

SAVING
LIVES
CHANGING
LIVES



Social and Behaviour Change Communication Pre- & Post-test Comparative Analysis: Maternal Nutrition Topic Module

Gender Transformative and Nutrition-sensitive Project 2019-
2021(2023) in Chemba District, Sofala Province, Mozambique

This project is generously funded by the Austrian Development Agency (ADA).



Country	Mozambique
Project Title	Reaching the furthest behind first: Gender Transformative and Nutrition-sensitive programming to increase food and nutrition security for women, adolescent girls, and children in Chemba district, Sofala province
Geographic area	Chemba District, Sofala Province
Sessions Conducted (6)	May - June 2021
Analysis Conducted	June - August 2021
Cooperating Partners	Government of Mozambique Pathfinder International
Analysis & Report Authors	WFP Mozambique: Allyson Vertti and Onyinye Alheri

Front cover photo caption: A mother with her child in Mulima

Credit: Allyson Vertti (2021)

Contents

	Page
Executive Summary	4
I. Background	5
II. Social and Behaviour Change Communication	5
III. Aim and Objective of Pre- and Post-testing	7
IV. Methodology	7
V. Results	10
VI. Discussion	18
VII. Conclusion	20
Acronyms	21
Annex 1: Maternal Nutrition Indicators and SMART Objectives	22
Annex 2: Maternal Nutrition Questionnaire	24

Pre- & Post-test Comparative Analysis:

Maternal Nutrition Topic Module

Executive Summary

Social and Behaviour Change Communication (SBCC) is an evidence-based strategy to improve health and nutrition by increasing and improving knowledge, attitudes and practices (KAP). The Gender Transformative and Nutrition-Sensitive (GTNS) project implements SBCC activities, in parallel to resilience and post-harvest loss interventions, with the aim of contributing to women's empowerment and stunting reduction among children in Sofala, Mozambique. The SBCC strategy uses three approaches to achieve this aim: community mobilization, interpersonal counselling and media. Activities under the three approaches are categorized into three main themes within the project: Nutrition, Gender, and Sexual and Reproductive Health.

The Nutrition theme is further subdivided into four topic modules: infant and young child feeding (IYCF), maternal nutrition, malaria prevention, and sanitation and hygiene. This report focuses on the interpersonal counselling approach of the Maternal Nutrition topic module. These sessions targeted all 1,500 project households, specifically caregivers of children under 2 and their spouses.

When implementing SBCC activities particularly aimed at reducing or preventing stunting, it is essential to engage in robust monitoring as behavioural change is a slow process and may not significantly impact project outcomes when looking solely at end line indicators. Nevertheless, this does not mean project efforts are not making progress at the individual level. Closely tracking knowledge, attitudes and practices linked to reducing and preventing stunting can guide project implementers in better understanding willingness to change and actual change related to desired outcomes. To measure the project's influence on beneficiaries, the project conducted pre- and post-test surveys on a sample of approximately 120 beneficiaries immediately before and after each interpersonal counselling topic module, focusing questions on knowledge, intention, self-efficacy (confidence) and self-reported behaviour. Using a comparative analysis, this report presents the findings regarding the Maternal Nutrition topic module.

The Maternal Nutrition pre- and post-test questionnaire consisted of eight questions in four categories:

- recalling key maternal nutrition messages
- understanding how a mother's health impacts the first 1,000 days of life
- a mother's health and diet during pregnancy and lactation
- men's role in maternal nutrition

Project beneficiaries in Chemba District associate a proper diet with healthy pregnancy and possess awareness of the impact that diet and care have on the health of infants and their mothers. The pre-test results reflect this wisdom, indicating a fair amount of knowledge, favourable attitudes and good practices regarding maternal nutrition. Nevertheless, findings have demonstrated a clear positive influence across all of the 8

indicators when comparing pre- and post-test results for maternal nutrition, particularly understanding the need for pregnant and lactating women to attend regular health screenings and eat a diverse and balanced diet.

I. Background

The Gender Transformative and Nutrition-sensitive (GTNS) pilot project, titled *“Reaching the furthest behind first: Gender Transformative and Nutrition-sensitive programming to increase food and nutrition security for women, adolescent girls, and children in Chemba district, Sofala province”* is implemented by the World Food Programme (WFP) under the leadership of the Government of Mozambique, and in close coordination with Government and cooperating partners. The project receives multi-year funding from the Austrian Development Agency (ADA). The catchment area is limited to Mulima locality of the Mulima Administrative Post of Chemba District. The population of Chemba is 87,925 people (17,730 households), and the project aims to reach 7,500 people (1,500 households) using the criteria of at least 500 pregnant and lactating women (PLW), 500 adolescent girls, 750 children under 2 (CU2), and women living with obstetric fistula; an additional 20,000 people will be reached indirectly through Social and Behaviour Change Communication (SBCC) media activities.

