

Sustainability evaluation of a national infant and young child feeding programme in Bangladesh and Vietnam

Research snapshot¹

Numerous infant and young child (IYCF) interventions have struggled to show impact at-scale. A notable exception is the Alive & Thrive initiative (A&T) implemented in Bangladesh, Ethiopia and Vietnam between 2009 and 2014. The A&T programme aimed to achieve at-scale child nutrition and health improvements via contextualised activities including nutrition counselling, policy change, social mobilisation and mass media campaigns with studies showing that IYCF behaviours and outcomes improved as a result. This study aimed to explore the sustainability of activities implemented during

the A&T programme in Bangladesh and Vietnam, two years after the end of external programme funding.

The study design included quantitative data (surveys completed by 668 health workers and 269 service observations) collected from January to May 2017 and comparative data analysis from areas that received all A&T programme activities and those that received no A&T-related activities. Interviews and focus group discussions were held with 218 stakeholders (policymakers, experts, non-governmental organisations and donor representatives and health partners) to explore their impressions of A&T programme sustainability.

In both countries, some A&T activities were continued via institutionalisation following project closure, particularly IYCF counselling. However, declines in mass media campaigns, policy and advocacy activities and social mobilisation activities were noted. Certain core A&T activities, such as monitoring and evaluation and IYCF training, were reduced in both countries in frequency, quality and coverage. Time and budget constraints were cited as barriers to implementing these core A&T activities.

When exploring health worker capacity across intervention and comparison areas, it was found that IYCF knowledge scores remained significantly higher among health workers in intervention areas compared to those in comparison settings (on average 11% and 14% higher respectively). However, this did not translate into better quality of counselling as determined by the proportion of recommended activities performed. Health workers in intervention areas in Bangladesh reported significantly higher job satisfaction (86%) and self-efficacy (93%) than those in comparison areas (83% and 85% respectively). No significant differences were noted in Vietnam. Stakeholders highlighted the importance of government leadership for sustainability and the need for future programmes to plan for institutionalisation from the beginning of implementation.



IYCF messaging in Bangladesh

¹ Moucheraud, C, Sarma, H, Ha, T T T et al. (2020) Can complex programs be sustained? A mixed methods sustainability evaluation of a national infant and young child feeding program in Bangladesh and Vietnam. *BMC Public Health* 20, 1361 (2020). <https://doi.org/10.1186/s12889-020-09438-2>

Nutrition data use and needs: Findings from an online survey of global nutrition stakeholders

Research snapshot¹

Information on population-level nutritional status and nutritional determinants are typically collected through periodic national and sub-national surveys. However, there is growing global demand for improved country-level nutritional data. To justify investment for improved data collection, evidence of the demand for information is needed. To fill this gap, the authors conducted an online survey of nutrition professionals working in low- and middle- income countries to identify the nutrition indicators and data sources widely used and the current unmet nutrition information needs.

The online survey was disseminated through professional networks and online nutrition-focused listservs. Respondents were asked their professional background, how they use data in

their work, which nutrition indicators and data sources they had accessed in the previous year and unmet data needs. The survey was completed by 235 respondents, the majority of whom were from non-governmental organisations and research entities. Few government officials responded to the survey.

Of those who accessed country-specific data in the last year, Demographic and Health Surveys (DHS) were the most common (74%) followed by Multiple-Indicator Cluster Surveys (MICS). Most respondents had accessed at least one source of consolidated data in the last 12 months (75%) of which the most common was the Global Nutrition Report (GNR). Routine facility data sources such as the Health Management Information System (HMIS) were less accessed compared to household surveys.

Respondents with a multi-country focus were more likely to have accessed both the DHS and the GNR in the last year (85% and 82% respectively) compared to those with a single-country focus (60% and 66% respectively) ($P < 0.001$; $P = 0.014$ respectively). The most commonly accessed indicators overall were the prevalence of exclusive breastfeeding (69%), child minimum dietary diversity (66%), stunting (65%) and wasting (65%).

Identified gaps in data include diet quality indicators, nutrition-sensitive intervention coverage and infant and young child feeding promotion coverage. Data challenges noted by the respondents were the lack of geographical disaggregation of data (82%), the lack of data for demographic groups (77%) or data being out of date (77%). Results point to the continued need for timely, high-quality nutrition data and greater investment in surveys.

¹ Buckland, A J, Thorne-Lyman, A L, Aung, T, King, S E, Manarat, R, Becker, L, Piwoz, E, Rawat, R and Heidkamp, R (2020). Nutrition data use and needs: Findings from an online survey of global nutrition stakeholders. *Journal of global health*, 10(2), 020403. <https://doi.org/10.7189/jogh.10.020403>