



SOCIAL AND BEHAVIOUR CHANGE STRATEGY

of Securing Nutrition, Enhancing Resilience project, GIZ India



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About

This report was prepared as part of GIZ's Securing Nutrition, Enhancing Resilience project in India. It describes how the project intends to increase the adoption of high-impact nutrition, hygiene and food production practices and, in doing so, contribute to improved maternal and child nutrition.

The strategy was discussed and validated during an SBC Strategy Workshop in April 2022 with SENU's N-PLA implementation partner Welthungerhilfe and local NGO partners Mahatma Gandhi Seva Sansthan (MGSA), Darshana Mahila Kalyan Samiti (DMKS), Pahal Jan Sahayog Vikas Sansthan (PAHAL), Spandan Samaj Seva Samiti (SPANDAN), Swayam Shikshan Prayog (SSP), Development Support Center (DSC) and SENU's CNG implementation partner SRIJAN and Harsha Trust.

Abbreviations

ANC	Antenatal Care
AWW	Anganwadi Worker
BA	Barwani
BMZ	The German Federal Ministry for Economic Cooperation and Development
CNG	Community Nutrition Gardens
DWCD	Department of Women and Child Development
F	Fathers
FFS	Farmer Field Schools
G	Grandmothers
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HH	Household
KH	Khandwa
M	Mothers
^(M)	Measured (indicates which barriers / enablers should be measured)
M&E	Monitoring and Evaluation
MGNREGA	The Mahatma Gandhi National Rural Employment Guarantee Act
MGNREGS	The Mahatma Gandhi National Rural Employment Guarantee Scheme
MH	Maharashtra
MoHFW	Ministry of Health and Family Welfare
MP	Madhya Pradesh
NA	Nandurbar
NFS	Nutrition Field Schools
NGO	Non-Governmental Organization
N-PLA	Nutrition - Participatory Learning and Action
PLW	Pregnant and Lactating Women
SBC	Social and Behaviour Change
SENU	Securing Nutrition, Enhancing Resilience
THR	Take-Home Rations
WA	Washim

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1. Background

Within the framework of the global special initiative 'One World – No Hunger' of the German Federal Ministry for Economic Cooperation and Development (BMZ), GIZ implements the Food and Nutrition Security, Enhanced Resilience programme. The programme is implemented in 10 countries, including India. GIZ India has recently started its second phase (2021-2025), entitled **Securing Nutrition, Enhancing Resilience** (SENU) project. The project operates in four districts in Madhya Pradesh (MP) and two districts in Maharashtra (MH), targeting 86,000 young children and 424,000 women of childbearing age. Its **objectives** are to improve maternal and child nutrition, hygiene practices, diversify food production and income and strengthen nutrition governance. To achieve the objectives, the project implements, among others, the following **activities**:

- Nutrition-Participatory Learning and Action (N-PLA) sessions at the community level;
- diversifying food production through supporting Community and Homestead Nutrition Gardens
- support to nutrition-sensitive microplanning; and
- strengthening the capacities of Anganwadi workers who implement N-PLA sessions
- systematic capacity building of the staff of MGNREGS to scale-up Community Nutrition Gardens

The project is implemented in close **cooperation** with:

- the non-governmental organisation Welthungerhilfe and its local NGO partners (responsible for promoting good nutrition practices and nutrition-sensitive micro-planning)
- the non-governmental organisation SRIJAN/Harsha Trust implementing Community Nutrition Gardens
- the Departments of Women and Child Development (DWCD) in Madhya Pradesh and Maharashtra

The project focuses on promoting practices related to nutrition, hygiene and food production that **address the root causes of undernutrition**. To ensure that these practices are promoted effectively, SENU project with the technical support of an SBC consultant, facilitated the following process:

- The project **prioritised high-impact practices** for which it needs to gain a deeper understanding of the factors which influence their adoption
- In mid-2021, it conducted **qualitative social and behaviour change (SBC) research**¹ identifying:
 - o the key factors that prevent people from following the prioritised practices (the 'barriers')
 - o the key factors that enable / motivate people to follow these practices (the 'enablers')
- In late 2021, it conducted a **quantitative baseline survey**¹ that showed how prevalent some of the key barriers / enablers identified by the qualitative research are.
- Using the available data, the project prioritised the most significant barriers and enablers.
- In early 2022, **SBC messages** were developed and validated during a workshop involving the implementers and relevant authorities.

As a result of this process, GIZ developed the **SBC strategy** presented in this document. It describes the desired practices; target audiences; the key enablers and barriers to practising the desired practices; the changes required to address the barriers / enablers; the SBC messages, materials and activities that can achieve these changes; required monitoring & evaluation activities as well as implementation and coordination considerations. For practices that were not studied in the process described above, the strategy proposes to use existing information and insights generated throughout the implementation process. The strategy considered the findings of a gender analysis conducted by SENU project in 2021. It was validated by the implementing partners as well as relevant authorities.

¹ Report is available [at this link](#). The survey included 800 randomly selected mothers of children aged under two (200 respondents in each targeted district – Barwani and Khandwa in Madhya Pradesh and Nandurbar and Washim in Maharashtra).

2. Objectives of the Strategy

The overall objective of the strategy is to contribute to improving the nutrition of children under two and pregnant and lactating women (PLW). Its specific objective is to increase the proportion of people who follow the desired practices by lowering the key barriers they experience and strengthening the enabling factors. The strategy also contributes to the relevant nutrition policies of the Government of India.

3. Promoted Practices

The strategy promotes a range of nutrition, hygiene, and food production practices that contribute to improved maternal and child nutrition. The practices were selected based on their:

- **Impact:** considering 1) the extent to which they can contribute to improved nutrition, and 2) how many people already practice them; and
- **Feasibility:** considering 1) how difficult it is for the target audience members to adopt the practice, and 2) how feasible is it for the SENU project to lower the barriers to adopting the practice

The list below provides a basic overview of the promoted practices (in some cases, these are groups of multiple practices). Those marked with a star * were studied by the research described above. Details on the prevalence of these practices are provided in chapter 5.

Nutrition Practices

- mothers put their newborn children to the breast within one hour of birth *
- mothers feed their children only breastmilk in the first six months of a child's life *
- mothers continue breastfeeding their children until the age of two years
- starting at about six months, caregivers start feeding children other foods in addition to breast milk *
- caregivers feed to children² any suitable type of protein-rich ('body building') foods every day *
- caregivers feed to children any suitable type of vitamin / mineral-rich ('immunity-boosting') foods every day *
- caregivers feed children the minimum number of times each day *
- caregivers feed children foods of age-appropriate consistency
- caregivers actively encourage children to eat and supervise that they eat the provided amount *
- pregnant women eat an additional meal / snack during pregnancy *
- PLW consume protein-rich ('body building') foods every day *
- PLW consume vitamin / mineral-rich ('immunity-boosting') foods every day *

Hygiene Practices

- adults and (older) children wash their hands at critical times³ using soap and water *
- household members have and use a handwashing station with water and soap readily available *
- caregivers prepare and store food in a hygienic manner and feed it using clean hands
- caregivers reheat food prepared earlier and let it cool down before feeding it to a child

² All practices relating to children's dietary diversity and frequency concern children aged 6-23 months.

³ The critical times are: before preparing / eating / feeding food; after toilet; after changing sanitary pad / a nappy; after handling raw animal products; before / after caring of a sick person; and after touching garbage or handling animals.

- caregivers treat the water they provide to their children (by filtering or other recommended methods)
- household members safely handle drinking water, including cleaning water containers regularly, covering them with a lid and drawing water by using a dedicated cup
- household members defecate in an improved latrine

Food Production Practices⁴

- CNG members grow seven or more types of recommended seasonal, nutrient-rich vegetables / fruits / millets / pulses during the 1) rainy and 2) dry season
- household members grow (at home / their field) 4 or more types of seasonal, nutrient-rich vegetables / fruits for homestead consumption during the 1) rainy and 2) dry season *
- household / CNG members use harvested crops for homestead consumption; only unused surpluses are sold
- CNG members grow promoted medicinal plants
- household / CNG members practice crop rotation
- CNG members request and follow-up on the results of soil quality tests
- household / CNG members produce and use organic compost
- CNG members grow crops following the practices recommended in provided 'Crop Sheets'
- household / CNG members use chemical free practices to control pests
- household / CNG members use quality seeds (incl. the use of seeds from seed banks)
- household / CNG members use recommended water retention, harvesting and smart irrigation methods
- households with minimal space for growing crops use space-efficient solutions
- household / CNG members use low-cost (live) fencing methods to protect crops from livestock
- household / CNG members follow recommended harvesting and post-harvesting practices

4. Target Audiences

Considering the diversity of the practices promoted by the SENU project, there are multiple primary and influencing audiences. The **key audiences include**:

- pregnant women and mothers of children under two
- fathers of children under two
- mothers-in-law

While mothers take the most care of children under two, other household members also play an important role. The project's baseline survey conducted among 800 mothers assessed who took care of the child during the previous day. The data showed that the most common caregivers were women (68.4%), followed by mothers-in-law (25.4%), fathers (3.1%) and older siblings (1.9%). The following text provides more detailed information on the key audience, including the presence of any influencing groups.⁵

⁴ Most of the "practices" are not individual practices but groups of multiple practices, such as "non-pesticidal management practices", "post-harvest practices", etc. The individual practices will be defined in the course of this year, once GIZ analyses 1) the main needs relating to people's agricultural practices; and 2) the solutions to addressing these needs that some people already use.

⁵ The source of all the data presented in this chapter is GIZ India (2021) Quantitative baseline survey, unless stated otherwise.

