISTING LARGE SCALE SAFE WATER PROGRAMME TO DELIVER LOW-COST NUTRITION MESSAGES IN KENYA

Evidence Action, Kenya

### The Challenge

Undernutrition among children remains a significant challenge in Kenya with 26% of children under 5 experiencing stunted growth.<sup>1</sup> Malnutrition experienced early in life can influence health outcomes into adolescence and adulthood. Poor maternal and child nutritional, feeding and hygiene practices are all contributing factors to child malnutrition in developing countries. Studies have demonstrated education aimed at caretakers can mitigate the impacts of these factors: if parents are better informed about how they should feed and care for their child, they will adapt their behaviour accordingly thereby improving child development outcomes.



PATH/Evelyn Hockstein

### The Intervention

Evidence Action implemented a nutrition component to its Dispensers for Safe Water (DSW) programme in Kenya. In DSW, volunteer promoters receive chlorine to refill water dispensers and relay information to households on the dangers of contaminated water. To implement the nutrition component, the volunteer promoters received training on proper nutrition practices, and then provided targeted nutrition messaging to households using the water source managed by the promoter. They shared information on the types of protein-rich food, best practices for preparing and cooking food, hygiene practices and more. The target population was households with children 6 to 24 months of age. Households were also provided with posters to hang near food preparation areas to prompt them to adhere to the messages.

### The Evaluation

The cluster-randomised control trial was conducted in Teso North and Nambale sub-counties of Busia County, Western

Province, Kenya over 18 months. The evaluation included two treatment groups and a control group. The first treatment group included only mothers and the second treatment group included both mothers and fathers receiving nutrition and safe water messages; and the control group received only safe water messages. The key question investigated through the evaluation was whether the delivery of nutritional information to targeted households would lead to changes in parental nutritional knowledge, child feeding practices and consumption and ultimately to child growth outcomes.

### The Results

By the evaluation end, it became clear there was a certain level of contamination with the control group—46% of the control households stated receiving nutrition messaging from promoters (compared to 55% of treatment households). This contamination was controlled as much as possible in the data analysis. Accounting for the contamination, the evaluation showed

a mild positive impact on stunting in the treatment groups. There was no significant changes on nutrition knowledge—the average number of correct responses was the same at baseline and endline. The results demonstrated small positive changes in food consumption for protein-rich foods, vitamin A-rich foods, and fruits, but they were not significant.

### The Lessons Learnt

The study faced a significant challenge—information spill over. At endline, a number of control households reported discussing nutritional information with dispenser promoters. It is possible that high social interactions between dispenser promoters from different study groups led to the transmission of nutrition information to the dispenser promoters serving the control group. Future studies will need a better understanding of how social interactions take place and to account for these in the evaluation design. The second lesson is the need for similar interventions to include specific protocols for targeting and engaging the male members of households effectively. Male members of the household are typically unavailable during working hours, and additional measures need to be taken to reach them.

### Looking Ahead

Although this study only demonstrated mild positive nutrition results, it provides lessons related to implementing informational interventions within existing programmes. Further research should be conducted to investigate the effectiveness and impact of similar interventions focusing on water, sanitation and hygiene and nutrition. They should take into account proximity and social interactions of the treatment and control groups to ensure quality results.

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## References

<sup>1</sup> Kenya National Bureau of Statistics (NBS) and Ministry of Health (MoH). *Kenya Demographic and Health Survey 2014*. Nairobi: Kenya NBS and MoH; 2015. Available at <https://dhsprogram.com/pubs/pdf/fr308/fr308.pdf>. Retrieved on: 01 June 2017.

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