

A close-up photograph of a newborn baby's face, looking slightly to the right. The baby is wearing a light-colored, patterned onesie. The baby is being held by a person's hands, which are visible in the foreground and background, framing the baby. The background is softly blurred, showing what appears to be a person's arm and shoulder.

Shaping a Healthier Future for Children

Effective Social and Behaviour Change for Nutrition
in South Asia and the Pacific

FOREWORD

“At World Vision, we are committed to innovating approaches that will help address vulnerabilities faced by children. We hold ourselves accountable for ensuring the cost-effectiveness of our interventions. We always strive to improve the way we design and implement our programmes, and we do this through reflection and learning from our successes and failures.

This *Shaping a Healthier Future for Children: Effective Social and Behaviour Change for Nutrition in South Asia and the Pacific* report is one example of such an intentional process. The learnings from our three projects in Bangladesh, Indonesia, and Timor Leste give us deeper insights into how we can improve our implementation of SBC approaches for our upcoming projects, especially with our new global campaign, ENOUGH, where World Vision has pledged to invest close to 5 billion USD. It is our commitment that every dollar spent will have a sustained impact on every child. As we read this report, may we all be inspired to always reach more children and their families with even more effective social behaviour change interventions.” **(Cherian Thomas, Regional Leader, South Asia and Pacific Region, World Vision International)**

“World Vision’s commitment to social and behaviour change (SBC) approaches is crucial in tackling maternal and child malnutrition in South Asia and the Pacific. This report highlights the impact of these strategies, demonstrating that effective SBC work must address the real factors influencing caregivers’ abilities to adopt desired practices, going beyond mere knowledge dissemination to encompass community, societal, structural, and systemic levels.” **(Sarah Bearup, Chief Operating Officer, South Asia and Pacific Region, World Vision International)**

“The American cultural anthropologist Margaret Mead is famous for saying: ‘Never doubt that a small group of thoughtful, committed individuals can change the world. Indeed, it is the only thing that ever has.’ However, as a much younger man at the debut of my career I took one of my most important lessons from another of Mead’s recommendations: ‘Listen’. Listening is the opposite of assuming, of prescribing, and of thinking that all people think the same, hold the same values, and live within universal social norms. People must be met where they are, and proposed change must be born in the fertile ground of their own behavioural patterns.

I celebrate this report because it neatly underscores our need to be thoughtful listeners and equal partners with the individuals and communities whom we serve. The experience demonstrated here shows that the quality of implementation and results is dependent on the time invested to understand context, and at a micro-level (community). Human-centred approaches are at the core of World Vision’s transformational development ethos and, combined with our community-reach, represent one of our greatest opportunities and advantages. The significant difference this report promotes is actually the second step: having listened (formative research), we must take great care to respond to the specific issues being experienced in each community (design).

Also important to note in this report is the appreciation of the full concept of ‘Social and Behaviour Change (SBC),’ a concept I find clearer than ‘Behaviour Change Communication (BCC)’. This is the recognition that an individual’s choices are not usually made in isolation of the environment in which they live. Consequently, effective change requires intervention at individual, household, community and structural levels – it is ecological.

In this era of pronounced misinformation, the need for effective social and behaviour change investments has never been greater. Strong SBC approaches empower people to redefine their choices and behaviours on their own terms, in ways that make sense to them. I hope that readers of this report will be newly inspired to be thoughtful listeners, and careful and dedicated SBC practitioners. You can change the world.” **(Dan Irvine, Global Director of Health and Nutrition, World Vision International)**

“The ENOUGH campaign is strategically designed based on national assessments and an understanding of policy gaps that need bridging to combat child hunger effectively. A critical aspect of this campaign is the ability of Field Offices to identify and reach targeted groups. This involves not only recognising vulnerable groups most affected by child hunger but also shaping the social norms of influential figures—such as parents, political leaders, and government decision-makers—who are pivotal in making decisions to combat this issue. Through the ENOUGH campaign, World Vision is committed to understanding and documenting evidence of successful social and behavioural change (SBC) interventions. These interventions aim to influence policies and instigate behaviour changes. The South Asia and Pacific SBC report represents a significant milestone in this endeavour, highlighting our progress and the transformative impact of our strategies.” **(Deepesh Paul Thakur, Senior Director, Local to Global Advocacy and Impact, World Vision International)**

Executive Summary

1

This report presents **World Vision's social and behaviour change (SBC) approach** to tackling maternal and child malnutrition in South Asia and the Pacific. Using examples from three projects in Bangladesh, Indonesia, and Timor-Leste, it explains the different ways that World Vision helps people adopt the desired practices.

2

The report is part of World Vision's **ENOUGH global campaign**, which calls for more support to be provided to end hunger and malnutrition, such as breastfeeding promotion, complementary feeding, addressing wasting, school meals, micronutrient support, and food and cash in emergencies.

3

The extent to which caregivers follow high-impact practices, such as exclusive breastfeeding or offering diverse diets, has a crucial impact on children's health and nutrition. That is why **SBC is at the heart of nutrition interventions**.

4

Effective SBC approaches recognise that **simply increasing people's knowledge is not sufficient**, as many other factors influence whether people adopt the promoted behaviours, such as access to resources, the availability of required services, and the influence of gender and other social norms.

5

The key focus must be on **understanding and addressing the real factors** that influence caregivers' ability and willingness to adopt the promoted behaviours. This is what effective SBC work is about.

6

Behavioural interventions must **go beyond focusing on an individual** and consider also factors at the community, societal, structural, and systemic levels, all of which play pivotal roles in the adoption of promoted practices.

7

SBC communication materials and activities need to focus not only on informing people about what they should do and why but also on lowering the barriers that prevent people from taking the promoted actions, such as various misperceptions.

8

Decision-makers, such as donors and policymakers, can significantly influence the effectiveness of SBC interventions. It is recommended that they 1) ensure that SBC interventions are **based on data**, not assumptions; 2) recognise that we need to go beyond **SBC communication**; and 3) focus on **strengthening the communication and facilitation 'soft skills'** of people who promote the desired behaviours.

9

Implementers can make their SBC interventions more effective by 1) ensuring that they **tackle key barriers to change**; 2) focusing on increasing the **quality of SBC activities**; 3) implementing **fewer activities** but with a **higher reach**; and 4) ensuring that their reports provide more **behavioural insights**.

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Abbreviations

BIeNGS	Bangladesh Initiative to Enhance Nutrition Security and Governance
BFBH	Better Food, Better Health
IFPRI	International Food Policy Research Institute
NGO	non-governmental organisation
SBC	social and behaviour change

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Introduction

This report presents World Vision’s experience in using social and behaviour change (SBC) approaches to tackling maternal and child malnutrition in South Asia and the Pacific. It was developed for:

- decision-makers who influence the design and financing of nutrition interventions, such as donors and policymakers; and
- professionals who work on implementing nutrition projects, especially in South Asia and the Pacific

The content of this report is based on the organisation’s implementation experience combined with the key lessons from behavioural science. It helps the readers understand what SBC is about, the essential role it plays in improving nutrition outcomes, the process of facilitating social and behaviour change, the factors that influence the adoption of promoted behaviours, and the strategies that World Vision has used to address them. It concludes by providing practical recommendations for improving the impacts of SBC nutrition interventions and explaining how World Vision’s new global campaign ‘ENOUGH’ will use the presented SBC good practices.

World Vision believes that, if used, the offered learnings and recommendations contribute to achieving better outcomes and in doing so improve the cost-effectiveness of nutrition interventions. We invite you to explore what this practical report offers and share your thoughts with us.