Pregnant women and mothers of children under two

- aged 15 – 45 years
- 75.3% in MP and 53.9% in MH have completed no schooling (only a small proportion of them can read)
- in MP, 68% belong to Scheduled Caste, 13.8% to Scheduled Tribes and 14% to other castes
- in MH, 54.5% belong to Scheduled Tribes, 20.8% to Scheduled Caste and 18.8% to other castes
- share households with approx. 6-7 other members
- the proportion of women aged 20-24 years who married before age 18 ranges between 24% (in Nandurbar) to 29.6% (in Barwani); the only exception is Khandwa with 10.8%⁶
- their sources of income are limited and include labour work, agriculture and services
- 47% of rural women in MP and 51% in MH have money that they can decide how to use⁶
- 22-28% migrate for work, mainly without their children
- seen as the primary caregivers; at the same time, are responsible for household chores
- expected not to challenge the opinions of their mothers-in-law and husbands
- most are frequently in touch with Anganwadi workers (AWW)
- 39% of rural women in MP and 43% in MH own and use a mobile phone; about two thirds of them can read SMS messages (this data is lower among scheduled tribe women)⁶
- their main wishes for their children's future are good education (55.9% in MP, 43.1% in MH) and good health (31.6% in MP, 42.8% in MH)

Mothers-in-law

- second most frequent caregiver (in all surveyed districts)
- highly influential regarding which nutrition and hygiene practices will be followed
- many want the best for their grandchildren but what they see as the 'best' is not always in line with officially recommended nutrition practices
- are more likely to hold negative attitudes about the promoted nutrition practices; at the same time, many mothers-in-law are supportive of the practices listed above

Fathers

- 78.7% of men living in the rural areas of MP and 91.5% of men living in rural areas of MH are literate⁶
- 30.1% of men aged 25-29 years living in MP married before age 21; 10.5% in MH⁶
- 74% of fathers in MP and 87.5% in MH migrate for work
- perceive themselves to have the primary responsibility for securing their household's food and income
- many think that taking care of children's nutrition is primarily women's responsibility – therefore have a limited interest in and knowledge about the topic
- with regards to child nutrition, many tend to agree with the opinions of their mothers
- young fathers are likely to be more receptive to adopting or supporting the promoted practices

In addition to those described above, other influencers include:

- **peers** (can have both negative and positive influence);
- **Anganwadi workers** and other health workers;
- **agricultural extension workers**; and
- **community leaders**

⁶ MoHFW (2020) National Family Health Survey 2019-2020

5. Key SBC Activities

This chapter describes the main SBC communication and non-communication activities proposed for this strategy and provides practical recommendations for their implementation. The following points need to guide the design and implementation of all the SBC activities listed below:

- All the **activities must focus on addressing one or more barriers / enablers** described in chapter 6. The project must avoid general awareness raising activities, as they are not likely to bring the desired changes in people's behaviours.
- Since the activities focus largely on adults, their implementers must understand and actively **use the principles of adult learning** (see text box).
- SENU project aims to reach well over one million women and their 'influencers' (husbands, in-laws, etc.). Therefore, the focus should not be on coming up with many different activities but on **implementing a limited number of activities at a large scale** (= reaching many people) **and in the required quality**. It is the scale and quality of activities that matter the most, not their number.

Principles of Adults Learning

Adults learn the best when they:

- **Are motivated:** learning must address their real needs – they must feel that they benefit.
 - **Are actively engaged,** through sharing opinions, practicing things, findings solutions.
 - **Practice:** adults learn the best by doing, not by hearing or seeing.
 - **Are appreciated:** when we ask about, appreciate and promote their existing knowledge and experience.
 - **Feel safe** to participate – to express their opinion, ask questions, etc.
- It is important that the prioritized activities not only change the behaviours of individuals but also **strengthen the systems** that can do so in the long-term and/or on a large scale. For example, instead of delivering trainings directly, the project can support creating pools of trainers from relevant government departments or civil society organizations. Strengthening the ways how AWW (and other 'agents of change') are currently supported to do their job well is equally important. This means using, even more, the perspective of "what can they do" as opposed to "what can we do".

The activities described below are **interconnected in multiple ways**, including:

- N-PLA sessions not only focus on the selected nutrition & hygiene practices but promote the practice of producing nutrient-rich crops for consumption, both at CNGs and home gardens. At the same time, they explain the nutritional benefits of different crops and promote local recipes to ensure good absorption of nutrients in the body, e.g. to add lemon in "poha" for improved iron absorption.
- Learning events at CNGs focus not only on promoting various food production practices but also on communicating the importance of dietary diversity, preparation of nutritious recipes using the grown crops and the nutritional benefits these crops have.
- The Nutrition-Sensitive Micro Planning (NSMP) is used to improve people's access to food and nutrition security relevant entitlements. NSMP prioritizes 1) the needs of families facing malnutrition as well as 2) developing the village plans that utilize government schemes for improved availability of food source and nutrition security of the entire village. It will promote N-PLA and CNGs as one of the solutions for community members to address malnutrition.
- Engagement of men and other "influencers" is not just a separate activity – it is a priority that is mainstreamed throughout all the activities listed below, including home visits by AWW. This means that the project activities address not only women but also the people who influence the adoption of the promoted behaviours.
- Community and Mass Media activities reinforce what is communicated during inter-personal activities (such as N-PLA sessions), focusing on lowering the key barriers and promoting the enablers / motivators.
- Additionally, GIZ will consider the possibilities of using nudging across its activities (see annex 9.2).

5.1 Nutrition-Participatory Learning and Action (N-PLA) Sessions

About

N-PLA sessions are a series of 20 group meetings of mothers of young children facilitated by Anganwadi workers (AWW). They promote high-impact nutrition, hygiene and food production practices, following a participatory curriculum designed by GIZ's partner organisation Welthungerhilfe. The curriculum was revised based on the formative SBC research findings presented in chapter 6. They take place in the Anganwadi Centres; however, three sessions are larger events ("village meetings") aiming to engage other community members, such as men and mothers-in-law.

Recommendations for Implementation

- **Focus on ensuring the following two priorities:**

- What AWW communicate: AWW must understand that their work should not be about raising awareness about the promoted behaviours but about reducing the barriers / strengthening enablers to adopting these behaviours. This means that AWW need to be familiar with the findings presented in chapter 6. Even more importantly, they need to know how to understand what barriers / enablers are experienced by the women they work with (see point below).
- How AWW communicate: SENU project needs to focus on ensuring that AWW promote the desired behaviours effectively. This means that they need to have the required SBC facilitation and communication skills. Instead of 'educating women', they need to:
 - first ask women about their opinions about and experience with the given topic
 - identify what prevents them from practicing the desired behaviours and help them reduce the barriers – through discussion, experience sharing, demonstrations, information sharing and appreciation of existing positive practices / opinions of some of the participants (i.e. the 'positive deviants')

Consider using [this training module](#) (not only for AWW but also for their supervisors), including the eight steps used by the Negotiated Behaviour Change approach (see annex 9.1).

- **Ensure participation of mothers-in-law:** The conducted formative research showed that out of all the household members, mothers-in-law tend to have the biggest influence on the adoption of promoted behaviours. Therefore, it is necessary to engage them actively. Home visits might not be sufficient, as AWW have many other commitments and their time for home visits is limited. Community and mass media activities can have some influence but are generally perceived as less effective than interpersonal activities. Unless the project team decides to have a dedicated activity focusing on mothers-in-law (as it is proposed for men – see below), N-PLA represents the main opportunity how to influence their attitudes and practices. The project team, in collaboration with AWW, need to find ways how to ensure that mothers-in-law are able and willing to join N-PLA sessions. This might involve dealing with practical barriers, such as who will take care of children when both mothers and mothers-in-law attend N-PLA sessions.
- **Monitor systematically the quality of N-PLA sessions and act upon the findings:** The project's implementing partners should monitor the quality of N-PLA sessions using observations-based checklists (preferably on a smartphone / tablet-based to reduce data management work and gain access to real-time data). The checklists should monitor both "what" and "how" AWW communicate during the N-PLA sessions. This means recording: 1) which communication / facilitation practices the observed AWW followed; 2) the extent to which she focused on addressing actual barriers; 3) any other important information. Such data will enable the project team to understand potential weaknesses in the promotion of the desired behaviours and to provide the required support. It can also inform the design of the "how-to" training recommended in the previous point.

- **Ensure that AWW have adequate support available:** Changing people’s behaviours is not easy. While some AWW are experienced in such work, others are not. Therefore, it is important that the project ensures that AWW are sufficiently supported in doing their SBC work well. This might include:
 - Providing training on implementing 20 N-PLA modules whose content was updated based on the formative research findings (see chapter 6). At the same time, acknowledging clearly that one-time training is not enough.
 - Providing AWW with ‘facilitation guides’ – practical guidance helping them prepare each of the N-PLA sessions, developed in line with the practices promoted in the training described above.
 - Providing AWW with flipbooks whose content is tailored to the most common barriers / enablers and that helps AWW implement N-PLA in the recommended way.
 - In the past years, GIZ supported the development of e-learning for AWW. Consider adding a lesson summarizing the key principles and practice of effective SBC work – how behaviour change (does not) happens, how adults learn the best, etc. A similar lesson could be added to the N-PLA modules, as these are real ‘essentials’ that anyone who promotes any behaviours should be familiar with.
 - AWW use an application enabling them to share and access know-how. For each N-PLA session, the project can prepare 20-30 minutes long podcast on how to implement the session effectively.
 - Encourage AWW to use the application (and/or any WhatsApp groups they are already using) to share their good practices as well as challenges relating to implementing the N-PLA sessions.
 - In collaboration with DWCD, explore how any existing meetings of AWW (e.g. any weekly / monthly meetings) could be used for sharing AWW’s experience with facilitating N-PLA sessions and for discussing how to overcome any difficulties they have faced.

5.2 Household Visits

About

Household visits are conducted by AWW. One of their objectives is to follow up with women and their household members on their adoption of the promoted behaviours. Their frequency and reach can be limited, as they depend on AWWs’ workload and commitment.

Recommendations for Implementation

- The training on SBC facilitation and communication skills recommended above includes a session on conducting effective home visits. If the training is used, ensure that this session receives enough time (for discussion, experience sharing, etc.). The training (as well as any other support, if used) needs to emphasize the importance of engaging not only mothers but also mothers-in-law and fathers. The visits should focus on understanding the household members’ (especially mothers-in-law) attitudes towards the promoted practice(s) and helping with lowering any identified barriers.
- Discuss with DWCDs what they can do to enable and motivate AWW to increase the number of home visits they conduct in an average month.

5.3 Community Nutrition Gardens (CNG)

About

CNGs are currently planned as self-help groups, each consisting of 10-20 women who grow together vegetables, fruits, millets and legumes. The women receive wages and material support under MGNREGA for maintenance of gardens. The harvested crops are consumed by participating women and their household members; part is given to mother and child health care centres (Anganwadi Centres); unused part might be sold. Community Resource Persons help with mobilizing potential CNG members, subsequent agricultural training and other support. In total 350 CNGs will be implemented in Barwani, Khandwa, Sheopur and Chhatarpur districts of MP (i.e., not in MH).

CNGs are closely linked to the N-PLA sessions (e.g., the same women participate in N-PLA and CNGs; topics relating to dietary diversity are linked to which nutritious crops are grown and how in the CNGs, etc.). To create synergies between the two activities, a steering committee was formed, involving Welthungerhilfe (responsible for N-PLA) and SRIJAN / Harsha Trust (responsible for CNGs).

Recommendations for Implementation

Presenting CNGs are 'Nutrition Field Schools'

- It is recommended to present CNGs as 'Nutrition Field Schools': not as 'women's groups' but as a place where both women and men from the local community can learn about agricultural practices that can help them improve the nutrition of their household members. The concept of Nutrition Field Schools (NFS) is based on the extensively used approach of Farmer Field Schools (FFS), with the main principles including:
 - A group of farmers participating in demonstrating and using agricultural practices that are most relevant to the given stage of the agricultural season (e.g. starting with land preparation, crop / seeds selection, sowing, etc.). Farmers can observe the effects of the agricultural practices they used and together can evaluate whether they are worth using in their own farming (as they are or after some adaptations).
 - While FFS focus on improving agricultural production in general, NFS focus on helping farmers to grow a greater diversity and quantity of nutritious crops. They also integrate learning about optimal agricultural practices with learning about relevant nutrition practices (primarily relating to dietary diversity but also higher production of nutritious crops, such as legumes).
 - For useful guidance on FFS, see [here](#) and [here](#).

