Public Disclosure Authorized

Public Disclosure Authorized

93531

IMPROVING NUTRITION IN COMMUNITIES THROUGH BEHAVIOR CHANGE: THE SUNAULA HAZAR DIN PROGRAM IN NEPAL

Over the past 15 years, food insecurity and chronic undernutrition have declined in Nepal; however, households still remain trapped in a cycle of poverty and hunger. Twenty-five percent of households are "food poor"—i.e., the total value of their food consumption is insufficient to ensure a basic diet. Nearly half of children under five years of age suffer from chronic undernutrition and its long-term consequences (about 1.6 million children out of an estimated total population of 3.5 million). Nationally, about 41 percent of children under the age of five are stunted, 29 percent are underweight, and 11 percent are wasted.[1]

The prevalence of chronic under-nutrition among infants under six months of age, and the fact that more than fifty percent of children are stunted by the time they reach two years of age, highlights the importance of targeting interventions during *Sunaula Hazar Din*, or the first 1,000 days, from the prenatal period through pregnancy and the first two years of life.[2]

Fighting Malnutrition through Sunaula Hazar Din

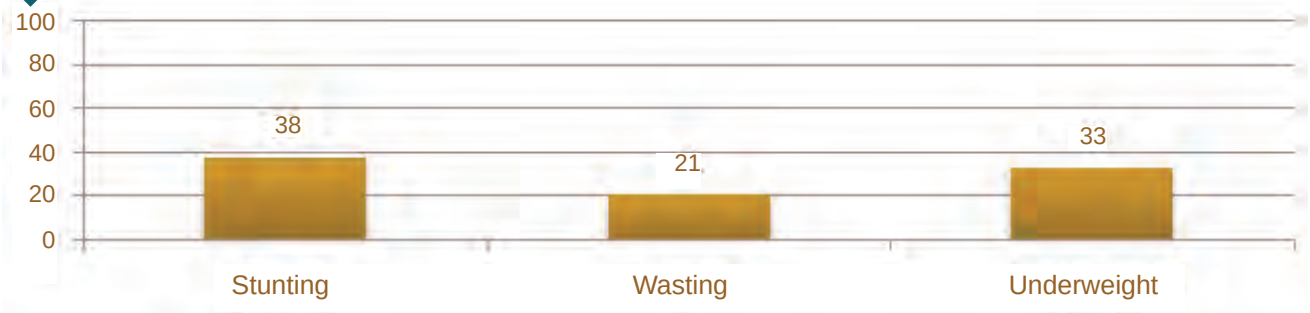
To address the issues of food and nutrition insecurity in Nepal, the World Bank has provided support to the Sunaula Hazar Din- Community Action for Nutrition Project (SHD) Project with funding from the South Asia Food and Nutrition Security Initiative (SAFANSI). Sunaula Hazar Din (SHD) translates into English as the "first 1000 days" and refers to the period between conception and 24 months of age, when children are most vulnerable to malnutrition. The overall objective of the SHD program is to enable Nepal to develop better knowledge, attitudes and practices (KAP) in order to improve nutritional outcomes for children during these first 1000 days.[3]

The project began in 2013 with two objectives: (1) to introduce a results-based community mobilization approach to improve nutrition in selected pilot areas of the SHD Project; and (2) to improve nutrition outcomes at the ward level by sensitizing communities to the importance of nutrition in the first 1000 days to build their capacity to manage their own nutrition outcomes and to demand appropriate services from government. The Rapid Results Institute, an international organization that has developed the Rapid Results Initiative (RRI), was contracted to support this pilot in four different Wards.

> Thirty-eight percent of children under 2 years of age in the SHD project area are chronically malnourished and 33% are underweight. About 518,000 children under five years of age suffer from acute undernutrition, or wasting, and have a heightened risk of morbidity and mortality. Severely wasted children are 5 to 20 times more likely to die than their well-nourished counterparts.

