

Session 4: Fundamentals of Nutrition and SBCC



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Reminder: Ferrero – SC Programmatic Framework – Community Component

EXPECTED RESULTS	MAIN ACTIVITIES	CORE KPIS
<p>Strengthened capacities of communities to access health services and adopt healthy behaviors and preventive measures</p>	<ul style="list-style-type: none"> • Involve, mobilize and train Health Workers to integrate health extension services with CP cases identification and referral; • Organize environmental sanitation, nutrition, hygiene and sanitation campaigns; • Support HW in fostering sustainable documentation (for example birth certification) 	<ul style="list-style-type: none"> • # of CP cases referred to health services • # of birth certificates facilitated by HEW • # of community people sensitised on WASH / sanitation, health practices and services
<p>Strengthened capacities of communities to adopt good nutrition practices and behaviors</p>	<ul style="list-style-type: none"> • Develop a SBCC strategy (to identify key nutrition behaviors to be promoted), recruit and train care group promoters of improved nutrition practices and behaviors; 	<ul style="list-style-type: none"> • # community people sensitised on nutrition practices

SESSION OBJECTIVES

By the end of this **SESSION**, you will be able to:

- Describe different types, **causes and consequences** of malnutrition, as well as **recommended actions** for improved child nutrition
- Explain the **importance of recommended IYCF practices**, and describe the intervention appropriate for each level of the **socioecological model** when implementing Nutrition/IYCF programme in your own context
- Describe key elements of an **SBCC strategy, tools and approaches** necessary to implement high-quality interventions that promote, protect and support Infant and Young Child Feeding (IYCF)

Part 1:
**Understanding
malnutrition
and the Scale of
the Problem**

Key Learning / Objectives:

Different types of malnutrition and the short term and long term consequences of malnutrition

The global burden of malnutrition, and can identify the burden in their local context

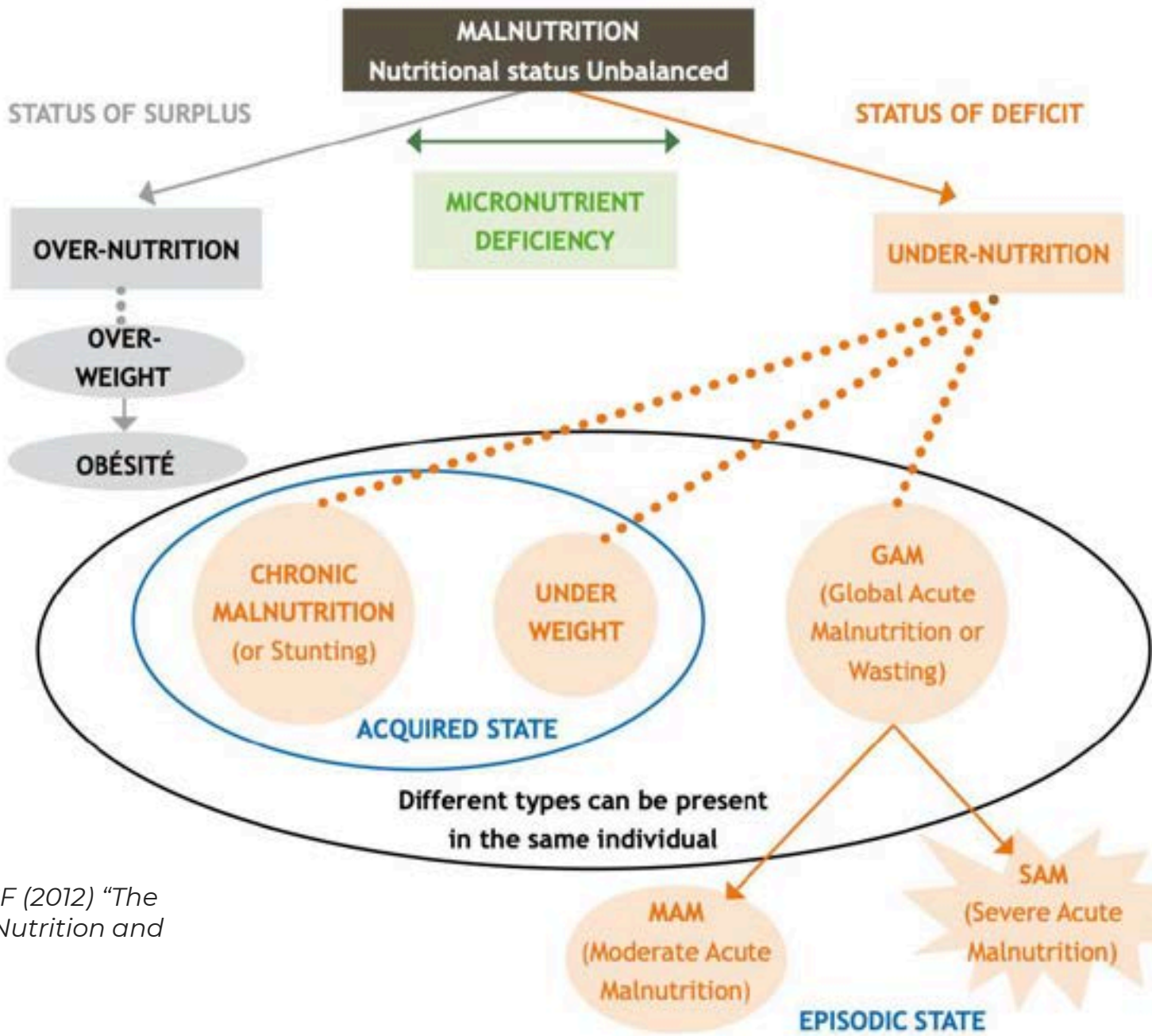
Duration 20 min

Malnutrition, in all its forms, includes:

Undernutrition (wasting, stunting, underweight, inadequate vitamins or minerals),

and

Overnutrition (overweight, obesity, and resulting diet-related noncommunicable diseases).



Source: ACF (2012) "The Essential: Nutrition and Health"

Forms of Undernutrition



Picture 1

Source: Power of Nutrition



Picture 2

Source: NIH Director's Blog



Picture 3

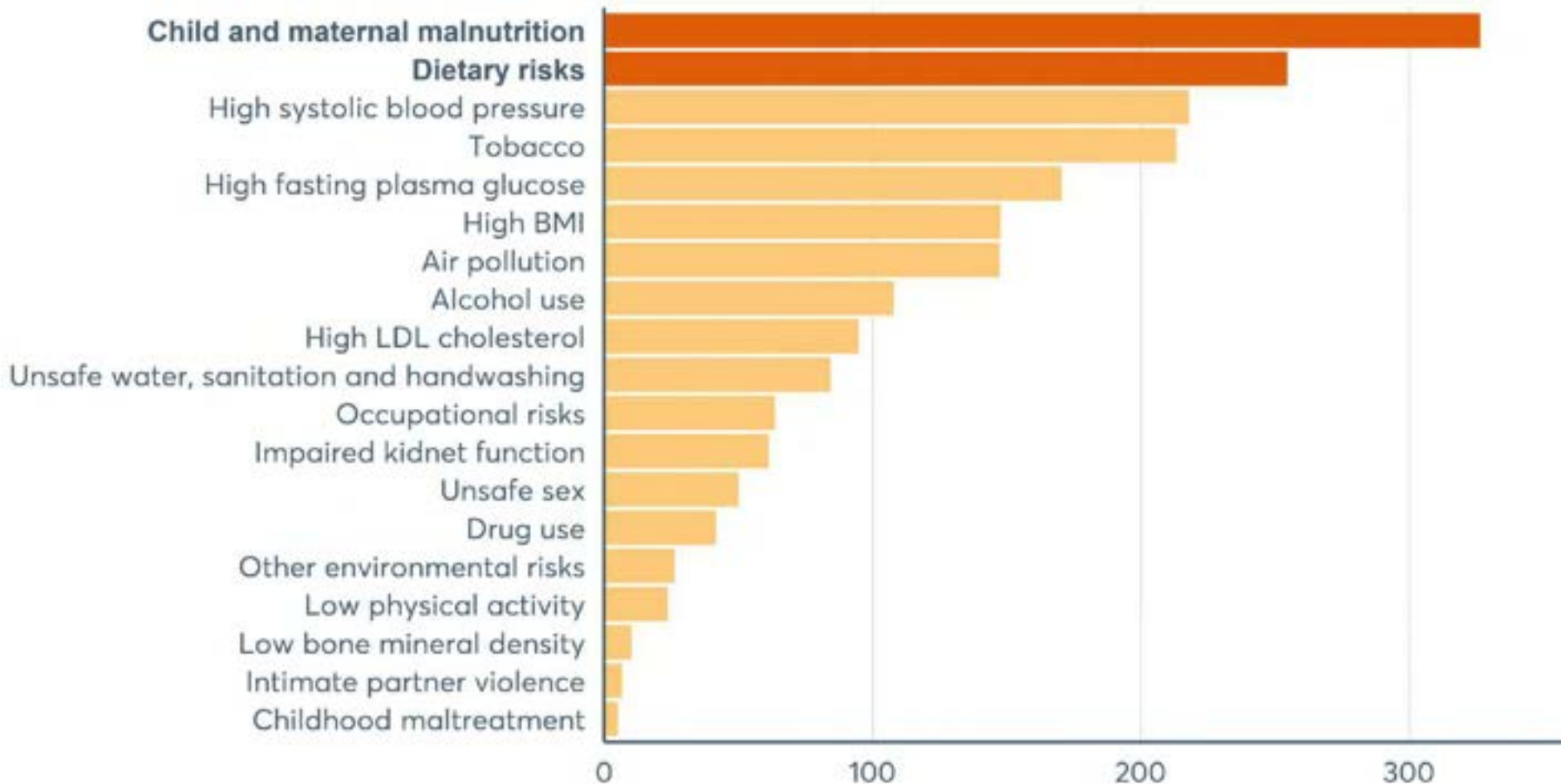
Source: semanticscholar.org - Courtesy-of-Tom-D-Thacher-MD

Micronutrient-related malnutrition

- Iron** Iron deficiency is a leading cause of anaemia which is defined as low haemoglobin concentration.
- Vitamin A** Children with vitamin A deficiency face an increased risk of blindness and death from infections such as measles and diarrhoea
- Vitamin D** Vitamin D deficiency causes bone diseases, including rickets in children and osteomalacia in adults
- Iodine** Iodine is required during pregnancy and infancy for the infant's healthy growth and cognitive development
- Folate** Folate (vitamin B9) is essential in the earliest days of fetal growth for healthy development of the brain and spine
- Zinc** Zinc promotes immune functions and helps people resist infectious diseases including diarrhoea, pneumonia and malaria

Malnutrition and Dietary Risk Factors

Greatly exceeding burdens attributable to traditional risk factors



Source: Global Burden of Disease, 2017
(Global Nutrition Report 2020)

Number of Disability-Adjusted Life Years (DALYs) lost (millions)

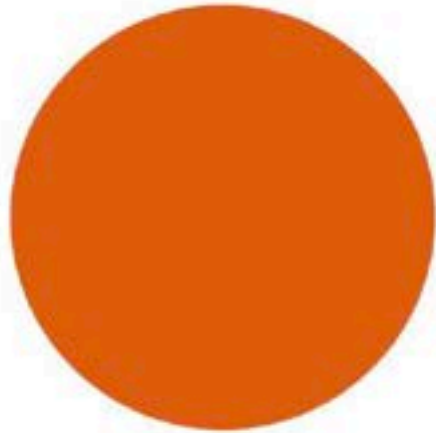
Around **45%** of deaths among children under **5 years** of age are linked to **undernutrition**.