Among the key advantages of using FFS / NFS are:

- FFS is a widely recognized and respected approach and there are trainers experienced in its use.
- Farmers co-decide about the topics they want to learn about and actively participate in using the promoted practices, observing their effects and evaluating the suitability for their own fields.
- The approach follows the principles of adult learning (see above).
- FFS / NFS are suitable for people with limited literacy.
- If CNGs are presented as women's groups, it will be more difficult to ensure men's engagement and support. By approaching them as 'field schools' where both women and men can learn, test and evaluate useful agricultural practices, CNGs are becoming more attractive for men.
- Additionally, by approaching them as 'field schools', the number of people directly benefiting from CNGs is not limited to the 10-20 women who form the 'core group' but can expand significantly, as it includes also other community members (e.g., those who attend trainings).

Ensuring Effective Promotion of Agricultural Practices

- Community Resource Persons (or any other people) who are responsible for promoting agricultural practices require two main qualifications: 1) having a very good understanding of the promoted agricultural practices; and 2) being able to promote these practices effectively. To ensure that they are effective 'agents of behaviour change', it is recommended that they complete a three-day training module developed recently by GIZ Zambia. This SBC training focuses on strengthening ten key competencies that agricultural extension workers and volunteers need in order to promote agricultural practices effectively, such as: understanding farmers' needs, facilitating discussion, giving a talk, doing field demonstrations, and other 'essentials'.
- The above-mentioned training and follow-up support (see below) should ensure that the prioritized agricultural practices are promoted in a participatory manner, using the principles of adult learning. Practically, this means that the people who provide agricultural support to CNG members:
 - avoid top-down "teaching" about the promoted practices
 - take advantage of the eight steps used by the participatory, discussions-based Negotiated Behaviour Change approach (see annex 9.1)
 - ask people about what they see as the main difficulty related to producing vegetables / fruits and what solutions they already use / propose to use
 - take advantage of positive solutions / practices that some people already follow – appreciate them and promote them
 - use effective training tools, such as photos (e.g. of pests) and videos (e.g. from other CNGs)
 - when a new practice is introduced, instead of promoting it as a 'ready-to-use' solution, they first ask people what they think about using such a practice, what do they see as its benefits as well as disadvantages or negative consequences – and then they act upon it
 - once people use the practice for some time, talk to them about their experience and 1) appreciate and promote what goes well; and 2) help them overcome any difficulties they face

Such an approach has multiple benefits – aside from being more respectful and effective, it also allows the agronomists to have a very good understanding of 1) what locally proven practices are some people already using; and 2) why some people do not adopt the (locally used or newly introduced) practices. As a result, the SENU project can understand the main enablers and barriers even without conducting a dedicated research. However, there are two key pre-conditions to ensuring that this happens:

- The agronomists are able and willing to use such an approach. That is why it is recommended to use the training module newly developed by GIZ Zambia.
- GIZ manages to set up a system that captures these insights generated from using such an approach and ensures that they are used.

Monitoring Results and Quality

- It is recommended that SENU project develops and uses a smartphone / tablet-based checklist that monitors the extent to which CNG members follow the promoted practices. It can be used whenever a staff of SENU's partner organisation visits a CNG, through observations and interviews. Using such a system will give the project real-time quantitative data showing what the main weaknesses are and where more support is needed.
- It is equally important to monitor the quality of agricultural support provided by Community Resource Persons (other any other actors). Similarly, as in the case of AWW, it is recommended to use observations and interviews-based checklists available on smartphones / tablets. The data will enable the project team to identify potential weaknesses and provide the required support.

5.4 Support to Home Nutrition Gardens

About

Already during the previous phase of the project (2015 – 2020), supporting households to grow nutritious crops has been one of the main activities. The idea is that by encouraging and supporting households to establish home gardens, they will be able to ensure year-round production of nutritious crops, which will positively impact children's and women's dietary diversity. This practice is relatively rare, as only 4.9% of households have home gardens during both dry and rainy season.⁷

Recommendations for Implementation

- Reconsider switching from promoting the production of nutritious crops at home gardens to promoting the production of nutritious crops wherever people can grow them. The focus on home gardens is unnecessarily restrictive and, in some cases, even not relevant. For example, in some areas, people's fields are right next to their houses. In other areas, people already grow some types of vegetables in their main fields (and use it for homestead consumption) and they might not see a reason to have a home garden. In other areas, home gardens can, of course, be a suitable option. The project can, at the same time, promote several different options and let people choose the one that works the best for them. The focus should not be on where they grow crops. It should be on 1) increasing people's commitment to growing nutritious crops; and 2) helping them adopt locally relevant agricultural practices that enable them to grow the crops successfully.
- Promote home gardens through letting people experience positive, replicable examples of home gardens and enabling them to talk to their owners about their experience with growing nutritious crops – why they do it, what challenges they face, how they overcome them, what is the best way to start, etc. If possible, use examples from the same community. If not, use video examples from communities that share very similar characteristics.
- In the case of home gardens, focus primarily on promoting inexpensive and low-effort ways of growing vegetables even during the dry season, such as using wastewater, reducing the number of crops grown, preferring crops that require less water and quickly maturing crops, etc.
- Otherwise, using the concept of 'Nutrition Field Schools', focus on ensuring that a maximum number of female and male community members attend trainings and other learning events at CNGs (i.e., pay attention to the coverage of provided agricultural support).
- Most of the support to improved and diversified production of nutritious crops will be provided through NFS. Therefore, most of the recommendations provided above applies also to this chapter.

5.5 Community and Mass Media Activities

About

The activities described above are based on interpersonal communication. While it is the most effective type of communication, it requires considerable amount of resources. Therefore, it should be complemented by community and mass media activities that are capable of reaching a large number of people in a cost-effective manner. This can include, for example, radio shows, community theatres, community celebration of days dedicated to a certain topic (e.g., 'breastfeeding day') or social media campaigns. In order for them to be effective, their choice as well as design must be driven by the criteria described below.

Recommendations for Implementation

- There are many creative activities that SENU project can implement to promote the desired behaviours. However, each activity takes the project's time, money, and energy. Therefore, it is very important to use clear criteria helping the project team prioritize which activities will be implemented. This strategy proposes the following criteria:

⁷ GIZ India (2021) Quantitative baseline survey

- **Realistic coverage:** The first criteria focuses on how many people can be reached by the given activity. For example, if only 13% of targeted women in a given area use social media regularly, the impact of a social media campaign might be relatively limited. Similar example can be used for radio shows (% of regular listeners) or community events (# of attendants).
 - **Engagement:** The next criteria focuses on the extent to which the activity can attract people's interest and make them think about what is communicated. For example, a radio show that discusses solutions to child nutrition challenges that many women experience and allows women to call in with questions is likely to be more engaging than leaflets or posts on social media.
 - **Credibility:** The third criteria looks at whether the activity is likely to be seen as a trustworthy source of the provided information. For example, a community theatre talking about exclusive breastfeeding is likely to be less credible than an interview with a doctor (shared via radio, social media, etc.).
 - **Relevance:** The next criteria is about the extent to which the activity is able to address the given barrier(s) / promote the given enabler(s). As explained in the introduction, all activities must focus on tackling one or more of barriers / enablers described in chapter 6. Different activities have a different potential to do so – for example, communicating disgust from the idea of not washing hands is likely to be more people when people can actually see the expression of disgust, such as on a photo, video or during a community theatre.
 - **Value for money:** When you compare how the activity scores against the criteria listed above with the expected costs of implementing the activity, what value for money does the activity provide? This is the last but not the least consideration to make.
- When designing community and mass media activities, it often happens that the form of the activity (e.g. design of a show) is given much more attention than what the activity actually communicates. Do your best to avoid this mistake, as even great looking activity will not make much difference if it does not focus on what is needed the most.
 - Community and mass media activities are a great opportunity to reach mothers-in-law and fathers. Ensure that a sufficient proportion / content of the activities target these audiences.

5.6 Nutrition-Sensitive Micro Planning

About

Nutrition-Sensitive Micro Planning (NSMP) is a tool for addressing the underlying causes of undernutrition. It enables households (especially those with malnourished children) to access government schemes and services that can help them improve nutritional situation. More details are in [Welthungerhilfe's guide](#). In SENU project, an orientation programme will be conducted for a team of 300 elected representatives and members of the committees from 100 villages. The training will be split into 12 events of 3 days each with 25 participants in each group. A total of 100 NSMP plans will be submitted by the end of two years under the Gram Panchayat Development Plan (GPDP) and ensure inclusion of the household plans.

Recommendations for Implementation

- Organise a learning workshop with other country packages and implementation partners to develop and use a sustainability strategy.
- NSMP training should not only focus on SAM/MAM children families but needs to include promotion of dietary diversity while doing comprehensive village planning.
- More clarity and successful examples (best practices) of linking NSMP with Gram Panchayat Development Plan (GPDP) will be provided to local NGO teams.
- NSMP will be linked with N-PLA and CNGs wherever possible.

5.7 Activities Engaging Men

About

The formative research findings showed that fathers / partners influence the adoption of most of the promoted practices. They are also expected to follow some of the promoted practices. Therefore, it is important that the project has a clear 'strategy' for engaging men.

Recommendations for Implementation

- It is recommended to actively engage men during home visits, community events (e.g., community theatre and the three N-PLA “village meetings”), agronomic training at CNGs (see below), and nutrition micro-planning.
- At the same time, it is recommended that the project organises in each targeted community a series of 3-4 meetings focused on the promotion of nutrition and hygiene behaviours that men are expected to practice or that men influence significantly. Since men are generally reluctant to participate in nutrition-related meetings (as they perceive them as “women’s activities”, the meetings need to be presented as events for men only where they can discuss what fathers like them can do for ensuring a good physical and mental development of their children. These meetings need to be facilitated by someone who has the required facilitation / communication skills, understands nutrition, and is respected by men. The Community Resource Persons who will be engaged in CNGs might be an option though relevant training and follow-up support would need to be prepared for them (e.g. a facilitation guide, possibility to discuss their experience with their peers, etc.).
- In India are likely to be dozens, if not hundreds of NGOs highly experienced in promoting maternal and child nutrition among men. It is recommended that GIZ commissions a study focusing on identifying ‘best practices’ in engaging men in improved nutrition. The study can consist of a review of secondary resources and interviews with practitioners. It should aim to identify promising practices that the SENU project can *realistically* use (considering its scale, human resources, mandate, etc.). The study should also provide practical guidance / tips on their use. If possible, this study should be completed even before the “men meetings” described above are initiated, as it is possible that it will come with more effective suggestions.
- Additionally, it is recommended to communicate child nutrition as a responsibility of the entire family, not just mothers.