What Is Social and Behaviour Change About?

Social and behaviour change (SBC) is a powerful approach that recognises that changing people's behaviour requires more than just increasing their knowledge. It is primarily about:

- 1) understanding what prevents people from adopting a behaviour (i.e. what the 'barriers' are) and what helps them adopt the behaviour (i.e. what the 'enablers' are); and then
- 2) using the understanding to effectively reduce the most influential barriers and strengthen the enabling factors.

While SBC is often misunderstood as a matter of educating people about what they should be doing and why, its essence goes well beyond merely imparting knowledge. The key aspects of effective SBC interventions include:

- **Context-specific solutions:** SBC aims to understand the perceptions, practices, and needs of people who are supposed to practice the desired behaviours and those who influence them (e.g. family members or peers). This allows interventions to focus on tackling the real factors that influence whether people do or do not follow these behaviours.
- **Recognising the limits of 'education':** Increasing people's knowledge alone is not enough to change behaviours, as it is just one out of many factors that influence how people behave. Therefore, instead of focusing on general 'awareness raising', impactful SBC activities also tackle other barriers and enablers to change.
- **Going beyond communication:** SBC acknowledges that many barriers cannot be addressed by communication activities alone and that other types of support are needed, such as improving people's access to the goods and services they need to practice the behaviour.
- **Combining science with community wisdom:** SBC brings together scientific knowledge and community insights about the desired behaviours. This helps to avoid 'top-down' approaches and ensure that interventions resonate with how people think, feel, and act.
- **Advocacy and policy:** SBC is sometimes seen as an approach that is more relevant for community-level activities than higher-level advocacy and policy work. However, many 'enablers' and 'barriers' to people adopting positive behaviours relate to public services, policies, and other systemic factors that are well beyond an individual's control. Using the 'SBC lens' can help us understand such factors and advocate for required changes.



World Vision's SBC Theory of Change

Over the past few years, World Vision has conducted dozens of studies globally aiming to understand why some people do and others don't practice the desired behaviours. The findings showed that there are multiple behavioural drivers, ranging from people's agency (e.g. skills, attitudes) to high-level systems (e.g. government policies). These drivers can be both barriers and enablers to change. Using this experience and drawing from SBC theories, in 2024, World Vision designed its **SBC Model** (Figure 1 on the right).

The inner part of the model summarises the key behavioural drivers into five domains. It asks us to understand which of these drivers influence whether a person adopts the desired behaviour. In doing so, it draws us away from automatically focusing on people's knowledge and motivates us to also consider other factors. According to World Vision, the five key domains include:

- Agency refers to the behavioural drivers at the level of an individual, such as their age, life experience, perceptions, knowledge, skills, attitudes, and self-confidence.
- Community refers to community-level factors that shape a person's behaviour, such as the influence of family members and peers or people's access to any local social support systems.
- Society refers to how broader societal elements, such as social norms (including gender norms), influence the adoption of a given behaviour.
- Structures refer to factors such as geography, infrastructure, and availability of services that influence whether a person adopts a behaviour.
- Systems refers to factors at the highest levels that individuals are least able to influence, such as government policies, laws, and budget allocations.

The model also presents World Vision's main principles of SBC project design, including:

- grabbing people's attention
- causing reflection and re-evaluation that makes people see the value of behaviour from a new perspective
- changing the context that influences whether people adopt a behaviour
- normalising behaviour so that practicing a newly adopted behaviour becomes something that is perceived as 'normal', thereby becoming a social norm

Importantly, the principle of ensuring gender equality and social inclusion is applied throughout the process of designing and implementing SBC interventions.

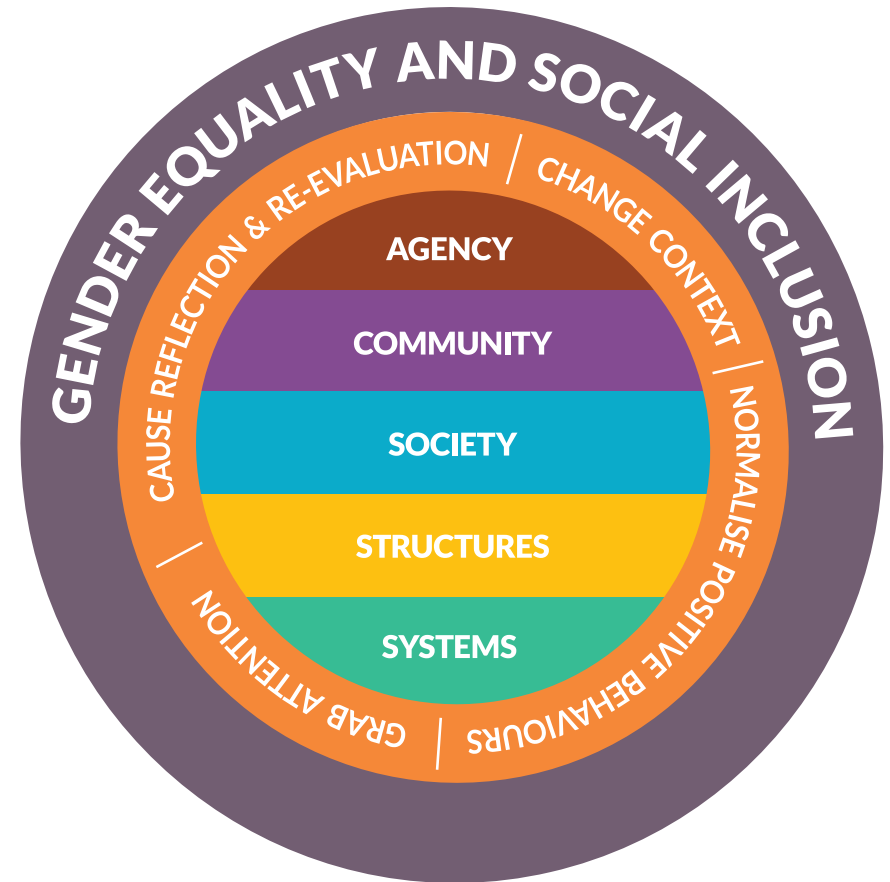


Figure 1: World Vision's social and behaviour change domains and design principles.

The Process of Facilitating Social and Behaviour Change

The design, implementation, and evaluation of World Vision's SBC interventions follow six key steps informed by the presented Theory of Change. These steps guide World Vision's teams and help them achieve the best possible impact.

