



Triggering for positive behaviour change in nutrition

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Insights from Sustainable Nutrition for All in Uganda and Zambia

Sustainable Nutrition for All Technical Brief No. 2

Sustainable Nutrition for All in Uganda and Zambia

SNV Netherlands Development Organisation, in partnership with the Centre for Development Innovation of Wageningen UR (CDI), the Royal Tropical Institute (KIT) and supported by the Swiss Agency for Development & Cooperation Agency (SDC) is implementing a new and innovative model to empower communities to reduce the causes of malnutrition themselves. The model, Sustainable Nutrition for All (SN4A), is currently being implemented (2015-2017) in four districts in Zambia and Uganda. The aim is to improve dietary diversity for all household members, with a particular focus on women of reproductive age (WRA) and infants under 2 years. The long term goal is to improve nutritional outcomes. SN4A addresses four critical pillars simultaneously. It induces behavioural change by triggering an understanding of the critical factors for improved nutrition, including production, consumption, care and sanitation practices. The triggering activities facilitate communities to undertake their own appraisal of how their nutrition habits impact their lives, particularly the physical and cognitive development of their children and their future education and employment prospects. Communities are supported to understand what they can do to improve

the situation. They formulate their own solutions which are locally available i.e. strengthen year round access to nutritious agricultural food, by increasing household agro-biodiversity, as well as market development to generate income for improved food expenditure. To ensure sustainability and scalability of the approach, SN4A works with local and district level authorities, building their capacity to plan and implement nutrition sensitive strategies.

A central pillar of the programme is the triggering and overarching social and behaviour change communication strategy. Experiences and learnings from this pillar are presented in the technical brief, "Triggering for positive behaviour change in nutrition- Insights gained from Sustainable Nutrition for All in Uganda and Zambia.". This is the second in a series of policy and technical briefs from SN4A.

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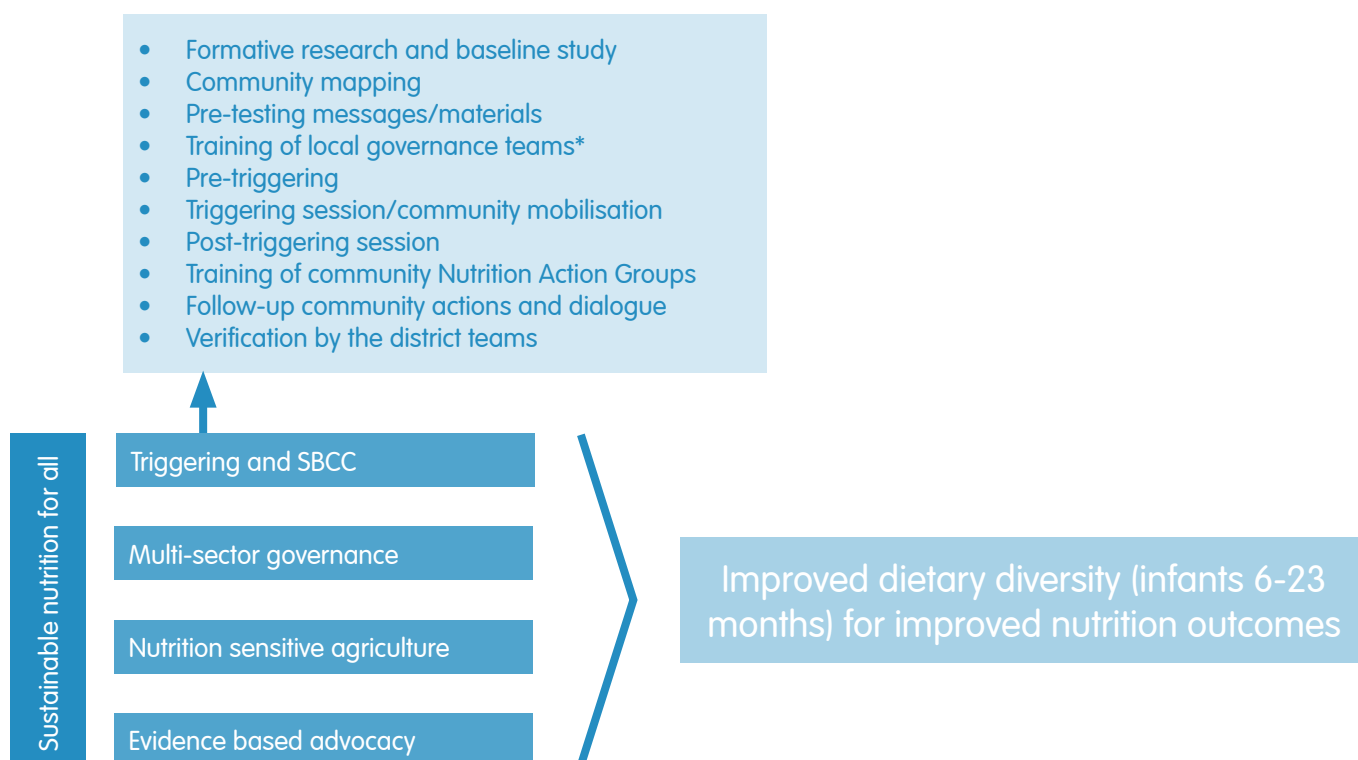


Figure 1: Sustainable Nutrition for All Framework-Triggering and SBCC

photo front cover: Training Nutrition Action Group (NAG) members in Kasese district, Uganda © SNV/Denis Onyodi

Introduction

The potential of millions of children can be unlocked with good nutrition. Inadequate care and feeding practices, food insecurity, inequitable gender relations, an unhealthy household environment and inadequate health services are all leading contributors to early childhood malnutrition. Each of these underlying factors of undernutrition is heavily influenced on the one hand by external factors in the food environment, but also by behaviours related to food production and purchase, intrahousehold food distribution, care practices and hygiene.