These mostly occur in **low- and middle-income countries**. At the same time, in these same countries, rates of childhood overweight and obesity are rising.

Source: WHO 2021 - <https://www.who.int/news-room/fact-sheets/detail/malnutrition>

Girls and women with anaemia, and children with stunting, globally

571 million girls and women are affected by anaemia



29.9% of all girls and women aged 15-49

149.2 million children are affected by stunting



22% of all children

Source: Global Nutrition Report 2021

Adults affected by overweight and obesity, globally

2.2 billion people are overweight ...

of whom 772 million are affected by obesity

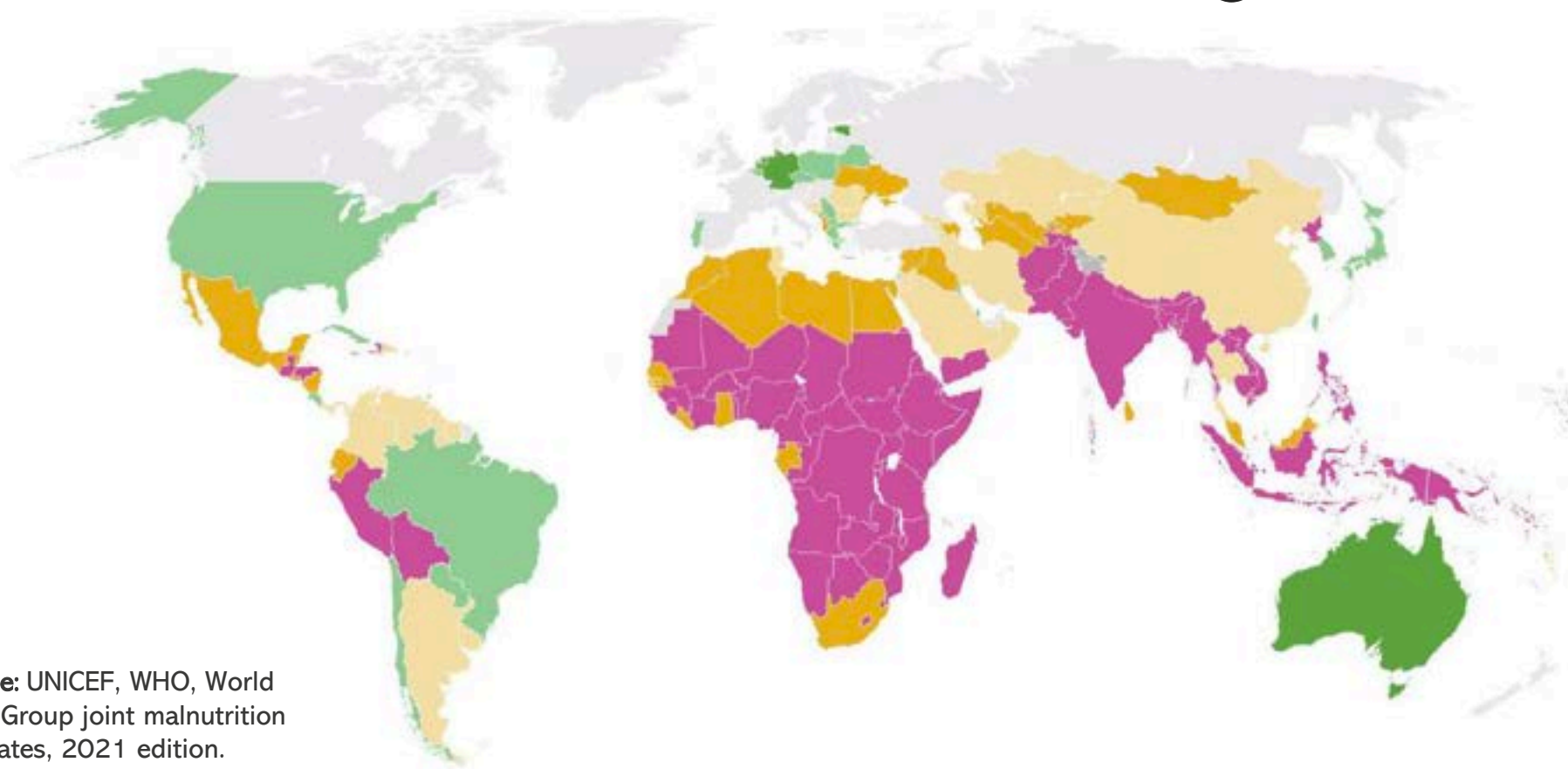


... 40% of the global population



Source: Global Nutrition Report 2021

Global burden of Stunting



Source: UNICEF, WHO, World Bank Group joint malnutrition estimates, 2021 edition.



<2.5% (very low)



2.5 - <10% (low)



10 - <20% (medium)



20 - <30% (high)



≥30% (very high)



modelled estimate
not presented

Global maternal, infant and young child nutrition targets 2025: **Off Course**



Source: Global Nutrition Report 2021

Part 2:
**Causes and
Consequences
of Malnutrition
and nutrition
interventions**

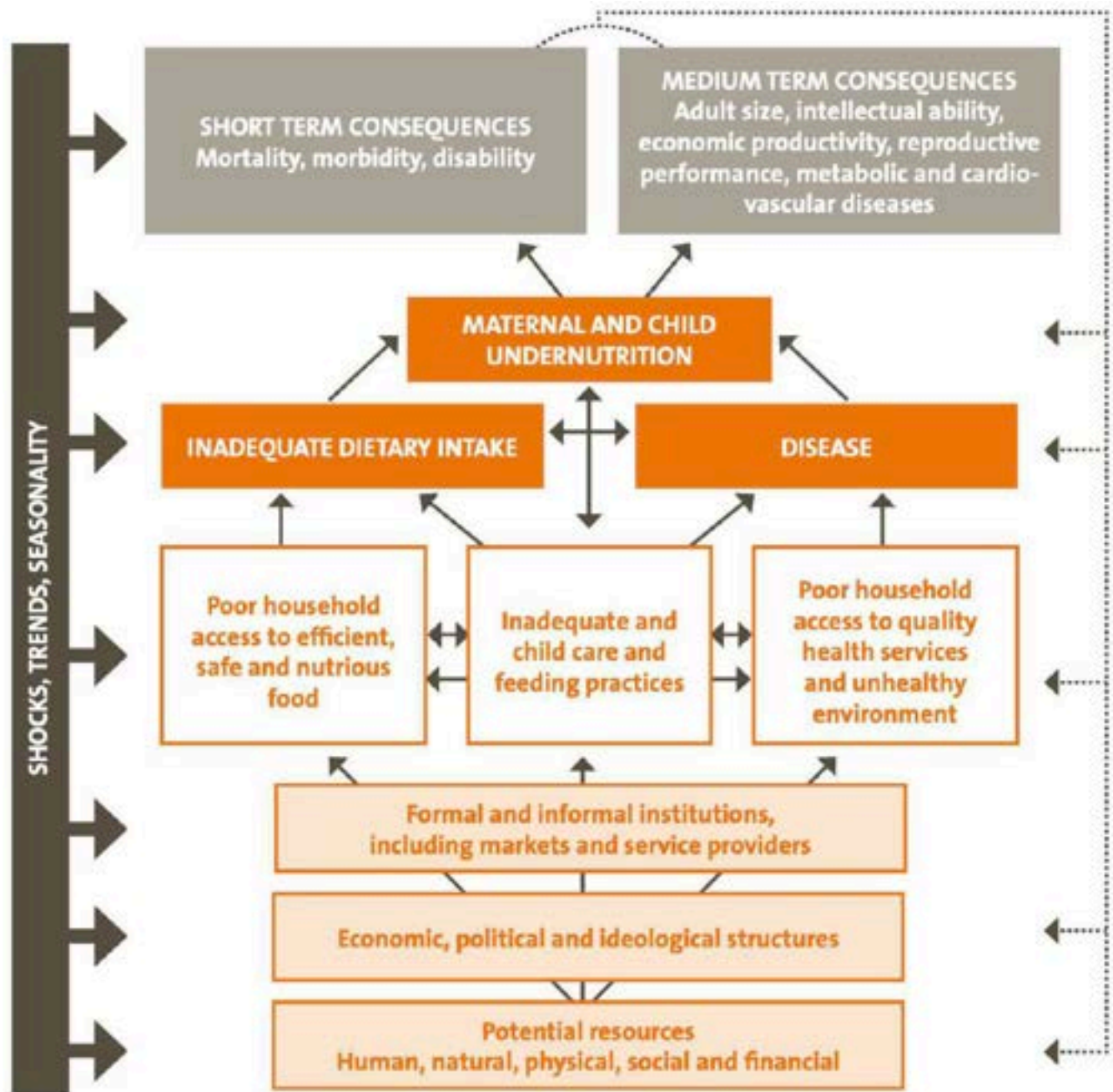
Key Learning / Objectives:

The immediate, underlying and basic causes of undernutrition and its consequences

The difference between nutrition specific & sensitive interventions, and also the importance of IYCF in tackling undernutrition.

Duration: 30 min

Conceptual framework of undernutrition



Source: ACF (2012) "The Essential: Nutrition and Health" (based on Black & al, 2008; UNICEF, 1992; DFID, 1999 and WFP, 2009.)

Updated Conceptual Framework of the Determinants of Maternal and Child Nutrition

Outcomes for children and women

IMPROVED NUTRITION FOR CHILDREN AND WOMEN

Improved survival, health, physical growth, cognitive development, school readiness and school performance in children and adolescents; improved survival, health, productivity and wages in women and adults, and improved prosperity and cohesion in societies

Intermediate determinants

GOOD DIETS

For children and women

GOOD CARE

For children and women

Underlying determinants

ADEQUATE FOOD

Breastmilk; nutrient-rich age-appropriate foods, with safe drinking water and household food security, at all times

ADEQUATE FEEDING

Age-appropriate and responsive feeding and stimulation, with adequate food preparation, food consumption, and hygiene practices

HEALTHY ENVIRONMENT

Healthy food environments; quality health, nutrition, and sanitation services; a healthy living environment, including for physical activity

Enabling determinants

GOOD GOVERNANCE

Political, financial, and multi-sectoral commitment to advance children's and women's right to nutrition