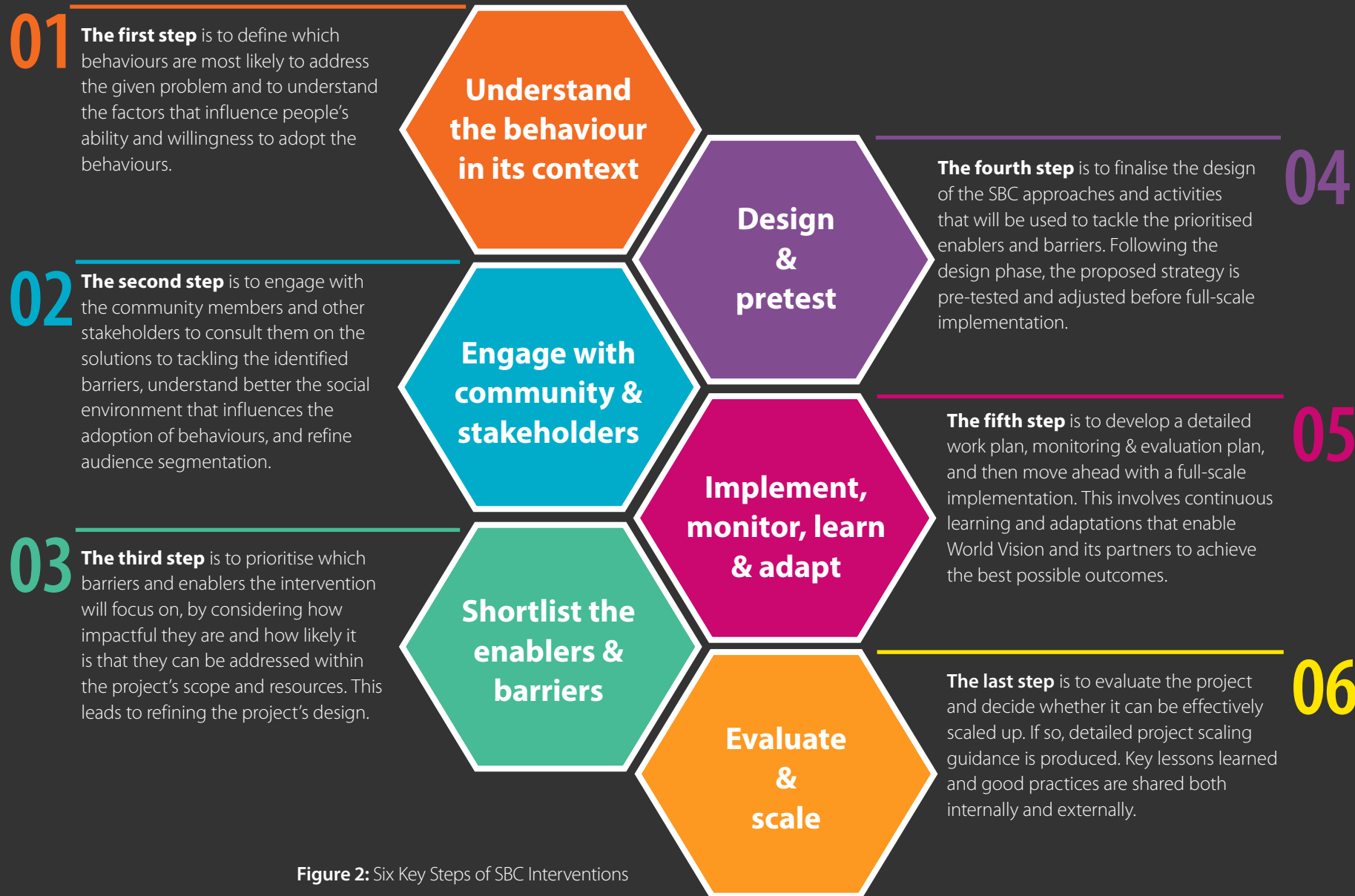


Figure 2: Six Key Steps of SBC Interventions

SBC Techniques Used by World Vision

There are multiple reasons why people do or do not follow those behaviours that are necessary to ensure good nutrition outcomes. Among the most common are:

- **access to resources** required to follow the behaviour (e.g. money, food, water, time)
- **perceived positive and negative consequences** of practicing the behaviour
- **knowledge or skills** that are needed to practice the behaviour
- **social norms** that define what behaviour is (not) considered as 'normal'
- **approval or disapproval of a family member**, such as husband or mother-in-law
- **access to / quality of services** that could help people adopt the promoted behaviour

To address such behavioural barriers and enabling factors, World Vision's SBC interventions worldwide have used a rich variety of different approaches. The table below provides their overview, presented by the five key domains.

Table 1: How does World Vision address enablers and barriers at the following domains?				
AGENCY	COMMUNITY	SOCIETY	STRUCTURES	SYSTEMS
<ul style="list-style-type: none"> ▪ Adult and Children Participation ▪ Persuasive communication ▪ Modelling ▪ Social comparison ▪ Reinforcement ▪ Nudging ▪ Self-re-evaluation ▪ Guided practice 	<ul style="list-style-type: none"> ▪ Cooperative learning ▪ Enhancing network linkages ▪ Developing new social network linkages ▪ Community and peer educators ▪ Social planning 	<ul style="list-style-type: none"> ▪ Increasing gender equality and social inclusion ▪ Mass media role-modeling ▪ Mobilising social networks ▪ Behavioural journalism 	<ul style="list-style-type: none"> ▪ Increasing stakeholder influence ▪ Structural redesign ▪ Team building and human relations training ▪ Organisational diagnosis and feedback ▪ Sense-making ▪ Technical assistance 	<ul style="list-style-type: none"> ▪ Advocacy ▪ Agenda setting ▪ Technical assistance ▪ Media advocacy ▪ Timing to coincide with policy windows

Why Do We Use SBC to Address Malnutrition?

UNICEF's Conceptual Framework on Maternal and Child Nutrition is among the most authoritative explanations of what contributes to good nutrition in children and women. Looking at the underlying and immediate determinants of adequate nutrition (see below) helps us understand the essential role that SBC plays in addressing maternal and child malnutrition. Effective SBC approaches recognise that **tackling malnutrition is a multisectoral effort** helping caregivers follow the most impactful practices related to nutrition, health, and hygiene. Practicing exclusive breastfeeding, providing diverse diets, preventing diseases via handwashing with soap and safe sanitation are just some of many practices – or behaviours – that help children to be well nourished and thrive. World Vision believes that it is equally important to create an enabling environment for a strong bond between parents and child as well as the mother and fathers, as such nurturing relationships are the cornerstone of good child care and well-being

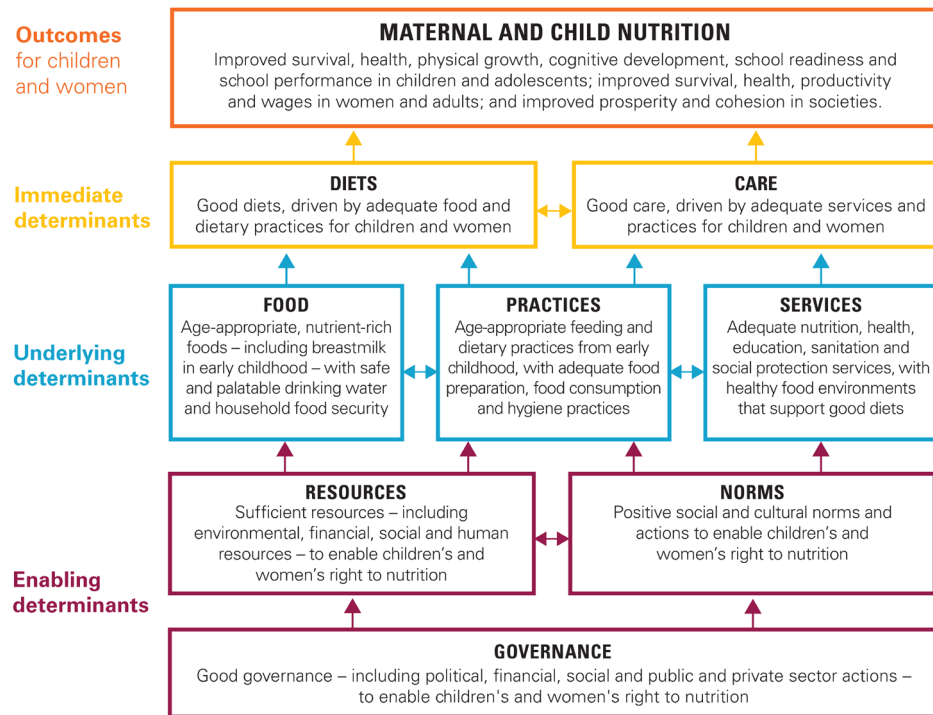


Figure 3: UNICEF's Conceptual Framework on Maternal and Child Nutrition

¹ For example, Sligo, F. & Jameson, A. (2000). The knowledge-behavior gap in use of health information; and Frick, M. Et al (2021) The Knowledge Action Gap in Healthy and Climate-Friendly Behavior

As explained earlier, only telling caregivers why they should follow positive practices brings limited results. What works are interventions that actively focus on understanding and effectively addressing the real reasons why people do or do not follow these life-saving practices. And this is what SBC is about.