Behaviour is complex. Currently, one of the best-known strategies for improving the impact of nutrition-sensitive interventions, including agriculture, and particularly effective in preventing stunting, is Social and Behaviour Change Communication (SBCC).^{1,2,3,4} SBCC is a behaviour-centred approach to facilitating communities, households and individuals in understanding, adopting and sustaining improved nutrition-related practices. Demand for such practices from the households and the communities is dependent on knowledge, awareness, motivation to act, familiarity and habituation, which are often influenced by perceptions of social norms, attitudes and beliefs. Much of the existing nutrition-related SBCC effort has focused on increasing knowledge, awareness raising and/or sharing information; however some SBCC actors are using more participatory approaches to move beyond awareness to engage emotions and harness motivators^{5,6}. “Triggering”, which is illustrated in this paper, is one such approach.

Recognising the importance of demand creation and SBCC, SNV, together with the Centre for Development Innovation of Wageningen UR (CDI) and the Royal Tropical Institute (KIT), and funded by the Swiss

Agency for Development and Cooperation (SDC) developed the Sustainable Nutrition for All (SN4A) programme. SN4A is an integrated community-focused programme, reaching over 15,000 households in 4 districts in Uganda and Zambia. The objectives are to enhance availability and access to nutritious food, improve dietary diversity and improve the health and nutritional status of households, particularly children under two years of age.

The pillars of SN4A relate to multi-sectoral governance⁷, the supply of nutritious foods through agrobiodiversity, and SBCC (figure 1). As part of the SBCC process, SN4A also adopts the triggering approach used in Community Led Total Sanitation (CLTS) from the Water, Sanitation and Hygiene (WASH) sector. The innovative method reaches families, including fathers and elders, in a culturally appropriate way that both respects and challenges traditional gender roles.

This technical brief provides an overview of community SBCC and triggering on positive nutrition and hygiene behaviours. It summarises some key insights and findings from SN4A in Zambia and Uganda, and aims to assist policymakers, practitioners and researchers in understanding the approaches and tools used and guide their investments in demand triggering and SBCC. Focus groups and interviews were conducted with governance staff, nutrition action groups (NAGs) and community members in November 2016 and in June 2017 and the findings are presented in this brief. Policy recommendations based on the impact evaluation will be published in the upcoming Sustainable Nutrition for All policy brief.

Sustainable Nutrition for All: SBCC Strategy

What is the strategy?

SN4A overarching multi-sectoral SBCC strategy integrates and prioritises intrahousehold dynamics related to nutrition, with a particular focus on maternal and infant nutrition. A critical stage of the SBCC strategy development is the formative research and community mapping exercise where intrahousehold dynamic (IHHD) factors related to nutrition were identified. Practical messages and effective materials were developed. During this stage, it was reported that many caretakers knew that children at the age of six months should receive foods in addition to breast milk. However fewer were practising this and some mothers were giving solid foods too soon. This confirms that nutrition knowledge is not always put into practice. Household members also need skills, access to diverse food (through improved agrobiodiversity), social support and

acceptance and confidence that they can succeed in practising the new behaviour. Traditionally, most BCC campaigns have emphasised targeting women due to their role as caregivers through infant and young child feeding (IYCF). However, this ignores many of the barriers related to practising optimal nutrition practices related to IHHD.

As regards implementation/dissemination, evidence suggests that using multiple communication approaches and channels, targeting multiple contacts instead of just the woman herself, and having more visits/contacts results in greater change and is more effective⁶. Evidence also indicates that programmes using SBCC theoretical approaches have a greater impact on outcomes than those that do not⁸. SN4A integrates a combination of the Health Belief Model, Theory of Reasoned Action and the Socio-ecological model (SEM). SEM includes an emphasis on social



Teachers and district team promoting nutritious foods in Kasese, Uganda. © SNV/Denis Onyodi

networks and the community and the effects of the environment on BC. The multiple channels and points of contact as illustrated in figure 2 leverage contextual factors, including social structures, roles and identities and norms.

The triggering process is the first stage of the SN4A overarching multi-sectoral SBCC strategy that integrates and prioritises IHHD and Maternal and Infant, Young Child Nutrition (MIYCN) behaviours (Figure 2 and see section on triggering). Following the post-triggering session with the communities, there are three aspects that continue- Interpersonal communication (IPC) between the NAGs and the households and mentored by the Nutrition Champion and district teams; community sessions, involving cooking demonstrations, demonstration gardens, role plays, drama sessions and school competitions; and a wider mass media campaign using the radio stations. Of the three intervention arms, IPC is by far the most effective form of communication because it adds a human component that helps build rapport, trust and good will. IPC by itself, however, is not efficient and hence a sound BCC intervention requires community/ social mobilisation and mass media to create awareness, and increase recall of the campaign messages on a continuous basis. In Uganda, triggering political leaders at district, sub-district and village level and religious leaders added another layer of key actors that continued to re-inforce the key nutrition messages. Church leaders, for example, started to integrate nutrition messages in their sermons.

‘Some households used to give the avocados and pawpaw to the pigs, but now we know to give them to children to help their minds grow.’

Meeting with NAG’s, Kyenjojo, Uganda.