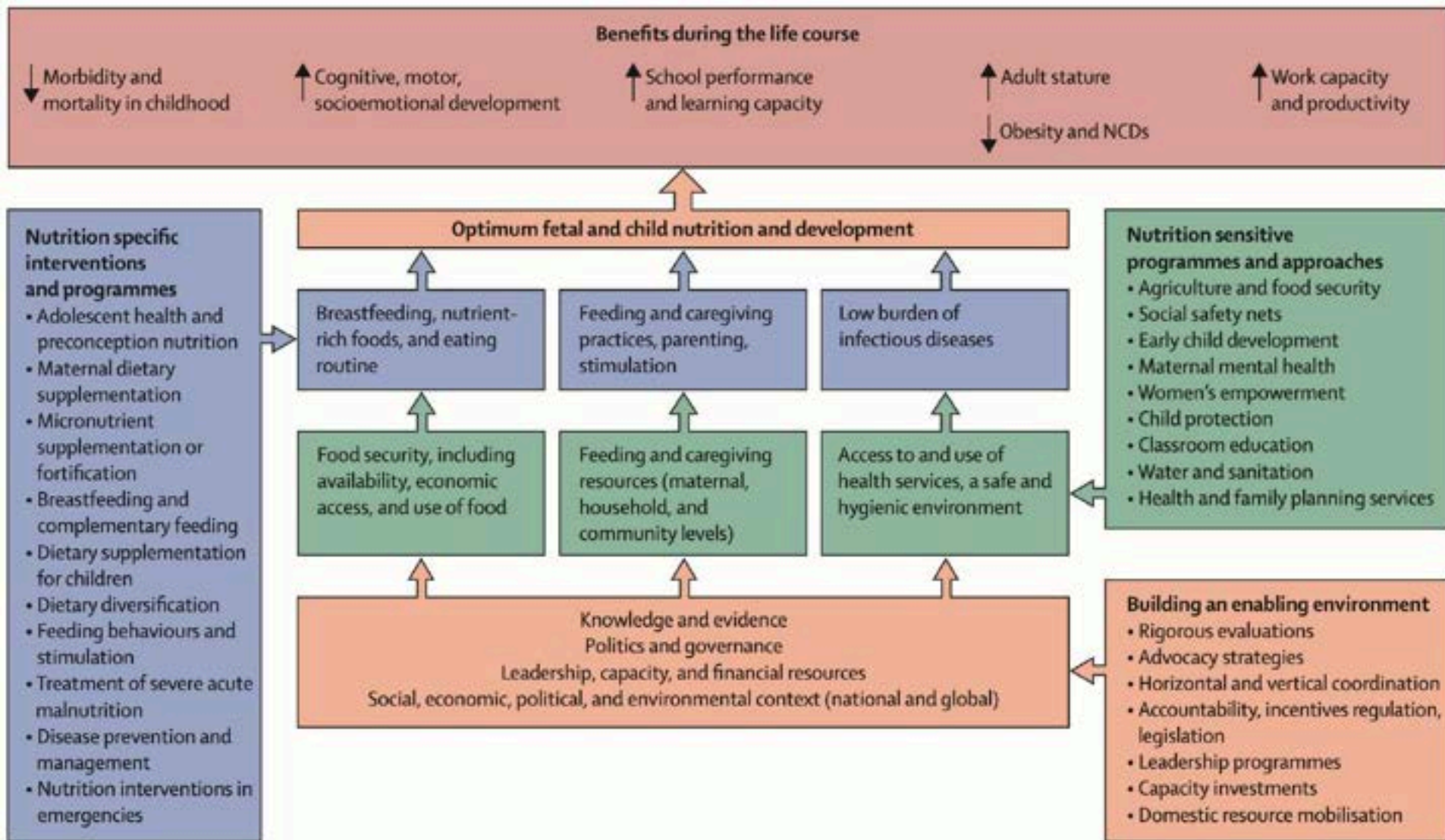
POSITIVE NORMS

Social and cultural commitment to advance children's and women's right to nutrition

SUFFICIENT RESOURCES

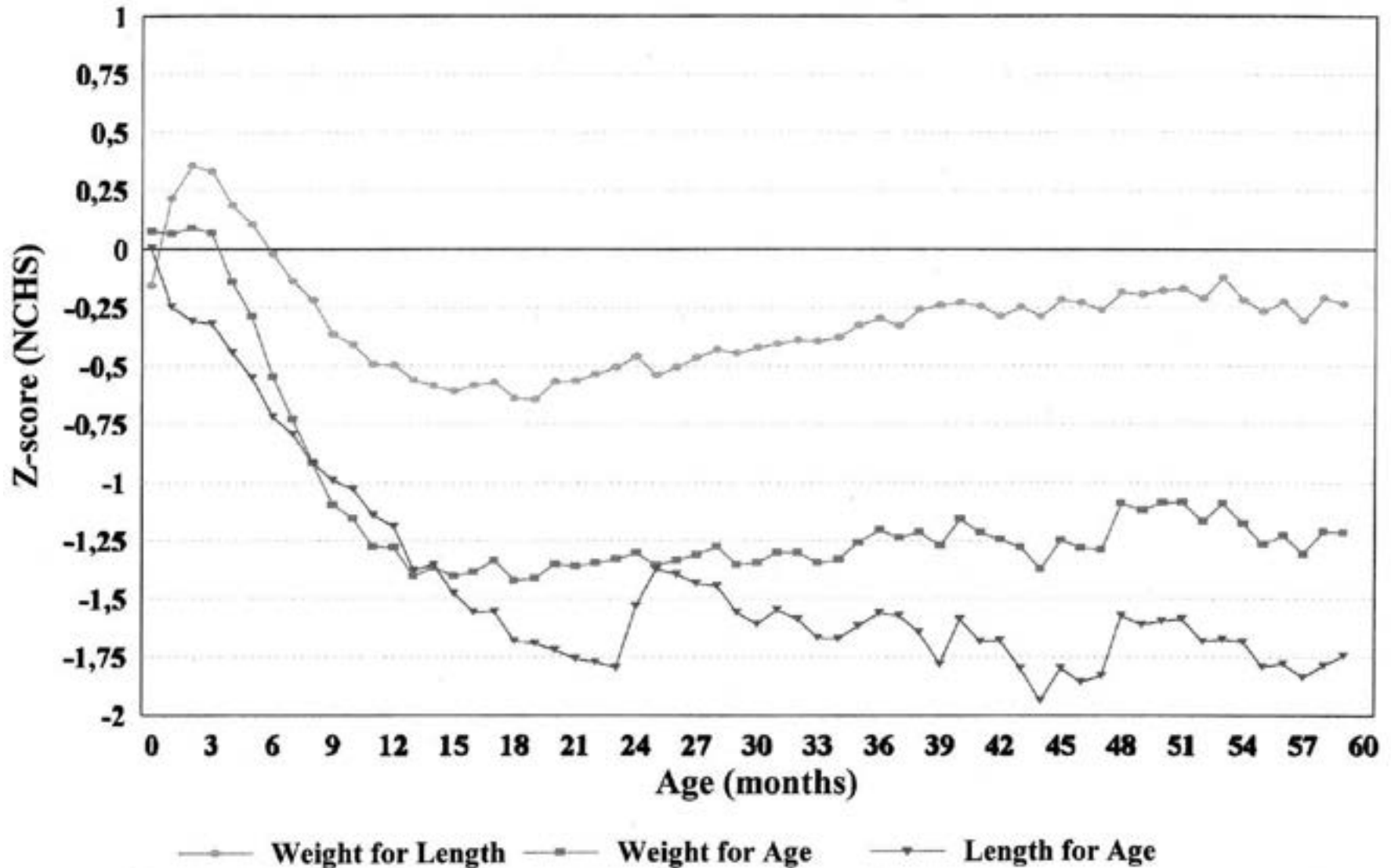
Environmental, financial, social, and human resources to fulfil children's and women's right to nutrition

Actions for optimum child nutrition and development



Mean anthropometric z scores by age

Global Mean W/A, L/A and W/L

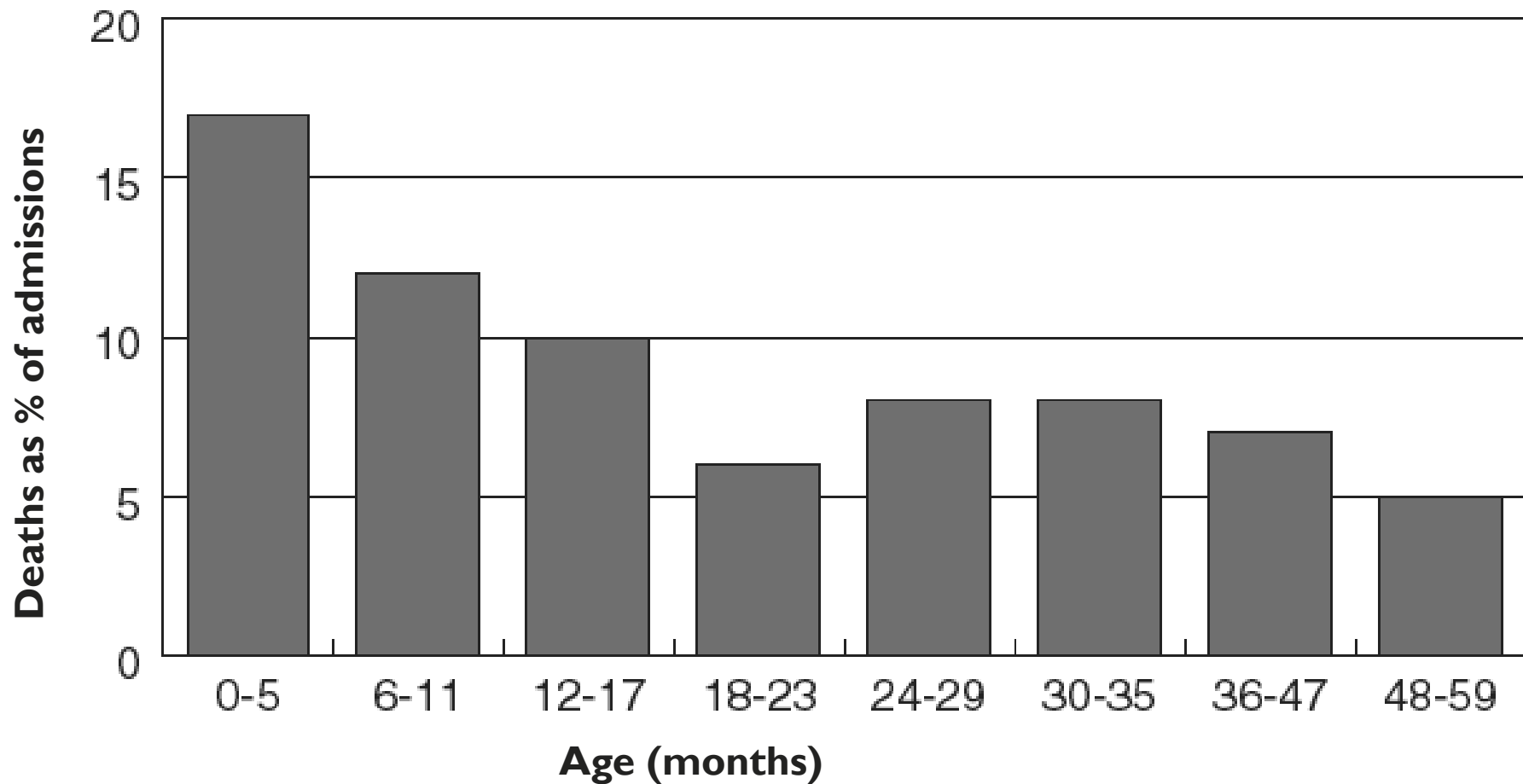


Most vulnerable population



YOUNG infants are particularly vulnerable.

Mortality HIGHEST for the YOUNGEST



Golden M. Comment on including infants in nutrition surveys: experiences of ACF in Kabul City. Field Exchange 2000;9:16-17

IYCF and MORTALITY

Which do you think is the most effective means of preventing under five deaths?

- Insecticide treated materials.
- Hib (meningitis) vaccine.
- Exclusive and continued breastfeeding.
- Appropriate complementary feeding.
- Vitamin A and Zinc supplementation.

Answer: Breastfeeding

Preventative interventions	Proportion of under 5 deaths prevented
Exclusive and continued breastfeeding until 1 year of age	13%
Insecticide treated materials	7%
Appropriate complementary feeding	6%
Zinc	5%
Clean delivery	4%
Hib vaccine	4%
Water, sanitation, hygiene	3%
Antenatal steroids	3%
Newborn temperature management	2%
Vitamin A	2%

How many child deaths can we prevent this year? *Lancet* 2003; 362: 65–71

What do we mean by recommended IYCF practices?