SBC recognises the limitations of education-based approaches which often manage to increase people's awareness but have limited impact on the extent to which people adopt the promoted behaviours. Such a 'knowledge-action gap' has been widely documented by the existing research¹ and experienced by many nutrition interventions. There are multiple reasons **why increased knowledge often does not translate into behaviour change**. First of all, knowledge is just one of many factors that influence people's behaviour. Therefore, people might know what they should be doing and why but other factors prevent them from adopting the given behaviour. These might include, for example, a lack of resources required to follow the promoted behaviours (e.g. money or time), disapproval of an influential household member, unfavourable gender norms, perceptions that question the behaviour's effectiveness or feasibility, or conflict with other priorities. Next, even if people have the given knowledge, they sometimes stick to their existing habits (because it is easier, less risky, etc.). Breaking these habits requires more than just information. Many SBC interventions are not effective because they place too much emphasis on increasing people's knowledge and do not pay enough attention to other, often more influential factors.

The key strength of SBC is that it is based on first understanding and then addressing these factors, instead of just assuming that what people need is more information. We can imagine it as a journey – while a traditional approach based on education would tell us where we should go and why, SBC also focuses on ensuring that there are fewer obstacles and more incentives along the way. And that helps us get further. It means that more caregivers follow positive behaviours, which results in fewer women and children experiencing malnutrition.

In a nutshell, SBC is an effective approach to helping people adopt the desired behaviours. It contributes to **achieving better outcomes** and, in doing so, **improves the cost-effectiveness** of nutrition interventions.

World Vision's SBC Approach in the South Asia and Pacific Region

World Vision works in 10 countries in South Asia and the Pacific on addressing the key determinants of maternal and child malnutrition. Its long-term community development programmes and grants projects are implemented in collaboration with the governments, local civil society, and the private sector to contribute to reducing rates of wasting, stunting, and micronutrient deficiencies. Across Asia and the Pacific, nearly 75 million children are stunted, amounting to half of the world's total. The share of children under 5 years of age affected by wasting in the region was 9.9 per cent in 2020, higher than the global average of 6.7 per cent. Even before the COVID-19 pandemic, people in the region faced chronic food insecurity, with FAO estimating that 460 million people faced hunger and over 1 billion people lacked access to adequate food.²

Since improving nutrition is primarily about enabling people to follow positive practices, SBC has been at the forefront of the organisation's efforts to tackle maternal and child malnutrition. World Vision's SBC approach to addressing malnutrition is based on the following principles:

- **Working multisectorally:** The multifaceted nature of malnutrition demands solutions that engage multiple sectors. That's why World Vision's SBC interventions often promote practices related to nutrition, health, food security, income generation, gender equity, and WASH, recognising their collective impact on the nutritional status of mothers and children.
- **Tackling barriers and leveraging enablers across various sectors:** World Vision's interventions address behavioural determinants in multiple domains, including people's perceptions, access to resources, social norms, quality and accessibility of required services, and government policies.
- **Ensuring gender equality and social inclusion:** World Vision believes that exclusion and inequality are among the core underlying drivers of malnutrition. To strengthen gender equality and social inclusion, its teams work on understanding and influencing who has access to which resources, who participates in important decision-making from household to government levels, and what systems are in place to ensure equality.
- **Building on local insights:** World Vision's projects use approaches that are based on engaging the community members in identifying and promoting positive local attitudes and practices, such as the Positive Deviance/Hearth model.

To illustrate how such principles are used in practice, this section presents three World Vision projects and provides practical examples of the SBC strategies they used to address barriers and enablers at the five key levels. These projects were intentionally selected because they were designed as multi-sectoral, integrated projects to address malnutrition and food insecurity, were implemented for more than three years, and represent diverse regional contexts.



Figure 4: Map of three featured SBC projects

² FAO, UNICEF, WFP, WHO (2023) Asia and the Pacific – Regional Overview of Food Security and Nutrition 2022

Intervention #1: Eggciting Project

Objective: Contribute to improved nutritional status of children under 5 years of age in Central Sulawesi, Indonesia.

Implemented by: World Vision Indonesia, Sight and Life (2018 – 2022)

Donor: Royal Dutch State Mines now dsm-firmenich

Key Promoted Behaviours

- Pregnant and lactating women and children under five consume eggs every day.
 - Barriers:** caregivers' misconceptions about consuming eggs, insufficient appreciation of eggs' benefits, limited access to eggs (due to lack of money and low production), limited support from some male heads of household for consuming more eggs
 - Enablers:** desire for children to thrive, belief in the nutritional benefits of eggs, accessibility of eggs
- Local farmers produce more eggs for homestead consumption and local sale.
 - Barriers:** limited access to technical know-how, risks related to taking loans for expanding egg production, limited influence over service providers
 - Enablers:** the desire to have easier access to eggs, farmers' existing experience, presence of positive role models, provided technical support, collaboration with other farmers

Main SBC Activities

- Training on productive poultry raising.
- Establishment of egg production model farms engaging both women and men.
- Social marketing campaign to boost consumer demand for eggs, using posters, SMS blasts using rhyming words, recipe calendar, videos, an 'Eggyclopedia' booklet addressing frequently asked questions, and interpersonal communication.



Results (baseline vs. endline surveys; first phase of the project)

- Decreased prevalence of myths related to consuming eggs (see figure 4)
- Proportion of target group members who eat one or more eggs every day:
 - Pregnant women: 3.6% vs. 20.5%
 - Lactating women: 3.3% vs. 21.9%
 - Children under five: 3.5% vs. 28.8%
- 22 out of 49 farms increased their egg production.

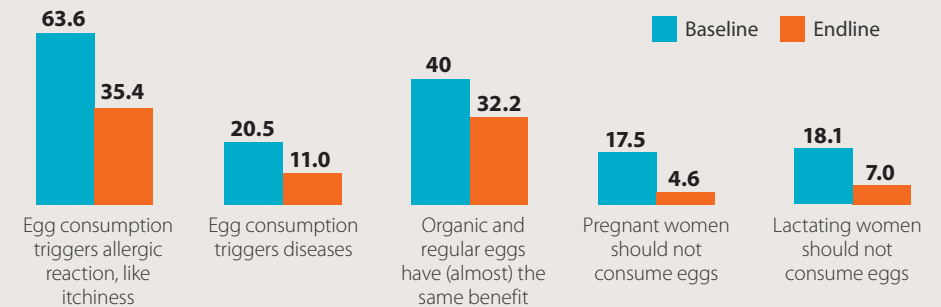


Figure 5: Prevalence of beliefs related to egg consumption held by the interviewed women. Source: Evaluation report of Eggciting project (2020).

