



Social and Behaviour Change Lessons Learned from GIZ's Food and Nutrition Security, Enhanced Resilience Programme

WHAT HAS (NOT) WORKED?

Published by

giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH

As a federally owned enterprise, GIZ supports the German Government in achieving its objectives in the field of international cooperation for sustainable development.

Published by:
Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

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Cover photo: Woman with a small child and man working on a field in Burkina Faso.
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On behalf of
German Federal Ministry for Economic Cooperation and Development (BMZ)
Division 123

Bonn 2021

List of abbreviations

| | |
|---------|--|
| ADRA | Adventist Development and Relief Agency |
| CRS | Catholic Relief Service |
| FNSP | Food and Nutrition Security Programme |
| GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH |
| IEC | Information, Education and Communication |
| M&E | Monitoring and Evaluation |
| NGO | Non-Governmental Organisation |
| MGNREGA | Mahatma Gandhi National Rural Employment Guarantee Act |
| SBC | Social and Behaviour Change |
| UNICEF | United Nations Children's Fund |

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Acknowledgements

The author of this report would like to thank all the staff members of GIZ and its partner organisations for the useful insights they shared in the course of this study. This research would not have been possible without the financial support provided by the German Federal Ministry for Economic Cooperation and Development (BMZ).



Throughout this report, you will notice checkboxes like these next to each lesson learnt. They were included to make it easier for you to check those lessons that you found relevant to your programming and would like to discuss with your colleagues.



Women in an Ethiopian village practicing the preparation of more nutrition recipes.
Photo: © GIZ/Claudia Ruff.

Summary

This report presents the key lessons learned from GIZ and its partners' social and behaviour change (SBC) work in Burkina Faso, Ethiopia, India, Malawi and Zambia. Reading this report gives you an excellent understanding of what does (not) work when changing people's behaviours. You can learn about dozens of useful lessons, including:

Knowledge often does not lead to behaviour change. Understand the real reasons why some people do (not) practice a behaviour and address them.

[see page 9](#)

One of the best things a programme manager can do is to encourage all staff to be continuously 'curious' about why some people do (not) practice the promoted behaviours and use these insights in their work.

[see page 8](#)

Identifying peers who already practice the promoted behaviours (i.e. the 'positive deviants') and ensuring that others can talk to them about their experience and see how they benefitted, is one of the most effective SBC strategies.

[see page 12](#)

Quantitative surveys can be considerably more useful if instead of focusing by default on people's knowledge, they focus on the extent to which people face the key barriers and motivators to practicing the promoted behaviours.

[see page 18](#)

Engage locally respected people, such as village chiefs, in the promotion of the desired behaviours. Their influence can make your work more effective.

[see page 11](#)

The people who often voluntarily promote the desired behaviours are the most important part of a programme. Focus on ensuring that they have the 'soft' skills required to promote the key behaviours effectively.

[see page 13](#)

Nutrition interventions should not focus primarily on mothers. They must engage both mothers and fathers (ideally also other family members, such as grandmothers).

[see page 9](#)

There are several key factors that frequently determine the success or failure of vegetable production and animal raising interventions. Use these when designing and providing the required support.

[see page 15](#)

The best way of ensuring men's meaningful involvement is not through telling them what they should be doing, but through facilitating discussions about their role and promoting positive examples (both over a longer period of time).

[see page 10](#)

Measuring and improving the extent to which people participate in the programme activities is essential for their effectiveness.

[see page 18](#)

SBC materials that simply tell people what they should be doing are less likely to be effective than those that either address a barrier to practicing a behaviour or promote an attractive motivator to practicing the behaviour.

[see page 13](#)

Engaging a competent SBC specialist at the stage when a new programme is being designed helps to ensure that the best practices are incorporated right from the beginning.

[see page 7](#)

Background

Across the world, GIZ is implementing food security and nutrition interventions which promote behaviours that are proven to protect and improve people's lives, such as consumption of diverse foods, exclusive breastfeeding or washing hands with soap. To enable people to adopt these behaviours, GIZ and its partner organisations use a variety of social and behaviour change (SBC) activities and approaches.

To consolidate its SBC experience, GIZ's sector programme, Agricultural Policy and Food and Nutrition Security, has conducted a study identifying the main lessons learned from its SBC programming. The study involved five 'country packages' of the Global Programme Food and Nutrition Security, Enhanced Resilience (hereafter referred to as the Global Programme), that are being implemented in Burkina Faso, Ethiopia, India, Malawi and Zambia between 2015 and 2025. Its aim was to document the key lessons learned with respect to the design, implementation, monitoring and evaluation (M&E) of GIZ's SBC activities in these five countries. The intention is that such lessons learned be used to further enhance the impact of GIZ's and its partners' SBC programming. At the same time, GIZ is making these lessons available to other development actors working to improve food and nutrition security.

The study was implemented from September to December 2020. It was conducted by Petr Schmied, an SBC consultant, in close collaboration with GIZ country teams and their partner organisations, namely: CARE and United Purpose (Malawi); CRS (Zambia); Welthungerhilfe and its local partners Darshana and MGSA and Parmarth (India) and VARENA ASSO (Burkina Faso). This report has tried to find a balance between not being overly long (so that people read it) while providing a sufficient level of detail. If you would like to learn more about a specific lesson, you can email the author.



GIZ and partner staff in Malawi participating in a SBC lessons learned workshop.
Photo: © GIZ/Anja Schmidt.

Methodology

The study focused on identifying key lessons learned regarding the design, implementation and M&E of activities and approaches that aim to bring positive changes to people's agronomic, nutrition and hygiene-related behaviours. The key questions the study intended to answer were:

- What has (not) worked?
- Why has it (not) worked?
- What should be replicated or improved and how?

To answer the questions, the consultant used the following sources of information:

1. **Review of secondary resources:** In total 85 documents were reviewed, including progress reports, documents describing specific SBC activities, M&E reports, formative research reports, and other resources.
2. **Lessons learned workshops:** The teams of the Global Programme in India, Burkina Faso and Malawi conducted half-day workshops identifying answers to the three key research questions. They were attended by over 50 staff from GIZ and its partner organisations (ranging from senior managers to field staff). All workshops followed step-by-step guidance prepared by the consultant.
3. **Online interviews:** The consultant conducted 9 in-depth interviews with the staff of GIZ and its partner NGOs, focusing on further exploring the key lessons learned identified during the workshops and in the reviewed documents. To make people feel comfortable about expressing their opinions, it was agreed that whatever was said would remain anonymous.

The workshops and interviews were audio recorded to allow for a precise analysis of the discussed topics. The collected data related to various lessons learned was manually coded according to its meaning. The draft version of this report was sent to GIZ and its partner organisations for feedback, which was subsequently addressed.

LESSONS LEARNED ON IDENTIFYING LESSONS LEARNED

The process of identifying the key lessons has brought about the following experience:

- Most lessons were identified through workshops engaging a broad spectrum of GIZ and partner NGO staff.
- The process of discussing the key lessons during the workshops was as important for GIZ's further work as the outputs the workshops produced.
- On the other hand, existing documents have included only a limited number of lessons learned (less than 15% of all identified lessons).