BREASTFEEDING:

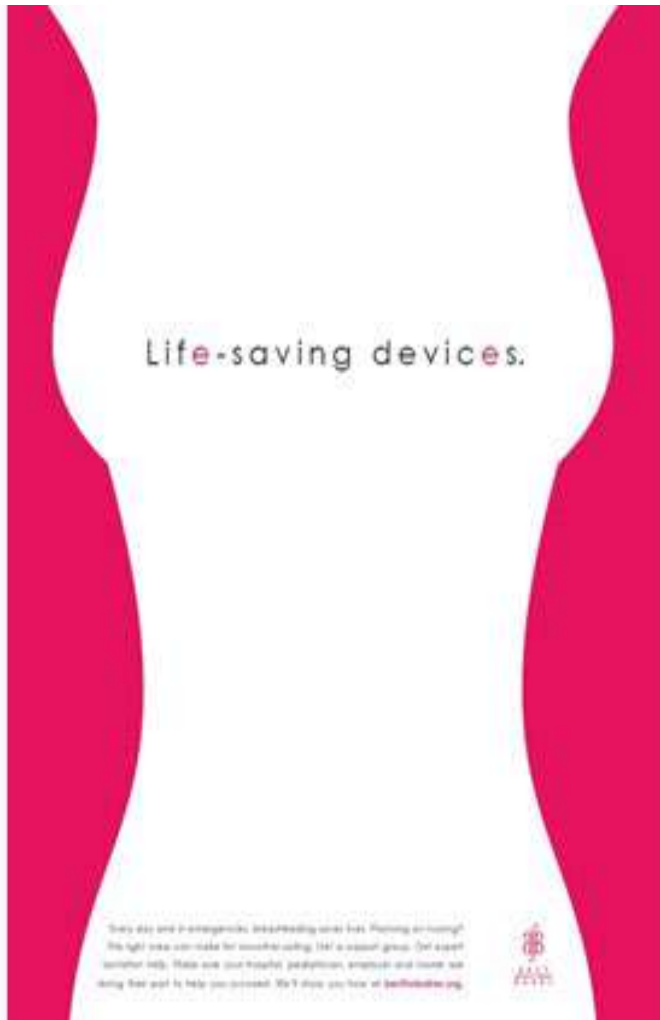
- Breastfeeding immediately after birth (**1st hour**).
- Exclusive breastfeeding for **6 months**.



COMPLEMENTARY FEEDING:

- **Timely** (introduced at 6 months, 180 days).
- **Adequate** in energy and nutrients.
- **Hygienically** prepared, stored, and used.
- Appropriate **frequency**, feeding method, active feeding.
- **Continued breastfeeding** up to 24 months or beyond.

Importance of breastfeeding



Breastfeeding **SAVES LIVES** in emergencies all over the world and infants who are not breastfed are far more likely to get sick and die.

Importance of breastfeeding

Breast milk

- Perfect nutrients.
- Easily digested; efficiently used.
- Protects against infection.
- Costs less than artificial feeding.



Breastfeeding

- Helps bonding and development.
- Helps delay a new pregnancy.
- Protects mothers' health.

WHO. Breastfeeding Counselling: a training course. 1993

Importance of optimal complementary feeding while continuing breastfeeding

Risks of starting complementary feeding too early:

- Replaces nutrient dense food (ie breastmilk provides needed nutrients)
- Increases risk of illness
- Contains fewer protective factors
- Less hygienic (in comparison to breastmilk)
- Difficult to digest foods
- Increases mother's risk of pregnancy



Evan Schuurman/Save the Children

Importance of optimal complementary feeding while continuing breastfeeding

Risks of starting complementary feeding too late:

- Child does not receive required nutrients (those breastmilk can no longer provide alone)
- Slows child's growth and development
- Increases risk of malnutrition through macronutrient deficiencies

BREAK:
10 min

If you are not going to take a break, we can answer a few questions from you!

Part 3:
IYCF for
improved
nutrition

Key Learning / Objectives:

The Socio-ecological model of nutrition/IYCF programming

Knows the intervention at the Individual/household level, Community level, Health facility level and at the national level

Duration: 30 min

Recommended IYCF Practices and focus areas for Behaviour Change

Early initiation of breastfeeding within the

1st hour of life



Exclusive breastfeeding of infants up to

6 months



Continued breastfeeding of young children for at least the first

2 years of life



Complementary feeding of nutritionally adequate, appropriately prepared and safe foods



from **6 months**



Appropriate household WASH practices
Maternal nutrition for adolescent girls and women



The Socio-ecological model of IYCF



The IYCF Model

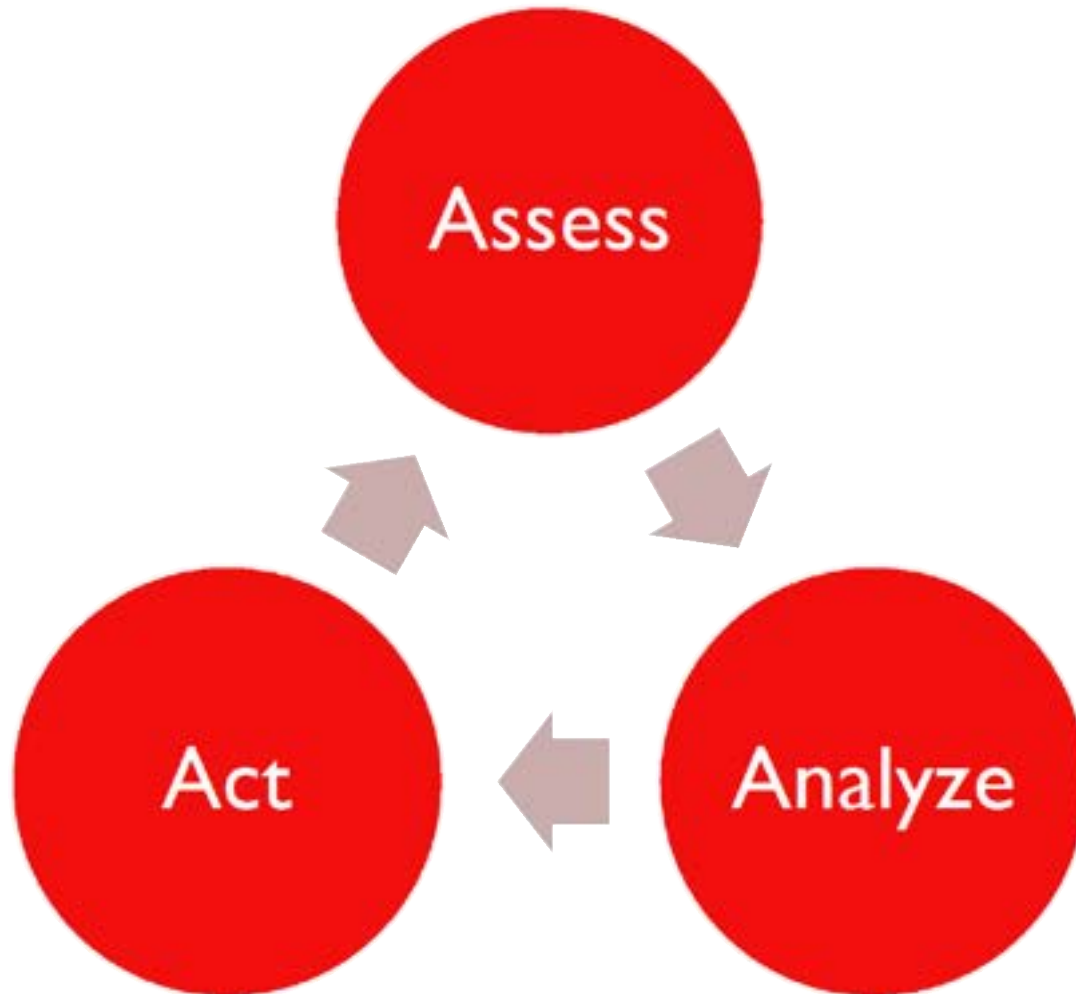


Individual & Household Level Interventions

COUNSELING



IYCF 3-Step Counselling process



Key Things to Remember

- Identify areas of agreement.
- Understand a caregiver's motivators and barriers for feeding behaviours – effect of emergency?
- Remember the Stages of Change Model
- Establish trust
- Ensure have a referral mechanism
- Are these IYCF counselling techniques relevant in your context (showing empathy, reflecting back, judging words, etc.)?

Community level

Development

Community Capacity Strengthening and Mobilisation

Sensitise key stakeholders on IYCF
Foster Community champions
Mobilise & build capacity of communities

Address **gender related barriers** (empower women, nurture male role models, & engage girls and boys)*

Facilitate the **establishment of community structures** such as mother/care support groups – train community health workers on counselling

Set up mechanisms and tools to advocate and report violations of the BMS code

Humanitarian settings

Community Engagement

Work with the community establish appropriate **safe spaces** for the caregiver-child pair

Community key IYCF behaviours via multiple channels including **mass media**

Identify **leaders & champions** to stimulate mobilisation to protect & promote appropriate IYCF-E practices

Health Systems Level

The third level of the IYCF model represents the **health systems** (health centres, hospitals, and other health actors who have a role in supporting IYCF, WASH and maternal nutrition)



The aim of this level is integration of IYCF, WASH and maternal nutrition into health services

This session is mainly about influencing **health professionals**

The role of health professionals in IYCF

- They provide care, counselling and advice
- IYCF is often a neglected area in pre- and in-service training of health professionals.
- IYCF, WASH and maternal nutrition should be integrated into all routine health services
- Health facilities offering maternity services should comply with the recommendations of the Baby Friendly Hospital Initiative (BFHI)

National and sub-national Level

The fourth level of the IYCF model represents the national level



The aim of this level is for IYCF, WASH and maternal nutrition are adequately reflected in relevant policies, legislations, plans and budgets.

This level is mainly about **advocacy**

Top Ten Don'ts

1. Don't just jump into formative research, or limit the situation analysis / rush it too quickly.
2. Don't assume that a KABP survey will be enough and give you all the information you need to identify determinants and social norms
3. Don't recreate what is already in place (government priorities, community and government structures)
4. Don't under-budget for SBCC / CCS activities
5. Don't assume “lack of knowledge” or “poor awareness” is your main constraint to individual or collective behaviour change.

Top Ten Don'ts

6. Don't overlook the Community – build in time to work hand in hand local leaders
7. Don't blame the most vulnerable members of the community
8. Don't include **too many behaviours** to change in one programme
9. Don't go through designing SBCC / CCS alone. It is a collaborative iterative process that requires **experts**
10. Don't rely on 'health talks' by community health workers as an approach

Top Ten Do's

1. Allow at least **3 years** for any CCS / CM work.
2. Conduct a situation analysis
3. In the SBCC / CCS strategy or plan segment the audiences
4. Pre-test any messages and materials
5. Ensure that any community cadres that are used will be sustained, motivated and adequately incentivised.

