IMPROVING COMMUNITY NUTRITION THROUGH SOCIAL NETWORKS: A CASE STUDY FROM MFANGANO ISLAND

Organic Health Response, Kenya

The Challenge

Globally, child undernutrition remains a serious and persistent health challenge. On Mfangano Island in Lake Victoria, Kenya, 65% of households experience food insecurity[1] and childhood stunting is widespread. Negative adverse effects of child undernutrition impact adult health and cognition as well as economic productivity. For rural communities, barriers to improve food security and nutrition exist at multiple levels—from personal decision-making to structural and environmental limitations. Social networks can play a key role in how rural communities respond to food insecurity and malnutrition.

The Intervention

Based on the social network model, Organic Health Response piloted a novel nutrition intervention utilising an existing network of microclinics on Mfangano. Microclinics, or locally *kanyaklas*, are community groups led by trained community health workers (CHWs) to address key community health challenges, such as child malnutrition. The Kanyakla Nutrition Programme engaged 38 Kanyaklas and CHWs facilitated six nutrition sessions over a 12-week period to empower social networks to consume healthier foods, improve infant and young child feeding practices, identify cases of malnutrition and establish social network support for these practices.

The Evaluation

This evaluation was conducted in the East Region of Mfangano Island using: 1) a quasi-experimental study of infant and young child feeding practices; 2) a controlled post-comparison of nutrition knowledge; and 3) qualitative focus groups.

Organic Health Response/Kathryn Fiorella

The quasi-experimental study compared households that received the intervention in Mfangano East, with a pseudo-control group of randomly selected households in the other Regions. The target population was adult community members who participated in social network groups and their families, including young children and CHWs. The research team collected data through pre-, immediate post-, and six months post-intervention assessments, and focus groups two years after the intervention. The evaluation looked at nutrition knowledge, perceptions, behaviour and outcomes, accessibility of nutritious foods and general reactions to the intervention.

The Results

The intervention reached 26 CHWs who led 38 *kanyakla* groups with 557 community members—86% attending at least 4 out of 6 sessions. Following the programme, intervention children were significantly more likely to have minimum acceptable diets and higher dietary diversity than control children.[2] The intervention also increased nutrition knowledge among community members, notably for breastfeeding (14.9 intervention score vs. 13.6 control score). Among CHWs, confidence and knowledge improved overall for IYCF, especially for breastfeeding (16.3 vs. 14.3). Focus groups highlighted enhanced social support for nutrition from husbands, family members and the whole community. Beneficiaries also stated changed perceptions of what constitutes nutritious food and the importance of a balanced diet.[3]

Lessons Learnt

Encouraging the participation of family members, including husbands and grandparents, helped to broaden the responsibility for ensuring child nutrition. Barriers to full engagement of men and transcending nutrition as a 'women's issue' remained as challenges. In addition, participants identified economic and environmental barriers to enacting their nutrition knowledge even when they had support from family members to improve diets and infant and young child feeding practices.

Looking Ahead

Kanyakla Nutrition Programme shows potential for social network interventions to improve nutrition in rural areas. In future programming, curriculum content should cater to different education levels, which contributed to nutrition knowledge gained in the programme. Future efforts should also aim to engage social networks to address persistent barriers to food access—inconsistent income, limited access to agricultural land, unpredictable weather and fish declines—which limited participants' ability to enact their nutrition knowledge.

The Nutrition Embedding Evaluation Programme (NEEP) is a four-year project (Oct 2013–Oct 2017) led by PATH and funded by the UK Department for International Development. NEEP aims to build the evidence base for what works in improving nutrition by conducting credible, robust evaluations of innovative interventions implemented by civil society organisations (CSOs). The programme provides grants to 18 CSOs to evaluate their programmes in 13 different countries. For more information, see **http://sites.path.org/mchn/our-projects/nutrition/neep/.**

This document was produced through support provided by UKaid from the Department for International Development. The opinions herein are those of the author(s) and do not necessarily reflect the views of the Department for International Development.

References

[1] Fiorella KJ, Hickey MD, Salmen CR, et al. Fishing for Food? Analyzing links between fishing livelihoods and food security around Lake Victoria, Kenya. *Food Security*. 2014; 6(6):851860.

[2] Moore M, Gavenus E, Fernald LCH, and Fiorella, KJ. Quantitative Evaluation of a Social Network Approach to Improve Maternal and Child Dietary Indicators in Mfangano, Kenya. *In preparation.*

[3] DeLorme A, Gavenus E, Salmen C, et al. Nourishing Networks: A social-ecological analysis of a network intervention for improving household nutrition in Western Kenya. ***Social Science and Medicine**. In review.*

From the Publication

Gavenus E, Hines, Kelsi, & Fiorella K. Social Networks for Improved Nutrition: A report on findings from an intervention in Mfangano Island, Kenya. *Organic Health Response,* 2017.

organic health response

This brief was written with permission from the researchers at Organic Health Response.

For more information, contact: Kelsi Hines, kelshines@organichealthresponse.org or Katie Fiorella kfiorella@organichealthresponse.org.