SBC lessons learned: programme design

This chapter describes lessons learned relevant to the programme design phase.

Choice of Activities

The Global Programme focuses on addressing multi-sectoral causes of malnutrition, as defined by UNICEF's conceptual framework of child undernutrition. Due to their focus on several sectors, the five country packages of the Global Programme included many different types of SBC activities and approaches, such as Care Groups, provision of various inputs, cooking demonstrations, home gardens, trainings, counselling, advocacy events, radio shows, street theatres, dissemination of SBC communication materials and many other interventions implemented across several sectors. These were included so that *'each and every bubble of the UNICEF framework is covered'*. The aim was to *'... have a holistic set of activities that would nicely complement each other'*.¹ Such an intent is very well justified; at the same time, it comes with its challenges. According to a member of GIZ staff, the high number of activities has not been easy to manage and monitor. *'We run the risk of doing too much without knowing which of our activities are most effective and which are ... a good investment.'* The programme teams would have appreciated it if there were the possibility of prioritizing activities based on their effectiveness, so that they could implement fewer activities (and ideally achieve even higher impact). However, in GIZ's experience, identifying the extent to which 'activities work' has proven to be very difficult, especially since it is hard to differentiate what has been the result of which activity.

The best answer to this situation is not likely to be conducting even more research, but rather changing the way in which we look at selecting activities. The focus should move from looking at which types of SBC activities 'work the best' in general. It should shift to which activities are most likely to address the specific barriers that prevent people from practicing the priority behaviours (i.e. those that were proven effective in addressing undernutrition but which not many people practice). For example, if the key barrier to exclusive breastfeeding is insufficient knowledge on how to overcome breastfeeding-related difficulties, a programme should focus on increasing the availability and usage of competent counselling services, as opposed to conducting general 'awareness-raising sessions' on the importance of breastfeeding. **The extent to which a given activity is likely to address some of the key barriers or motivators that were identified by GIZ's formative research should be the main criteria for prioritizing the to-be-implemented activities.**



¹ Interview with a GIZ staff member. 5 November 2020.

Behavioural Focus

The programme's theory of change, including the accompanying indicators, has a clear behavioural focus aiming to see specific changes in the adoption of agronomic, nutrition and hygiene-related practices. According to a participant at a lessons learned workshop in Burkina Faso: *'The project has targeted the key behaviours they want to change and such an approach has allowed the project to focus and guide.'* At the same time, this is likely to be the case primarily in those country packages that have managed to promote a limited number of behaviours only.



A community worker in Dano, Burkina Faso, promoting more diverse diets.
Photo: © GIZ/Michael Jooß.

Programme Duration

The duration of the five country packages of the Global Programme is from 2015 to 2025. Having ten years to address the underlying causes of undernutrition would normally be 'an implementer's dream'. However, it was difficult to make effective use of it, as the programme was originally planned for several years only and then gradually extended. According to an interviewed GIZ staff member, this has negatively impacted on the programme's effectiveness: *'If you start with an idea that you have only 3 years to do something, you do things fast but not always well. You are active but not necessarily effective.'* Therefore, it was recommended that nutrition interventions with a strong SBC component last at least 5 years.



A woman and her child from Talgaon village in India participating in a Participatory Learning and Action (PLA) session. Photo: © GIZ India FaNS Project.

Timing of Activities

The study participants emphasised the importance of adjusting the timing of activities to people's existing commitments and resources. For example, ensuring that the more time-consuming activities are not implemented at a time when they are busy with farming (e.g. during the planting or harvest seasons) or with cultural events (e.g. religious festivals). Consider also the times of a day when 1) women and 2) men are busy with commitments related to household chores, child care and income generating activities. At the same time, the promotion of behaviours that require people to invest some money (e.g. purchase of seeds or a handwashing station) should ideally be done just before people expect to have more money available (e.g. before the harvest of cash crops). While such considerations take some extra effort and planning, they are very likely to impact positively on people's participation and on the adoption of promoted behaviours.

SBC Strategy

Three out of five country packages of the Global Programme already have or are in the process of developing their own SBC strategies. These are perceived as giving the implementers a clearer direction of how they want to achieve the desired changes in people's behaviours and ensure that everyone has the same understanding of what SBC is about. At the same time, there was an agreement that an SBC strategy should not be a bulky document but rather a practical guide and action plan that can be reviewed regularly with the programme, communication and M&E staff. The Ethiopian team has also highlighted the need for an SBC strategy to be designed with and by people who understand the local context, as opposed to being largely sub-contracted to external consultants. There was also regret that most SBC strategies were not designed right from the first years of the programme, as *'having an SBC strategy from the beginning would have given more clarity to the project's work and M&E'*.² This learning was taken up by the Madagascar country package that only started in 2019.

Involvement of SBC Specialists

Social and behaviour change is a relatively complex topic surrounded by many misconceptions that often negatively affect the quality of the programme design. At the same time, there is an increasing amount of 'good practices' that can significantly contribute to the positive impact of an intervention. It is important that these practices are used when designing new interventions. Studies, such as the one you are just reading, can help. Equally important is to ensure that SBC specialists are already engaged when developing the objectives, activities, budget and indicators of new interventions, as they can help to ensure that best practices are incorporated right from the beginning. This is especially important as the way a programme is designed has a large influence on its future implementation.

² Interview with a GIZ staff member. 5 November 2020.

SBC lessons learned: programme implementation

This chapter describes lessons learned relevant to a programme's implementation phase. Many of them can also be very useful when designing an intervention.

Formative Research

'Social and behaviour change is primarily about understanding people and the environment in which they live and using such understanding to tackle the key barriers and enablers to the desired behaviours.' If this is lacking, it is possible that organisations are implementing activities that look good but do not address the real reasons for not adopting the promoted behaviours. For example, they might be raising awareness of diverse diets even though most people are already aware of this and their real challenge is poor and inequitable access to nutritious food.



Among the most common ways of gaining such an understanding is to conduct a qualitative study assessing why some people (do not) practice the behaviours (see useful guidance in [GIZ's Social and Behaviour Change Guide](#)). Staff working on two of the country packages where such studies were recently conducted, have appreciated how the data is helping them design and implement activities based on reliable evidence, not just assumptions. According to a staff member of GIZ India: *'Our formative research has helped us modify our approach and be more effective in addressing barriers and promoting enablers to change.'*



Download GIZ's
Social and Behaviour
Change Guide



Health workers in India using a tablet to learn new knowledge and skills.
Photo: © GIZ India FaNS Project.

While such studies help with identifying what the key barriers and enablers are, they often do not provide sufficient evidence of how widespread they are (e.g. what is the proportion of households that lack soap for washing hands). This information can be collected through regular M&E quantitative surveys, such as a baseline or follow-up survey (for more details please read 'Types of Collected Data' in the following chapter on lessons related to M&E).