Interventions focus on the risk factors that influence nutritional outcomes during this critical period. These arise from a combination of individual and community level knowledge, attitudes, and practices (KAP). They include such practices as inadequate food intake during pregnancy, smoking during pregnancy, insufficient intake and absorption of nutrients, lack of knowledge about the nutritious value of foods and which foods are required at specific

Figure 1 Child Malnutrition in the SHD Project Area



Sources: WHO/WFP/UNICEF/SCN Community-based Management of Severe Acute Malnutrition: A Joint Statement by the World Health Organization, World Food Programme, The United Nations System Standing Committee for Nutrition and the United Nations Children Fund, May 2007. Figure data come from Development Impact Evaluation (DIE), Baseline Report, Nepal Sunaula Hazar Din Community Action for Nutrition Project (SHD-CANP), June 2014, 25

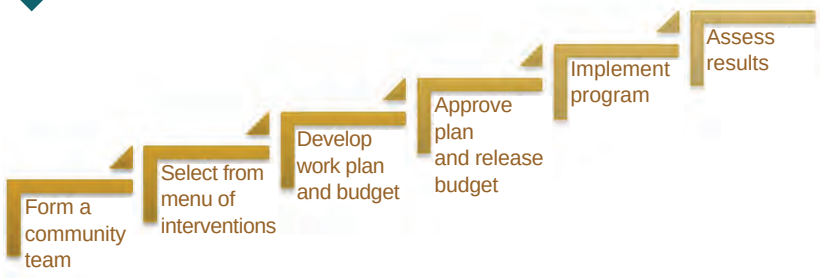
times, including pregnancy and early childhood, poor sanitation practices, poor economic and social access to food and poor feeding practices for children.

Community-wide supply-side factors are also important - for instance the availability and cost of appropriate foods is problematic in many districts, and poor access to safe drinking water and poor hygiene and sanitation practices affect the disease burden of communities and nutrition, particularly of young children. Cultural practices also perpetuate the intergenerational problem of malnutrition. In this context, the SHD Community Action for Nutrition Project aims to target these risk factors to improve child and maternal nutrition in Nepal.

The SHD Approach

The RRI process was implemented in four wards. SHD communities form a "Rapid Results for Nutrition Initiative" team comprising between 8 and 10 individuals. Each team is assigned a "coach" from within the community, who helps the team select one goal from a menu of 15 "focus areas." The coaches are recruited from local NGOs and the coaches assigned to the Village Development Committees (VDCs) are from that VDC, and are trained by the RRI. The focus areas cover a variety of factors affecting nutrition: health practices of pregnant mothers, food intake of children, sanitation facilities, age of marriage, etc. The community develops a detailed work plan to help achieve their selected goal and the budget required to execute the work plan, which they submit to the local government (the district development committees and the village development committees). The work plan and budgets are approved by the local government and released to the communities. Communities execute their plan, aiming to achieve their goal within 100 days. At the end of the cycle, the coach (and sometimes also an outside monitor) assesses whether or not the goal has been achieved. If the community has been unsuccessful, it can apply for another cycle to try to achieve the same or another goal. If the community has been successful, it can subsequently apply for two additional goals at once.

Figure 2 SHD implementation steps



Measuring Impact

In addition to financing work in SHD-CANP, SUNITA is financing an impact evaluation that will be carried out in collaboration with the Government of Nepal to draw lessons for other programs. The evaluation will measure the effectiveness of SHD-CANP and explore what mechanisms contribute to its success. The impact evaluation team and the government are identifying key evaluation questions to explore, which include:

1. What is the overall impact of SHD-CANP on outcomes such as child nutritional status, nutritional knowledge, and social cohesion?
2. To what extent does the rapid results approach improve outcomes over a more traditional project approach?
3. How do the effects of SHD-CANP compare to the effects of the cash transfer program as currently in use in the Karnali zone and for Dalits?
4. Does incorporation of results from the "community district malnutrition profiles" affect community decisions and program outcomes?

The evaluation will also try to measure the impact of social capital on the effectiveness of SHD (see box). SHD-CANP takes a Rapid Results Approach where communities were encouraged to select goals and formulate plans to achieve those goals. This makes social capital a critical factor that affected the outcome of the project. To measure the social capital in the sample, the evaluation baseline used a combination of interview/survey and behavioral games to indirectly assess and quantify trust, altruism, collective action, and social cohesion in the survey.

Lessons Learned

The RRNI pilot in four wards (of two Village Development Committees/municipalities) was successfully completed in February 2014 and follow on funding will extend the work until 2017. The most significant lesson learned from this initiative was that through the Rapid Response Approach, it is possible to achieve nutrition relevant results in a short period of time (100 days). RRI process facilitated each of the four wards to select an Essential Nutrition Action—two selected Sanitation/Open Defecation Free status, the other two selected animal protein intake (eggs) by pregnant mothers and children aged 6-24 months. At the close of the 100 days, each Ward had achieved their goal and discussed plans for sustaining the behavior change and tackling future challenges, including issues as to how to maintain the momentum generated through this process.

