Expanding the boundaries of Social Behaviour Change (SBC) through multisectoral engagement to sustainably improve food and nutrition security in Zinder, Niger (UNITLIFE project)
Background

Good nutrition allows children to thrive: they can grow, develop, learn, play and contribute to their communities. However, three forms of malnutrition in Niger rob children of their futures: stunting, wasting and anaemia. According to the 2020 UNICEF/WHO/World Bank Joint Child Malnutrition Estimates, stunting affects 47.1% of children under five in Niger; wasting that almost half of children under five may never reach their full human capital due to impaired physical and cognitive development. Despite some progress, 9.8% of children under 5 years are still affected by stunting and face an increased risk of death, particularly when they suffer the severe form. As low as 23% of children aged 6–23 months are fed the minimum diet diversity, a key indicator of children feeding and care practice. Finally, 49.5% of women of reproductive age and 72% of children under five are affected by anaemia, with its high burden of mortality and morbidity. The African Union Commission estimates that 7% of Niger’s GDP is lost due to malnutrition every year.

From May 2020 to May 2022 GOAL, with funding from UNITAIDE, has been implementing an innovative integrated approach to address three interlinked systemic drivers of malnutrition in children in Zinder region, Niger: inadequate consumption of diverse and nutritious foods, poor health-seeking and nutrition behaviours and limited decision-making power of women. Using a market system development (MSD) approach coupled with Social Behaviour Change Communication (SBCC) and Financial Inclusion, UNITAIDE aims to (1) increase production and availability of nutrition-sensitive crops by strengthening linkages between input suppliers and farmers, improving production skills to increase the availability of nutrition-rich foods and income generation; (2) empower women through increased decision-making power, financial literacy and access to income and assets; and (3) improve health and nutrition outcomes by changing household nutritional practices.

Methodology for evidence generation

This brief draws on the analysis of the integrated UNITAIDE SBC component involving CC, NIPP, Family MUAC, CLA and mass communication through mobile phones (VIAMO). The monitoring data was collected between 2020 and May 2022 across the project target communities.

- NIPP monitoring systems include over 25 indicators on knowledge, behaviours and individuals’ nutritional status collected at enrolment and graduation, and from a representative sample at three time points up to 12 months after graduation.
- CC built-in monitoring process tracks changes in the social and gender norms as the conversation continues. These are participatory learning in action tools provide a powerful visual so that communities can monitor the change. For each session, a module is collected on the attendance, disaggregated by gender, the strategy of learning being discussed, and PL tools being used. A competence community self-assessment framework allows communities to grade themselves on the progress towards woman being empowered on equal decision making at household level. This framework also allows CC/MUAC almost half of all communities on the programme and is used as a trigger to motive communities who are slow to change their social and gender norms. A quarterly review of the data at each session shows the progress of the conversation, allows for community facilitators’ skills to be updated and GOAL supervisors to target their supervisory support for the next quarter.
- Family MUAC monitoring package developed by GOAL tracks both the conversations and outcomes indicators including ability of trained caregivers to correctly assess malnutrition in their children and self-refer them for appropriate care.
- CLA comes with a comprehensive monitoring toolkit tracking one outcome indicator on communities’ ability to timely access relevant and clear information on COVID-19 and six output indicators around neighbourhood units triggering and community action plan implementation.
- VIAMO 3.2-1 platform monitor nationally the use of the platform and track around 15 indicators including number of calls received and unique callers disaggregated by gender, age, message listened to and region, as well as the length of the calls.

Findings

Reaching nutritionally vulnerable groups, their families, and communities

NIPP has directly reached 1,325 individuals including children under 5 years old as well as Pregnant and Lactating Women (PLW) suffering from moderate acute malnutrition (MAM) or vulnerable to nutrition insecurity, and an estimated 1,176 family members in Hibrit and Gourou, Zinder region. Moreover, 2,187 female caregivers of children under 5 years were empowered through Family MUAC training to identify signs, assess malnutrition in their children and self-referred identified cases for appropriate nutritional treatment.

Promoting nutrition and health-seeking knowledge, skills and behaviours at scale

- Between July 2021 and March 2022, an average of 33,092 unique users of Airtel mobile network across the country have made 70,410 calls on average each month (32% female, 68% male) to the VIAMO platform, including calls originating from Zinder region. Community and home gardening for malnutrition prevention (17,777 monthly average calls) as well as CLA for COVID-19 prevention (10,295 monthly average calls) are the most popular topics in the community.
- The age group that called most often were those aged 18-24 years (29%) followed by those less than 18 years (22%). This is demonstrating demand for alternative trusted sources of information specifically on gardening, COVID-19 and nutrition practices.
- Using CLA, 17,435 individuals were sensitized on COVID-19 signs, symptoms and prevention through the establishment of 1,525 individuals and community action teams. They were supported to develop Community Action plans to prevent and limit the spread of COVID-19. To date, 20 communities have established and are implementing their action plans.
- The majority of the 25 knowledge and behaviour NIPP indicators analysed had improved during the three-month NIPP cycle. As an example, the minimum diet diversity, increased from 2% at enrolment to 94% at graduation; in 491 children aged 6-23 months who reached graduation. This corresponds to a 46-fold increase over 12 weeks. An improvement in the consumption of egg or flesh foods (113% increase from 41% at baseline to 87% at graduation) as well as fruits and vegetables (68% increase) among children aged 6-23 months has contributed to this achievement. A 16% increase (n=543) in the number of children under 5 sleeping under an insecticide-treated bed net and a 73% increase (n=688) in the use of soap/ash for hand washing were also found.
- Home-gardening and knowledge of food processing, preservation and storage techniques has dramatically increased among households as shown by the table below. As an example, upon NIPP completion, 91% of the households established a home garden with 100% of them reporting consuming the produce from their gardens. An increase compared to home gardening establishment levels was recorded.