Considering that SBC communication plays a prominent role in changing people's behaviours, it is essential that formative research also identifies the extent to which the target group members use and trust different communication channels. These can include mobile phones, mass media (e.g. radio, social media) and also locally influential sources of information, such as village chiefs, health workers or religious authorities. GIZ Zambia said that they *'would encourage everyone to do such a survey'*. In their experience, the survey has helped them to identify those communication channels that can reach the most people. Such data can also help a programme avoid costly mistakes. For example, a country package which invested in running radio shows only later realised that the radio is primarily listened to by people in the urban areas and much less in the rural areas targeted by the programme. Disaggregating data by gender also matters: The Burkina Faso team has identified that only very few women (as opposed to men) living in the target communities listen to a radio.

At the same time, it would be misleading to think that formative research is primarily about conducting formal studies. **One of the best things a programme manager can do is to encourage all staff to be continuously 'curious' about why some people do and others do not practice the promoted behaviours.** This can be done through talking to the target group members when visiting communities, observing their practices, and discussing with other stakeholders (e.g. health workers, other NGO staff) their experience. It costs very little and helps to ensure that all staff have a better understanding of why the desired change has (not) happened.



An important crosscutting topic related to formative research is the engagement of local partners. The people who promote the desired behaviours are usually health workers, community volunteers, staff of national NGOs and other local partners. It is these people who should have (and often also do have) the best understanding of the key barriers and enablers to change. However, their involvement in the research design is often low. As a result, their ownership and use of the research findings might be limited. Therefore, it is important that GIZ's local partners are actively involved in all phases of the research, starting from decisions on the research content, to implementation and to usage of the findings.

The Number of Communication Channels

Across all the five country packages, there was an agreement that interpersonal communication activities, such as Care Groups / mother-to-mother support groups or home visits, were the most effective 'communication channels' (see more under 'Care Groups' below). At the same time, the respondents emphasized that what has brought some change was using a combination of different channels. In the experience of the Burkina Faso country package, *'It is the combination of all the different methods of communication that has had good results. Our output assessment showed that women,*

who participated in five activities of the project, were better at remembering the key messages. The more activities they participate in, the easier it is to remember the key messages. ... The same correlation exists regarding adoption of the promoted behaviours.' Therefore, the respondents recommended exposing people to a mix of several channels that they trust.

Having said this, it is important to understand that SBC is much more than just about communication. Many barriers (such as those related to access, lacking skills, etc.) require more than just messages to be addressed effectively. Various communication channels have considerable potential, but it is essential to have a realistic expectation of what they can deliver.

Knowledge vs. Action

One of the most prominent and recognised lessons is that improved knowledge often does not translate into improved behaviours. The chart below³ illustrates an example from GIZ India: while women had a high awareness of the recommended dietary diversity practices, only a few of them followed these practices. This situation is not specific to less economically developed countries only. In higher income countries, people are also often aware of various practices, including why they should be following them (think of exercising, eating healthy diets, etc.) but many do not follow these practices. This is because **'knowledge is just one of many determinants that influence whether people adopt the promoted practices or not. SBC activities must go beyond the common awareness raising activities and 'information, education and communication' (IEC) materials and address the real barriers to change'**.



Knowledge vs. practice of recommended dietary practices (in per cent)

Women's dietary diversity



³ The chart compares knowledge and practice of minimum dietary diversity for women (MDD-W). Data from 2018 Mid-line survey of the India country package involving 600 respondents.

Focus on Mothers

In the first years of the programme's implementation especially, the activities primarily targeted mothers, mainly due to a perception that women are the main caregivers. Mother-to-mother support groups, vegetable gardens, cooking demonstrations, and other activities were designed and perceived as 'women's activities'. This was not only seen this way by the programme staff but also by the community members, which created some unhelpful conclusions: *'At the beginning, men saw the project as a women's project. All the activities were for women, men were not included or interested ... As soon as you have that ... men say that this is not for us, this is not our activity so why should we do something about it.'*⁴ According to a staff member from GIZ's partner organisation, *'It was not that men would not like to be involved but they didn't dare to be involved [because they thought that the programme was for women only].'* While the motivations for targeting women as primarily caregivers are understandable, it has been problematic for several reasons:

1. It might have reinforced the existing stereotype that children's nutrition is the responsibility of women.
2. Men felt like nutrition is not something that they should take more interest in.
3. Some men were (initially) suspicious about the programme activities and tended to restrict women from attending the activities.
4. Women often do not have control over which resources (including food) are purchased and which crops will be grown and used at home. Similarly, their decision-making power regarding who will eat which foods (and in what quantities) are often limited.
5. Women already have many responsibilities and targeting primarily women might further increase their workload.

Across all the country packages, the disadvantages of focusing too much on women (or not sufficiently on men and other household members) are widely acknowledged. According to GIZ's partner VARENA ASSO in Burkina Faso: *'We cannot just focus on women ... we noticed that women cannot do much without the help of their husbands. If the husband is not providing the ingredients, the woman cannot prepare good food. This was a very important lesson learnt. ... It is important to include both genders, without blaming anyone, helping them work together.'* A staff member of GIZ India went a step further and suggested that nutrition should be seen primarily as the *'community responsibility'*, as nutrition can best be improved if different members of the community provide support and collaborate together.

The implementation teams are working on changing the way nutrition-related responsibilities are perceived. New activities engaging men and other household members are being designed or implemented and some existing activities are being changed. For example, GIZ India has decided to redesign some of its communication materials so that they clearly show that both women and men are responsible for ensuring good child nutrition. GIZ Zambia is already using such materials.

⁴ Interview with a member of GIZ staff. 4 November 2020.

Engagement of Men

The role of many men in ensuring optimal child nutrition is to a large extent currently limited to the important, but not sufficient tasks, of producing food and earning money to buy food (and other expenditures). Most of the day-to-day childcare, including feeding, is done by women (or grandparents or older children). Among the main barriers to greater engagement of men are:

1. Many men do not see themselves as being responsible for doing any more nutrition-related tasks than the ones they are already doing.
2. Some men fear that by doing 'women's tasks' they would look like 'weak men' in the eyes of their peers (i.e. the risk of 'loosing face').
3. Men have limited knowledge about child nutrition and do not necessarily know exactly what they can do to get their children to be well-nourished.
4. Women often do not ask men for more support (as they accept the existing situation).
5. During some parts of the year, men have a physically demanding workload, working as labourers or on their farms.

The programme has used a range of activities to engage men in improving nutrition, such as providing counselling to both women and men; involving men in discussions about their workload and the workload of their wives; engaging 'men champions' who act as positive role models and encourage their peers to be more active in ensuring good child nutrition; using a 'School for Husbands' approach, where men themselves decide what they will do to help with improving nutrition; and other activities. The main lessons learned related to engaging men that were identified by this study include:

- **'Nutrition must be communicated as a 'family question', something that can benefit the entire family but also requires the involvement of the entire family.'**
- Nutrition counselling (and other activities) should target not only women but also men and other family members. The main benefits promoted by these activities should be those that appeal both to women and men, such as those regarding the family's well-being, children's strength and intelligence (when well-nourished), feeling that parents are giving their children the best and other locally identified motivators. Special attention needs to be paid to using motivators that engage not only people's minds (as rational, health-related messages often do) but also their 'hearts', such as those related to the pride of being a good parent or positive aspirations for children's futures.
- Equally important is to attract men's initial attention by using activities that men find interesting, such as street theatres or showing videos.
- Discussions about the involvement of men are considerably more effective than top-down messaging about what men should be doing. For example, CARE (partner of GIZ Malawi) has used the 'daily clock' tool to facilitate discussion about women and men's workload throughout the day. The findings led to an agreement on what men would do to help their wives with reducing their workloads.