Top Ten Do's

6. Include formative research findings in any training you develop.
7. Think of training as an ongoing and continuous process
8. Come up with a comprehensive Monitoring and Evaluation and research
9. Fully support consultants from development of their proposal, to the development of tools, approaches, materials and reports.
10. Use the SCUk budget template for SBCC / CCS to plan any strategy / intervention

Part 4:
ABCDE of SBCC
for Infant &
Young Child
Feeding

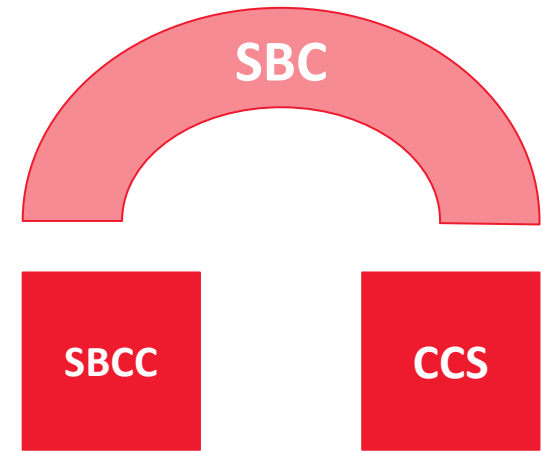
Key Learning / Objectives:

SC's Global SBC/CCS Framework and process, key approaches (ABCDE), and how these can be applied to different programme contexts

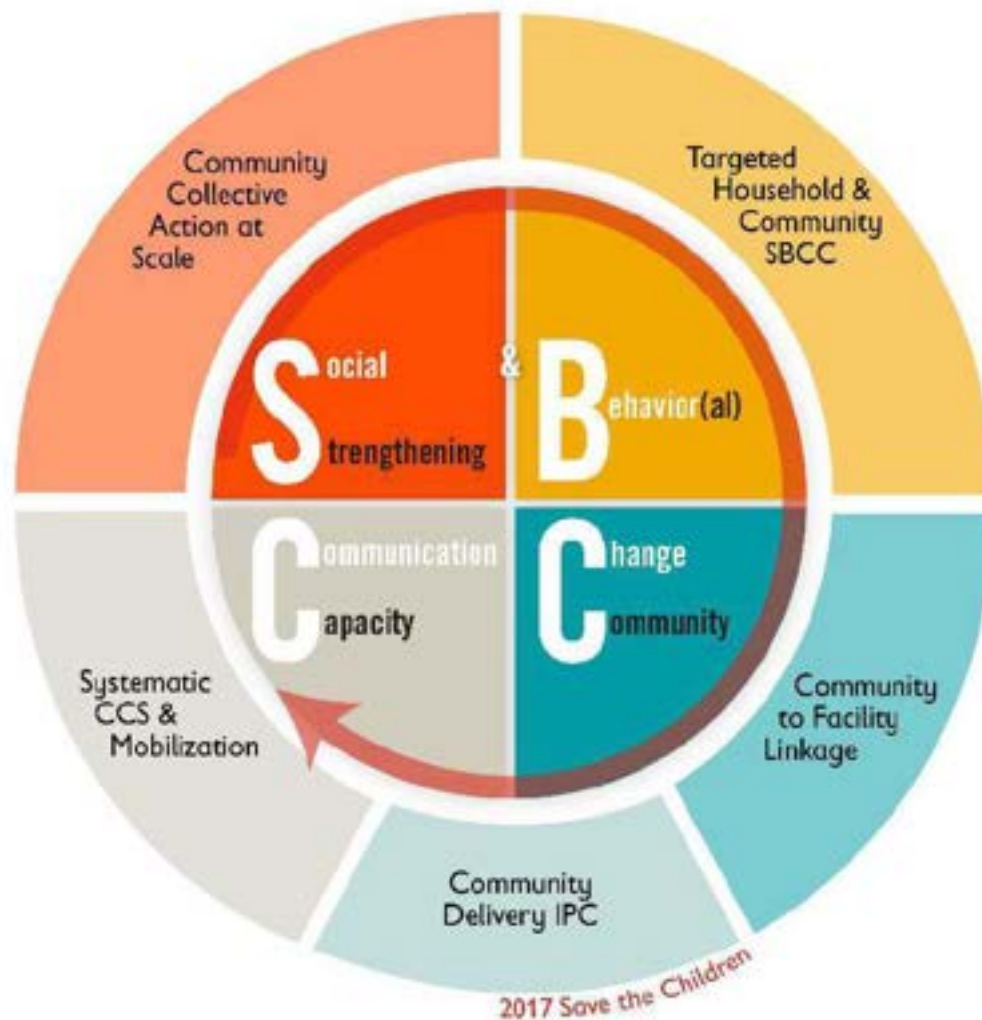
Duration: 30 min

Integrated SBC/CCS

- Our integrated approach combines SBC with CCS.
- SBC is the **systematic application** of interactive, theory-based, and research-driven **processes and strategies** to address social and behavioral change at the **individual, community, and social levels**, including the cross cutting use of strategic communication.
- CCS is the process through which communities obtain, strengthen and maintain the capabilities **to set and achieve their own development objectives** over time.
- We apply this combined approach to both social and behaviour change goals, including community norms change, household behaviour change, demand creation and health systems strengthening / systems for health.

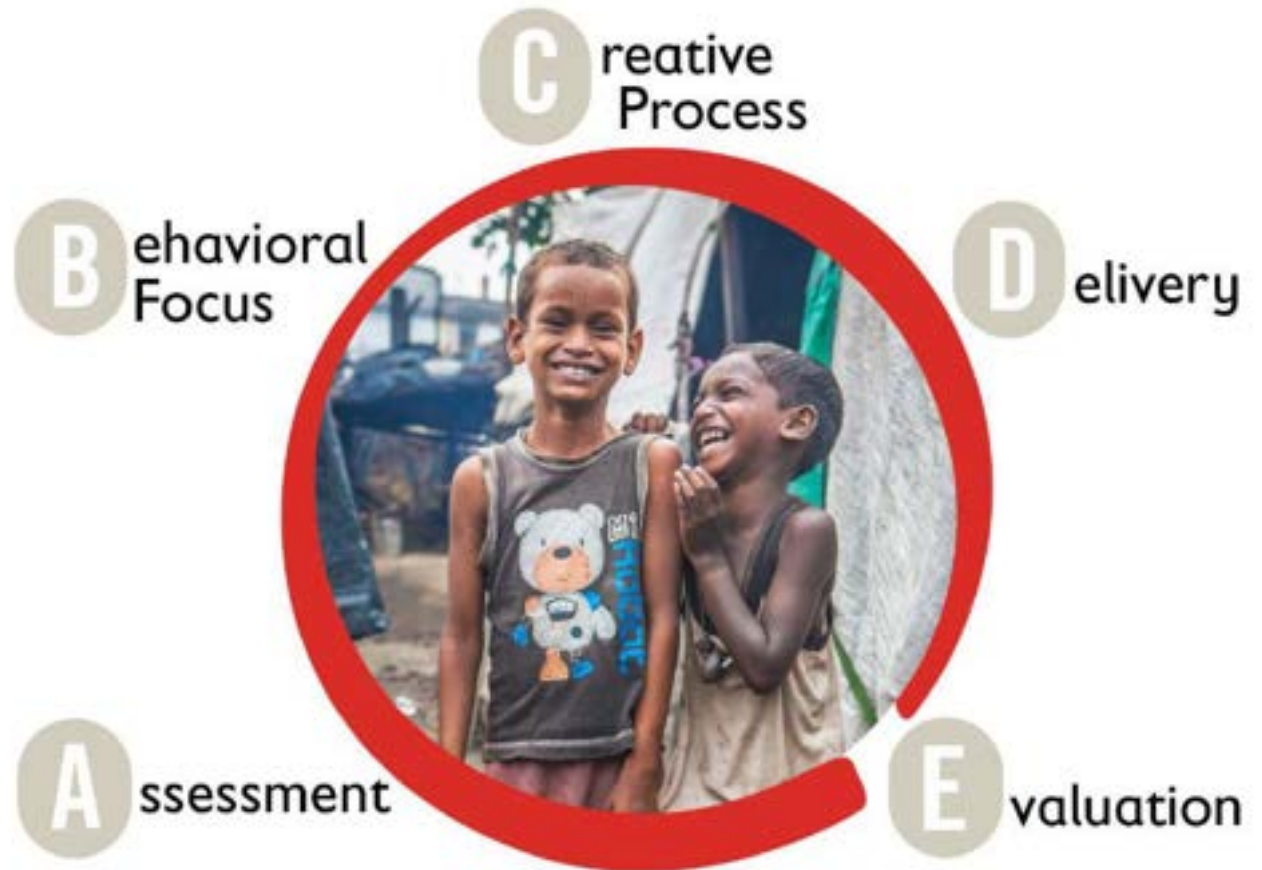


INTEGRATED SBCCS: KEY APPROACHES



The ABCDE Process

1. Assessment
2. Behavioural Focus
3. Creative Process
4. Delivery
5. Evaluation



The Online SBCC Strategy Planner

The screenshot shows a web browser window with the URL <https://www.healthynewbornnetwork.org/resource/the-focus-tool/>. The page header includes the HNN logo and navigation links for ABOUT and JOIN. A secondary navigation bar contains links for ISSUES, COUNTRIES, NUMBERS, RESOURCES, PARTNERS, BLOG, IN THE NEWS, and EVE. The breadcrumb trail reads HOME > RESOURCES > THE FOCUS TOOL - AN SBC/C PLANNER. The main heading is 'The Focus Tool - An SBC/C Planner'. To the left of the main text is a blue circular logo with 'FOCUS AN SBC/C PLANNER' inside. A red button labeled 'VIEW RESOURCE' is positioned above the main text. The main text describes the tool as an online social and behavior change /communication strategy planner. To the right, a metadata section lists: Published April 13, 2018; Submitted by HNN Admin; Partners Save the Children; Type Tools/Guidelines; and Language English. Social media icons for Facebook, Twitter, and LinkedIn are visible on the left side of the page.

Secure | <https://www.healthynewbornnetwork.org/resource/the-focus-tool/>

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HOME > RESOURCES > THE FOCUS TOOL - AN SBC/C PLANNER

The Focus Tool - An SBC/C Planner

[VIEW RESOURCE](#)

Published
April 13, 2018

Submitted by
HNN Admin

Partners
[Save the Children](#)

Type
Tools/Guidelines

Language
English

The FOCUS Tool is an online social and behavior change /communication strategy planner. FOCUS provides step-by-step guidance on how to develop or retrofit a theory-based social and behavior change/ communication (SBC/C) strategy. The steps, theoretical framework, and tools are designed to help SBC practitioners prepare and plan for effective SBC/C initiatives through a comprehensive approach. The final product is a draft narrative strategy that has been systematically developed and that can be further refined.

The FOCUS tool was developed by Save the Children's Saving Newborn Lives project and was demonstrated to Save the Children field staff in 2016, which gave the tool positive reviews for its ease of use, technical soundness, and practical applications. Save the Children's SBC experts have

Step 1: Assessment

- Situational Analysis
- Problem Tree
- Problem Statement
- Additional formative research needs



ASSESSMENT

EVALUATION

PLAN


RESULT

RESEARCH

Addressing Gender norms

- Gender norms are social principles and rules that govern the behavior of girls, boys, women, and men in society and restrict their gender identity into what is considered to be an appropriate gender role at the time.
- As with gender roles, gender norms are neither static nor universal and change over time.





What is your problem? How does it manifest at different levels?

- Individual-level
- Interpersonal level
- Community-level
- Programming and Service Delivery level
- Key policy, legislation, politics/ conflicts

Problem Statement

Answer the guiding questions below to help you write the problem statement.

1. What is happening? (Take from “core problem” part of the problem tree.)
2. Where and to whom? (Take from the situational analysis.)
3. With what effects? (Take from the “effects” part of problem tree)
4. Who and what is influencing the situation? (Be sure to list who is directly and indirectly influencing. Take from the situational analysis.)
5. And as a result of what cause? (Take from the “direct,” “indirect,” and “underlying causes” sections of the problem tree.)