Lessons Learned

- Alive & Thrive's research related to promoting increased consumption of eggs showed that the greater the variety of ways in which a caregiver was reached, the more likely it was that they adopted the promoted behaviour.³ The Eggciting project followed this 'good practice' and used a wide range of communication channels, which might be one of the main reasons for its positive results.
- The involvement of Posyandu (Integrated Health Post) volunteers, who are dedicated to promoting health and nutrition among their community members, has been a critical systemic strategy that has significantly increased the coverage and sustainability of efforts to increase egg consumption.

³ Alive & Thrive (2016) Understanding factors driving nutrition behavior change: the experience of Alive & Thrive

Intervention #2: Better Food, Better Health (BFBH) Project

Objective: Children under five and their mothers in Timor-Leste are well nourished.

Implemented by: World Vision (2017–2022, follow-up phase until 2027)

Donor: Australian Government through the Australian NGO Cooperation Program

Key Promoted Behaviours

- a wide range of essential nutrition and health-related practices
 - **Barriers:** women's high workloads and the low engagement of men in childcare, food taboos, poor access to nutritious food, limited knowledge of optimal nutrition practices
 - **Enablers:** desire for children to thrive, positive practices of peers, advice provided by health volunteers
- good agricultural practices related to growing promoted 'superfoods'
 - **Barriers:** poor access to water, lacking inputs and technical know-how
 - **Enablers:** provided technical and material support; inspiring examples of other farmers

Main SBC Activities

- establishment of community parents' / farmers' / savings / other groups
- promotion of positive health, hygiene, and nutrition practices
- support to improved production and marketing of nutrient-rich 'superfoods', such as soybeans, kidney beans, orange sweet potatoes, moringa leaves, and eggs
- improving health and agricultural services

Results (baseline vs. endline surveys)

- % of children aged 6-59 months consuming at least one of the six 'superfoods' rose from 14% to 58%; among mothers it increased from 14% to 59%
- % of children meeting minimum dietary diversity increased from 13% to 55%; girls' diets became more diverse than boys' diets
- % of men who are regularly involved in feeding and caring for children has increased from 23% to 44%
- % of households with handwashing facilities increased from 29% to 57%

Lessons Learned

- To achieve the best possible impact, it is essential that project activities reach the maximum proportion of target group members. In the case of the BFBH project, 26 per cent of targeted adults participated in parents' clubs and 20% in farmers' clubs. Understanding and addressing the barriers to greater reach would positively impact the project's overall results.
- Promoting several 'superfoods' provided clearer and more actionable messages than if the project activities had talked about 'dietary diversity' in general. This was in line with the widely recommended good practice of breaking down more ambitious objectives, such as ensuring dietary diversity, into smaller and more manageable actions.
- The Integrated Community Health Services had been instrumental in serving and mobilising people in health promotion and positive behaviour change. Their principle of 'From, With, and To the Community' made it more likely that the promoted solutions are relevant to the everyday context and realities of the targeted community members.



Intervention #3: Bangladesh Initiative to Enhance Nutrition Security and Governance (BleNGS) Project

Objective: To improve the nutrition status of children and mothers in the Jamalpur and Sherpur districts of Bangladesh.

Implemented by: World Vision, Unnayan Sangha, IFPRI, HarvestPlus, Institute of Development Studies UK (2018–2023)

Donor: European Union

Key Promoted Behaviours

- essential nutrition practices (e.g. dietary diversity and breastfeeding)
 - Barriers:** mothers' workloads, influence of other caregivers, poor access to nutritious food, and beliefs contradicting the promoted practices
 - Enablers:** access to food, support of other caregivers, counselling services
- effective agricultural practices (e.g. related to vegetable production)
 - Barriers:** lacking know-how and inputs
 - Enablers:** positive role models, technical assistance, access to inputs
- practices related to greater gender equality (e.g. sharing household chores and childcare, joint decision-making related to income and nutrition)
 - Barriers:** deeply ingrained social norms, perceived risks
 - Enablers:** exposure to role models, discussions about women's and men's roles, experienced benefits of joint decision-making

Main SBC Activities

- behaviour change communication activities, such as nutrition education and counselling in the Growth Monitoring and Promotion (GMP) locations, Positive Deviance/Hearth, MenCare, adolescent clubs, theatres, and thematic campaigns
- health systems strengthening, including support to community clinics, training of health workers, strengthening multisectoral platforms, and school activities
- increasing agricultural production and economic empowerment, including supporting the production and utilisation of nutritious crops, biofortification, market linkages, and ensuring greater gender equality
- social accountability, advocacy, and governance activities, such as support to developing multi-sectoral annual nutrition plans and the promotion of greater use of biofortified crops

Results (baseline vs. endline surveys)

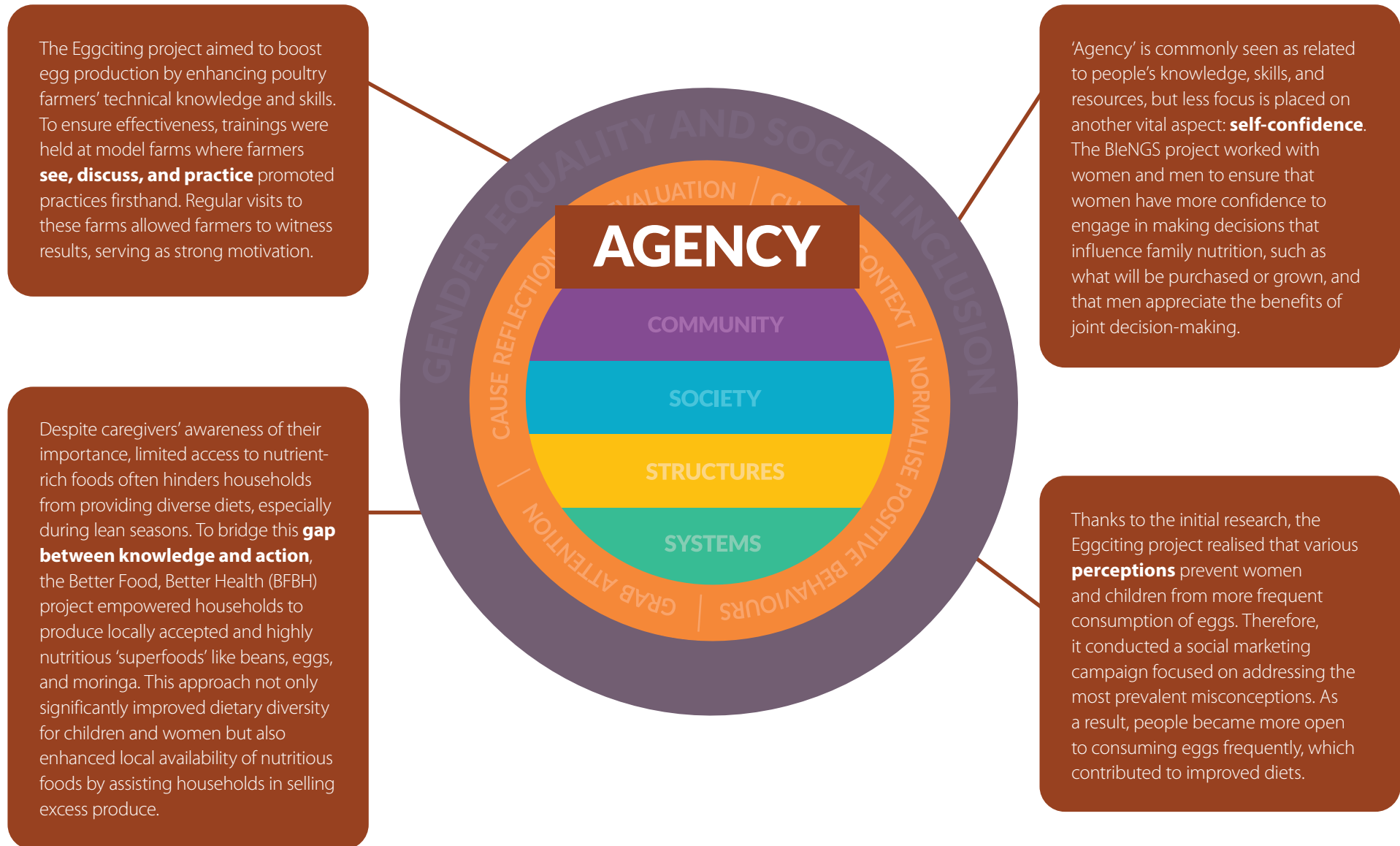
- % of children meeting minimum dietary diversity increased from 39% to 50%; girls' diets became more diverse than boys' diets
- % of women meeting the minimum dietary diversity rose from 48% to 67%
- % of households with adequate food consumption rose from 67% to 79%
- % of women participating in income-related household decision-making has increased in one district but not in another