6. SBC Strategy

This chapter is the main part of the document. It provides the following information:

- which **practices** will be promoted and how prevalent some of them are;⁸
- among which **audiences** will they be promoted (M – mothers, F – fathers, G – grandmothers / mothers-in-law);
- which **barriers** (-) and **enablers** (+) influence the adoption of the desired practices and how prevalent some of these factors are⁹
- what **changes** need to be achieved so that these factors are addressed
- the SBC **activities, messages and materials** that will be used to achieve the desired changes
- sign ^(M) indicates that the prevalence of the given practice / enabler / barrier should be measured as a part of the project's **M&E** system

Altogether, this chapter aims to provide a clear roadmap to how the SENU project intends to **increase the proportion of people who follow the promoted practices and, in doing so, contribute to improved nutrition.**

⁸ The source of all the quantitative data stated in this chapter is GIZ India (2021) Quantitative baseline survey. Most of the data is disaggregated by districts, the following abbreviations are used for districts: Barwani – BA, Khandwa – KH (both districts are in Madhya Pradesh), Nandurbar – NA and Washim – WA (both districts are in Maharashtra).

⁹ The barriers and enablers were identified by a qualitative and quantitative studies described in chapter 1. The list of barriers and enablers related to each practice is not exhaustive. It focuses on those factors that GIZ's research identified as the **most influential** and **SENU project can realistically influence** (directly or indirectly). Other factors, such as households' economic situation, performance of health service providers, dietary preferences (e.g. being vegetarian due to religion or other reasons), etc. are acknowledged as important but are not included.

6.1 Breastfeeding Practices

Practice: Mothers put their newborn child to the breast within one hour of birth (prevalence: see comment ¹⁰)						
Barriers / Enablers	Required Changes	Audiences			Recommended SBC Communication	SBC Activities
(+) delivery in a health facility (where counselling is provided) ^{11 (M)}	Strengthen mothers' motivation and ability to deliver in a health facility.	M	F	G	<u>Message</u> : Do you want a safe delivery of your baby? Ensure that it is delivered in a health facility. Do not take any risks.	N-PLA sessions household visits community and mass media activities activities engaging men (first enabler only)
(+) belief in the benefits of colostrum ^{12 (M)}	Strengthen further mothers' belief in the benefits of colostrum.	M			<u>Testimonies</u> of mothers who decided to feed colostrum.	
(+) supportive mothers-in-law ^{13 (M)}	Increase mothers-in-law willingness to support and encourage feeding colostrum.			G	<u>Message</u> : Grandmothers, colostrum, the thick yellowish milk that comes after delivery, is like the first natural medicine that protects the newborn baby's health. Help mothers to feed it straight after delivery. <u>Testimonies</u> of grandmothers and doctors who recommend feeding colostrum.	
(-) perceived or actual lack of milk	1) Decrease women's perception that they do not have enough milk. 2) Support women's ability to produce enough milk.	M			<u>Message</u> : Nearly all women can start breastfeeding soon after delivery. Ask health facility staff for help on how to initiate breastfeeding. + encourage / support health staff to provide counselling.	
(-) lacking experience and skills	Increase women's ability to access the necessary support after delivery.	M			<u>Message</u> : Ask the health facility staff to help you start breastfeeding in the first hour after delivery.	
(-) negative beliefs about colostrum among some mothers-in-law ^{13 (M)}	Decrease the perception of mothers-in-law that feeding colostrum is not healthy.			G	<u>Message</u> : Grandmothers, colostrum, the thick yellowish milk that comes after delivery, is like the first natural medicine that protects the newborn baby's health. Help mothers to feed it straight after delivery. <u>Testimonies</u> of grandmothers and doctors who recommend feeding colostrum.	

¹⁰ 94%; BA: 95%, KH: 95%, NA:99%, WA: 90%.

¹¹ Proportion of women who delivered in a health facility: 86.7%; BA: 79.5%, KH: 90.5%, NA: 80.5%, WA: 96.5%.

¹² Proportion of mothers who believe that colostrum should be fed: 96.6%; BA: 99.5%, KH: 97.5%, NA: 95.5%, WA: 94%.

¹³ Proportion of mothers-in-law who encouraged feeding colostrum: 75.1% (12.8% discouraged; 12.1% neither discouraged nor encouraged); BA: 93.9%, KH: 71.7%, NA: 40.4%, WA: 94.4%.

Practice: Mothers feed their children only breastmilk in the first six months of a child's life (prevalence: see comment ¹⁴)						
Barriers / Enablers	Required Changes	Audiences			Recommended SBC Communication	SBC Activities
(+) the desire for the baby to thrive	Strengthen the perception that exclusive breastfeeding helps newborns to thrive.	M	F	G	<p>Message: Do you want your newborn baby to be healthy and to thrive? The single best way is to feed her/him only breastmilk in the first six months. It contains all the nutrients your child needs during this time.</p> <p>Message: Babies' tummy is sensitive. By giving anything else than breastmilk in the first six months, you expose them to illnesses.</p>	N-PLA sessions household visits community and mass media activities activities engaging men
(+) a belief that breastmilk alone is sufficient ^{15 (M)}	Strengthen the perception that breastmilk alone is sufficient.	M	F	G	<p>Testimonies of local women who fed their children only breastmilk in the first six months and the children thrived.</p> <p>Testimonies of doctors who (by showing their experience) confirm that breastmilk alone is sufficient.</p>	
(+) frequent breastfeeding	Strengthen the perception that frequent breastfeeding helps with producing more breastmilk.	M			<p>Message: The more you breastfeed, the more milk your body makes. Breastfeed your baby frequently.</p>	
(-) a perception that a child needs 'more food' and other fluids (to avoid being hungry / thirsty) ^{15 (M)}	Decrease the perception that breastmilk alone is not sufficient in the first six months of a child's life.	M	F	G	<p>Message: Breastmilk provides all the nutrients a baby needs in the first six months. No other fluids or foods are required - they can do more harm than good!</p> <p>Testimonies of women + doctors (see above)</p>	
(+) ability to overcome breastfeeding difficulties	Increase women's ability to prevent and overcome breastfeeding difficulties.	M			Dummy dolls for breastfeeding counselling.	
(-) poor maternal nutrition	Improve mothers' ability to consume nutrient-rich diet during lactation.	M		G	<p>Message: Fathers and grandmothers, a woman who is breastfeeding is nourishing not only herself but also the child. She needs to eat more. Help her to eat two extra snacks each day.</p>	
(-) high workload	Increase women's ability to allocate the time required for breastfeeding.		F	G	<p>Message: Fathers and grandmothers, breastfeeding helps a newborn baby to thrive. But it also takes time. Help mothers to have enough time to breastfeed.</p>	
(-) desire to protect a child against illness ^(M)	Decrease the perception that providing other fluids / foods than breastmilk protects a child from illnesses in the first six months of life.	M	F	G	<p>Message: Babies' tummy is sensitive. By giving anything else than breastmilk in the first six months, you expose them to illnesses.</p> <p>Message: Feeding only breastmilk in the first six months protects your baby from many illnesses, such as diarrhoea and respiratory infections.</p>	

¹⁴ 90%; BA: 85%; KH 87%; NA 95%; WA 93%.

¹⁵ Percentage of mothers who think that breastmilk only is not enough in the first 6 months: 47.4%; BA: 59.5%, KH: 50.5%, NA: 48.5%, WA: 31%.
 Percentage of mothers who believe that water should be given to 3-4 months old children: 30.3%; BA: 41%, KH: 37%, NA: 16%, WA: 37%.

Practice: Mothers continue breastfeeding their children until the age of two years					
Barriers / Enablers	Required Changes	Audiences		Recommended SBC Communication	SBC Activities
Barriers and enablers to this practice were not studied.	Increase the perception that continuing breastfeeding until the age of two helps a child thrive.	M		<i>Message: Breastmilk gives your baby so many great vitamins and minerals. Continue breastfeeding until the age of 2 years.</i>	N-PLA sessions household visits

6.2 Dietary Diversity Practices

Practice: Caregivers feed to children ¹⁶ any suitable type of protein-rich ('body building') foods every day (prevalence: see footnote ¹⁷)						
Barriers / Enablers	Required Changes	Audiences		Recommended SBC Communication	SBC Activities	
(+) the desire for a child to be healthy and smart	Strengthen the perception that feeding protein-rich foods helps young children to be healthy and become smart.	M	F	G	<i>Message: Meals rich in protein, such as [include examples of locally available and low-cost foods, such as lentils, soya, beans, chickpeas, millets, nuts, milk or eggs], develop young children's brains. They help them to be smart. Feed them every day.</i> <i>Message: Meals rich in protein, such as [include examples – see above], help young children grow well and be strong. Feed them every day.</i>	N-PLA sessions household visits community and mass media activities
(+) knowledge of low-cost meals / snacks rich in protein ^(M)	Increase mothers and mothers-in-law understanding of how to prepare low-cost, nutritious and age-appropriate foods for young children.	M		G	Sharing of low-cost local recipes (among women + by AWW) rich in protein during SBC activities.	activities engaging men CNGs
(+) fathers willing to spend money on protein-rich foods	Increase fathers' willingness to spend money on protein-rich foods for young children.		F		<i>Message: Fathers, meals rich in protein, such as [include examples of locally available and low-cost foods, such as lentils, soya, beans, chickpeas, millets, nuts, milk or eggs], develop young children's brains. They help them to be smart. Feed them every day.</i> <i>Message: Fathers, meals that are rich in protein, such as [include examples – see below], help young children to grow well and be strong. Feed them every day.</i>	support to home gardens nutrition-sensitive micro planning

¹⁶ In chapter 6.2, all references to “children” relate to children aged 6 – 23 months.

¹⁷ Percentage of children who consumed pulses during the previous day: 69.9%; BA: 53%, KH: 73.5%, NA: 77.5%, WA: 75.5%.

Percentage of children who consumed eggs during the previous day: 12.1%; BA: 3%; KH: 5.5%; NA: 33%; WA: 7%.

Percentage of children who consumed milk or other dairy products during the previous day: 55%; BA: 52%, KH: 76%, NA: 41.5%, WA: 50.5%.

Percentage of children who consumed flesh foods during the previous day: 2.5%; BA: 2%, KH: 1%, NA: 6.5%, WA: 0.5%.