Discussion with men in Madhya Pradesh, India about their role in ensuring good child nutrition. Photo: © GIZ India FaNS Project.

- In the experience of CARE and United Purpose in Malawi, *'The major challenge is about pride. Men do not want to be seen as weak by showing that they support their wives, feed their children or go to the hospital with children.'* This social norm cannot be ignored. However, it might be possible to change it gradually by identifying what (at least some) men are willing to do, and then promoting smaller doable actions that can over time have a big impact.
- Another lesson was shared by a staff member of GIZ India: *'Young men are very keen to know how to ensure good nutrition for their family. We can start with these motivated young men as the agents of change.'*
- It is also important to use positive role models that demonstrate specific (and socially acceptable) tasks that men can do. These can inspire men and give them clear ideas on how they can help. Such positive models can be promoted by more progressive men, local 'influencers' (e.g. village chiefs) but also through printed SBC materials, street theatres, radio shows and other channels.
- In the experience of CARE Malawi, a well-designed and implemented gender analysis can significantly increase the effectiveness of activities engaging men. It can help with understanding the current division of responsibilities, how households make nutrition-related decisions for their children, who has access to and control over nutrition-related resources, how women and men perceive their roles in ensuring good nutrition, and what changes in these roles they are open to and what the consequences are of acting outside the socially-prescribed roles and responsibilities. Such information matters. For example, the Burkina Faso team has promoted poultry raising by providing technical and financial support to women. However, they later realised that women who raise poultry do not, culturally, have any decision-making power over the use of poultry products and therefore their approach had to be changed.

Involvement of Influencers

The question of whether a person adopts and continues practicing a promoted behaviour is often not only influenced by her/him but also by other people. These 'influencers' can either discourage or encourage people from adopting the desired behaviours. Considering the significant influence they frequently have, it is worth including them in a programme's SBC activities. This study has identified the following lessons learned related to engaging influencers:

- Influencers are not just famous people, such as celebrities. They can range from a mother-in-law to a village chief, to a religious authority, to a well-known musician.
- In the context of this study, the most effective influencers at the community level were traditional authorities and peers. Traditional authorities because of the respect they command; and peers because they show that the promoted behaviour can be practiced and that it brings specific benefits (see more under 'Importance of Peers' below). According to a member of staff from GIZ Zambia, if GIZ supports the 'headmen' in visibly practicing a promoted behaviour (such as using a keyhole garden), many other people would follow her/his example. Similarly, the Malawi team said that, *'we have seen that where local leaders are taking part in the promotion of WASH, things are changing and things are going well.'*
- When deciding on which influencers to work with, it is important to be clear about which barriers or enablers such collaboration is supposed to address. For example, the engagement of a famous musician can make a behaviour (such as exclusive breastfeeding) look more desirable and draw people's interest to the programme activities. However, it might not address some of the barriers that prevent people from practicing the behaviour (such as limited knowledge on how to address breastfeeding difficulties). Being realistic about the extent to which such collaboration can tackle the key barriers or enablers is crucial for deciding on how much effort and how many resources should be invested in it.
- When engaging a famous person such as an influencer, it is essential that the person has sufficient credibility in the eyes of the target group members for them to be open to following her/his example and advice. For example, GIZ Ethiopia has engaged a famous singer (see banner) who *'comes from the region [where GIZ works], she is a mother, speaks the local language and is perceived as a very ethical person which is very important in a conservative region.'*⁵ Formative research can help with identifying such persons.
- GIZ Ethiopia was positive about their experience with engaging a famous singer. At the same time, it said that *'the main obstacle was the large workload that is required to realize this campaign ... especially the design of campaign material has proven to be very time consuming. Another natural risk is the high dependency on the ambassador. Celebrities especially are usually well occupied with other appointments. ... Required capital is above average because of printing costs in order to reach out to the beneficiaries. Time effort is very large. If the campaign is to be a success story a lot of work needs to go into it.'*⁶

⁵ Interview with a member of GIZ staff. 27 October 2020.

⁶ GIZ (2017) Nutrition Ambassador for SBCC.



The Role of Older Children

According to the experience of GIZ's Indian partner Darshana, parents often go to the fields leaving an older child in charge of the younger children. The child may not have enough knowledge about nutrition to be able to take good care of the younger ones. In such contexts, it is worth researching the extent to which older children are responsible for taking care of young children (under two years). This can be done as a part of any quantitative survey. If it shows that older children are extensively involved in feeding and taking care of children (without the presence of adults), GIZ should consider the possibility of implementing child-friendly activities (e.g. games, role-plays) which promote good nutrition practices. This could be done, for example, through schools by involving teachers.

Importance of Peers as Positive Role Models

If there was a competition for the most effective 'motivator' of almost any behaviour, the likely winner would be the peers. People often tend to follow the behaviour of others, especially if they see that this behaviour brings tangible benefits and it is something they are able to practice. Parmarth, a partner organisation of GIZ India, shared an experience where women from a particular area were not showing much interest in joining the promoted community nutrition gardens. Parmarth took them for an exposure visit to another village with a successful garden where the women could clearly see the benefits of participating in community nutrition gardens. According to the staff of Parmarth,

'a competitive spirit was ignited in these women and suddenly they wanted to perform even better than the visited women do'. The team of GIZ India has explained that behaviour change is often more effective when initiated from peers as opposed to people from outside. A similar experience was shared by the participants of a lessons learned workshop in Malawi who said that the influence of peers is so strong because 'you understand that it is people like you, you believe them, you see the job they are doing, you see the results and you then adopt [the behaviours that these people practice]'. **Identifying people who manage to practice the promoted behaviours** (often despite their poverty and other unfavourable conditions) **and ensuring that others can talk to them about their experience and see how they are benefitting is one of the most effective SBC strategies that a programme can take.** As a participant of a lessons learned workshop in Burkina Faso nicely summarised: 'Communities are more sensitive to what they see than to what is being said.' That is why several country packages also emphasised the benefits of exposure visits where people can be inspired by and learn from positive examples.



Make Learning Fun

Learning about different behaviours can become significantly more attractive if you make it fun. People like having fun and associating this positive experience with the promoted behaviours can lead to greater effectiveness. The five country packages can offer several examples:

- The team of GIZ Zambia has used 'trump cards' showing the nutritional benefits of different foods. The cards can be used in the trump game where the card with the most nutritious food has the highest value. A member of GIZ staff has explained that, 'with whomever we tested it, the effectiveness was immediate.' Through playing an enjoyable game, people (especially men) learned how to recognize the nutritional benefits of different foods.



Women in Ethiopia tending their vegetable plot. Photo: © GIZ/Claudia Ruff.



A street theatre in Burkina Faso. Photo: © GIZ Burkina Faso PAH Project.