One of the key tools that emerged in the process was the promotion of five food groups using the five fingers (Appendix 1). It proved to be simple and effective, and resonated with both adults and children alike. The community sessions also focused on the key aspects of being a good parent e.g. household joint decision making etc. (See Appendix 2).

Insights from Zambia and Uganda - What worked well in the SBCC strategy?

IPC The interpersonal communication strategy, including household visits and one-on-one conversations between NAGs and households was reported as positive in continuing the nutrition dialogue and promoting doable steps, for example adding food from the five fingers to the infant’s porridge. The NAG with support from the Nutrition Champion tries to assess the barriers to each practice and is involved in supporting the behavioural change dialogue process. The NAGs visit households once a month, covering topics related to basic nutrition, agrobiodiversity, intra household dynamics and hygiene practices. A ratio of 1 NAG to 10-15 Households was sought for optimal programme reach

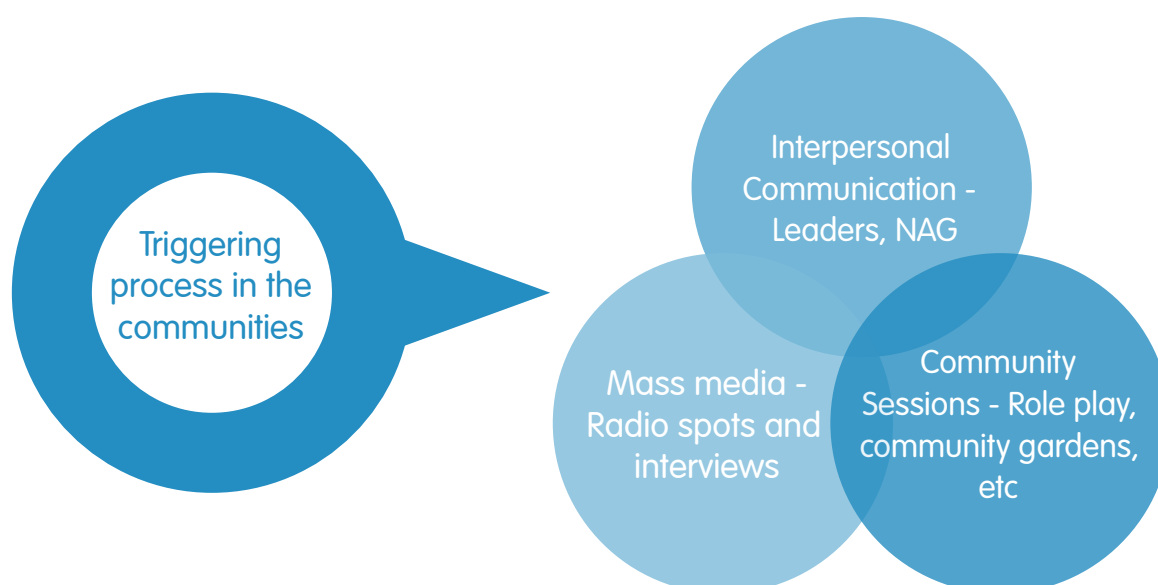


figure 2: SN4A Triggering and SBCC Strategy

and effectiveness. These positions are unpaid, but these members were selected based on their influence. As some volunteered they emerged as natural leaders. When asked why they chose to be involved, one member responded that “they are not working for SNV, they are working for themselves and their children”. NAG members indicated that they were motivated to continue promoting nutrition but also were interested in incentives, such as badges that identified them as NAGs or bicycle to allow them to move easily from one household to another. They also expressed an interest in more training materials to support their work. In general, female members seem to have a stronger influence.

In one focus group in Uganda, NAG members were asked for their feedback on what is working well. They listed the items from 1 to 10, with 1 being the most tangible and effective, and 10 being the most difficult to facilitate discussion on and to see progress/change. The list highlights that tackling the impact of IHHD on nutrition remains an ongoing challenge.

1. Kitchen garden
2. Improved breastfeeding
3. People have started to eat mukene (silver fish)
4. Sanitation and hygiene
5. Balanced diet
6. Nutrition during the 1000 days
7. Mothers are now delivering in health centres, traditionally was at home
8. Joint planning/budgeting by families/parents
9. Stopping domestic violence
10. Family planning

When queried further on why the last three factors are difficult, NAGs reported that family planning was difficult because of religious beliefs, and poor education on birth control/family planning. In some households it can provoke existing domestic violence; some men live away from families, and are not found at home and the NAGs tend to meet the women only for the session; some homes are located near ‘drinking places’. Some NAGs said that even within their own homes they have issues with IHHD hence it is not easy for them to engage with other households and others felt that they lacked the competency to proactively engage households on IHHD. However, there are examples of positive deviance where some couples equally divide the responsibilities. Men may have previously decided on what to eat on a given

day and now the couple sit together to plan. In situations where there is poor allocation of food, the use of mukene (small fish) has proved to be an alternative solution. “Previously if you were eating dodo or mukene you were regarded as poor but now it is valued”. In some households, men don’t eat mukene, so if it is available, it is fed to the child. It is also affordable.

Community engagement One of the key elements of the community engagement is the active involvement of schools and school children. In Uganda, the school project went beyond the promotion of vegetable gardens to also encourage rearing of small animals, guinea pigs and rabbits. In recognition of IHHD surrounding the unequal distribution of animal foods in the diets of WRA, infants and children, explicit efforts were made within the schools to promote the consumption of animal source foods. In Uganda, the schools had a competition to perform a play or to write a poem/song as part of the Music, Dance and Drum Festival, a national co-curriculum activity organised by the Ministry of Education, Science, Technology and Sports. The 2016 theme was ‘Stop child marriage and poor nutrition for better learning’. The winning poem about diverse diets and stunting (Appendix 3) was printed in the national newspaper and the initiative was broadcast on national TV (TV West and Bukedde TV). In Zambia, role play and music/dancing performed by a local drama group were well received by the communities, particularly the role play of a couple arguing over how money was spent on alcohol instead of food. It dramatised the intra-household situation and the effect on the malnutrition problem while reinforcing the importance of the couple working together to promote better nutrition in the household.