(+ / -) access to protein-rich foods, incl. THR ^(M)	Improve caregivers' access to protein-rich foods, incl. THR.	M	F	G	N/A
(-) frequent purchase of (sweet or salty) snacks from shops ^(M)	1) Decrease the perception that feeding purchased sweet / salty snacks is good for children. 2) Increase the perception that feeding protein-rich snacks / foods is much better.	M	F	G	<u>Message:</u> <i>Do you buy snacks for your young children? Many sweet and salty snacks are not good for their health. Choose those that help them thrive, such as [give examples of snacks rich in protein, e.g. milk or yoghurt].</i>
(-) limited awareness of which (protein-rich) foods children need to grow well ^(M)	Increase awareness of which affordable, protein-rich foods children need to grow well.	M	F	G	<u>Message:</u> <i>Do you know which foods help young children to grow well? Those rich in protein, such as [include examples of locally available and low-cost foods, such as lentils, soya, beans, chickpeas, millets, nuts, milk or eggs]. Feed them every day.</i>

Practice: Caregivers feed to children any suitable type of vitamin / mineral-rich ('immunity-boosting') foods every day (prevalence: see footnote ¹⁸)						
Barriers / Enablers	Required Changes	Audiences			Recommended SBC Communication	SBC Activities
(+) the desire for a child to be healthy	Strengthen the perception that feeding vegetables and fruits helps young children be healthy.	M	F	G	<u>Message:</u> <i>Do you want to protect your young children from getting ill? Feed them vegetables and fruits every day. They are rich in vitamins and minerals, making your child more fit!</i>	N-PLA sessions
(+) knowledge of low-cost recipes rich in vitamins / minerals ^(M)	Strengthen mothers and mothers-in-law ability and motivation to prepare low-cost recipes rich in vitamins and minerals and children like them.	M		G	Sharing of low-cost recipes (among women + by AWW) rich in vitamins and minerals during SBC activities.	household visits community and mass media activities activities engaging men
(+ / -) access to vitamin and mineral-rich foods ^{19 (M)}	Improve caregivers' access to vitamin and mineral-rich foods.	M	F	G	<u>Message:</u> <i>Fathers, do you want your young children to be healthy? Buy or grow vegetables and fruits that give them the vitamins and minerals they need!</i>	CNGs support to home gardens
(-) food habits focusing on starchy foods (e.g. roti)	Increase the perception that starchy foods alone do not give children the nutrients they need.	M	F	G	<u>Message:</u> <i>Roti, rice and other starchy foods can fill the stomach. But they don't provide all the nutrients a young child's body need to fight off diseases. Feed your children meals rich in vitamins and minerals.</i>	nutrition-sensitive micro planning

¹⁸Percentage of children who consumed vitamin A rich fruits and vegetables during the previous day: 3.4%; BA: 4.5%, KH: 3.5%, NA: 3.5%, WA: 2%.

Percentage of children who consumed other fruits and vegetables during the previous day: 35.8%; BA: 27.5%, KH: 33%, NA: 42.5%, WA: 40%.

For data on the percentage of children who consumed other food groups rich in vitamins and minerals please refer to the previous page.

¹⁹Percentage of households who grow vegetables: 39.5%; BA: 54.5%, KH: 35.5%, NA: 26%, WA: 42%.

Percentage of households with an access to fruit trees: 23.4%; BA: 25%, KH: 22.5%, NA: 23.5%, WA: 22.5%.

(-) frequent purchase of (sweet or salty) snacks from shops ^(M)	Decrease the perception that feeding purchased sweet / salty snacks is good for children. Increase the perception that feeding vitamin / mineral-rich snacks / foods is much better.	M	F	G	<u>Message:</u> <i>Do you buy snacks for your young children? Many sweet and salty snacks are not good for their health. Choose those that give them vitamins and minerals, such as fruits or milk.</i>	
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Practice: Pregnant and lactating women consume protein-rich ('body building') foods every day (prevalence: see footnote²⁰)						
Barriers / Enablers	Required Changes	Audiences			Recommended SBC Communication	SBC Activities
(+) desire to have a safe delivery and a healthy child	Strengthen the perception that consuming protein-rich foods contributes to safer delivery and helps the child be healthy.	M	F	G	<u>Msg:</u> <i>Do you want a safe delivery and a healthy baby? It is important that you consume everyday foods rich in protein, such as [include examples of locally available and low-cost foods, such as lentils, soya, beans, chickpeas, millets, nuts, milk or eggs].</i>	N-PLA sessions household visits community and mass media activities activities engaging men CNGs support to home gardens nutrition-sensitive micro planning
(+ / -) access to low-cost, protein-rich foods ^(M)	Strengthen fathers' perception that it is worth buying protein-rich foods for their pregnant / lactating wives.		F	G	<u>Message:</u> <i>Is your wife pregnant or lactating? She and the child need enough protein to be healthy. Give her foods rich in protein, such as [include examples – see above].</i> <u>Message:</u> <i>Is your daughter-in-law pregnant or lactating? She and the child need enough protein to be healthy. Give her foods rich in protein, such as [include examples – see above].</i>	
(+) ability and motivation to prepare nutritious meals	Strengthen women's ability and motivation to prepare affordable, protein-rich meals.	M		G	Sharing of low-cost recipes (among women + by AWW) rich in protein during SBC activities.	
(+) desire to be less tired ^(M)	Strengthen the perception that consuming protein-rich foods helps women to be less tired.	M			<u>Message:</u> <i>Do you want to be less tired during pregnancy? Consume foods rich in protein every day, such as [include examples – see above]. They help with reducing tiredness.</i>	

²⁰ Percentage of women who consumed pulses during the previous day: 92.1%; BA: 92.5%, KH: 89.5%, NA: 95.5%, WA: 91%.
Percentage of women who consumed eggs during the previous day: 6.9%; BA: 1.5%, KH: 3%, NA: 14.5%, WA: 8.5%.
Percentage of women who consumed milk or other dairy products during the previous day: 64%; BA: 52.5%, KH: 73.5%, NA: 55.5%, WA: 74.5%.
Percentage of women who consumed flesh foods during the previous day: 9.2%; BA: 5.5%, KH: 7.5%, NA: 13.5%, WA: 10.5%.

Practice: Pregnant and lactating women consume vitamin / mineral-rich ('immunity-boosting') foods every day (prevalence: see footnote ²¹)						
Barriers / Enablers	Required Changes	Audiences			Recommended SBC Communication	SBC Activities
(+) desire to have a safe delivery + a healthy child	Strengthen the perception that consuming vegetables / fruits contributes to safer delivery and helps the child be healthy.	M	F	G	<i>Message: Do you want a safe delivery and a healthy baby? It is important that you consume foods rich in vitamins and minerals every day, such as fruits, vegetables, seeds, pulses, eggs or dairy products.</i>	N-PLA sessions household visits
(+ / -) access to low-cost, vitamin / mineral-rich foods ^(M)	Strengthen fathers' perception that it is worth buying fruits and vegetables for their pregnant / lactating wives.		F	G	<i>Message: Is your wife pregnant or lactating? Help her eat foods rich in vitamins and minerals every day, such as fruits, vegetables, seeds, pulse, eggs or dairy products. They will help her and the baby thrive!</i> <i>Message: Is your daughter-in-law pregnant or lactating? Help her eat foods rich in vitamins and minerals every day, such as fruits, vegetables, seeds, pulses, eggs or dairy products. They will help her and the baby thrive!</i>	community and mass media activities activities engaging men CNGs support to home gardens nutrition-sensitive micro planning
(+) existing popular meals that contain minerals / vitamins	Strengthen women's ability and motivation to prepare affordable, vitamin / mineral-rich meals.	M		G	Sharing of low-cost recipes (among women + by AWW) rich in vitamins and minerals during SBC activities.	

Practice: Pregnant women eat an additional meal / snack during pregnancy (prevalence: see footnote ²²)						
Barriers / Enablers	Required Changes	Audiences			Recommended SBC Communication	SBC Activities
(+) desire to have a healthy child	Strengthen the perception that eating more during pregnancy helps the child be born healthy and thrive.	M	F	G	<i>Message: Are you expecting a baby? Eat one extra small, nutritious meal or snack each day to help your growing baby be healthy.</i>	N-PLA sessions household visits
(+) number and quality and antenatal care checks ^{23 (M)}	Increase women's ability to attend ANC at the required frequency.	M	F		<i>Message: Are you expecting a baby? Attend ANC at least 4 times during pregnancy, with the first check during the first trimester. These check-ups are essential for you to learn about your health and how your baby is growing.</i>	community and mass media activities activities engaging men

²¹ Percentage of women who consumed dark green leafy vegetables during the previous day: 10.4%; BA: 1.5%, KH: 18%, NA: 11%, WA: 11%.
Percentage of women who consumed vitamin A rich fruits / vegetables during the previous day: 4.2%; BA: 2.5%, KH: 4%, NA: 3%, WA: 7.5%.
Percentage of women who consumed other vegetables during the previous day: 80.5%; BA: 71%, KH: 91%, NA: 88.5%, WA: 71.5%.
Percentage of women who consumed other fruits during the previous day: 15.9%; BA: 13.5%, KH: 15%, NA: 12%, WA: 23%.
For data on the percentage of women who consumed other food groups rich in vitamins or minerals, please refer to the previous page.

²² Percentage of women who reported eating more during their last pregnancy: 46.4% (30.9% reported eating less, 22.5% the same amount as before); BA: 28%, KH: 39.5%, NA: 63.5%, WA: 55.5%.
Percentage of women who think that eating an additional snack every day during pregnancy is good: 93.6%; BA: 95%, KH: 94%, NA: 88%, WA: 97.5%.

²³ Percentage of women who attended at least 4 ANC during their last pregnancy: 54%; BA: 33%, KH: 52%, NA: 49%, WA: 85%.

					<u>Message:</u> <i>Is your wife expecting a baby? Help her and the baby be safe - make sure that she attends antenatal care at least 4 times during pregnancy.</i>
(-) nausea and lacking appetite ^{24 (M)}	Increase women's ability to consume food and fluids in a way that does not cause nausea (see in the message).	M		G	<u>Message:</u> <i>Does nausea or lacking appetite make it difficult for you to eat during pregnancy? These tips can help: eat smaller portions but more frequently; avoid foods that trigger nausea; do not drink 30 minutes before eating; and avoid highly spicy, fat and gaseous foods.</i>
(-) concerns relating to eating more food ^{25 (M)}	Decrease the perception that eating more during pregnancy harms the baby (as a full stomach presses the baby) and makes the delivery more difficult.	M		G	<u>Message:</u> <i>Your growing baby needs enough energy to develop well and be healthy. That is why it is important that you eat one extra small, nutritious meal or snack each day.</i>

6.3 Complementary Feeding Practices

Practice: Starting at about 6 months, caregivers start feeding the child other foods in addition to breast milk (prevalence: see footnote ²⁶)						
Barriers / Enablers	Required Changes	Audiences			Recommended SBC Communication	SBC Activities
(+) a belief that starting complementary feeding at 6 months is optimal ^{28 (M)}	Increase the perception that children should start eating other foods than breastmilk only at 6 months.	M	F	G	<u>Testimonies</u> of local women who started with complementary feeding only at six months (no fluids / foods earlier) and their children thrived. <u>Testimonies</u> of doctors who (by showing their experience) confirm that starting at six months is the best for children's health and nutrition.	N-PLA sessions household visits community and mass media activities activities engaging men
(+) exposure to nutrition counselling / messages	Increase the proportion of mothers and grandmothers who attend counselling sessions on the optimum start of complementary feeding.	M	F		N/A	
(-) the perception that a child needs complementary foods earlier ^{26 (M)}	Decrease the perception that breastmilk alone is not sufficient in the first six months of a child's life.	M	F	G	<u>Message:</u> <i>Breastmilk provides all the nutrients a baby needs in the first six months. No other fluids or foods are required during this period - they can do more harm than good!</i> <u>Testimonies</u> of women + doctors (see above)	

²⁴ Percentage of women who stated nausea as a reason for eating less during their last pregnancy: 53.6%; BA: 41.9%, KH: 17.1%, NA: 70.8%, WA: 88.9%.

