

FANSER SOCIAL BEHAVIOR CHANGE STRATEGY





Social Behavior Change Strategy



Reasons for the development of SBC Strategy

- Follow Up Survey II conducted in 2020 showed a gap between the target group members' knowledge and practice of the promoted practices
- Significant progress regarding knowledge transfer but gaps remain in translating the knowledge into behaviors.
- Most of our interventions involve practices/behaviors
- We need to identify/priorities behaviors that can lead to greater project results

SBC Assignment/Research

Objective

Contribute to improved food and nutrition security through an **increased adoption of the promoted** behaviors by answering the following:

- What are the barriers?
- What are the enablers?
- How widespread are they?
- What can be done to address key barriers and take advantage of enablers?

SBC research will facilitate the development of more effective activities to support behavior change.



SBC Research Methodology

Process

- Use qualitative research to identify the existing barriers and enablers (through KII, group discussions, observations)
- Conduct quantitative survey to gain evidence on how prevalent the barriers / enablers are

Target areas:

6 districts targeted by FANSER

Expected outcomes:

- Solid evidence of why the target group members adopt or do not adopt the promoted behaviours (barriers / enablers).
- Increase of FANSER's effectiveness and efficiency by ensuring that its activities address the most prevalent and influential barriers to change.

SBC QUALITATIVE RESEARCH

Identification of Behaviors for the research

How do we know which behaviors are effective and feasable to adopt?

- The extent to which the behavior can address the problem (its potential impact)
- How easy or difficult the behavior is to practice for the target group
- The main aim is to select behaviors that have high impact and feasibility
- Once the behavior is identified the next step is specifying the behavior.



STUDIED BEHAVIOURS	LUAPULA (L)	EASTERN (E)
children aged 6-23 months consume any type of pulses at least every second day	X	
children aged 6-23 months consume an egg at least every second day	X	
children aged 6-23 months consume foods at least the minimum number of times	X	X
women of reproductive age consume any type of pulses at least every second day	X	X
women of reproductive age consume an egg at least every second day	X	
women of reprod. age consume vitamin A rich fruit or vegetable at least every second day	X	X
male and female household members grow OFSP for homestead consumption		X
male and female household members dry sweet potatoes (any type) for consumption	X	X
household members use plastic containers to store cowpeas, beans and vegetables		X
couples decide jointly on how to use money from savings they make / loans they take	X	X
female beneficiaries attend at least two thirds of conducted nutrition / WASH modules	X	X
male and female household members treat their drinking water by using chlorine	X	
male and female household members treat drinking water by boiling it for one minute	X	
adult household members use handwashing facilities with water and soap available		X
washing hands before preparing foods, before feeding a child, after handling garbage, after handling raw food and after handling animals Page 7	Х	×

Summary of Qualitative Research Methodology

- 30 group interviews with fathers, mothers, nutrition volunteers, lead farmers, CEOs + Senior Ag Officers, health & sanitation promoters, SILC agents, gender champions (in total 218 people)
- in each province, 1 district where all types of stakeholders were interviewed + 2 districts where only parents were interviewed
- all interviews audio-recorded, transcribed in English and coded (+ 1,800 codes)



SELECTED RESEARCH FINDINGS

Minimum Meal Frequency for children age 6-23 months

- ■(-) lack of food in the family, esp. during the rainy season (E, L)
- •(-) caregivers being away from home, e.g. in the fields (L)
- •(-) limited understanding of which low-cost foods can be fed (E)
- •(+) awareness that non-breastfed children need more frequent meals (E, L)
- •(+) counselling provided by CG volunteers + health facility staff (E, L)

Joint Decision Making on Saving/Loans

- ■(-) traditional perception of a man as a head of HH who has the main authority (E, L)
- (-) men's perception of superiority (E)
- ■(-) concerns about being seen as a 'weak man' if decides together (E)
- ■(-) "men earn / save most money" 'entitled' to decide on their use (E, L)
- •(-) poor relationship between the spouses (E, L)
- •(-) if a woman is SILC member, saves and applies for a loan she decides (L)
- ■(+) if both the man and woman join SILC and apply for loan together (L)
- •(+) increases family harmony / fewer disagreements (E, L)
- •(+) spouse more willing to help with repaying debt (E, L)
- (+) positive examples set by other households (L)

Treating Water by Boiling in Luapula

- •(-) lack of clarity on how long water needs to be boiled (2 − 45 min)
- •(-) perception that the local water is safe no need to treat it
- •(-) consumes charcoal
- •(-) lack of time + lack of available cooking pots "You come tired from the field and you need to cook cassava leaves, then the cooking pot is just one, you will not have time to start boiling the water." [mothers, Mwansabombwe]
- •(-) lacking awareness "for some of us, this is the first time hearing about this" [fathers, Mwense]
- •(+) desire to prevent health issues, especially among children
- •(+) understanding of why is boiling important "Yes, we boil because certain times we find frogs and dirt in the wells." [mothers, Mwansabombwe]

Use of Handwashing Facilities in Eastern

- •(-) children reportedly damage HW facilities
- •(-) animals eat the soap
- ■(-) lack of money for soap
- ■(-) lack of positive examples
- •(+) belief in the importance of washing hands with soap
- (+) mixing soap with water
- (+) HW station located near a toilet or/and kitchen
- •(+) frequent exposure to positive examples and HW messages from influential people

Next Steps...

- Quantitative Data Collection and Analysis (presentation and validation of findings is on 10th March 2022)
- Workshop(s) with key GIZ and partners to identify activities to tackle the key barriers and enhance the enablers.
- Development of SBC strategy. The content will include:
 - Key behaviors + target groups
 - Key barriers/enablers
 - Activities which can address the barriers and enhance enablers
 - MEAL recommendations.

Thank You



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