Demonstration gardens were also established by SN4A for demonstrations on good agronomic practices. The gardens promote experiential learning, where farmers learn by doing, and provide a platform to promote crop diversification for home consumption. SN4A engaged local partner NGOs and agriculture extension workers to support establishment of home gardens and engage with processing/ preservation techniques to ensure availability during lean season. In particular, locally available varieties, such as cowpeas, Chinese leaves and amaranthus were promoted.

Mass media campaign Radio was used to promote messages and broadcast interviews that took place in the community.

Insights from Zambia and Uganda - Challenges

Findings from the focus groups and interviews indicate that a one-size fits all approach does not work and the SBCC strategy warranted adaptation and contextualisation before adoption in the two countries, but also across districts. Community members have differing needs depending on their stage of behaviour change. Some of the barriers to improved practices may include a lack of conviction about the health practice, lack of familial support, and/or the pressure of household chores mainly for women in the household. Across both countries, the consumption of 3 meals a day can be a challenge if the caregiver is working in the field or the market. The NAGs have also faced some barriers in implementing the SBCC. There is sometimes an expectation that the volunteers will provide inputs/money to households. Another challenge is in the follow-up agronomy support. In some villages, or in some households extra support is

needed.

Although the promotion of the diverse foods using the five fingers is strong, there is a gap in terms of the frequency of meals, and portion sizes particularly for infants and this can be strengthened as diverse food consumption becomes a habit.

The effectiveness of the radio spots/interviews varied. In some districts, for example Chinsali in Zambia, very few people listen to the radio. When the radio was used as a platform to broadcast interviews of community/district team members and/or provide a forum for questions from the public, there was more interest generated. These tools are only as effective as how they are used within the context of a broader strategy.

There is also a need to balance the empowerment approach with the enforcement approach. Given that SN4A model works through government teams whose traditional approach is “enforcement” local leaders are quick to suggest bye-laws or threaten with arrest.



Discussing the availability of fish, including Silverfish, in local markets © SNV/Denis Onyodi

Sustainable Nutrition for All:

The use of triggering for change

The SN4A triggering process: what it entails

The process involves a series of steps.

- First is the pre-triggering where the SN4A project team meet with key stakeholders in the village to explain the programme and to mobilise the community for the triggering session. This builds on the community mapping process.
- The triggering session takes place a week later and is facilitated by trained local governance staff (the District Nutrition Triggering Team). By drawing on the baseline and community mapping results on malnutrition, crop diversification, sanitation and dietary diversity, the communities are exposed to the issue of stunting, the underlying reasons and how these are affected by intra-household dynamics and in particular how malnutrition affects their children.

The triggering session literally triggers community action. There is an emphasis on how nutrition is related to everyone in the household, how poor nutrition during the critical years can affect the child's education and how it's important to eat a diversity of food in order to grow and develop. A "triggering tool" is used to prompt discussion and raise awareness. Different approaches were used to evoke different emotions in both countries, e.g. a "stunting line" (Zambia) and a "brick model test" (Uganda) (see Box 1).

After 2-3 hours, the activities conclude with a village nutrition action plan and an action group (Nutrition Action Group). Examples of proposed actions range from – increase the number of times community members will feed their infants, or increase the variety of crops grown, establishment of vegetable garden, planting more fruit trees, buying silver fish (mukene), cook meals which are diverse (referring to the five fingers) and in some cases, men should stop demanding resources for household activities to be spent on alcohol.

What is triggering?

The triggering process is inspired by community led total sanitation (CLTS), a community-based sanitation approach developed in Bangladesh in 1999, aimed at the complete elimination of open defecation (OD). It engages the community in a process of self-realisation and leverages emotion such as pride and disgust to take action toward open defecation free (ODF) status. CLTS facilitates people to appraise, observe and analyse their OD and sanitation practices. It emphasizes change in social norms rather than change in individual behaviour. Social solidarity, collective action and cooperation among the households are core elements⁹.

Triggers have also been used within behaviour economics where concepts have examined how and why people make choices that affect their own health and wellbeing and that of their families and communities. In essence, a trigger is a stimulus that makes people think about a related concept or idea with an aim of getting people to start a new behaviour^{10, 11}.

Triggering aims to give an emotional kickstart to community mobilization and to enhance long-term pre-existing motivations. It taps into communities' and parents' aspirations for their children to be successful in school and in life (have good jobs and be financially sound). It focuses on the desire for success and/or the fear of failure. The emotional drive, such as the desire to nurture children or concern for one's children, was used as a powerful incentive to change behaviour. Together, the community decides on an action plan, both at the household and community level in terms of how they will increase agrobiodiversity and improve dietary diversity and care-giving practices. The identified solutions are locally available. Communities take ownership, and mobilise the resources themselves to carry out and monitor the actions that they commit to. Leveraging social norms for peer pressure is a powerful tool to change behaviours in this process^{11, 12}. Affiliation, or doing what everyone else is doing, is a key motive, but the fundamental to this approach is how triggering captures the heart as well as the mind.