Lessons Learned

- In contexts where parents are often away from home for work, it is crucial to also target other caregivers who influence children's nutrition (e.g. in-laws).
- Communication materials and activities are most effective when they focus not only on informing people about what they should do and why, but also on addressing the most common barriers to adopting the promoted behaviour (e.g. certain misconceptions or the negative influence of some household members).



How World Vision Addressed Behavioural Drivers in the Five Key Domains: #1 AGENCY



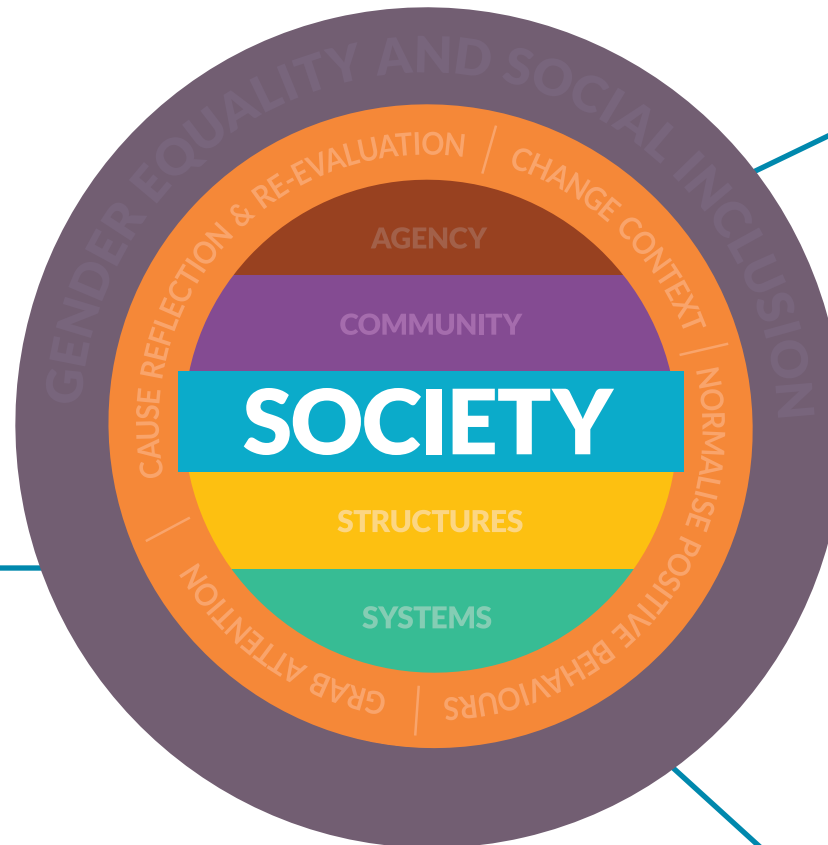
How World Vision Addressed Behavioural Drivers in the Five Key Domains: #2 COMMUNITY



How World Vision Addressed Behavioural Drivers in the Five Key Domains: #3 SOCIETY

The point at which girls stop being perceived as a child by society

can have significant health implications. In societies that perceive teenage girls as women, it is more socially acceptable to marry off girls at a young age, such as at 14. Aside from the impact it has on girls' well-being, child marriage is also significantly associated with an increased risk of any future children becoming stunted and underweight. To contribute to preventing child marriages, the BleNGS project established adolescent clubs whose members – all teenage girls - discouraged and reported any instances of planned child marriages. Qualitative research showed that these efforts stopped specific cases of child marriage in their community but they faced challenges with families still wanting to marry off their girls. According to the evaluation report, to effectively tackle child marriage, additional (e.g. legal) interventions would be necessary and *“should be informed by a strong understanding of economic and social incentives and disincentives for child marriage”*. (Source: BleNGS Final evaluation report).



The BFBH project realised that among the key barriers to improved nutrition and health practices is the **limited engagement of men in child care**. Therefore, its activities focused on encouraging and supporting men to be more involved in child feeding, caring for children, and accompanying their pregnant wives to antenatal care. The project used Parent Clubs that brought together couples who discussed their perceptions and practice of gender roles. The endline survey also showed positive changes in men's gender-related attitudes. This increases the chances that children get the care they need and women have more time to rest – both important pre-conditions for ensuring good maternal and child health and nutrition.

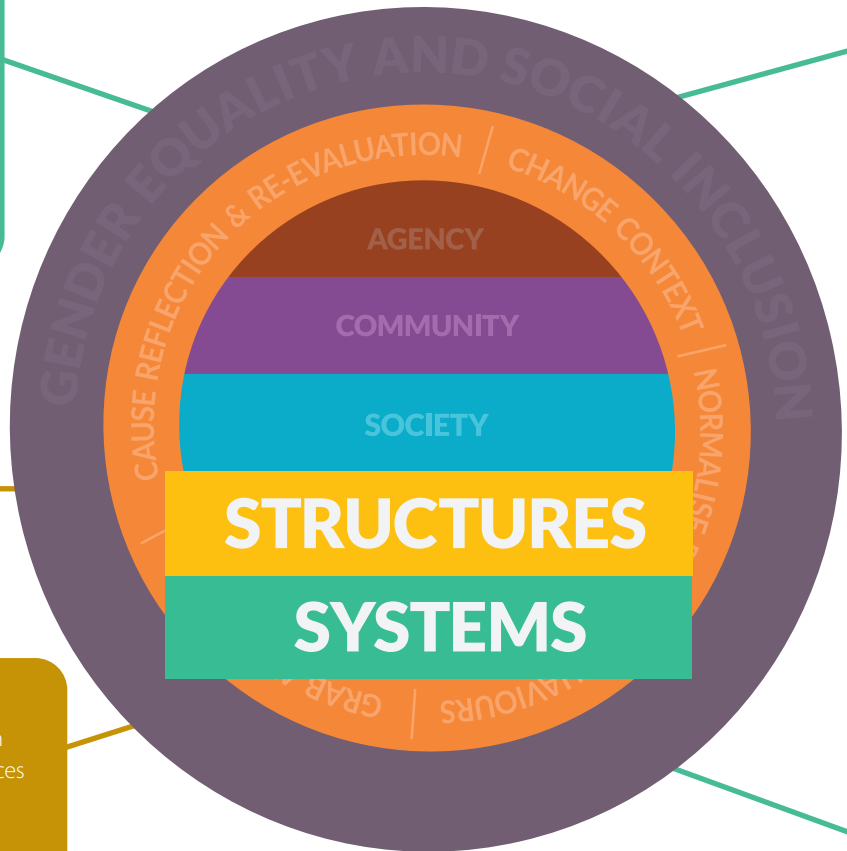
To maximise the effectiveness of its social marketing campaign, the Eggciting project took care to ensure that any **communication materials were adjusted to the local culture** by using local terms, accents, and visuals. This made the materials more relatable to the community members and increased the chances of them serving as an effective enabler to change.