- Several country packages had a positive experience with using street theatre. The plays frequently involved local community members as actors and communicated nutrition messages while promoting positive social norms (e.g. by showing a man who helps with ensuring good child nutrition). They were also effective in attracting people's attention and ensuring higher attendance of local events (e.g. triggering sessions for the Community Led Total Sanitation).
- Another example are culinary competitions that attracted the attention of both women and men. In the experience of the Burkina Faso country package, 'Culinary competitions are not just about preparing food and eating. It is a training on food groups, training on how to prepare food well (do not overboil the leaves etc.). It is a friendly show for the whole village where people learn by practicing the steps of a good diet within the family.'⁷ The same GIZ team also had a positive experience with facilitating a competition among health facilities focusing on the quality of services and hygiene in the health facilities.

⁷ GIZ (2019) Etude qualitative sur la faible application des bonnes pratiques alimentaires et hygieniques.

SBC Communication Materials

SBC communication materials, such as counselling cards and posters, are among the main tools for promoting the desired behaviours. The key lessons learned related to their use are:

- **'SBC materials that purely tell people what they should be doing are less likely to be effective than those that either address a barrier to practicing a behaviour or promote an attractive motivator to practicing the behaviour.'**
- When developing new material, it is important to be clear about how and for what purpose it will be used. For example, counselling cards should primarily include attractive visual content that illustrates the topic a health volunteer is talking about and should avoid using unnecessary text.
- Developing new SBC materials can be expensive and time consuming. So, first review the materials that were developed by other actors as you might be able to use these (after adjusting the content to the identified barriers and enablers).
- Before you develop material using written text, consider the literacy levels of the target population. According to Darshana's experience: *'Not many women can read so it is tough for them to understand from the booklet.'* For more tips, use this [practical checklist for ensuring the quality of SBC materials](#).
- Many participants of this study have expressed their interest in using video. Aside from often being more attractive than printed materials, it ensures that the messages are delivered as intended. In the case of spoken messages, this sometime is not the case, as they have to 'cascade down' from the person who developed them to a trainer of trainers, then to the trainers who then pass them to the community volunteers who finally share them with the target group members. Video also offers an easy way of promoting the experience of those community members who have managed to practice the behaviours (the 'positive deviants'). Short videos can be created directly at the community level, then shared via WhatsApp



A community worker providing counselling to a mother in Gaoua, Burkina Faso. Photo: © GIZ/Michael Jooß.

(or another channel) and shown to the target group members on a tablet or projector. They can serve as an inspiration and as a starting point for discussions about people's own experience and the behaviours the videos promote. For more information and guidance, [access this website](#).



Capacity Development of 'Behaviour Change Agents'

Care group leaders, lead farmers, and other 'behaviour change agents', who often voluntarily promote the desired behaviours, are arguably the most important SBC actors of any nutrition programme. Their ability to motivate people to adopt the promoted behaviours and to overcome the barriers they face is absolutely crucial for a programme's success. To some extent, the better these actors perform the better the results the programme can achieve. This study therefore also focused on lessons learned related to ensuring that these behaviour change agents are motivated and have the required knowledge and skills. Among the main lessons are:

- The behaviour change agents often have a good technical understanding of the behaviours they promote. However, they sometime lack the communication and facilitation 'soft' skills that are required to promote them in an effective manner (i.e. through asking the right questions, listening well, facilitating discussions, using demonstrations, etc.). It is an area that requires more training and especially follow-up coaching. [The Make Me a Change Agents training curriculum](#) (or its [shorter and easier-to-use version](#) that was prepared recently by ADRA) is a very useful resource for this.
- Many care group leaders, lead farmers and other behaviour change agents are 'ordinary' community members with only limited schooling. Therefore, a 'low-density, high-frequency' approach to learning is more suitable than multi-day trainings with no or only limited follow-up. For example, several country packages organise regular (e.g. monthly) meetings of the behaviour change agents where they reflect together on their recent experience, learn new knowledge / skills (from a trainer but also from their peers) and plan further work.
- It is important that community health volunteers especially are provided with clear (written) guidance on and materials for promoting the desired behaviours. For example, CRS (GIZ's partner in Zambia) is using a practical curriculum that the volunteers can easily follow. This helps with ensuring that the programme does not need to rely only on what the volunteers remember from trainings, meetings, etc., as they can use the curriculum when preparing for their meetings with the community members.
- Motivation of behaviour change agents matters. Material support (such as bicycles, bags and t-shirts) helps; however, equally important is non-material motivation. This can be achieved through (ideally publicly) recognizing their work; strengthening their feeling of belonging (e.g. by linking them through a WhatsApp group to other volunteers); making them proud of their work (e.g. through healthy competitions; sharing examples of their positive practices with others; and showing them that the programme staff is interested in them (e.g. by asking them about their experience and recommendations).
- Supervising people during their work and providing them with constructive feedback is among the best ways of strengthening their capacities. See more details and tips in the M&E chapter, under 'Supervision of Behaviour Change Agents'.



Care Groups / Mother-to-Mother Support Groups

- **'Across all the five country packages, there was an agreement that Care Groups / mother-to-mother support groups (hereafter referred to as 'group sessions') was the most effective way to promote nutrition-related practices.'** This is likely due to a combination of reasons: First, if facilitated well, the participants have the possibility of discussing the promoted practices, as opposed to just listening passively. They can also ask questions and express their own opinions and experiences. Second, in the group sessions there are often at least a few people who already practice some of the promoted behaviours, acting as positive examples that might encourage others. Third, the participants meet regularly over an extended period of time (i.e. SBC is not perceived as a matter of a few trainings only). A GIZ staff member from Zambia also appreciated the fact that they are facilitated by people who come from the local communities: *'There are big differences in the languages used by people in different parts of the country. Use of Care Groups has enabled us to communicate our messages in a way that people in the villages understand.'* The group sessions were especially effective when they were followed-up by household visits: In the experience of the Burkina Faso country programme, *'households that were visited by the community facilitators retain the messages better, because the advice given is specific to their households.'* At the same time, it was acknowledged that home visits are quite time consuming and require a sufficient number of motivated volunteers (which has financial implications).



The factors that reduced the effectiveness of some group sessions included:

- Low coverage: In some areas, less than a half of local women with children under two years are members of women's groups.
- Limited commitment of volunteers that might initially be high but gradually fades away (due to high workload, insufficient support, limited incentives, etc.)



Community group members in Malawi attending a Care Group meeting.
Photo: © CARE International in Malawi.

- Insufficient 'soft skills' of volunteers facilitating group sessions (see details above under 'Capacity Development of Behaviour Change Agents'), resulting in lower attractiveness of and interest in the sessions.
- Age of volunteers who facilitated the sessions: According to CRS, *'the other flaw has been recruitment of young or single women delivering lessons to older mothers'*, as they were not respected enough and due to their limited experience they could not serve as inspiring role models.
- Lack of support from the family: In the experience of Darshana, some women *'get told by family members that they would be better off doing home chores.'*

Cooking Demonstrations

Cooking demonstrations are an indispensable part of almost any community-based nutrition intervention. They give people new ideas on how to enrich their children's diets. According to Darshana's experience, *'cooking demonstrations at community level brought people together. Lots of women in villages began cooking food for the children separately after these trainings.'* At the same time, cooking demonstrations are not always effective. The following lessons learned summarise how they need to be implemented so that they have the desired effect:

- Instead of introducing completely new recipes (which might be harder to accept), promote small doable changes to the recipes that mothers are already using.
- The recipes used should only consist of those ingredients that are locally available and which participants can afford.
- Ideally, the recipes should be designed by the mothers, based on what they learnt during the previous group sessions. While the group facilitators can provide gentle suggestions, the mothers should be taking the lead.
- Handwashing and food hygiene should be promoted throughout the process.
- It must be ensured that the less 'progressive' mothers especially join the cooking sessions.