- Post-triggering; after the triggering the District Nutrition Triggering Team returns to the community plan to assess the challenges, the barriers and enabling factors for the behaviour change process.

Triggering tools

'Stunting Line'- see the [SNV SN4A video](#)

In Zambia, the height-for-age of children under 5 years (also see the photo on the next page) was recorded and compared to the World Health Organization (WHO) child growth standards. The test was used to provoke feelings of guilt, but not shame, about the current poor practices, such as not feeding your child foods from the five food groups. "Shame is a focus on self, guilt is a focus on behaviour. Shame is interpreted as I am bad, Guilt is I did something bad. Guilt is adaptive and helpful, it's the ability to hold something we've done or failed to do up against our values"¹³. Although the stunting line 'triggered' the communities into action, during the course of Phase 1 the brick model was adopted.

'Brick Model Test'- Uganda

In Uganda, there was a concern that children could be stigmatised by using the height test, hence another activity was adopted. In this activity, community members volunteer 6 members (2 groups of 3). One team is led by women and another by men. Each of the teams is given a brick laying trough, equal amounts of soil to make a brick and water (the women are given a sufficient quantity of water to mould a brick, but the men are given less). The teams present their bricks to the community, a solid brick made by the women, and a weak brick by the men. The rationale is that the trough/mould represents the skull/head, the soil is the brain and the water is equivalent to diversified foods that are needed for proper growth and development. The brick making illustrates the brain development during the 1,000 days and the impact of not receiving adequate and diverse food. After the brick is dried, you cannot remould it, conveying that poor nutrition during the critical 1000 days can lead to lifelong irreversible damage to child brain development.

In both cases, the activity and the discussion that follows amongst community members encourages collective community action through their appraisal of the nutrition issues and what actions they can take to diversify crop production and improve consumption practices (dietary diversity at the intrahousehold level).

The NAG members are trained on different modules aimed at building their capacity to facilitate households to improve agrobiodiversity and eventually dietary diversity. The trained NAGs continue to facilitate nutrition sessions at the household level (see section on SBCC). At a later stage, the district teams and community leaders return to do a Verification, and provide feedback to the community about the findings and areas that need further improvement/support. For example, in Uganda, this involves a series of steps including verification of diverse food production, consumption and final certification.

What is done and who is involved?

The triggering process involves a cascade and integrated system. SN4A trained the district and subcounty/hub members, including for example agriculture officers, health extension workers and community development officers who form the triggering teams. At the local level hub coordination committees, involving for example teachers are formed and they sustain demand of behaviour change at the community level. They also support the work of the NAG who volunteer at the end of the triggering session. At the village level, well-respected community members are appointed Nutrition Champions. Evidence suggests that community members are more motivated to participate in programmes and adopt proposed changes when the programmes acknowledge and involve the cultural networks¹⁴. This is the same for SN4A, where the communities are more engaged when the triggering and SBCC strategy takes into account the traditional structures and roles within the villages. This is why the programme has actively sought to engage the headmen, religious leaders and local council to play a role in mobilisation and facilitation of nutrition education sessions^{15,a}. Influential members in the action group, with support from nutrition champions visit the households and facilitate sessions with both men and women using materials developed by SN4A. It is important that the action group members are considered trustworthy. Specific attention is given to the familial networks. Women, as part of extended and multi-generational families are often influenced by the husbands or mothers in law. If also encouraged to support nutrition-related practices, fathers and elders can be the catalyst to change social norms,

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- a. Nutrition education defined broadly as any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food and nutrition related behaviours conducive to health and well-being

particularly on men's role in promoting MIYCN¹⁶. Experience in the field suggests that failure to include fathers in IYCF behaviour change interventions may limit efficacy and effectiveness¹⁷. However, it is common, including in the SN4A districts, for households to prioritise feeding the preferred nutrient dense family foods, such as meat, to fathers and allocate smaller portions to women and children. It is also likely that animal products are a source of income for a household (often under the husband's control) and end up in the marketplace rather than in a child's bowl. Thus, informing and involving fathers in complementary feeding may facilitate improvements in dietary quality for their young children.

Insights from Zambia and Uganda: Triggering in different contexts

Naturally, triggers vary with different cultural contexts. Understanding what motivates people is key. A number of triggering tools were tested in Zambia and Uganda, with considerable reflections from the teams and the communities involved, as well as national level actors (such as the National Multi-Sectoral Nutrition Coordination Committee in

Uganda). A common thread for parents is the desire for their children to succeed in life, at school and in future careers. This desire for success and fear of failure in their children is also related to the child being financially comfortable in the future, and in turn, represents security for the parents as they age. Although good health, growth and development are reported as important drivers for decisions on IYCF, there are other motivations such as affiliation, income and status which may supersede rationality when decisions are being made. For some, breastfeeding or washing their hands with soap before cooking, and raising their children well, may be more doable if the caregivers perceive that their value within the community is enhanced. Other motivating factors for changing behaviour have to do with economics, saving money or access to financial opportunities¹⁴. Some households are interested in diversifying crop production as a livelihood source. Hence, SBCC must also consider how nutrition goals can be aligned with such economic goals, for example only selling food that is surplus. It is also important that local practitioners can consult with people in the community to identify triggering motivations.



Measuring stunting in children under five by the SN4A project in Zambia © SNV

Insights from Zambia and Uganda: What worked well?

The followed findings were captured during focus groups and interviews conducted in the 4 districts in Uganda and Zambia.