The GTNS project directly supports the priorities of the Government of Mozambique and is fully aligned to WFP’s Country Strategic Plan 2017-2021. The aims of the project are to improve gender equity and women and adolescent girls’ empowerment; increase dietary diversity; and reduce stunting among girls and boys under 5 in the context of a changing climate. The project design is innovative and integrates multiple nutrition-specific and -sensitive interventions to address the determinants of malnutrition, with a focus on women’s empowerment. It combines:

- i) construction of gender- and nutrition-sensitive household and community assets (fuel efficient cooking stoves, water catchment systems, household gardens and afforestation);
- ii) trainings on post-harvest loss for smallholder women and men farmers (food conservation, transformation and storage) and linkages to improved products (hermetic storage); and
- iii) multi-level SBCC activities implemented at individual, household and community level¹

II. Social and Behaviour Change Communication

SBCC is a crucial evidence-based strategy to improve health and nutrition by increasing and improving knowledge, attitudes and practices. The GTNS project’s SBCC component

¹ In parallel to its SBCC activities, the GTNS project is also generating demand for acute malnutrition treatment, including community-level mid-upper arm circumference (MUAC) screening of PLW and children under 5 (CU5) and referrals of malnourished cases by volunteer community health workers. If screening indicates malnourishment, PLW and CU5 are referred to their local health facility for further treatment. This activity is not included in the pre- & post-test questionnaire and results can be found in the SBCC routine monitoring.

is being implemented by WFP's SBCC partners² through three approaches: interpersonal counselling, media (radio), and community mobilisation (see Figure 1). Combining dynamic approaches to engage men for gender equality and behaviour change with nutrition-sensitive programming is expected to facilitate sustainable results at the household level, which can be cascaded to the wider community for replication.



*due to the COVID-19 pandemic theater performances have been adapted to a media modality

Figure 1: The three approaches of the GTNS Project SBCC strategy

The GTNS project categorizes SBCC into three main themes: Nutrition, Gender, and Sexual and Reproductive Health (SRH). The Nutrition theme is further subdivided into four topics: maternal nutrition, infant and young child feeding (IYCF), malaria prevention, and sanitation and hygiene (S&H). These four topics comprise the WFP standard SBCC package and target all 1,500 project households, focusing on caregivers of CU2 and their partners. Topic modules consist of six sessions, facilitated by community health worker pairs who are trained and supervised by field partners.³

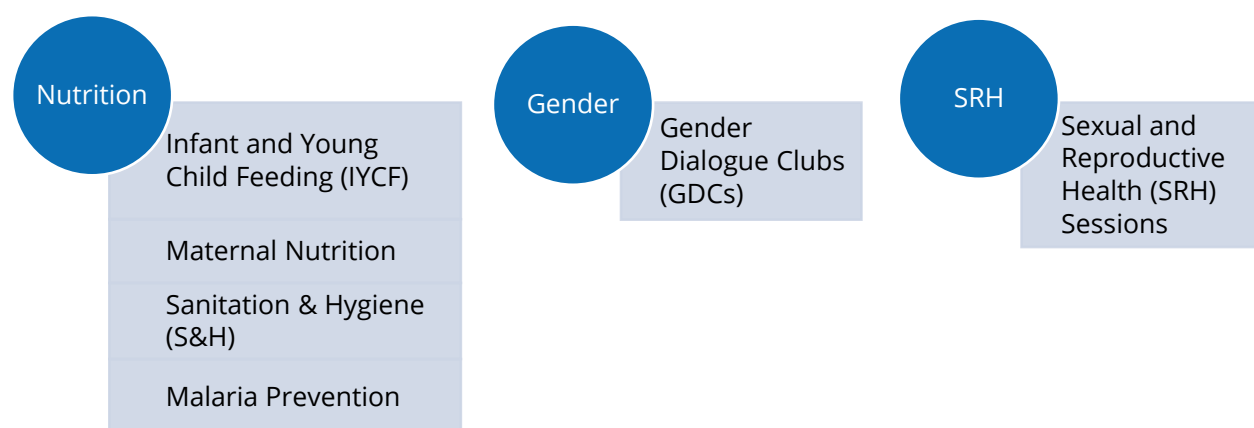


Figure 2: SBCC themes and topics of the GTNS Project

To evaluate the efficacy of SBCC activities, the GTNS project conducted pre- and post-testing to compare and analyse beneficiary knowledge, intention, confidence and self-