Percentage of women who stated lacking appetite as a reason for eating less during their last pregnancy: 43.8%; BA: 55.8%, KH: 78%, NA: 25%, WA: 11.1%.

²⁵ Main reasons why some women think that eating more during pregnancy is not good: "it makes delivery more difficult" – 34%, it can harm the baby (bigger pressure) – 48.9%, it can harm the woman – 10.8%. The data is not disaggregated by district, as the overall number of respondents who thought that eating more during pregnancy is not good was relatively small.

²⁶ The proportion of women who reported starting to feed liquids at the age of six months: 37% (87% at the age of 5-7 months). However, it is likely that this data is not reliable, as 47.4% of women thought that feeding breastmilk only is not enough in the first 6 months (BA: 59.5%, KH: 50.5%, NA: 48.5%, WA: 31%).

Practice: Caregivers feed children the minimum number of times²⁷ each day (prevalence: 76.2%²⁸)

Barriers / Enablers	Required Changes	Audiences			Recommended SBC Communication	SBC Activities
(+) access to Take Home Ration (THR)	Improve households' access to THR.	M	F		N/A	N-PLA sessions household visits community and mass media activities activities engaging men
(+) awareness of and belief in the recommended meal frequency ^(M)	Strengthen the perception that children need the recommended number of meals in order for their body and mind to thrive.	M	F	G	<i>Message: From the age of six months, breastmilk alone is not enough. Feed your young child the recommended number of meals every day, so that s/he grows well!</i>	
(+) offering food with different tastes	Increase the ability to offer different types of nutritious meals that children enjoy eating.	M		G	Sharing of low-cost, age-appropriate recipes (among women + by AWW) with different tastes during SBC activities.	
(+) reducing the amount of sweet / junk foods ²⁹ ^(M)	Decrease the perception that feeding purchased sweet / salty snacks is good for children.	M	F	G	<i>Message: Do you buy snacks for your young children? Many sweet and salty snacks can harm their health. Choose those that help them thrive, such as [give examples of healthy snacks, e.g. fruits, milk or yoghurt].</i>	
(+) avoiding feeding tea / water before eating ^(M)	Strengthen the perception that children should avoid drinking before eating so that they don't feel full when starting to eat.	M		G	<i>Message: Do you want your young children to eat well? Make sure that they do not drink too much water before eating, so that they do not feel full.</i>	
(-) caregivers being too busy / absent / not giving enough attention	Addressed by also targeting other household members and emphasising the required meal frequency.					
(-) the perception that complementary food is less needed when a child is breastfed	Strengthen the perception that even breastfed children need to eat frequently (as recommended).	M	F	G	<i>Message: From the age of six months, breastmilk alone is not enough. Feed your young child the recommended number of meals every day so that s/he grows well!</i>	

²⁷ The minimum number is: 2 meals for breastfed children aged 6-8 months, 3 meals for breastfed children aged 9-23 months, 4 meals for non-breastfed children aged 6-23 months.

²⁸ Disaggregated by districts: BA: 66.5%, KH: 79.5%, NA: 79.1%, WA: 79.5%.

²⁹ Frequency of buying snacks for children: "once a day or more" - 43%, "every other day" - 21%, "about twice a week" - 14%, "about once a week" - 17%, "less than once a week" - 5%.

Practice: Caregivers feed children foods of age-appropriate consistency						
Barriers / Enablers	Required Changes	Audiences		Recommended SBC Communication	SBC Activities	
Barriers and enablers to this practice were not studied.	Strengthen awareness of the ideal food consistency, using examples of commonly fed meals.	M		G	AWW discussing with mothers and mothers-in-law (and, if needed, demonstrating) the optimum meal consistency.	N-PLA sessions household visits

Practice: Caregivers encourage children to eat the given food and supervise that they eat the provided amount (prevalence: see footnote ³⁰)						
Barriers / Enablers	Required Changes	Audiences		Recommended SBC Communication	SBC Activities	
(+) a desire for a child to be healthy and smart	Strengthen the perception that encouraging young children to eat helps them be healthy and become smart.	M	F	G	<i>Message: Do you want your young child to be healthy and smart? Supervise and encourage him/her during meals, so that s/he eats well!</i>	N-PLA sessions household visits community and mass media activities activities engaging men
(-) lack of time	Strengthen the involvement of other household members in feeding young children.		F	G	<i>Message: Fathers and grandmothers, supervise and encourage young children during meals so that their bodies and brains grow well!</i>	
(-) children being very active - moving around, not sitting during a meal	Increase the ability to keep the child not moving too much when being fed.	M		G	Sharing tips (by mothers and Anganwadi workers) on how to keep a child relatively still during feeding.	
(+ / -) awareness of the importance of active feeding	Strengthen the perception that it is important to support children in eating their meals (as opposed to leaving them to eat on their own).	M	F	G	<i>Message: Always be with your young children when they eat, so that you can support them in eating and make sure that they ate enough.</i> <i>Message: Mothers, are you too busy to be with your young children when they eat? Ask one of your household members to sit with your child and support him/her to eat enough food!</i>	
(-) the perception that it is OK to feed a child only when s/he asks for food ^(M)	Strengthen the perception that children should be fed at regular times, not only when they seem hungry.	M	F	G	<i>Message: Do not wait until your young child is hungry. Feed the child at regular times, so that its body always has the energy it needs!</i>	

³⁰ Percentage of respondents who let their child aged more than 9 months to eat alone: 13%; BA: 21%, KH: 8%, NA: 17%, WA: 5%.

6.4 Hygiene Practices

Practice: Adults and (older) children wash their hands at critical times ³¹ using soap and water (prevalence: see footnote ³²)			
Barriers / Enablers	Required Changes ³³	Recommended SBC Communication	SBC Activities
(+) desire to be healthy	Strengthen the perception that washing hands with soap makes adults and children less vulnerable to diseases.	<u>Message:</u> <i>Do you know the best way to keep yourself and your children healthy? It is easy! Wash your hands with soap at all the important moments.</i>	N-PLA sessions household visits community and mass media activities activities engaging men CNGs nutrition-sensitive micro planning
(+) disgust resulting from the idea of not washing hands	Increase the perception of disgust from the idea of not washing hands at critical times.	<u>Message:</u> <i>Imagine everything that you touch during a day. How do you feel about putting it in your mouth? Wash hands with soap at all key times to prevent dirt and bacteria from coming to your mouth.</i>	
(-) limited perceived importance of using soap	Increase the perception that washing hands without soap does not protect health.	<u>Message:</u> <i>Washing your hands with water only does not protect you from diseases. Always use soap when washing your hands.</i>	
(-) soap not available at a handwashing station ^{34 (M)}	Increase the ability and motivation to keep soap at the handwashing station, to be ready to be used.	<u>Message:</u> <i>Let's make washing hands with soap as easy as possible. Always keep soap at a handwashing station, so that you can use it whenever you wash hands.</i> Participants sharing tips on how to keep soap at a handw. station.	
(-) forgetting to wash hands at critical moments	Increase the ability to remember washing hands at the key moments.	Participants share tips on what helps people to remember washing their hands at critical times.	

³¹ Critical times for handwashing include: before preparing / eating / feeding food; after toilet; after changing sanitary pad / a nappy; after handling raw animal products; before / after caring of a sick person; after touching garbage or handling animals; and whenever the hands are visibly dirty.

³² Considering that measuring this behaviour is prone to significant biases, it is more appropriate to use a proxy indicator – in this case, the data stated in footnote 34.

³³ All the required changes apply both to adults and (older) children.

³⁴ While 89.2% of women reported that they washed their hands with soap and water, only 10.9% had a soap at the handwashing station (BA: 5.5%, KH: 11%, NA: 8%, WA: 19%), which is questioning whether handwashing with soap was really the case. Additional 75.1% of respondents had soap at home (at other place than the station), which indicates households' reluctance to keep the soap at the handwashing station (BA: 76.5%, KH: 76.5%, NA: 67.5%, WA: 80%). The costs of soap did not seem to be a barrier, as 85.2% of women said that it is "very" or "quite" easy to afford buying soap.

Practice: Household members have and use a dedicated handwashing station with water and soap constantly available (prevalence: see comment ³⁵)			
Barriers / Enablers	Required Changes	Recommended SBC Communication	SBC Activities
(+) desire to be healthy	Strengthen the perception that having and using a dedicated handwashing station (with water and soap) makes adults and children less vulnerable to diseases.	<p>Message: <i>Having a dedicated handwashing station makes washing hands much easier. And the easier it is, the more you will do it and the more will you protect your health!</i></p> <p>Testimonies from people who decided to have a handwashing station.</p> <p>Demonstrations of tippy taps and others locally acceptable types of handwashing stations.</p>	as above
The barriers concern soap not being available at a handwashing station and the limited perceived importance of using soap. They are addressed in the table above.			

The following practices will be promoted by the SENU project but were not studied by the conducted SBC research. Therefore, they will be promoted using the existing information and best practices acquired in the previous phase of the project.

Practices	SBC Activities
<ul style="list-style-type: none"> ▪ household members prepare and store food in a hygienic manner and feed it using clean hands, dishes and utensils 	N-PLA sessions household visits community and mass media activities activities engaging men nutrition-sensitive micro planning
<ul style="list-style-type: none"> ▪ caregivers reheat food prepared earlier (to make it safe from bacteria) and let it cool down before feeding it to a child 	
<ul style="list-style-type: none"> ▪ caregivers treat the water they provide to their children (by filtering or other recommended methods) 	
<ul style="list-style-type: none"> ▪ household members handle drinking water in a safe way, including: <ul style="list-style-type: none"> - clearing water containers regularly; - covering containers with a lid; - drawing water by using a dedicated cup 	
<ul style="list-style-type: none"> ▪ household members defecate in an improved latrine³⁶ 	

³⁵ 89.2%; BA: 81.5%, KH: 89%, NA: 88.4%, WA: 98%.

³⁶ Percentage of households using an improved sanitation facility: BA: 61%, KH: 76.7%, NA: 54.1%, WA: 61.5%. Source: MoHFW (2020) National Family Health Survey 2019-2020.