Nutrition and Family Planning

Planning of pregnancies and healthy spacing of deliveries have a significant impact on children's nutritional status – considerably higher than many of the activities that nutrition programmes frequently implement. While these topics are addressed by the five country packages to a limited extent only, it is worth considering whether this could be more extensively mainstreamed throughout their activities. The programme could enable local actors working on promoting family planning to use their large network of community groups (such as Care Groups). As a result, people could get a better understanding of the significant link between frequent pregnancies and nutrition. Those couples who are interested in timing the next pregnancies could also receive the support they need. As such, the programme would not work directly on family planning but would ensure that this topic is meaningfully mainstreamed throughout its work.

Production of Vegetables and Fruits

GIZ and its partners have generated a wealth of experience related to producing vegetables and fruits for homestead consumption:

- **'The best way of motivating people to produce vegetables and fruits is to show them the benefits that others gained from this activity.'** This can best be done through exposure visits to nearby communities (ideally just before the harvest so that the benefits are clearly visible). It is important that the examples shown are something that people can relate to and replicate – for example, if people have only limited space for growing vegetables, taking them to a larger field of vegetables might not work well. Engaging not only women but also their husbands in the exposure visits can ensure the required 'buy-in'.
- Among the main difficulties related to producing vegetables are pests and diseases. Ensure that the target group members know how to tackle these effectively (this is often underestimated) and are able to contact someone who can provide them with advice, if necessary.
- Households with poor access to water should be encouraged to grow at least a small amount of nutritious vegetables and use water-saving methods (e.g. mulching, zai pits, drip irrigation, key-hole gardens), reuse grey water for irrigation (e.g. from washing dishes), and use seeds which require less water.
- GIZ also had a positive experience with promoting seeds conservation, enabling families to access seeds from their previous harvest. Since this is only easy to do for some types of crops (e.g. pumpkin), it is equally important to 1) promote the seeds sold by local sellers; and 2) help households compare the costs of buying seeds with the nutritional benefits of the harvest they would get from the bought seeds. This would also help to avoid a situation where some people are reluctant to grow vegetables because they did not receive seeds for free.
- GIZ India has tried both supporting households in having their own vegetable gardens and supporting so called 'community nutrition gardens' (CNG) where women share the workload as well as benefits of growing vegetables and fruits on community land. The overall experience with the CNG has been positive, primarily due to women: 1) providing each other with encouragement and support (i.e. it is not just up to an individual's effort); 2) being able to access support from relevant authorities (e.g. for constructing a well for irrigation or receiving advice from an agricultural extension worker); 3) producing more crops (also for sale); and 4) becoming more self-confident thanks to the results they achieve and the income they manage to gain from selling crops; and 5) attracting more interest and support from their husbands (mainly thanks to the results they achieved). Most importantly, *'CNG allowed easy access to vegetables through which women developed a habit of including various foods in their daily diet. ... CNGs have also had a spill over effect, as other women become interested in growing and maintaining CNGs.'*⁸ Women have also had much better access to and control over the food that they produced in the gardens as opposed to the food that is purchased at a market.



Access to Animal Sourced Foods

One of the objectives of the programme was to ensure that young children and mothers have better access to animal sourced foods, such as meat, eggs and dairy products. To achieve this objective, some country packages provided households with goats or poultry. However, according to a member of GIZ staff: *'People often say that GIZ needs to keep working on livestock but we don't have much evidence about its impact on nutrition.'* This is mainly because:

- Poorer households use animals primarily as a 'saving account' – they raise them and when needed they sell them to earn money. A staff member of GIZ's partner NGO recalled a situation when his team distributed goats. However, households were not willing to use goats for their own consumption and some of them also did not like consuming goat milk due to its taste. *'When we distributed goats, our mindset was centred on nutrition benefits but for them it was about livelihoods.'* A similar experience was recalled in the case of poultry: *'Some people are reluctant to eat eggs, they prefer to hatch them so they have more chicks.'* At the same time, poultry (and in some areas also fish) has proven to be the most feasible source of animal protein, as egg consumption is considerably more common than the consumption of goats or pigs.
- An equally important lesson was regarding the way households are supported in raising animals. The common approach of providing a training and several animals was not always adequate, as households were not able to provide the care the animals needed, resulting in high mortality (especially in the case of poultry). The risk of this unfortunately common scenario can be reduced by:
 - Recognizing that a single training is not sufficient: More frequent training, practical demonstrations and 'on-the-job' support are necessary so that people are able to take good care of their animals.
 - Being more selective about who receives animals: Animals should be provided not only because a household has young children but also because its members are motivated and capable of taking care of the animals.
 - Carefully selecting the most suitable animal variety: The type of animal provided needs to be suited to the given area; otherwise, it will face a higher risk of mortality. Similarly, for some animals (e.g. hybrid poultry) to do well, they would require specialized fodder, which poorer households are not able to afford.
 - Ensuring that people can vaccinate animals in the long-term: Animals need to be vaccinated not only when they are donated but also later. Their offspring also need to be vaccinated. Therefore, animals should not be provided unless the organisation can ensure that people can access quality vaccines and know how to use them (or know of someone who can use them).
 - Making sure that households can access technical support when needed: Every supported household should be able to contact someone who can provide competent advice on any animal care issues.

⁸ GIZ (2020) A transcript of a lessons learned workshop in India.

Promotion of Handwashing

Undernutrition is caused by inadequate dietary intake and diseases. The promotion of handwashing has been one of the main programme activities addressing the 'disease aspect' of undernutrition. When looking at what has (not) worked when promoting handwashing, this study has identified the following lessons:

- Knowledge is not enough: As was explained at the beginning of this chapter, knowledge often does not necessarily lead to action. Handwashing is no exception. People are often able to name all the times when they should wash their hands but they do not apply this knowledge in their day-to-day lives.
- Perceived severity: A staff member of GIZ's partner organisations in Malawi has explained that people often know that they (or their children) can get diarrhoea if they do not wash their hands but they do not see it as a serious issue: *'People think that everyone gets diarrhoea sometimes so they do not see it as a major problem'*. Therefore, the traditional health-related arguments are often not effective enough.
- The influence of social norms: The study participants expressed that handwashing is something that needs to become a social norm, something that should be 'strange' not to practice. They believed that the involvement of respected actors, such as village chiefs or religious authorities, would help to ensure that handwashing becomes a social norm.
- Availability of a handwashing station: Handwashing stations, such as tippy taps, make it easier for people to wash their hands and thereby increase the likelihood of people doing so. It is important that the promoted types of handwashing stations are durable (so that children or livestock cannot easily damage them), low-cost (i.e. lowering the financial barrier) and sufficiently attractive (so that people are likely to use them).
- Poverty matters: An SBC study conducted by GIZ Malawi showed that poorer households are considerably more likely to say that it is difficult for them to purchase soap. Therefore, the promotion of handwashing needs to also involve husbands who often have considerable influence over how the family income is used.
- The importance of reminders: One of the reasons why people sometimes do not wash their hands is that they simply forget. Interventions can help people come up with ideas on how to remember to wash their hands frequently (for example, by placing attractive, positive stickers at the latrine door and in the cooking area).
- Focusing on children: GIZ's partner organisation United Purpose suggested that handwashing promotion should focus primarily on children, as they are more likely to follow this behaviour: *'Maybe we lost the adults but we can still change the mindset of children. Targeting adults who have heard handwashing messages for ages is very hard.'*

Access to Water

Many of the behaviours promoted by the programme require households to have good access to water (for things such as crop production, handwashing, food hygiene, etc.). At the same time, the programme has not focused on improving people's access to water (e.g. through constructing wells), which in some areas is very poor. According to the study participants, in such a context, the best approach is to support relevant actors in advocating those stakeholders who have the resources and mandate to improve access to water in the neediest areas. For example, the NGO partners of GIZ India have managed to support communities in accessing funding from the government's MGNREGA scheme. In other countries, GIZ staff believed that the best results can be achieved by strengthening the capacity of the local authorities, so that they are more capable of securing the required support from donors and NGOs, as they are in the best position to make such a request.



A woman using a tippy tap during the Covid-19 pandemic. Photo: ©GIZ India FaNS Project.

Collaboration with Authorities

Several country packages were positive about their collaboration with the local government. Their staff explained that informing the government actors about the programme activities, taking them for visits to the target areas and engaging them in monitoring of specific activities (e.g. extension workers monitoring vegetable gardens) has resulted in the government actors providing their own support (e.g. funding for new water sources, agronomic advice). This has been important for the longer-term sustainability of the programme's results.

SBC lessons learned: monitoring & evaluation

This chapter describes the key lessons learned related to M&E in SBC interventions.

Use of Regular M&E Data

All country packages regularly conduct quantitative surveys providing a large amount of data. While the data is used for reporting, it is also used to improve the design of SBC activities. As a staff member of GIZ Zambia explained: *'Most Zambian families eat vegetables but they focus on one type of vegetable that does not contain many nutrients. The surveys helped us understand that we cannot focus just on promoting vegetables in general but we need to focus on promoting specific vegetables that are rich in vitamin A and iron. That is why we adjusted the choice of vegetables seeds that we promote.'* An example worth highlighting comes from the Burkina Faso country package that systematically collects data on knowledge and adoption of 10 key practices. Such sets of data are collected not only for nutrition but also for food production and WASH-related practices. According to a member of GIZ staff: *'The data helps us see which of the key messages people learnt easily and which not so easily. So if they retain a key message very easily, we can reduce the activity promoting this message or we can replace it with another message. We try to focus on messages which people do not retain easily. If we see that people do not retain some messages easily, we can also change our method of transmitting these messages.'* The same also applies for the measurement of key behaviours. Active use of new data to sharpen the focus of SBC activities is one of the most positive aspects of the programme's M&E.

The main opportunity for improving the usefulness of the quantitative surveys lies in re-thinking the type of data collected. Each survey consists of two types of data: first, data that must be collected for essential reporting (i.e. for programme indicators); and second, data that provides additional information about the target population's knowledge, attitudes and practices. The choice of this second type data should be adjusted so that it focuses primarily on assessing the prevalence of the key barriers and motivators to practicing the desired behaviours (see more under 'Types of Collected Data' below).

Digitalising M&E Systems

Among many country packages there is an increasing appetite for, as well as experience in, using electronic data collection that automatically feeds into the programme's M&E systems and provides all stakeholders with useful, real-time data. For example, the i-Monitor tool used by GIZ India has resulted in GIZ and local authorities receiving more accurate and timely data about the activities of the local health workers that are supported by GIZ and its partners. According to GIZ staff: *'Using electronic data collection can also increase the transparency of our work, as we can share the data easily with the government officials.'*



Data Disaggregation and Correlation

While the country packages collect a range of useful data, they take only limited advantage of the insights they can gain when the data is disaggregated. For example, data on dietary diversity is often not disaggregated by gender, making it impossible to say whether there are any differences in the diversity of diets consumed by boys and girls. Similarly, very few surveys disaggregate data by wealth, so that they can understand the extent to which poverty affects the adoption of different behaviours (as well as people's attitudes, knowledge, engagement and other indicators). This can be done using sets of country-specific questions indicating the level of household poverty, such as those promoted by the [EquityTool](#) and the [Poverty Probability Index](#).

Equally important is to be looking for useful correlations between different types of data, such as data:

- on the extent to which people participate in various activities and on the extent to which they adopt the behaviours that are promoted by these activities
- on the consumption and on the production / access to certain foods
- on people's knowledge related to a given behaviour and on the adoption of this behaviour

Such data can provide valuable insights into the various enablers and barriers and into the effectiveness of different activities. The recently completed SBC research, conducted by GIZ Malawi, is a positive example of meaningful data disaggregation and correlation that can serve as a useful source of inspiration for others.



Access the website



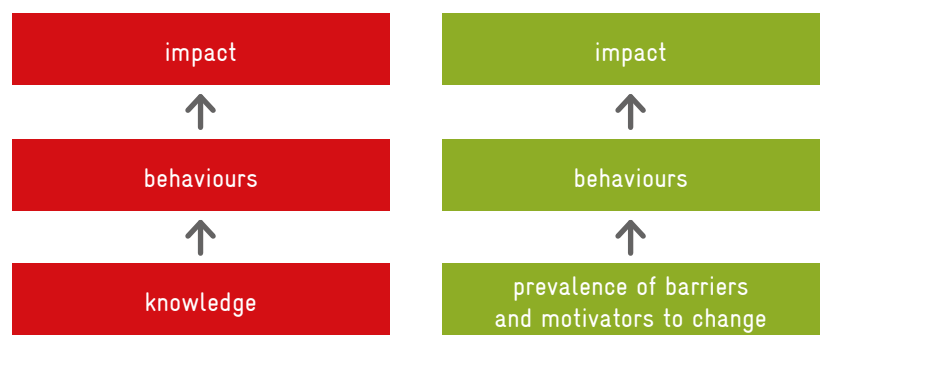
Access the website

Types of Collected Data

The M&E systems used by the five country packages focus primarily on collecting data related to people's knowledge and practices (related to nutrition, hygiene, food production, and other topics). A large part of such data is undoubtedly useful for GIZ's reporting and for shaping the direction of its further work. At the same time, such a focus on 'knowledge and practices' is likely to reinforce an incorrect perception that the key way to changing people's behaviours is by raising their knowledge (about the behaviours, their benefits, etc.). **'The programme's quantitative surveys could be providing considerably more useful data if instead of focusing by default on people's knowledge, they focus on the extent to which people face the key barriers and motivators to practicing the promoted behaviours.'** As the illustration below shows, such data would enable GIZ and its partners to see how effective their activities are in tackling the reasons why some people do not practice the promoted behaviours, enabling them to sharpen the focus of their work and achieve better impact. The measured barriers and motivators should be identified by qualitative formative research – a practice that most country packages are already experienced in.