How World Vision Addressed Behavioural Drivers in the Five Key Domains: #4 STRUCTURES and #5 SYSTEMS

Prior to the Eggciting project, poultry farmers received **limited financial and technical support from the government**, as they were perceived as relatively small-scale enterprises. The project helped them collaborate in formalised farmers' groups which led to greater recognition and support from the government. It also improved farmers' access to required inputs and technical assistance from the suppliers.

Water scarcity is among the main barriers preventing farmers in Timor-Leste from increasing their production of nutrient-rich 'superfoods'. Therefore, the second phase of the BFBH project focuses on promoting affordable water-saving options.

Local public service providers, such as health workers and agricultural extension workers, often have great potential to help people adopt practices that improve their lives. However, the **quality and reach of public services** often does not match what people need. To help people provide feedback on what and how could be improved, the BFBH and BleNGS projects used the Community Voice and Action model. It enables the community members to have a constructive dialogue with service providers and advocate for improvements.

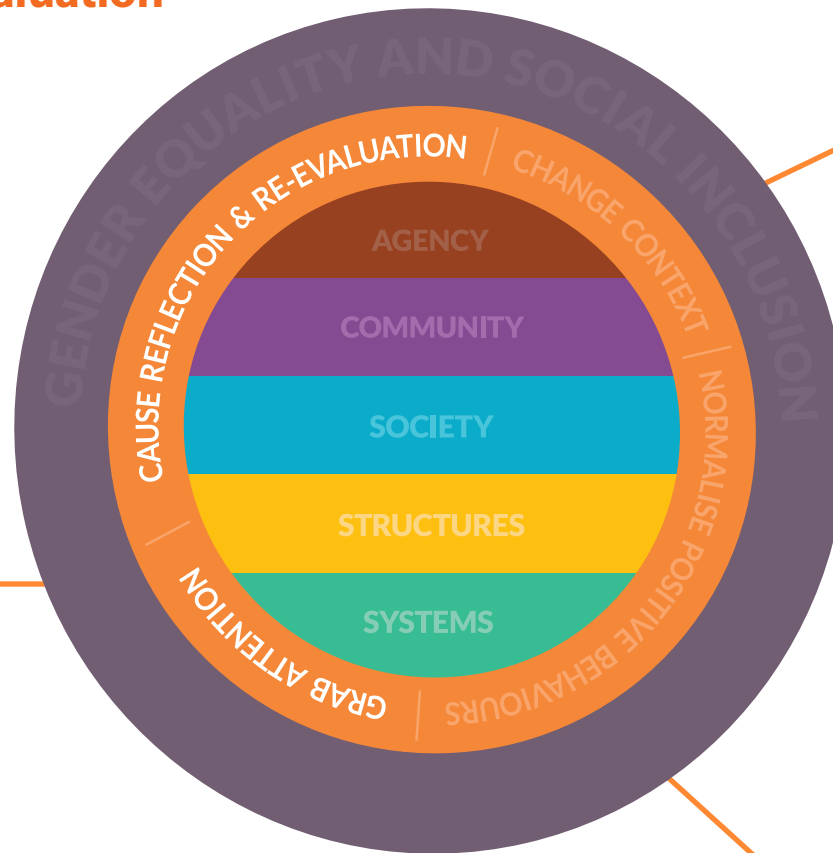


Among the barriers to ensuring good maternal and child nutrition is **the limited availability and accessibility of healthcare services**, such as the treatment of diarrhoea, nutrition screening, and counselling. Recognising this, the BleNGS project implemented advocacy activities asking the Ministry of Health and Family Welfare of Bangladesh to increase the availability and competencies of community health workers, especially the Community Health Care Providers, Health Assistants, and Family Welfare Assistants. Their work makes it easier for caregivers to access the support needed to follow the promoted nutrition practices.

Since malnutrition has multiple causes across different sectors, it is necessary to tackle it using multisectoral approaches. However, in many countries, the coordination between various government departments is insufficient, which decreases the nutritional impact of provided services. That is why the BleNGS project worked with relevant government departments on creating **multi-sector nutrition coordination mechanisms** at the sub-district levels. The mechanism brought together the different actors and allowed them to work on addressing malnutrition in a more coordinated manner.

How World Vision Integrates the Principles of SBC Project Design: 'Grab Attention' and 'Cause Reflection & Re-Evaluation'

The experience of the BleNGS project showed that **'grabbing attention' and 'causing reflection' is often not enough** to bring the desired change. There were large differences between the proportion of women who knew about the benefits of feeding only breastmilk and those who practiced this recommendation. Even when some women were in favour of this behaviour, other factors, such as work commitments, cultural norms, and influences from other family members prevented them from its adoption. This example illustrates that 'grabbing attention' and 'causing reflection' is likely to be effective only when people are supported to overcome the barriers that prevent them from acting in their own interest to practice the given behaviour. This is important especially when designing SBC communication activities that often manage to get people's attention but fall short of tackling the key reasons why people don't follow the promoted behaviours.

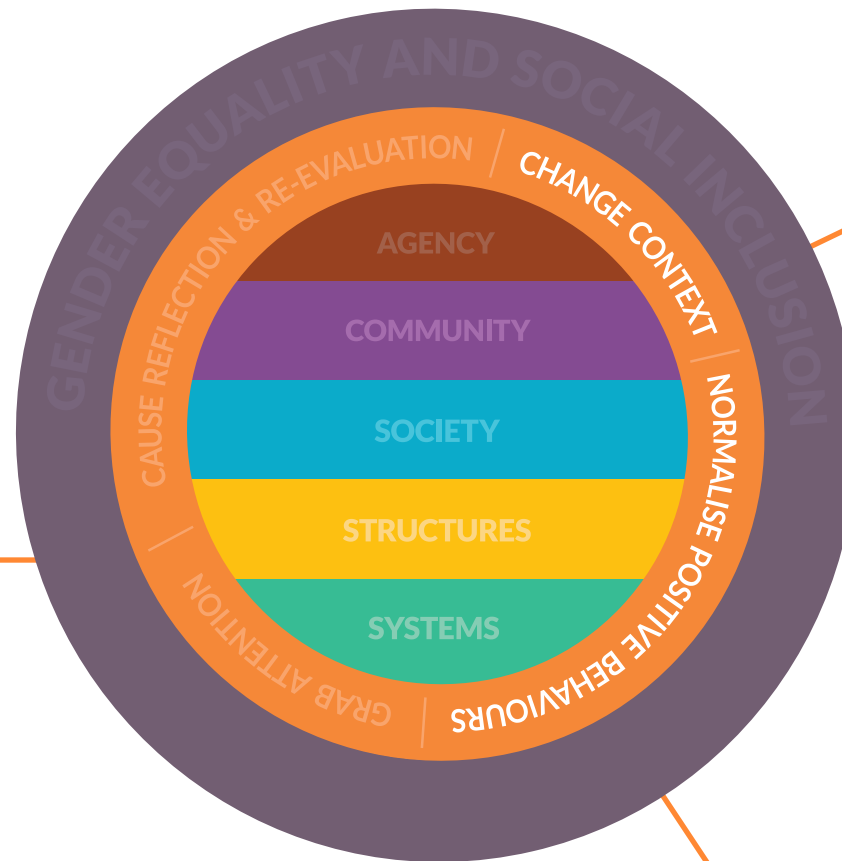


The Eggciting project's social marketing campaign encouraged caregivers to reconsider their (often not positive) attitudes towards consuming eggs more frequently. The campaign used a wide range of activities, including social media, printed visual materials, jingles, videos, and many others. However, the most effective and appreciated ones were 'simple' meetings at Posyandu, local health posts. The meetings brought together caregivers and enabled them to discuss their opinions about frequent consumption of eggs. As one of the Posyandu meeting participants explained: *"We cannot ask posters. With direct socialisation, we can ask."* This illustrates the **importance of two-way communication** in the behaviour change process.