6.5 Food Production Practices

Practice: Household members grow (at home / their field) 4 or more types of seasonal, nutrient-rich vegetables / fruits for homestead consumption during the 1) rainy and 2) dry season (prevalence – see footnote ³⁷)			
Barriers / Enablers	Required Changes ³⁸	Recommended SBC Communication	SBC Activities
(+) appreciation of having easy access to cheap vegetables / fruits	Strengthen the perception that having a home garden can help people enjoy easy access to vegetables / fruits.	Promotion of positive examples / role models.	N-PLA sessions community and mass media activities activities engaging men CNGs support to home gardens
(+) engagement of more household members ^{38 (M)}	Increase the motivation of other household members to work on home gardens.	Promotion of positive role models (primarily husbands but also other household members).	
(+) experience of inspiring, replicable examples ^(M)	Increase exposure to inspiring, replicable examples of home gardens.	N/A	
(-) lack of water ^{39 (M)}	Increase the ability to grow vegetables even when the water sources are limited.	<i>Message: You can grow vegetables for your children even using wastewater only!</i>	
(-) lack of time	Increase the motivation of other household members to work on home gardens.	Promotion of positive role models.	
(-) pests / diseases / browsing livestock damaging crops ^(M)	Increase the ability to protect crops from pests / diseases / livestock.	N/A	
(-) lacking advice ^(M)	Increase the availability of competent advice.	N/A	

The food production / agronomic practices (respectively, groups of practices) listed below will be promoted by the SENU project but were not studied by the conducted SBC research. Recommendations on how these practices can be promoted effectively are included in chapter 5.

³⁷ Prevalence of households with a home garden where any type of vegetables / fruits is grown: 13%; BA: 22.5%, KH: 11%, NA: 13%, WA: 5.5%. Out of these, 37.5% grow vegetables / fruits during both dry and rainy season. This equals to 4.9% of all the surveyed households. Since the number of such households is very low, the data is not disaggregated by district. Percentage of households who grow vegetables: 39.5%; BA: 54.5%, KH: 35.5%, NA: 26%, WA: 42%.

³⁸ All the required changes apply to all the household members who work on growing vegetables / fruits. GIZ's survey showed that these are primarily: mothers (the respondents) - 33.8%, in-laws - 23%, fathers – 13.5%, other household members – 13.5%. Since the number of such households is very low, the data is not disaggregated by district.

³⁹ The percentage of women who had a home garden and stated lack of water as a difficulty related to growing vegetables / fruits – 41.8%. The second most commonly stated difficulty was lack of time for growing produce, mentioned by 1.5% of respondents. Since the number of such respondents is very low, the data is not disaggregated by district.

Practices	SBC Activities
<ul style="list-style-type: none"> members of Community Nutrition Gardens (CNG) grow at least 7 types of recommended seasonal, nutrient-rich vegetables / fruits / millets / pulses during the 1) rainy and 2) dry season 	<p>community and mass media activities CNGs support to home gardens</p>
<ul style="list-style-type: none"> household / CNG members use harvested crops for homestead consumption; only unused surpluses are sold 	
<ul style="list-style-type: none"> CNG members grow promoted medicinal plants 	
<ul style="list-style-type: none"> household / CNG members practice crop rotation 	
<ul style="list-style-type: none"> CNG members request and follow-up on the results of soil quality tests⁴⁰ 	
<ul style="list-style-type: none"> household / CNG members produce and use organic compost⁴¹ 	
<ul style="list-style-type: none"> CNG members grow crops following the practices recommended in provided 'Crop Sheets' 	
<ul style="list-style-type: none"> household / CNG members use chemical free practices to control pests⁴² 	
<ul style="list-style-type: none"> household / CNG members use quality seeds⁴³ 	
<ul style="list-style-type: none"> household / CNG members use recommended water retention, harvesting and irrigation methods⁴⁴ 	
<ul style="list-style-type: none"> households with minimal space for growing crops use space-efficient solutions 	
<ul style="list-style-type: none"> household / CNG members use low-cost fencing methods to protect crops from livestock 	
<ul style="list-style-type: none"> household / CNG members follow recommended harvesting and post-harvesting practices 	
<p>It is important to emphasise that the project will not rely on “one-solution-fits-all” practices. It will actively seek and promote positive agronomics practices that some people already use. At the same time, it will be tailoring its agronomic support to the situation of the given group of people, as what works well for some areas (or for some people) might not work well for others.</p>	

⁴⁰ They can request agricultural extension workers, using the Government's Soil Health Cards.

⁴¹ Includes the use of compost or decomposed manure and using waste from the farm and household. It can also include the use of cover crops.

⁴² Includes: Includes: 1) Companion planting to reduce pest attacks, considering space, time and season; 2) Allowing mechanical control by birds/chicken; 3) Selecting healthy seeds; 4) Preparing concoction for repelling pests locally.

⁴³ Use of proven local seed varieties; seek to renew them regularly at least every 3 years. Use of seeds from the project-supported seed banks.

⁴⁴ Includes: mulching to ensure water retention; drip irrigation, grey water use, keyhole gardens to reduce need for fresh water; preference of crops which consume less water.

7. Monitoring and Evaluation

This chapter provides an overview of what should be measured and how to gain useful data that 1) helps to steer the project in the right direction; and 2) shows the progress on achieving the strategy's objectives. It should be read alongside the project's Monitoring & Evaluation Strategy, as it is an integral part of it.

The overview below places emphasis on understanding not only the proportion of people who have adopted the desired practices but also the proportion of people who experience specific barriers and enablers to following these practices. The assumption is that if fewer people experience barriers and more people experience the enabling / motivating factors, the overall proportion of people who practice the behaviour will increase. At the same time, to have such data, it is necessary to conduct relatively demanding quantitative surveys. Since they cannot be done often, it is important to have another way of knowing whether the project is on track. Therefore, this strategy recommends that GIZ and its partners place significantly more emphasis on monitoring the quality of the most influential activities, such as N-PLA sessions and agronomic training. Such data will enable the project implementers to identify potential weaknesses and address them in a timely manner. The assumption is that the higher is the quality⁴⁵ of activities, the more likely it is that these activities will manage to reduce the barriers and strengthen the enablers to following the desired behaviours.

WHAT	HOW
<ul style="list-style-type: none"> proportion of people / households who follow the promoted practices 	<ul style="list-style-type: none"> quantitative mid-term and final survey observation / interview-based checklists⁴⁶ and feedback from agronomists supporting CNGs (for food production practices only – see p. 27)
<ul style="list-style-type: none"> proportion of people who experience a given barrier / enabler (those marked with ^(M) in chapter 6) 	<ul style="list-style-type: none"> quantitative mid-term and final survey feedback from agronomists supporting CNG⁴⁶ (for agronomic practices only – see page 27)
<ul style="list-style-type: none"> quality of N-PLA sessions and agronomic training 	<ul style="list-style-type: none"> observations-based checklists (see annex 9.3 and 9.4)
<ul style="list-style-type: none"> proportion of target audience members exposed to selected activities (i.e., their coverage) 	<ul style="list-style-type: none"> quantitative mid-term and final survey implementing partners' reports showing the number of participants
<ul style="list-style-type: none"> number of implemented activities 	<ul style="list-style-type: none"> implementing partners' reports
<ul style="list-style-type: none"> number of women / men participating in selected activities 	<ul style="list-style-type: none"> implementing partners' reports

⁴⁵ The term "quality" consists of several aspects, including: the extent to which the "soft" skills promoted by GIZ's "Agents of Agricultural Change" training are used; the extent to which the activities focus on addressing the key barriers / enablers to change; the technical quality of the provided advice, etc.

⁴⁶ Checklists and feedback from agronomists will not provide data that is 100% representative of the target audience members but the insights they provide can still help the project implementers to understand where the main strengths and weaknesses might be.

8. Implementation and Coordination

Implementation Structure

The SBC strategy is part of the SENU project. The project is led by GIZ. GIZ's implementation partner organisation Welthungerhilfe works with its local NGO partners⁴⁷ on supporting the implementation of N-PLA sessions, homestead nutrition gardens, micro-planning activities and entertainment-based SBC activities. GIZ's other implementation partner SRIJAN / Harsha Trust is responsible for the implementation of Community Nutrition Gardens. Welthungerhilfe and SRIJAN / Harsha Trust are members of a steering committee that aims to ensure synergies between the nutrition/hygiene and food production activities implemented by these partners. The organisations collaborate with relevant authorities, especially DWCD, MGNREGA and Agriculture and Horticulture Department at state, district, block and village level.

Implementation Plan

The table below lists the key actions that will be taken in 2022 to operationalise the implementation of the strategy. Work plans for the following years will be developed at a later stage.

WHAT
Review of N-PLA modules and resource book based on Adult Learning Principles
Development of CNG training modules including soft skill training and inclusion of Adult Learning Principles throughout
Include gender transformative approach (GTA) across all activities: Review N-PLA and CNG training modules accordingly and include or add training sessions on GTA
Write up the vision on GTA for SENU and develop an activity plan
Prepare manual on how to inquire about barriers
Use checklists for quality assurance of N-PLA and CNG training sessions and reflections to improve
Rollout Training of Trainers on N-PLA Phase 1 and 2 CNG training sessions
Develop concept note on promotion of CNGs as resource and learning hubs
Develop concept note for participatory community theatre approach, focusing on responsibility of men in nutrition
Develop Positive Deviance Tool to identify uncommon practices for improved nutrition (e.g., uncommon nutrition, hygiene and food production practices)
Build capacity of N-PLA & CNG implementation partners on nutrition through available e-learning training platform for AWW (3 modules selected) with reflection sessions
Learning workshop on NSMP
Develop concept on DWCD trainer pool for SBC strategy rollout and training manual

⁴⁷ Welthungerhilfe's implementing partner NGOs include: Mahatma Gandhi Seva Sansthan (Sheopur, MP), Darshana Mahila Kalyan Samiti (Chhattarpur, MP), Pahal Jan Sahayog Vikas Sansthan (Barwani, MP), Spandan Samaj Seva Samiti (Khandwa, MP), Swayam Shikshan Prayog (Washim, MH), Development Support Center (Nandurbar, MH).

Coordination

To ensure that the project's SBC strategy is well coordinated with other nutrition-related initiatives of the Government and non-governmental organisations, the project takes the following actions:

- The SBC messages complement existing messages used by the health and nutrition authorities (i.e. they address gaps in the exiting SBC communication efforts).
- A large part of the strategy will be implemented through the government's Anganwadi workers and agriculture extension workers who will be supported in the effective promotion of the prioritized practices.
- The strategy was reviewed and validated by the staff of GIZ and its implementing partner NGOs during a 3-day workshop in April 2022.
- SENU plans to institutionalise and upscale N-PLA through a state trainer pool with DWCD. For this a state level workshop, regular DWCD meetings etc will be organised. Furthermore, SENU replicates N-PLA through NABARD local partners (KJBF, Lupin, BAIF) in Maharashtra and GIZ Cotton project.
- CNG upscaling is coordinated closely with MGNREGA and other line departments, e.g. district level workshops on CNGs shall ensure that line departments are aware and supporting CNGs
- A NSMP learning workshop will be held by SENU and WHH to explore institutionalisation with Rural Development Department and include learnings in this approach from other GIZ country packages of the Global Programme.