Community-driven approach that promotes ownership, social solidarity, cooperation and collective action: The triggering process is a powerful community mobilisation approach that generates awareness that undernutrition is a problem and stimulates an appetite to know what can be done to address it. By involving the community and the district teams as facilitators of the process, there is potential to create greater accountability at the local level, increased transparency, greater trust and programme acceptance. The approach is locally relevant and socially acceptable and these factors are highly valuable in nutrition programmes which are dependent on BC to succeed. Some remarks from the district teams include – “It capitalises on local knowledge, and addresses issues of malnutrition at source, so it’s preventative rather than curative. Giving the mapping data and the assessment results to the community was positive because it was relevant to the group and made them realise that

there was an issue”. The behaviours are often anchored in local, social norms and traditions. Mobilising collective action is a crucial strategy to start a process of change and the collective action brought about through the triggering process also has the potential to remove community wide barriers such as poor support from men in caring for young children. The triggering approach has had success in using positive deviance.

Learning by doing and ownership: The district nutrition teams and the NAGs are facilitating BC and in the process learning by doing. As noted by district teams “our knowledge and skills are evolving as we come together”. “We all thought we knew how to feed ourselves and our children but in fact we only thought meat and fish was good, not diverse food... it’s a learning”.

Nutrition for All: By involving the whole community and family members, their roles and relevant intrahousehold dynamics are highlighted, for example how decisions are made in the house, or allocation of food to infants (see SN4A Technical Brief No. 3 on IHHD). Some of the visuals also presented important role models in the community which challenge gender



Nsenyi primary school nutrition assembly in Kasese district. © SNV/Denis Onyodi

"Unlike many projects that come and dictate to us what should be done, SN4A involved us in the project design. The district through the District Nutrition Coordination Committee and the Sub County through the Sub County Nutrition Coordination committee have been actively involved in identifying triggers in the community for example; "Fear for failure" and "Desire for success" and in the development of the triggering tools. We can now trigger communities to demand for diversified diets with minimal guidance from SNV."

Eunice Kyakimwa Kugonza, Community Development Officer Kisinga Sub-County Kasese District

stereotypes of 'traditional' care giving roles, and emphasising more the importance of everyone in family working together for nutrition.

Multi-sectoral approach and team: SN4A has developed the confidence and capacity of the health, agriculture, community development and education governance staff, at district and sub-district level, improving their ability to trigger for improved nutrition behaviours. The staff have become aware that in order to tackle challenges efficiently, a coordinated effort amongst varied sectors is needed. "If the sectors talk in a scattered manner as we did before, we don't win. Nutrition is a process not an event, and we need different actors to keep it going." "The villages are also getting to know different professionals. Originally nutrition was considered the role of health". The roles of the triggering team members have also been defined which allows for the smooth sequencing of the session activities. Some members of the team have emerged as key facilitators, particularly teachers, where this skill has been developed in their own job. The potential for sustainability is strong, as the support for nutrition is provided through and by the government. The success of the triggering has also had a ripple effect in other communities. There is a creation of demand amongst villages that have not been triggered - "please come to our villages".

Powerful illustrations, tools and messages: Strong visual and emotive tools have been developed which resonate with the people in the village. For example, in Uganda different stories are used to convey what your child eats today contributes to what they will be tomorrow- I am a doctor because as a child I was fed the right food/ Diverse food is important for the entire family. People are connecting what they grow to what they eat. For many communities in Zambia, there was

Evo-Eco is a new approach to understanding behaviour change, developed by researchers at the London School of Hygiene and Tropical Medicine. It assumes that there are 15 basic motives for all human behaviours which can be grouped into drivers (fear, disgust, hunger, comfort, lust), emotions (affiliate, nurture, attract, love, hoard, create, status and justice) and interest (curiosity and play).

a realisation that the crops grown were limited and not diverse, and there is a habit of seasonal consumption. For example one female member mentioned that when fish is available, they sometimes even cook three types of fish in one meal. In Uganda, vegetables were considered to be 'food for the poor' and fruits were 'not food'. However, through triggering communities have realised that the two are critical for the wellbeing of the entire family.

Insights from Zambia and Uganda: Challenges

Mobilising the communities: It can be difficult to mobilise some people in the communities. In Zambia, engaging younger couples is challenging, and in Uganda reaching men emerged as an issue. Moving forward, it was suggested to explore other venues as meeting points, such as trading centres or farmers' meetings or use football to attract men. However, triggering is a one-off event, and it is impossible to replicate the emotional stimulation in follow-up meetings.

Nutrition for all: The involvement of key family members varies. Children and youth (adolescent girls and boys), who are "the mothers and fathers of tomorrow and help with the siblings" could be involved more in the programme through the schools. The younger children could be change agents. Given the prevalence of early marriages and/or early pregnancies in some villages, reaching adolescent boys and girls could prove to be valuable in addressing malnutrition. The role of men is key, particularly as it relates to intra-household dynamics, for example decision making, allocation of food within the household where men/fathers often receive the largest portion, particularly of animal source foods.

How to talk about stunting: It was noted that there is a danger of stigmatising children who are stunted, hence is important to use positive reinforcement e.g. eating nutritious food can improve your child's education and lead to better opportunities in life. However, it was also reported that it is important to facilitate sessions and include statistics that reflect the real situation on the ground.

Recommendations

As outlined in this brief, the SBCC strategy, including triggering, is a critical pillar of SN4A and can be adapted with effect in different contexts, as demonstrated in Zambia and Uganda. Based on the findings to date, and drawing evidence from other nutrition programmes with SBCC^{8, 18}, SNV and the SN4A partners recommend that policymakers:

Support the scalability of community driven SBCC nutrition strategies in different contexts as part of nutrition programming, without compromising on the effectiveness of the approach. This includes community mapping to identify the key nutrition issues and gender analysis of the barriers/opportunities as well as triggering for positive behaviour change. Give priority to high quality IPC, community platforms and home visits and complement this with other communication channels e.g. community radio or support groups.