NATIONAL
(SOCIAL, POLICY)

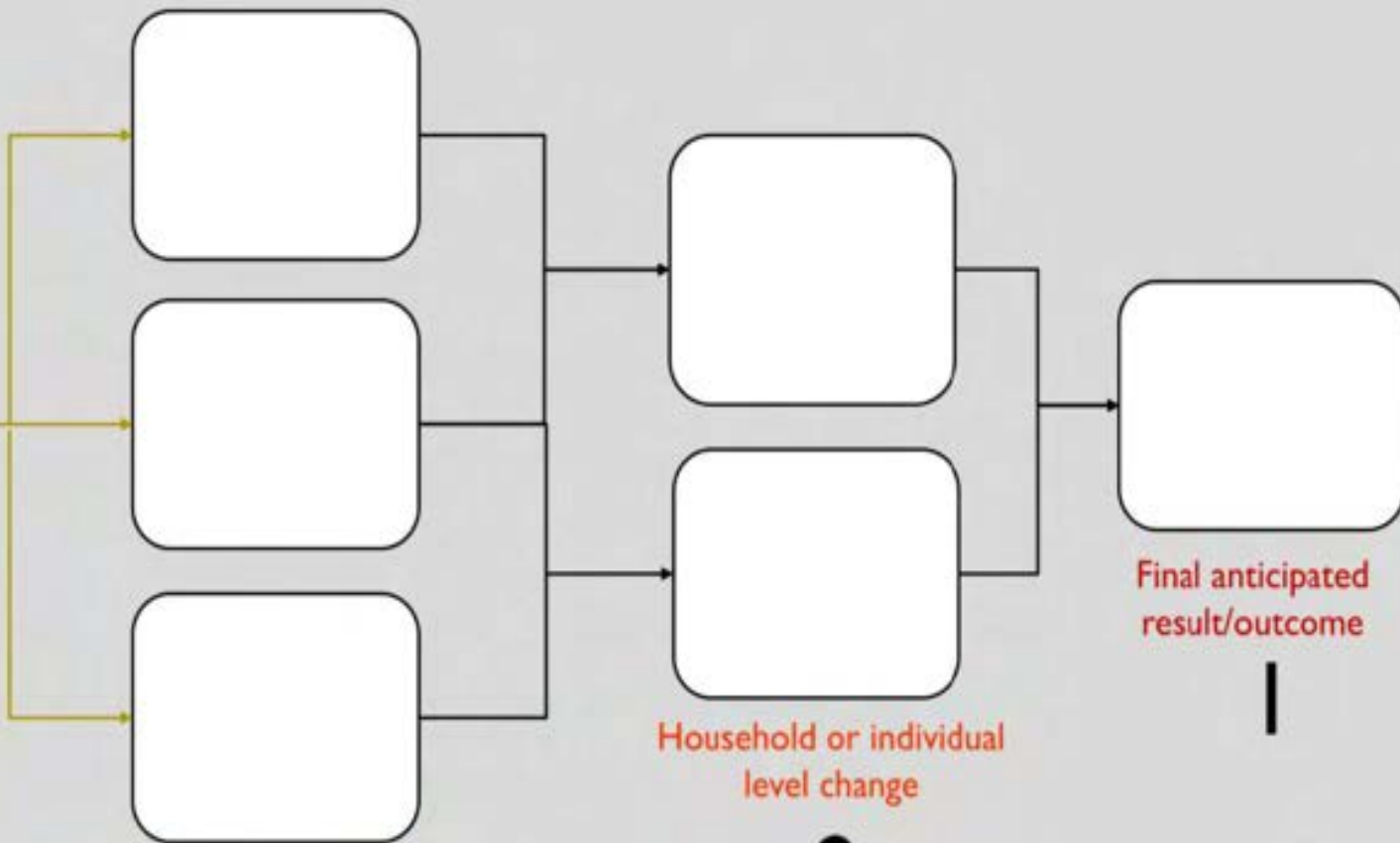
ORGANIZATION
SERVICE
DELIVERY

COMMUNITY

INTERPERSONAL

INDIVIDUAL

Interventions **4**

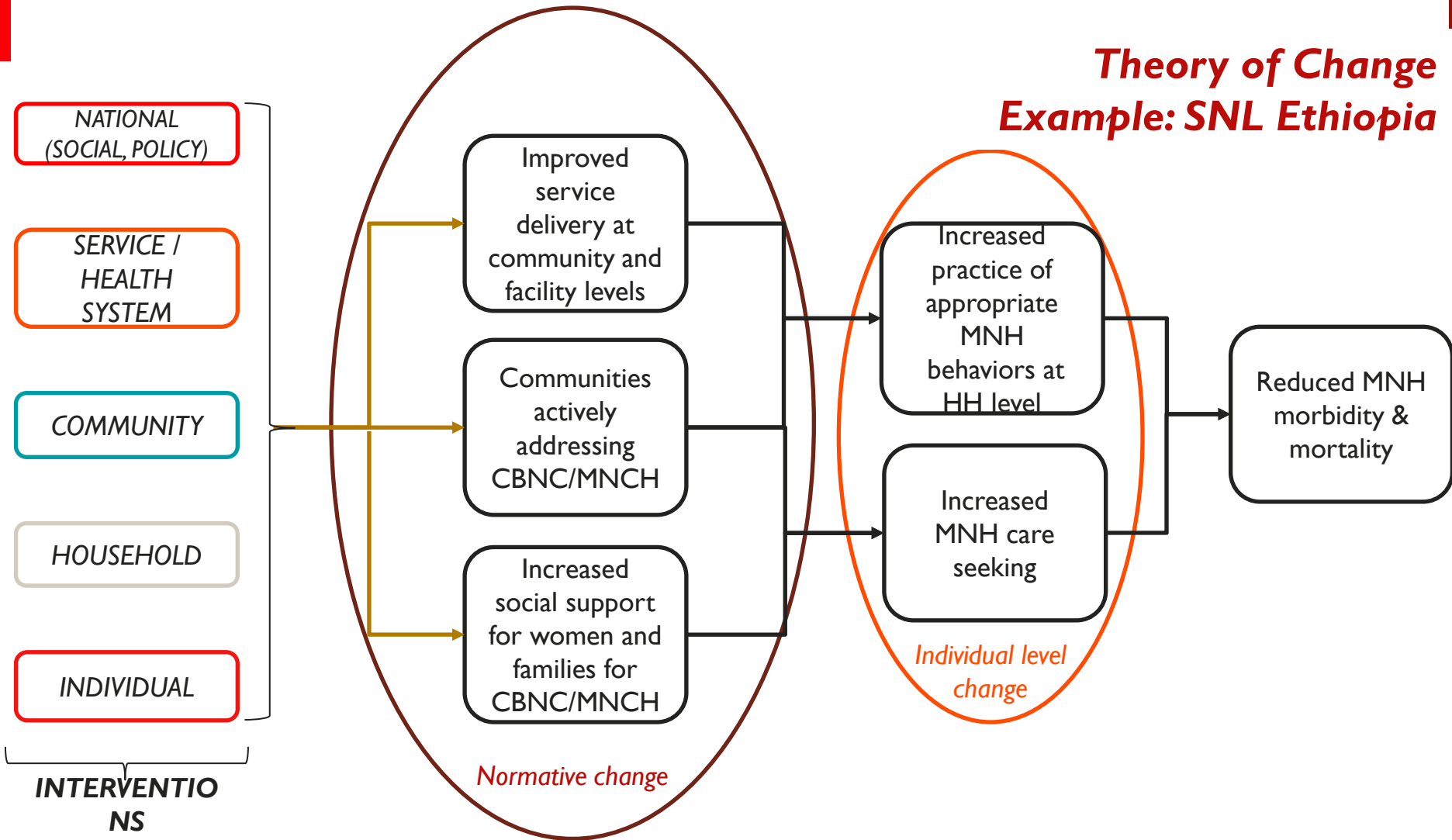


Community, Service/Health System, National level change **3**

Household or individual level change **2**

Final anticipated result/outcome

Theory of Change Example: SNL Ethiopia



Audience Segmentation

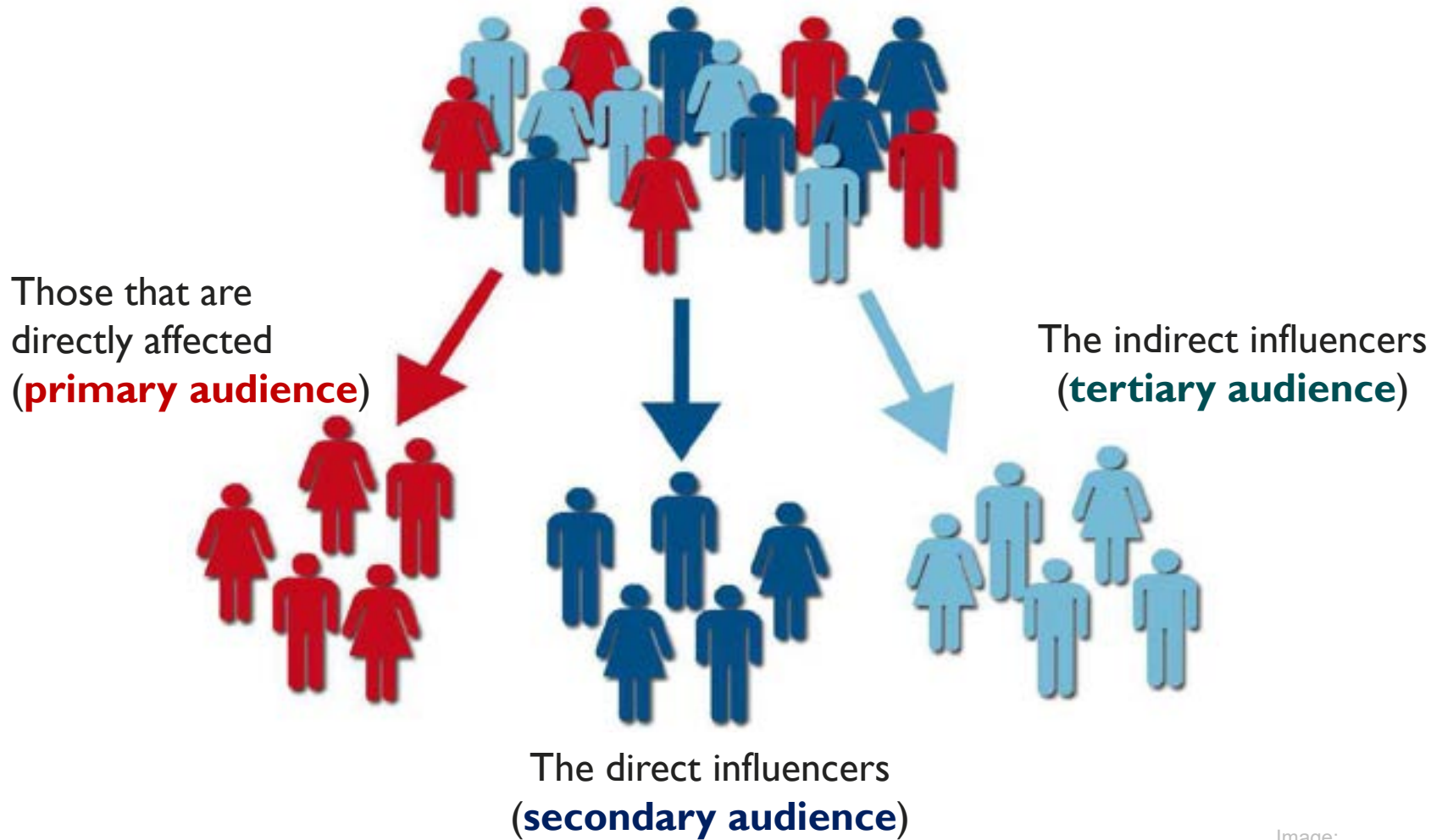
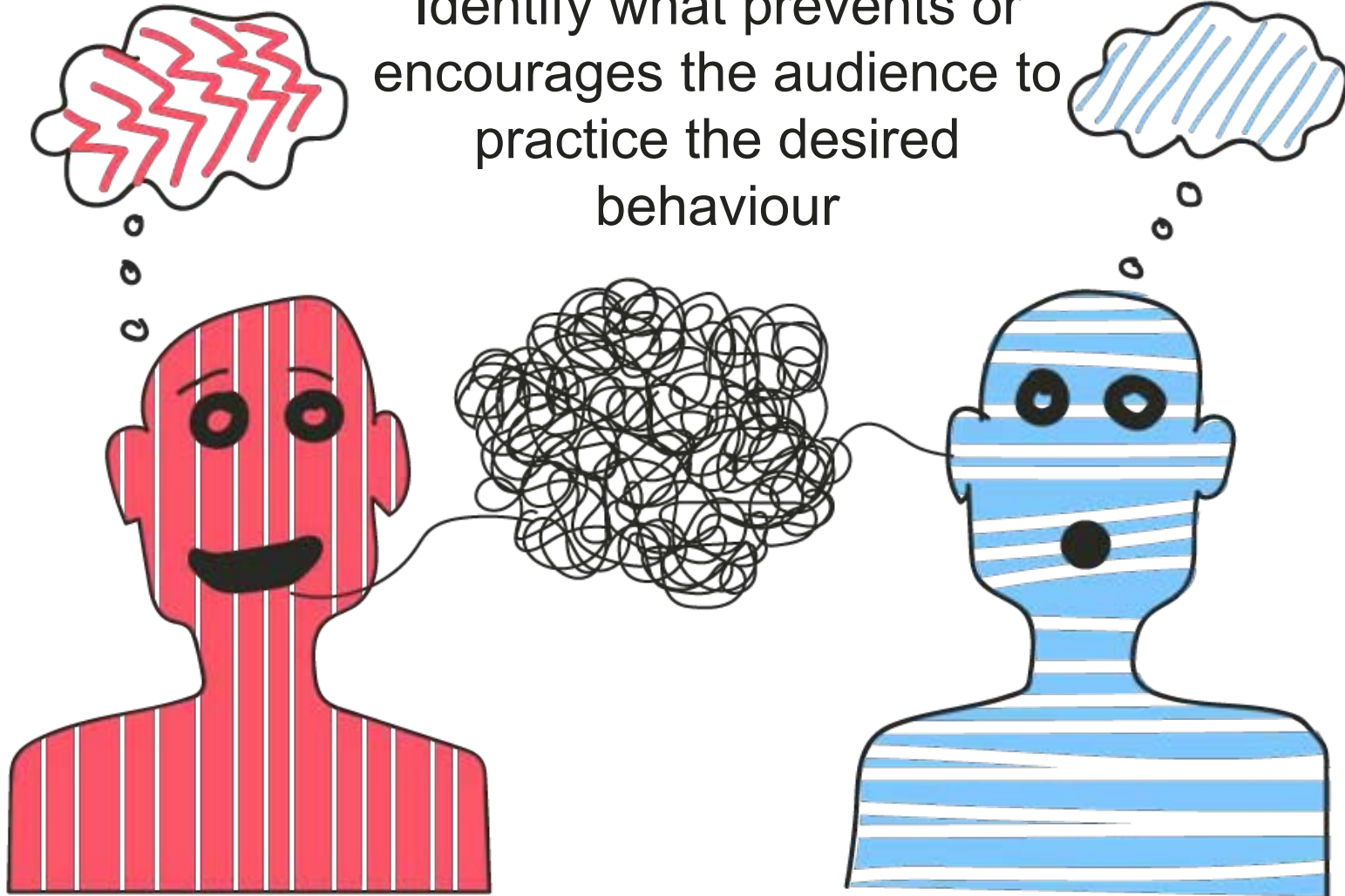


Image:
<https://barnraisersllc.com/2019/01/27/audience-segmentation-tools-find-customers/>

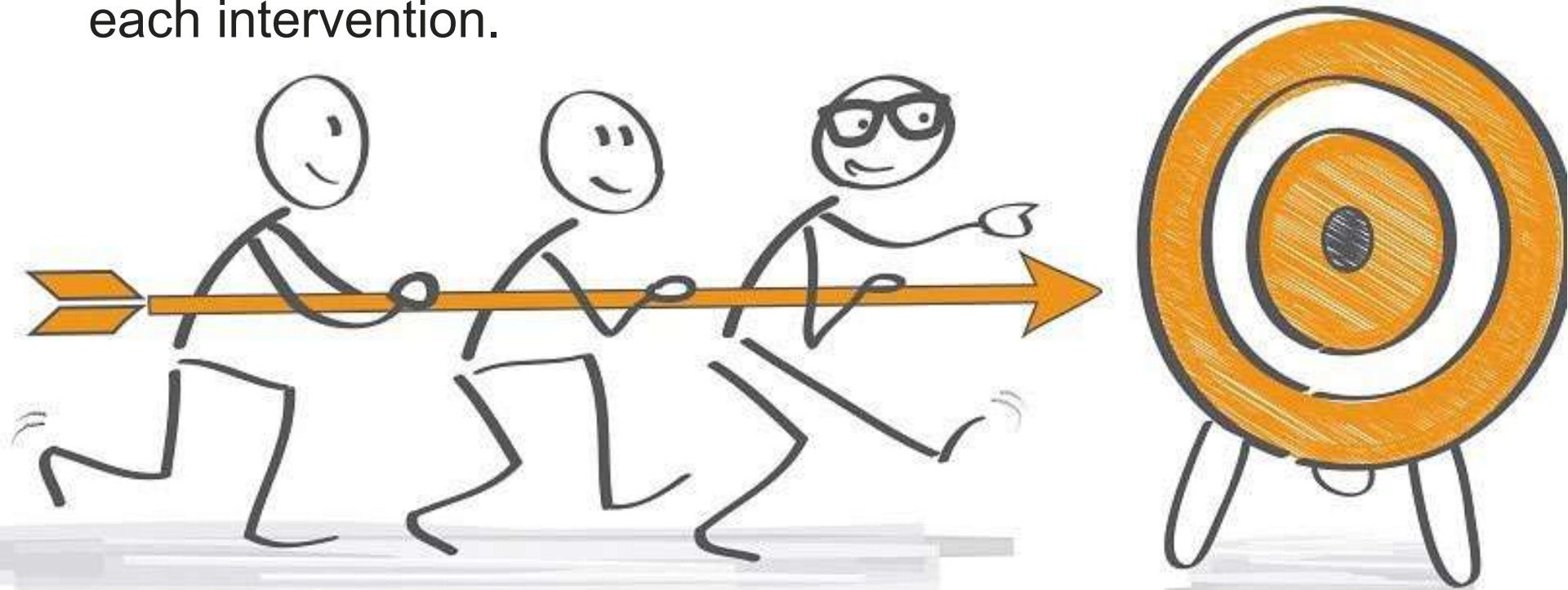
Identify what behaviours you will prioritise

Identify what prevents or encourages the audience to practice the desired behaviour