Illustration 1: Comparison of the current (left) and newly proposed (right)



focus of the programme's quantitative surveys.

For example, when promoting the production of nutritious vegetables for household consumption, the following barriers and motivators might be measured:

- % of households with land and water for growing vegetables
- % of respondents aware of where to access vegetable seeds
- % of respondents who are able to access the required fertilizers
- % of respondents whose husbands approve of them growing vegetables
- % of respondents aware of how to address common pests and diseases
- % of respondents who know someone who can advise on an agronomic issue

Importance of Indicator Reference Sheets

Several country packages reported the importance of having a clear definition of what each indicator measures and how exactly the data should be analysed ([see some useful inspiration](#)). GIZ India is developing indicator reference sheets so that the meaning of each indicator is clear – for example, what can count as a 'nutrition garden'. According to a GIZ staff member, such guidance is *'... important so that partners know exactly what we are promoting.'* A member of GIZ staff from Burkina Faso has also emphasised that in order to aggregate some of the indicator data at the global level, it is important that the data is collected and analysed from the start of a programme in all the countries using the same methodology. For example, improvements in people's knowledge on nutrition can be measured in many different ways, producing data that is not comparable. That is why it is important to have clear guidance that is used by all the country packages.



Changes to Indicators

Here is an example that clearly illustrates a lesson learned: A study participant recalled a situation where at the beginning of the programme, a country package was asked to use an indicator measuring the consumption of dark green leafy vegetables. Since it was one of the main indicators, the country package felt obliged to promote this behaviour. However, at that time, the baseline survey showed that the vast majority of the target population already consumed dark green leafy vegetables and therefore there was not much benefit in promoting them further. Since the indicator was provided by GIZ's head office, the newly recruited staff member was not comfortable asking GIZ to change the indicator. This led to a focus on something that was not really necessary. Therefore, the lesson learned is that indicators should not be perceived as something that is set in stone. When starting a new programme, it is important to clearly communicate that if some indicators stop being meaningful, the implementing teams should feel free to propose modifications. In recent years, this was the case in all the country packages – only some indicators were mandatory while the remaining ones could be adapted according to the local needs.

Coverage Data Matters

Coverage data shows the extent to which people participated in a given activity (e.g. Care Group meetings) or received a certain service (e.g. advice from a lead farmer). **'Measuring and improving coverage is crucial for the overall impact of SBC interventions.'** For example, if an organisation facilitates high quality counselling sessions that are attended by only 40% of the target population, their impact will be unnecessarily limited. Coverage data can help you understand the extent to which the target population is exposed to the various interventions, including the reasons why some people are not involved. The higher the coverage of (effective) SBC activities, the better the impact a project can achieve.



Measuring Undernutrition

The Global Programme is investing 10 years worth of funding and people's efforts into improving the nutrition of mothers and young children. Therefore, one might expect that it will also measure the extent to which it reduced the prevalence of chronic and acute malnutrition. However, as a GIZ staff member explained: *'When the Global Programme was designed, we had colleagues strongly arguing for including stunting as an outcome indicator and the main argument for not doing so was time. It was assumed that FNSP would be around for just a couple of years and other colleagues were saying that you cannot reduce stunting during such a short intervention.'* Since it was not expected that the programme would last for 10 years, it was decided not to measure stunting and wasting. While some participants of this study suggested that GIZ could use the existing data of the health authorities, such data would not be representative of the areas in which the Global Programme operates, and would therefore not accurately demonstrate the impact of GIZ's work. According to a GIZ staff member; *'Not including stunting is something that I really see as a missed opportunity.'* At the same time, it is important to understand that this opportunity might not be completely missed: the five country packages still have five years to go. This gives at least some of the country packages a very real opportunity to commission anthropometric studies and to demonstrate the impact they have had on the prevalence of wasting and stunting. Considering the availability of experts specialising in conducting anthropometric surveys, getting the required data should not present a major difficulty for GIZ.

Community Score Cards

The staff of GIZ's partner NGOs have provided very positive feedback on using Community Score Cards – a participatory process where both the users and providers of certain services (e.g. agricultural extension) separately provide feedback on their experience with accessing / providing the service. The feedback is then discussed together (see more details in [CARE's video](#)). The process is facilitated in a non-confrontational manner, focusing on the overall service, not on individual people. It helps with identifying and addressing barriers to a greater use and effectiveness of important services. According to a member of GIZ staff: *'Community Score Cards are important because they help people understand both the demand and supply side, bringing them onto the same page.'*



Sharing Data with the Communities

According to a staff member from GIZ's partner organisation, *'... there is a lot of data that we collect from the communities but rarely do we give feedback to the communities ... we are tracking progress and it is important that even the locals understand the progress and at the same time are able to draw lessons as to why some things are not working and others are working.'* This suggestion has resonated with staff working on several of the country packages who emphasised that the programme should be presenting the community members with data that is meaningful to them. Identifying which data might be meaningful is likely to be the most difficult task. Examples might include showing (in a video or



A 'behaviour change agent' in Burkina Faso promoting good hygiene practices.
Photo: © GIZ/Michael Joof.

photos) the diversity of vegetables grown by some household members, or presenting the proportion of households with a handwashing facility and soap. The staff of GIZ's partner NGOs were especially interested in presenting data showing how one community does compared to others in order to trigger greater competitiveness and motivation.

Supervision of 'Behaviour Change Agents'

As explained in the previous chapter, the people promoting the desired behaviours are among the most important actors of the entire Global Programme. Currently, the quality of their activities (primarily group sessions, training and household visits) is supervised ad-hoc by the field staff of GIZ's partner NGOs. However, there is no dedicated, well-operating M&E system that would provide robust data on the main strengths and weaknesses in the technical, communication and facilitation knowledge / skills of these 'behaviour change agents'. Such data would make it much easier to ensure that any capacity-building efforts target the key gaps. The easiest way to address this shortcoming would be to develop an electronic checklist monitoring the extent to which the 'behaviour change agents' have and use the desired knowledge and skills (examples of such checklists are provided in the [Make Me a Change Agent guidance](#)). The checklist could be used by GIZ's partners whenever they observe how Community Health Workers, Care Group Leaders, agricultural extension workers and others promote the desired behaviours, providing the programme with real time data. At the same time, these 'behaviour change agents' could immediately receive structured feedback from these 'supervisors' on their strengths as well as opportunities for improvement.



What next?

Have you found our lessons learned useful? Here is what you can do:

- ✓ Send this report to your colleagues or partners and encourage them to read it.
- ✓ During your next meeting, discuss which lessons your programme could use and how.
- ✓ Your feedback matters to us. Let us know if and how you used these lessons!
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Your SBC notes

Learn more about SBC in GIZ's guide



English version



French version



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