<table>
<thead>
<tr>
<th>Small scale livelihoods knowledge and practices among NIPP female caregivers (%)</th>
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<tbody>
<tr>
<td>Home-garden establishment</td>
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<tr>
<td>Consumer of garden produce</td>
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<tr>
<td>Knowledge of food preservation</td>
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<td>Knowledge of food storage</td>
</tr>
</tbody>
</table>

Statistics in Niger:

- Stunting in children under five: 47.1%
- Wasting in children under five: 9.8%
- Anemia in children under five: 72%
- Anemia in women of reproductive age: 49.5%

Source:
Findings

Treating and preventing Moderate Acute Malnutrition (MAM) in children under 5 years
• Of the 528 children aged 6-59 months enrolled in NIPP, 466 (88%) were suffering MAM (MUAC measurement below 125mm) and upon graduation, as low as 4 children (1%) were suffering MAM. This means that 99% of children admitted with MAM were discharged from a NIPP circle non-MAM.
• Along NIPP circles, 24 trained Community Health Workers have empowered, 2,387 female caregivers to regularly assess the nutrition status of their children and self-refer identified cases to health facility for appropriate care. This has allowed them to act early to limit risk of mortality due to severe acute malnutrition.

Promoting positive changes in social and gender norms on woman’s role at household level
• Among NIPP households, 87% had both the primary male and female caregivers attending a NIPP group, demonstrating male interest in engaging in such initiative.
• All 20 targeted communities had established their CC platforms with initial results showing that communities are focusing on social and gender norms around early marriage, girl and youth education, lack of women’s involvement in household decision making, limited participation of men in household chores, support requirements during pregnancy and involvement of women in small scale agricultural production or income generating activities which was only reserved to men. As a result of this open discussion and the knowledge and skills gain among NIPP households, 35% of the female NIPP caregivers reported they were now involved in household economic decision-making upon NIPP completion versus 0% at baseline. Interestingly, male perceptions on women’s involvement in household economic decision-making and on men’s involvement in household chore was different. As low as 56% of NIPP male caregivers reported that their female partners were involved in household economic decision-making at graduation versus 2% at baseline. These findings show the importance of engaging with both female and male caregivers as well as community leaders and influencers to improve knowledge, skills and behaviours around nutrition and health-seeking practices but also the social and gender norms contributing to a positive environment for women’s empowerment.

Early signs of social and gender norms change supporting women’s empowerment in NIPP households

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<tr>
<th></th>
<th>Graduation</th>
<th>Baseline</th>
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<tbody>
<tr>
<td>Men actively involved in HH chores</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>Women actively involved in HH economic decision-making</td>
<td>35%</td>
<td>0%</td>
</tr>
<tr>
<td>Know advantages of joint decision-making</td>
<td>39%</td>
<td>97%</td>
</tr>
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</table>

% of female NIPP caregivers reporting change

Learning and recommendations

• The observed change to date shows that households are embracing new ways of farming, of feeding their children and new way of approaching social and genders norms.
• Providing knowledge, building skills, and finally creating a safe space for community’s member to discuss sensitive cultural and gender issues creates an enabling environment that allows caregivers to start changing practices at household level. Multi-level SBCC targeting male and female caregivers and the community at large, coupled with on-demand mass communication via mobile, can positively change not only health and nutrition practices at household level, but also social and gender norms within a community.
• Home gardening offers a simple but powerful way to support households accessing a diversified diet all year round. Findings point towards the need to further scale up this initiative beyond NIPP households.
• A simple, low-cost communication technology providing information through basic mobile phones allows many people to listen to information of interest in their own time. They provide solutions in landscapes where internet access is poor, where populations are divided by language diversity and where education and literacy levels are low. However, gender digital inequalities should be considered to ensure women are also reached.
• There is great interest and demand of communities, especially the youth, for alternative trusted sources of information on multilevel issues such as food production and health and nutrition practices at household level.
• Leveraging private sector investment to test different ways of working, can change the behaviours of market actors and influence a system to work more efficiently and at scale for people, including the most vulnerable groups. Behaviour change must be seen as being relevant and important for households, but also of paramount importance and value for the other permanent players across a system such as service providers and businesses.
• By tackling the behavioural drivers associated to the systemic drivers of malnutrition, this integrated SBCC approach has the potential to support food and nutrition security more broadly. GOAL programme Technical Team will continue to support countries to develop the proof of concept of this approach.