SBC Objectives Setting

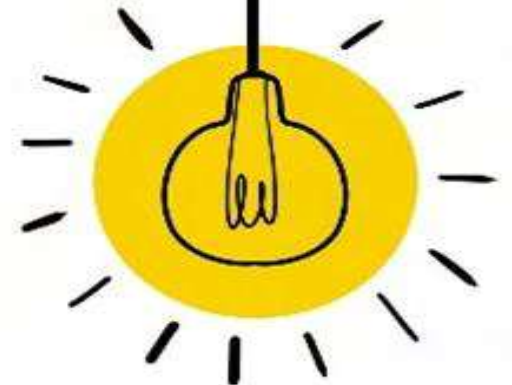
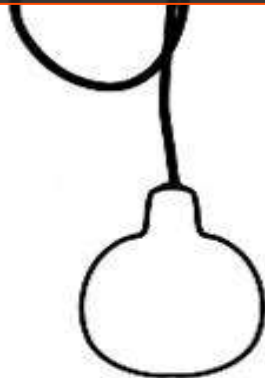
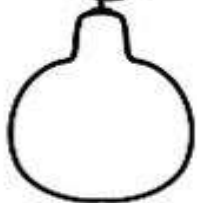
Specify the kind and amount of change you expect to achieve for a specific population within a given period for each intervention.



Objectives will state the results to be achieved, not the processes or activities to be performed.

Step 3: Creative Process

- Strategic Approach and Positioning
- Strategies, Activities, and Support Materials
- Creative Brief



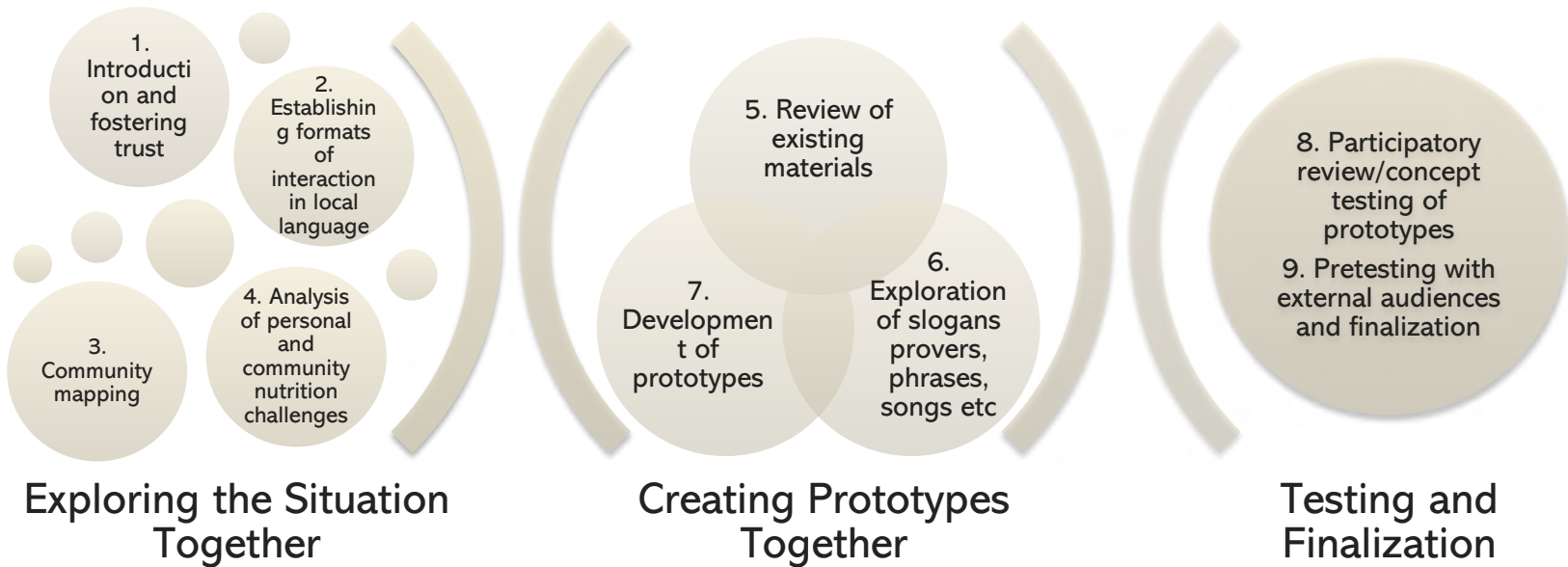
Strategic Approach & Positioning

A **strategic approach** ties together the different interventions, channels, and support materials and packages them into a synergistic program.