Support the capacity building of district and sub-district frontline staff from different sectors to implement SBCC strategies. The SBCC should be informed and developed conjointly with multi-sectoral nutrition platforms, both at the national and subnational level. An analysis of the human resource and financial capacity of the different sectors should be conducted to be clear about the roles and responsibilities of the staff from education, agriculture, health, community development, planning etc. Actions are required on many fronts, including well planned collaboration amongst various sectors and strengthening of existing structures, such as government health and agricultural extension services.

Build teams of multi-disciplinary members, with complementary skillsets and influential roles, and partner innovatively with traditional and non-traditional partners. For example, involve religious leaders and teachers in mobilisation, facilitation etc.

Involve the communities themselves in the planning, implementation and review of the nutrition programme and ensure involvement of all members, male, female, young people and the elderly. Work with the existing resources, support emerging leaders and nutrition champions in the communities as they are valuable resources for change.



Discussing the Five Fingers model with NAG members, Kasese district, Uganda © Dorah Egonyu/SNV

Support the development, activation, implementation and review of national Food-based dietary guidelines (FBDGs).

These tools can play an important role in promoting principles and practices to support healthy diets. In order for these to be effective, they should be evidence based and widely used to not only guide nutrition education, but also policies and programmes in other sectors. The five finger guideline is an effective tool as piloted in SN4A (Appendix 1). Inclusion of nationally promoted materials is important, but it is also critical to adapt these to local contexts. In SN4A, the importance of nutrition for the whole family and how everyone has a role to play is important.

Target emotional drivers of improved nutrition behaviours in a sensitive manner. This is a promising avenue for increasing the effectiveness of behaviour change interventions particularly amongst the more vulnerable members of a population.

Use existing resources at community level to implement nutrition interventions. Using schools proved to be a natural and effective way to reach children and their parents. Children are empowered at an early age with critical nutrition education. While in school, children can have a strong influence on their parents by discussing for example, the 'five finger' messages and requesting to eat food from the five food groups. Through the small animals intervention in schools, children learn how to increase supply of animal meat at household level.

Leverage and expand the existing programmes to break down gender barriers to practicing optimal nutrition behaviours over time. Agricultural programmes typically target male farmers and established female farmers due to the male bias in extension services. Health and nutrition education programmes, tend to engage women and children, and to focus on children during the first 1000 days of life, because of women's perceived traditional roles as primary care givers. Integrated nutrition programmes have the potential to break down these gender stereotypes. This can be achieved by tailoring interventions to better address the different opportunities and constraints faced by female and male farmers in their production and consumption behaviour. This entails developing services that do no harm, and promote more active encouragement of male household members in the household, and the promotion of services that are better tailored to the multiple roles of women within the household. The next generation of nutrition sensitive programming needs to address underlying intra-household dynamics which affect many of the agriculture nutrition pathways. This requires building in effective mechanisms to monitor how different interventions on SBCC change these behaviours.



Focus group meeting in Kasese, Uganda © SNV/Denis Onyodi

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Appendix 1:

Five Fingers representing five food groups



Appendix 2: Campaigns

The BCC campaign focuses on redefining the husband-centered household to a family-centered household as it relates to proper nutrition, children's care, and shared responsibilities between husband and wife

Being a good parent is sharing the food.



Being a parent is a responsibility shared by both husband and wife. As a responsible parent, you must provide a good nutrition for your family.

Sharing nutritious foods such as meat with your children is important for good nutrition. It helps them develop muscles in school. And children that grow up to be successful when they are old.

Good parents share their work, their food, their income, and provide nutritious meals to their children.



Be a good parent. Take care of your family!

For more information contact your health care center or talk to your village health team.

SNV

Being a good parent is feeding your children!



Being a parent is a responsibility shared by both husband and wife. As a responsible parent, you must provide for your family.

Making sure that your children take 3 nutritious meals a day is important for good nutrition. Because good nutrition is important for children to grow strong and do well in school. And children that grow up to be successful will take care of their parents when they are old.

Good parents share their work, their food, their income, and provide nutritious meals to their children.

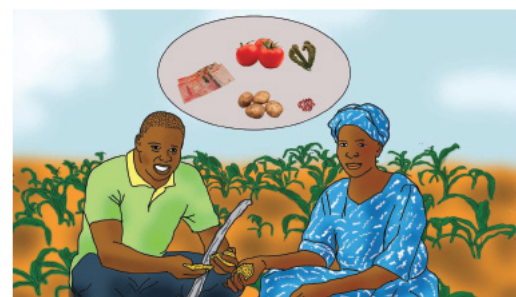


Be a good parent. Take care of your family!

For more information contact your health care center or talk to your village health team.

SNV

Being a good parent is making decisions together.



Being a parent is a responsibility shared by both husband and wife. As a responsible parent, you must provide for your family.

Making decisions with your spouse, such as what crops to grow and how to use the money earned together, is being a good parent because you are providing a good life and a good future for your family.

Good parents share their work, their food, their income, and provide nutritious meals to their children.



Be a good parent. Take care of your family!

For more information contact your health care center or talk to your village health team.