While these pilots did not see an immediate continuum into the next cycle of 100 days, the RRI initiatives will now be rolled out in a phased manner in 15 districts under the project, and will enable individual Wards to undertake more than one 100-day plan, and thereby support that community to address the malnutrition problem. Other lessons include:

Let's Play a Game: Measuring Trust in SHD Communities

Trust and trustworthiness were measured by a trust game played between two people from the same communities. In the game, one of the players becomes a "sender" and the other a "receiver," but neither of them knows who the other player is. Both the sender and the receiver get 12 rupees to start, and the sender decides how much of his 12 rupees to send to the receiver. Triple the amount sent by the sender will be given to the receiver, and the receiver will decide how much to send back to the sender. The amount sent by the sender serves as a proxy for the trust level towards community members and amount sent back by the receiver indicates the trustworthiness level. It was determined that trust and trustworthiness level is on average slightly higher in the Hill and Inner Terai than in the Terai.[4]

Coaching played a very important role in the behavioral change process. The Rapid Results for Nutrition Initiative (RRNI) created teams of 8-10 people, led by a coach who helped to prioritize and set a goal for the team. Participants required constant encouragement and supervision monitoring, which showed what an important role community leadership played in the success of the RRI. Until the project commenced, there hadn't been much engagement with the community and constructive feedback had been limited. At the end of the project, there was much greater

collaboration between teams, team members, and coaches at the district level.

Never make assumptions about what is important to a community. The project implementers were repeatedly surprised by the types of interventions that received high demand. For example, upon learning that exposure to indoor air pollution (smoke from cooking and cigarettes) is dangerous to pregnant women, several teams chose to act on the problem. Similarly, the implementers assumed there would be cultural resistance to using latrines for better sanitation and to eating eggs and providing better nutrition to women and pregnant women, but demand was huge.

More action is required to identify and overcome cultural resistance. Of the issues addressed, the most difficult proved to be postponing first marriage and the age of first pregnancy, as well as advocating for girls to stay in school—this was not a priority for communities. More research and rigorous analytical work on cultural resistance to these issues is needed. For example, is it the opinion of the coaches or the community that girls should go to school, or delay marriage? Do the communities see the connection between malnutrition and early marriage and child-bearing?

Team members and community beneficiaries meet at the local school (Rapid Results Institute)

Conclusion

SHD-CANP made communities active participants in solving the problem of malnutrition, particularly as it applies to the first 1000 days. The lessons learned from this effort have informed the project's Operational Manual and have indicated that such community-driven initiatives, given the right support, can yield desired results. If the impact evaluation shows significant impact on targeted knowledge, attitudes, and behaviors and on selected nutrition indicators, then the project will have provided a model for community mobilization in favor of improved nutrition that could be replicated elsewhere.

Partners

SA FANSI

Administered by: WORLD BANK GROUP

Australian Government
Department of Foreign Affairs and Trade

[1] UNICEF. 2014. State of the World's Children. http://www.unicef.org/sowc2014/numbers/documents/english/SOWC2014_In%20Numbers_28%20Jan.pdf
[2] National Planning Commission Central Bureau of Statistics, Nepal Thematic Report on FNS 2013, 6.
[3] Development Impact Evaluation (DIE), Baseline Report, Nepal Sunaula Hazar Din Community Action for Nutrition Project (SHD-CANP), June 2014, 6.
[4] Development Impact Evaluation (DIE), Baseline Report, Nepal Sunaula Hazar Din Community Action for Nutrition Project (SHD-CANP), June 2014, 41.

This results series highlights development results, operational innovations and lessons emerging from the South Asia Food and Nutrition Security Initiative (SAFANSI) of the World Bank South Asia region.

Disclaimer: The findings, interpretations, and conclusions expressed herein are those of the author(s) and do not necessarily reflect the views of the Executive Directors of the International Bank for Reconstruction and Development / The World Bank or the governments they represent. The World Bank does not guarantee the accuracy of the data included in this work. The boundaries, colors, denominations, and other information shown on any map in this work do not imply any judgment on the part of The World Bank concerning the legal status of any territory or the endorsement or acceptance of such boundaries.