The other thing you will want to consider is how you will **position**, or rather present the issue, service, or product your program is promoting so that it stands out from other options and motivates certain emotional reactions and changes in attitudes, and behaviours.

Creative Process: Tools and processes to help create quality SBCC Materials

Involving the community in the design and development



Step 4: Delivery / Implementation

- Sequencing, Phasing, Reach & Intensity
- Implementation Plan



Sequence

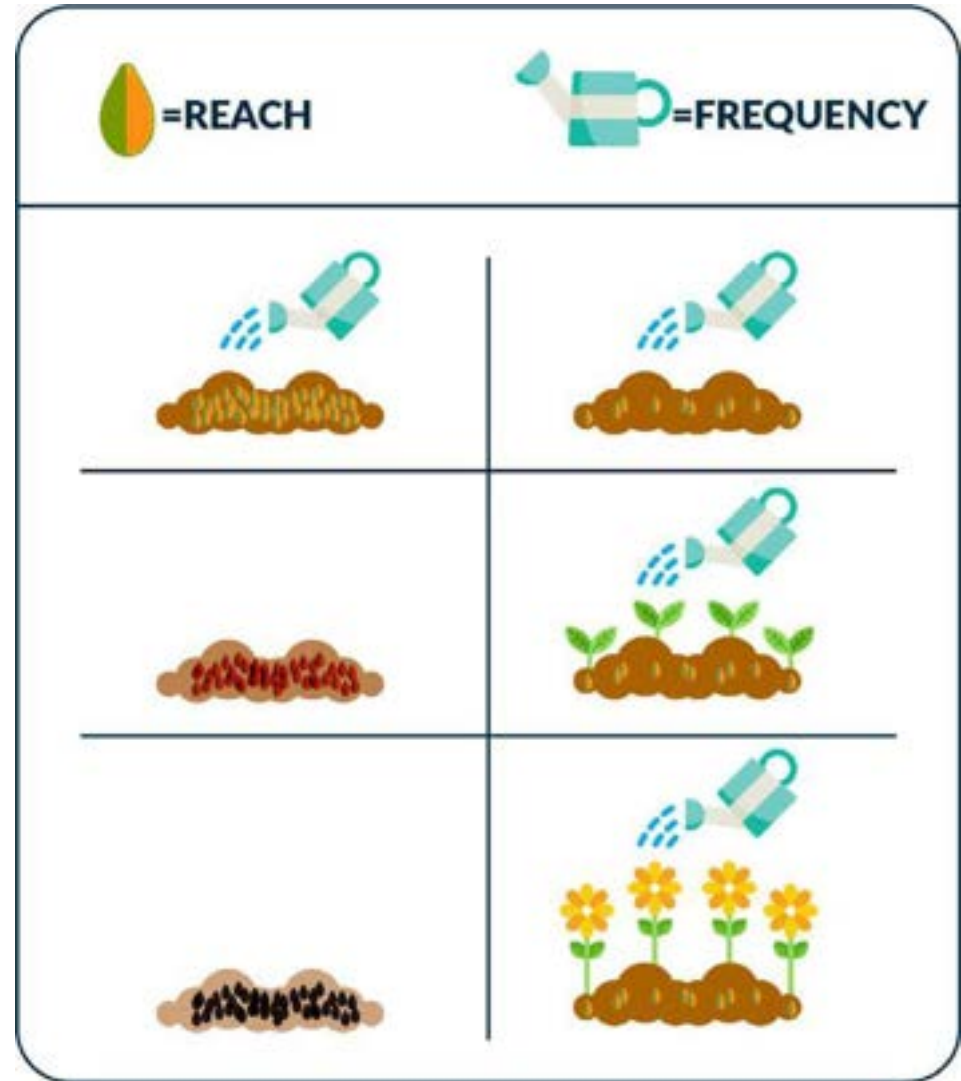
1. What are the activities that need to be implemented?
2. What are the intermediate steps for each activity?
3. What needs to happen before something else can happen?



Reach/Coverage & Intensity/Frequency

Reach - number of people exposed

Intensity - average number of times individual or households are exposed



Implementation Plan

Activity	What it will take to start the activity (e.g., training, resources, etc.)	Who will be implementing this? Lead staff, consultants, volunteers, and/or partners	Position in sequence and what phase	Frequency of intervention	How many community people on average will participate?

Activity	Implementers: Lead Staff, Consultants, Volunteers, and/or Partners	Resources and Budget	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter

Step 5: Evaluation

- Indicators
- Monitoring & Evaluation Plan



Indicators: Regular Monitoring

To track the way in which a program evolves and to show changes in relevant program areas, including SBC/C components.

SBC/C

- Exposure to community activities and media
- Recall of community discussion
- Perceived social support to household decision making and action
- Use of support materials and participation in community media
- Increased demand for products and services
- Improvements in service delivery (e.g., improved interaction between service providers and clients)
- Changes in household behaviors

Community Capacity Strengthening

- Community capacity strengthened (e.g., use data for decision making)
- Outcome of collective action on household behaviors (access improved, social support provided, increased social accountability, etc.)
- Institutionalized community engagement in district and MOH planning
- Improved information equity
- Increased participation and accountability
- Increased sense of ownership

An Indicator Repository



Guidance on SMART Indicators for Relief and Development Projects

RELIEF INDICATORS

OR

DEVELOPMENT INDICATORS



Food Security and
Nutrition



Agriculture and
NRM



WASH



Maternal and
Child Health



Education and
Skills



Income and
Employment



Market
Development



Gender Equality



DRR and
Resilience



Social Protection
and Inclusion

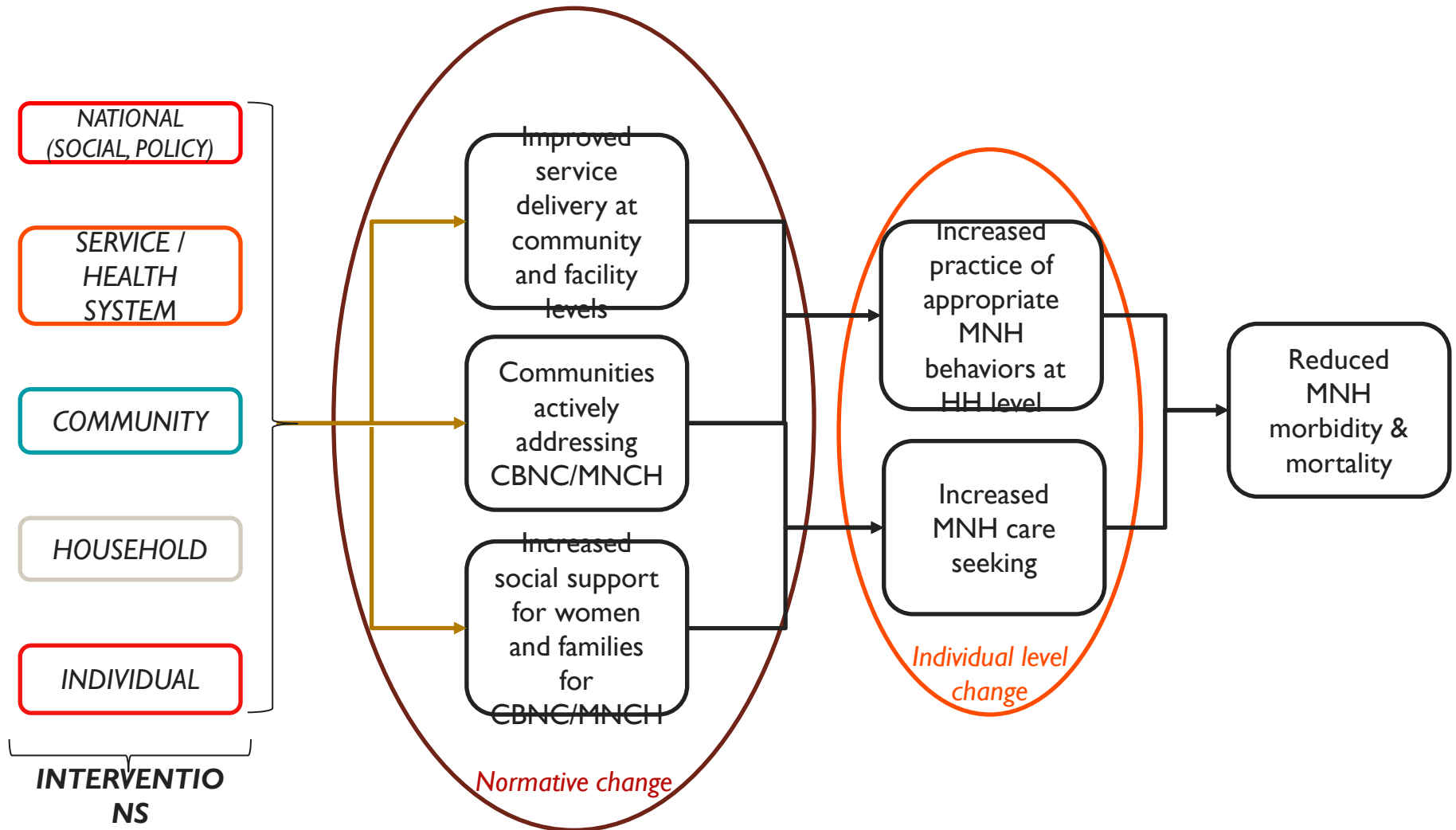


Good Governance



Cross-Cutting
Topics

Refer back to the **theory of change** you developed to identify key program areas that need to be included. Additionally, pay attention to the determinants you identified when you completed the **problem tree** exercise and when you developed **your SBC Objectives**.



So what did we cover so far?

1. Different types of malnutrition and the Scale of the Problem
2. The Causes and Consequences of Malnutrition and how to tackle them
3. IYCF for improved nutrition and the socio-ecological model
4. ABCDE of SBCC for Infant & Young Child Feeding

Two questions for you:

“Based on your experience (either from a programme you have worked on, or have seen been implemented) what steps and tools are being used to design and deliver an SBCC intervention?”

Which are the tools & resources presented today, you will investigate further to learn and apply in your future work?”

Contacts / Office Hours

For further queries, you can reach out to the instructor using Microsoft Teams (or Skype) at the following times. To receive invitation to this session, please confirm your participation by email.

Md Masud Rana – Nutrition Advisor, Save the Children UK

Microsoft Teams: M.Rana@savethechildren.org.uk

Skype: masud.rana.infs

English Speaking Participants:

Thursday, 24th February 2022: 10:00 - 12:00 UK/Ghana

Resources / References

We highly recommend that, all participants to complete the **BRONZE Nourishing the Youngest Common Approach Course**.

If you can manage the time (this activity is optional), participants are encouraged to watch these two recorded presentations on fundamentals of SBCC programming:

- **Social and Behaviour Change Essentials** (recording available at <https://youtu.be/h746BaHKxi8>)
- **How to Understand the Barriers and Motivators to Behaviour Change** (recording available at <https://youtu.be/lbpjRFOWyug>)

Feedback Form

Please don't forget to share your feedback with us using the form accessible at the link below:

[Health & Nutrition Session feedback form](#)
[22.02.2022 \(English\) & 24.02.2022 \(Francais\)](#)

THANK YOU



Save the Children