² District Services of Health, Women and Social Action (SDSMAS), Pathfinder International and PCI Media

³ Gender Dialogue Clubs consist of complex and sensitive concepts and will therefore be mainly facilitated by implementing partner field staff with some community health worker support.

reported behaviour. The pre- and post-test exercise focused on interpersonal counselling sessions, excluding food processing demonstrations.

III. Aim and Objective of Pre- and Post-testing

When implementing SBCC activities, particularly those aimed at reducing or preventing stunting it is essential to engage in robust monitoring, as behavioural change is a slow process and may not significantly impact project outcomes when looking solely at end line indicators. Unlike the baseline and end line evaluation that focuses on whether the programme worked, regular monitoring focuses on systematic tracking of activities to assess the effectiveness of implementation efforts. This analysis also serves as evidence for project impact.

The main aim of pre- and post-testing was to understand the influence of interpersonal counselling sessions on project beneficiary knowledge, attitudes and behavioural practices in each topic module. The objective was to use a comparative analysis to determine which concepts and messages within each theme are influencing a positive change among project beneficiaries.

IV. Methodology

Each topic within the Nutrition theme was carefully reviewed to identify key areas where the project seeks to positively change knowledge, attitudes and practices among men and women beneficiaries. This was used to develop indicators to measure behavioural change over the course of each topic module. The body of research from similar contexts and documentation from the project site shows that men are generally the main decision-makers in the household, and often influence the behaviour of other household members, therefore it was imperative to separately consider assessing men and women when developing the indicators and questionnaires for each topic module. Therefore, the indicators target three groups: men and women caregivers together, women caregivers only and men caregivers only.

Social and behaviour change can be negatively influenced by external factors. To account for these externalities, at the individual level, behaviour change can be measured not only through behavioural outcomes but also through the desire or plan to change. This can be evaluated through psychosocial domains: knowledge, intention, self-efficacy (confidence), attitude, subjective norms and perceived behavioural control (see Table 1).

Table 1: Psychosocial domains for measuring behavioural change⁴

Domains	Descriptions (Adopted from NCI, 2005)	Domains	Descriptions (Adopted from NCI, 2005)
Knowledge	Facts, information, and skills necessary to perform a behaviour	Attitude	Perceived evaluation and / or enthusiasm toward the behaviour
Intention	Perceived likelihood of performing a behaviour	Subjective norm	Perception about whether key people approve or disapprove of the behaviour
Self-efficacy	Confidence in one's ability to take action and successfully carry out the behaviour	Perceived behavioural control	Belief that one has, and can successfully exercise, control over performing the behaviour

For the GTNS context, the appropriate psychosocial indicators for this pre-/post-testing exercise were knowledge, intention and confidence. Within the pre-post questionnaires, the psychosocial indicators mentioned below were combined with questions on self-reported behaviour to give a more holistic picture of the potential behaviour change impact pathway, as well as to shed light on behavioural outcomes.

For each indicator, objectives based on SMART criteria⁵ were developed to measure against the comparative analysis of the pre- and post-tests. The SMART objectives were agreed through discussion with the programme team based on context, expertise and secondary data sources. A matrix was created to consolidate this information per topic, to guide the M&E team in producing short questionnaires on WFP's corporate data collection tool (Open Data Kit – ODK) (see Annex 1 for Maternal Nutrition topic matrix). The indicators and SMART Objectives for all Nutrition topic modules were developed before the implementation of the first SBCC topic module, Infant and Young Child Feeding (IYCF). After completing the comparative analyses for the first three topic modules (Infant and Young Child Feeding, Malaria Prevention and Gender Dialogue Clubs), the SMART Objectives for the remaining two Nutrition topics were updated: Maternal Nutrition and Sanitation and Hygiene topics. Based on the previously completed three comparative analyses, it was found that community members were scoring higher than the SMART Objectives set and it was recommended to increase the SMART Objectives of some of the indicators to better reflect this reality. Of the 18 indicators across the Maternal Nutrition

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_244