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Swiss Agency for Development
and Cooperation SDC

Appendix 3:

Uganda School Poem

We are the children of Nsenyi primary school. We have come to recite a poem about good feeding

Our poem is in the form of a prayer:

Oh, fellow Ugandans, Stunting, Stunting, Stunting
What a threat to mankind, Young and old
Tall and short all getting stunted
In homes, offices, hospitals and in schools,
Alas! What a problem
Now dear Ugandans, Let's pray for this.

Oh potatoes, full of carbohydrates, the energy is within you
Blessed are you among foods, and blessed is the one who feast on you
Dear potatoes, mother of heat and energy
Satisfy us who are malnourished,
Now and at the hour of recovery Amen.

Glory be to the egg, to the fish and to the milk
As they were given by God at the beginning
For your proteins to build and repair our bodies is now and ever being neglected for economy.
We shall all grow health and rich for generations if feasted on without end. Amen.

Groundnuts! You are rich, full of proteins and minerals

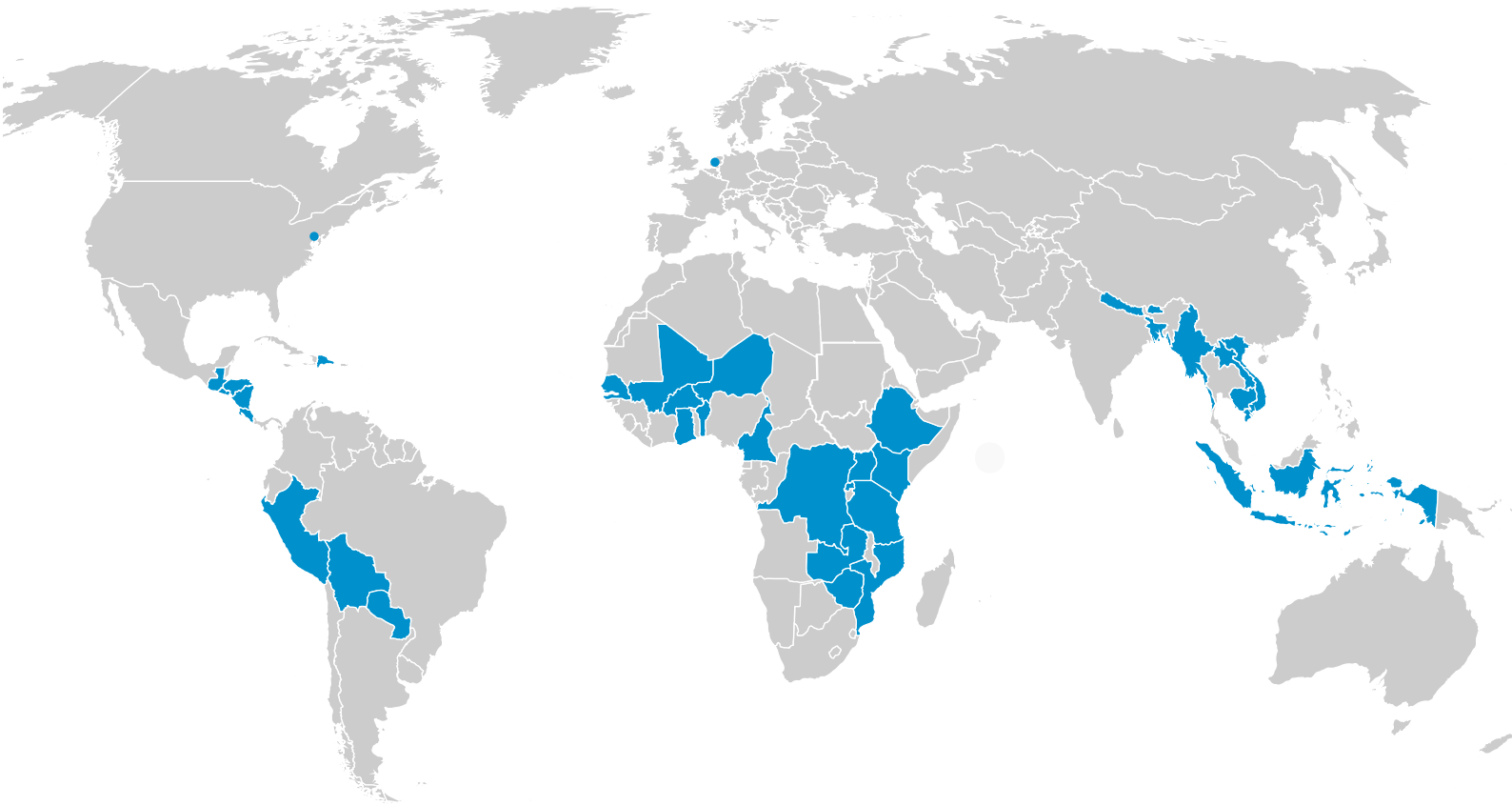
Let your dietary value be high, may the value in you be great as it was recommended at creation, Give us today our daily nutrients. Forgive our poor soils who don't support your growth, Lead us not into malnutrition, but deliver us to a good health. For all the manure and nitrogen are yours, now and ever Amen.

Our dear vegetables, forgive us for neglecting you. Let us eat carrots to purify our blood and brighten our eyes. As the dodo provide us with nutrients that smoothen our bodies. May you save us from the suffering of inadequate vitamins. Now and at the point of recovery Amen.

May the food value of the jackfruits, its sweetness, give us Vitamin C, now and ever Amen.

If all the above is done, we shall fight stunting.





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Our global team of local and international advisors works with local partners to equip communities, businesses and organisations with the tools, knowledge and connections they need to increase their incomes and gain access to basic services – empowering them to break the cycle of poverty and guide their own development.

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