

**The added value of virtual facilitator as a Social and Behaviour  
Change Communication approaches to improve Infant and Young  
Child Feeding, women diet diversity, women empowerment and  
WASH practices: a quasi-experimental design study**

**Report Summary**

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## Summary

### Introduction

Improving key nutrition practices requires change at the individual, household, and community levels, and in services for mothers and families—all of which must be supported by an enabling environment. Growth through Nutrition Activity includes SBCC activities as part of its strategic approach to bring about significant and sustainable improvements in maternal dietary and infant and young child feeding practices. The project works to ensure that consistent, locally adapted, actionable messages are reinforced at each level for interventions to be more likely to result in significant improvements in the short term and sustainable progress in the long term. In addition to the existing SBCC approach under Growth through Nutrition, a new tool designed to complement the ECCs called the Virtual Facilitator (VF), a pre-recorded audio message with actors modelling the desired knowledge and behaviours, is anticipated to make the SBCC program more robust and scalable. Therefore, the objective of the study is to evaluate the added value of the virtual facilitator tool to the existing ECC program for improving IYCF practice and nutritional status of women and children in Ethiopia under the Growth through Nutrition Activity program.

### Methods

The study was conducted in selected districts of Amhara region (Basoliben Woreda) and Oromia region (Becho and Girar Jarso in East and West Oromia) where Growth through Nutrition Activity operates using a quasi-experimental design with a control group. The baseline data collection was conducted in Dec 2018 while the endline data collection was completed in Nov 2019. Pregnant and/or lactating women who were Growth through Nutrition Activity program beneficiaries /most vulnerable household (MVHH) members in the selected livelihood program were the study population for both study groups. In each woreda, two kebeles were selected, one kebele to receive ECC and VF and other kebele to receive ECC without VF. In the control (ECC only) group, the participants received monthly comprehensive enhanced community conversations (ECCs) meetings led by in-person Community Change Agents (CCAs) with standard module content, take-home materials with behaviors or activities to discuss and try at home with the family, and home visits scheduled by CCAs. The intervention (ECC+VF) group received all the same components as the control group, but also had the addition of the in-person ECC meetings supplemented with audio-recorded Virtual Facilitators sessions designed to complement the monthly meeting lesson or topic. The questionnaire was designed to include demographic characteristics, maternal and

child health and diet indicators, water, sanitation & hygiene and gender perspectives, couple relationships and communication, all of which are targeted by the ECC and ECC+VF trainings. Significant differences within the groups is measured using chi-square test. To examine changes between groups (intervention vs control) at baseline and follow-up assessments, a difference in difference analysis was performed using generalized linear mixed model (GLMM) was fitted taking the clustering effect at kebele level into account using STATA version 15.0 (Stata Corporation, College Station, TX). A p-value of less than or equal to 0.05 was considered significant for all tests.

## **Results**

There was a 5% loss to follow up during the endline due to various reasons (mainly relocation and refusal of participation) to bring down the total participants from 410 to 390. The results indicated that, there were improvements in child diet diversity and minimum acceptable diet both in control and intervention groups by about 20 percentage points from the baseline values. Women diet diversity has also shown improvements by 7% among control and about 16% among intervention groups from their respective baseline values. There were also improvements from baseline to endline in terms of participants reporting to wash their hands during various critical times. Joint decision making about visiting ANC has improved in both groups by over 15 percentage points from the baseline value though husband's participation during ANC visits showed improvement only in the control group. Similarly, there was a positive change in the consumption of legumes and nuts, dairy, eggs and vitamin A rich fruits and vegetables from the baseline value. The ECC program has also enabled the participants to make joint household decision making and controlling resources which was changed positively from what was exhibited during the baseline survey before the participants were enrolled in the ECC program. Although we have seen significantly improved women workload in the endline as compared to baseline, the majority of respondent still see as a woman primary role in taking care of child and home.

The changes from baseline values which are attributed to using VF were also assessed. Accordingly, 13.6% of the changes in terms of IFA intake for three months and above, 14.3% of the changes in having hand washing facility in the household, 9.7% of the changes in hand washing with water and soap/ash and 14.5% of the changes in having separate space for livestock and 12.3% of joint decision making on the use of agricultural products were attributable to the use of

virtual facilitator in the deliberation of the ECC program. All these changes were found to be statistically significant. Though not statistically significant, the intervention has also brought large improvements in the other indicators. Accordingly, child minimum diet diversity, minimum acceptable diet and women diet diversity have improved by 20%, 18% and 7.9% from their baseline values respectively. Similarly, there were improvements in joint decision making on husbands' income (3.6%), responsibility on to raise small animals (6.1%), using the animals (3%) and decreased workload (8.4%) due to the intervention. Regarding women communication with their spouses, the study identified that there were 5.2% and 5.7% increments in women discussing about nutrition with their husbands and self-initiating the discussion respectively. Compared to the baseline report, seeking approval from husbands or anyone in the household has also decreased by 6.3% due to the intervention.

### **Conclusion and recommendation**

This study covered most of the Growth through Nutrition project activities including nutrition sensitive reproductive health care services, water, sanitation & hygiene, child health & nutrition, mother dietary diversity and child's food group diversity, couple relationship and gender perspectives. Accordingly, positive changes have been exhibited in maternal health care service utilization, WASH, IYCF practices and women decision-making power and communication. Albeit the statistical significance, a large to moderate positive changes from baseline values were exhibited among participants in the intervention group regarding most of the outcome indicators. Therefore, it is important to strengthen the use of virtual facilitators as a modality to transmit standard nutrition messages during the ECC programs for a positive change mainly in WASH and IYCF indicators. The findings strengthen the notion that using a combination of SBCC has advantage over a single method to improve behaviour and bring about expected changes. As the findings showed varying magnitude of changes across the outcomes studied, it is also equally important to tailor the use of virtual facilitators with a focus on the indicators they positively affect more. Continuous monitoring and evaluation of the ECC implementation has also a paramount importance to ensure compliance of intervention administration in order to harness its maximum benefit