9. Annexes

9.1 Eight Steps of the Negotiated Behaviour Change Approach

Below you can find a summary of the eight steps that people should follow when promoting various behaviours.⁴⁸

<p>Step 1: Greet everyone in a friendly manner. If needed, introduce yourself. If you need to engage other household members in the discussion, ask whether they are present.</p>
<p>Step 2: Ask about the topic / behaviours you want to discuss.</p>
<p>Step 3: Listen and reflect on what the person is saying.</p>
<p>Step 4: Identify:</p> <ol style="list-style-type: none">1) What barriers is the person facing?2) What has s/he tried to do to address them? If it has not worked, why?
<p>Step 5: Discuss ways in which the person can overcome the barriers. At the same time, highlight the benefits of the promoted behaviour.</p>
<p>Step 6: Recommend and negotiate small doable actions.</p>
<p>Step 7: The person agrees to try one or more of the actions.</p>
<p>Step 8: Make an appointment for a follow-up visit. Congratulate the person on his/her good work.</p>

⁴⁸ The steps were adapted from GIZ Zambia (2022) Agents of Agricultural Change.

9.2 Nudging for Improved Nutrition

Nudging is a popular way of shaping people's behaviours and GIZ India has expressed an interest to explore its use in SENU project. Therefore, this chapter clarifies what is nudging about, gives examples of commonly used "nudges" and provides suggestions on which nudges could be considered for SENU project.

What is nudging?

A nudge is a small change in the surrounding that makes it more likely that a person will follow the desired behaviour. A 'classic' example of nudging is placing vegetarian meals on the top on the restaurants' menu which leads to more people ordering such meals. Such a change of the physical environment (called the "choice architecture") does not forbid anything but influences the likelihood of people making the desired choice. Another example of commonly used nudges is placing reminders that make it less likely that people will forget practicing the given behaviour (e.g., think of the many reminders used to promote Covid prevention practices, such as using a face mask or hand sanitizer).

How can nudging be used in SENU project?

Whoever wants to use nudging must be able to alter the environment / the choices that influence people's decision. Considering the large scale of SENU project and the fact that the majority of activities are implemented through extension workers, the scope for using nudges is naturally limited. Among some of the more feasible nudges that could be implemented, at least on a smaller scale, are:

- Painted footsteps on the floor of Anganwadi Centers (or other places where activities take place) that lead people to a handwashing facility. See example [here](#), including an evidence of effectiveness.
- As a part of the NSMP, discussing with the local shop owners the possibility to place healthier snacks (e.g. fresh or dried fruits) in the most visible and easy to access parts of the shop while putting those that are not healthy (e.g. crackers, sweet drinks) in less prominent places.
- Games that communicate the nutritional value of different commonly fed foods. For example, a card game where the cards that display highly nutritious foods (e.g. pulses) have a higher value than those with little nutrients (e.g. crackers). If you consider this option, take advantage of a similar game used by GIZ Zambia.
- Providing plastic plates / bowls with pictures of selected food groups that remind parents every day what their children's menu should consist of. The focus should be on those types of foods that are high in nutrient, are affordable but are not consumed often enough.
- A visually appealing poster with an attractive heading (e.g., "I help my child to thrive"), sketch of a happy child and visual examples of which locally available, protein and vitamin / mineral rich foods can actually help children to thrive (e.g. "to be smart" or "to be healthy"). The poster must be attractive enough so that parents are willing to put it on a wall in their home.
- Attractive stickers (or other materials) that remind people to wash their hands with soap.

To see the difference in the different types of nutrition-related nudges, it is recommended to review [this article](#) that presents the results of a relevant research.

9.3 Checklist for Supervising the Quality of N-PLA Sessions

Date: ____ / ____ / ____ Number of participants: ____

State: _____ District: _____ Village: _____

Name of Supervisor: _____ Organization of the Supervisor: _____

This quality-monitoring checklist was developed by GIZ’s SENU project to help with strengthening the quality of Nutrition Participatory Learning and Action (N-PLA) sessions. The sessions focus on addressing the key barriers and enablers to adopting nutrition, hygiene and food production practices. The checklist is meant to be used by the project staff who supervises and supports the quality of Anganwadi workers’ (AWW) work. It focuses on the key “soft” skills that AWWs should use in order to facilitate N-PLA sessions effectively. By understanding the main strengths and weaknesses, the project staff can provide AWW with feedback that helps them become even more effective “agents of change”.

Guidance on the use of this checklist: While observing the AWW, do not talk to her and do not correct her mistakes. Fill out this form only. When the interview is over, find a private place and provide feedback using the following steps:

- 1) Ask the AWW what she thinks about how well she performed.
- 2) Appreciate the things she did well by saying “*I liked that ...*”.
- 3) Provide practical **suggestions** on what could she improve and how, by starting with “*How about if you ...?*” or “*What if ...?*” (i.e., provide advice, not criticism).

Remember: the purpose of the supervision is not to judge the AWWs but to **help them improve the quality of the work they are doing.**

OBSERVE AND RECORD THE FOLLOWING:

		YES	PARTIALLY	NO	N/A
1	Did the AWW clearly explain the purpose of the session?	YES	PARTIALLY	NO	N/A
2	Did the AWW discuss with the participants why it is important to talk about this topic / behaviour?	YES	PARTIALLY	NO	N/A
3	Did the AWW ask the participants about their opinions and experience with the topic / behaviour?	YES	PARTIALLY	NO	N/A
4	Did the AWW ask the participants about their main difficulties related to practicing the promoted behaviour?	YES	PARTIALLY	NO	N/A
5	Did the AWW ask the participants how they overcome these difficulties?	YES	PARTIALLY	NO	N/A
6	Did the AWW use most of the messages recommended by the SENU project for promoting the behaviour?	YES	PARTIALLY	NO	N/A
7	Did the AWW provide information and advice that is technically correct?	YES	PARTIALLY	NO	N/A
8	Did the AWW use the training aids that she was supposed to use? (if not relevant, check “N/A”)	YES	PARTIALLY	NO	N/A

9	Did the AWW demonstrate to the participants any skills that she was promoting? (if not relevant, check "N/A")	YES	PARTIALLY	NO	N/A
10	Did the AWW let the participants practice the skills she was promoting? (if not relevant, check "N/A")	YES	PARTIALLY	NO	N/A
11	Did the AWW keep verifying that people understand the main points using open-ended questions?	YES	PARTIALLY	NO	N/A
12	Did the AWW give participants adequate time to answer any questions she asked?	YES	PARTIALLY	NO	N/A
13	Did the AWW actively encourage discussion amongst participants?	YES	PARTIALLY	NO	N/A
14	Did the AWW prevent the discussion being dominated by 1 or 2 people?	YES	PARTIALLY	NO	N/A
15	Did the AWW encourage more timid participants to speak / participate?	YES	PARTIALLY	NO	N/A
16	Did the trainer avoid talking to specific people only?	YES	PARTIALLY	NO	N/A
17	Did the AWW speak in a way that was easy to understand for the participants?	YES	PARTIALLY	NO	N/A
18	Did the AWW talk to participants in a polite and respectful way?	YES	PARTIALLY	NO	N/A
19	Did the AWW agree with the participants on a follow-up action? (e.g. a "small doable action")	YES	PARTIALLY	NO	N/A
20	At the end, did the AWW ask the participants to summarize what did they learn and how will they use it?	YES	PARTIALLY	NO	N/A

Suggestions for improvement that were provided to the AWW:

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9.4 Checklist for Supervising the Quality of CNG Trainings

Date: ____ / ____ / ____ Number of female participants: ____ Number of male participants: ____

State: XXXXXXXXXX District: XXXXXXXXXX Village: _____

Name of CNG: _____ Name of Supervisor: _____ Organization of the Supervisor: XXXXXX

This quality-monitoring checklist was developed by GIZ's SENU project to help with strengthening the quality and impact of trainings delivered at the Community Nutrition Gardens (CNGs). The trainings focus on promoting effective food production and nutrition practices (among others, by reducing the barriers to their use). The checklist is meant to be used by the project staff who supervise and support the Field Executives and other people who deliver the trainings. It focuses on the extent to which they use the "soft" skills that influence a training's effectiveness. By understanding the key strengths and weaknesses in the way the trainings are delivered, the project can provide helpful support and in doing so maximize their effectiveness.

Guidance on the use of this checklist: While observing the training, do not talk to him/her and do not correct any mistakes s/he makes. Fill out this form only. When the interview is over, find a private place and provide feedback using the following steps:

1. Ask the trainer what s/he thinks about how well s/he performed.
2. Appreciate the things s/he did well by saying "I liked that ...".
3. Provide practical **suggestions** on what s/he could improve and how, by starting with "How about if you ...?" or "What if ...?" (i.e. provide advice, not criticism)

Remember: the purpose of the supervision is not to judge the trainers but to **help them improve the quality of the work they are doing.**

OBSERVE AND RECORD THE FOLLOWING:

		YES	PARTIALLY	NO	N/A
1	Did the trainer clearly explain the purpose of the training?	YES	PARTIALLY	NO	N/A
2	Did the trainer clearly explain how the training topic relates to the participants' needs?	YES	PARTIALLY	NO	N/A
3	Did the trainer ask the participants about their opinions about / experience with the topic?	YES	PARTIALLY	NO	N/A
4	Did the trainer try to understand what „barriers“ to adopting a promoted practice the participants face?	YES	PARTIALLY	NO	N/A
5	Did the trainer listen carefully to what the participants said?	YES	PARTIALLY	NO	N/A
6	Did the trainer build upon the participants' existing knowledge and experience?	YES	PARTIALLY	NO	N/A
7	Did the trainer ask the participants for their solutions before s/he introduced a new solution?	YES	PARTIALLY	NO	N/A
8	Did the trainer provide information and advice that is technically correct?	YES	PARTIALLY	NO	N/A
9	Did the trainer demonstrate to the participants any skills that s/he was promoting?	YES	PARTIALLY	NO	N/A

10	Did the trainer let the participants practice the skills s/he was promoting?	YES	PARTIALLY	NO	N/A
11	Did the trainer keep verifying that people understand the main points using open-ended questions?	YES	PARTIALLY	NO	N/A
12	Did the trainer give participants adequate time to answer any questions s/he asked?	YES	PARTIALLY	NO	N/A
13	Did the trainer actively encourage discussion amongst participants?	YES	PARTIALLY	NO	N/A
14	Did the trainer prevent the discussion being dominated by 1 or 2 people?	YES	PARTIALLY	NO	N/A
15	Did the trainer avoid talking to specific people only?	YES	PARTIALLY	NO	N/A
16	Did the trainer encourage more timid participants to speak / participate?	YES	PARTIALLY	NO	N/A
17	Did the trainer speak in a way that was easy to understand for the participants?	YES	PARTIALLY	NO	N/A
18	Did the trainer talk to participants in a polite and respectful way?	YES	PARTIALLY	NO	N/A
19	At the end of the training, did the trainer ask the participants to summarize what did they learn and how will they use it?	YES	PARTIALLY	NO	N/A
20	At the end of the training, did the trainer agree with the participants on a follow-up action? (e.g. a “small doable action”)	YES	PARTIALLY	NO	N/A

Suggestions for improvement that were provided to the trainer:

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