Often, what influences our behaviours the most is **what other people are doing and thinking**. Therefore, whenever a project promotes a new behaviour, it can 'grab attention' and 'cause reflection and re-evaluation' by helping people come together and discuss what the project promotes. This can provide people with more confidence and motivation to try the promoted behaviours. This approach was used extensively by the BFBH project whose strategy was based on promoting high-impact behaviours through various community groups.

How World Vision Integrates the Principles of SBC Project Design: 'Change Context' and 'Normalise Positive Behaviours'

In the target areas of the BleNGS project, it was not very common for men to engage their spouses in household decisions. Men were reluctant to share decision-making power with their wives, as they perceived it as a risk to their family's stability and economic security. Some women were also not confident of taking a more pro-active role. The **transformative approach** used by the MenCare model has – at least for some – changed such attitudes. Through discussions, exposures to positive role models, and various exercises, the couples reflected on how changes to their existing decision-making could make their families happier and economically more prosperous. The most convincing argument in favour of joint decision making was often the couple's actual experience where both men and women started observing and appreciating the benefits of deciding together. The tangible benefits gained is what helped with normalising the positive behaviours and increasing the likelihood that they'll be practiced in the long-term.



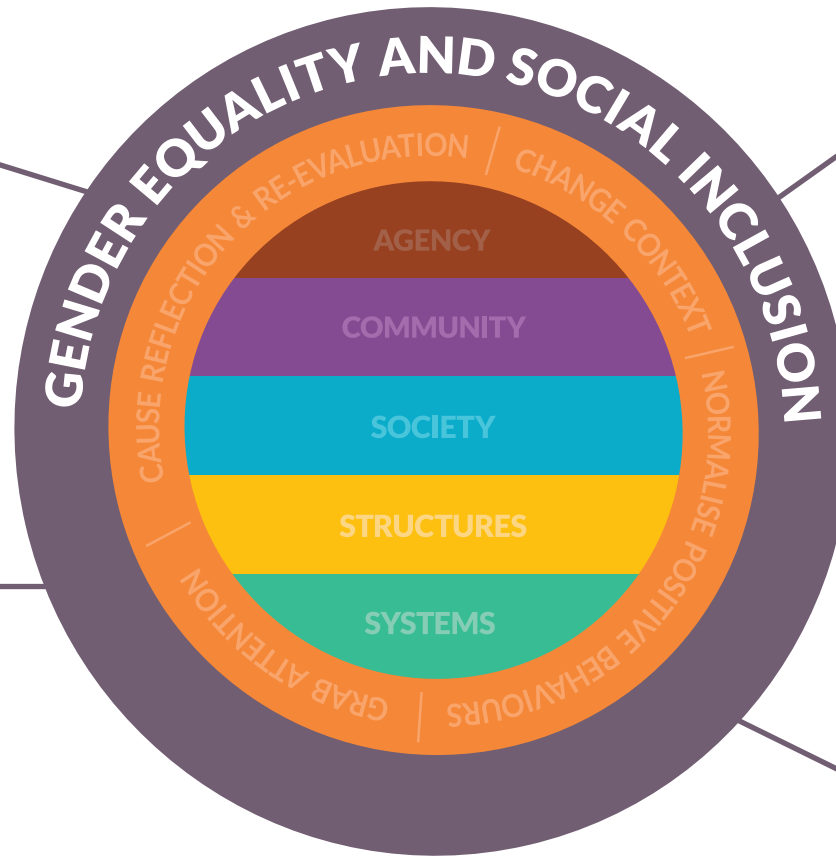
The Posyandu volunteers operating in Indonesia are one of the most trusted sources of health- and nutrition-related advice. Therefore, the Eggciting project aimed to ensure that they promoted the consumption of eggs in the long-term – so that it **becomes a standard part of their work** and helps create a new norm. To make it easier for them, it engaged them in creating Eggcyclopedia, a documented version of frequently asked questions related to egg consumption. It helped them tackle common myths as well as provide competent advice addressing caregivers' concerns.

The BFBH project's support to producing 'superfoods' meant that the average **duration when households had difficulties with accessing nutrient-rich foods decreased** from two to three months to less than one month. This significantly changed the 'context' and made it easier for households to diversify their diets.

How World Vision Integrates the Principles of SBC Project Design: 'Gender Equality and Social Inclusion'

The Eggciting project took measures to ensure that the supported **poultry cooperatives engage both women and men** and provide them with opportunities to access training as well as material inputs, such as feed and medicine.

The BFBH project took care to **ensure that women, men, and people with disabilities are included in and benefit from its activities**. The gender distribution was evenly spread in farmers' groups, while there were more female members in parents' groups, and fewer in savings and loans groups – something to be addressed in the project's second phase. People with disabilities were included to an extent that is consistent with the disability rate reported by the census. Specific measures have been taken to ensure their full participation. For example, ramps have been provided for easier access to their chickens.



The **MenCare approach** is used by World Vision and its partners worldwide. It promotes men's involvement as equitable, nonviolent fathers and caregivers in order to achieve greater gender equality, family well-being, and better health for children, mothers, and fathers. Through discussions and promoting positive role models, it aims to motivate fathers to take on more responsibility for childcare and domestic work. At the same time, it promotes women's increased role in household level decision-making, for example, regarding family diet and use of income.

The BleNGS project paid special attention to **ensuring that even the poorest households can improve their children's nutrition**. Therefore, it provided them with goatlings, seeds, and training that enabled them to improve their access to nutritious foods. Such support is important, as caregivers often know what they should be doing to ensure that their children are well-nourished but lack the means required to do so.

Recommendations for Effective SBC for Nutrition

This section provides practical recommendations on how to **ensure the maximum impact of SBC nutrition interventions, based on global SBC science**. The recommendations are provided separately for:

- decision-makers who influence the design and financing of nutrition programmes and strategies, including donors, policymakers, and regional bodies
- professionals who work on implementing nutrition projects, especially in South Asia and the Pacific, including the staff of NGOs, United Nations' agencies, and government institutions

Recommendations for Decision-Makers

Recommendation #1: Ensure that SBC work is truly evidence-driven

Most caregivers who are expected to adopt the promoted behaviours do not need general awareness raising. What they need the most is someone who understands what prevents them from adopting the promoted behaviours and then helps them overcome the barriers they face. In practice, this means that implementers need to have and use up-to-date, context-specific data on which barriers are experienced by most people. This requires that the decision-makers require and financially support implementers to:

- conduct qualitative and quantitative formative research that identifies the most prevalent barriers (i.e. avoid relying on assumptions or data that does not represent the targeted populations);
- ensure that the project activities systematically focus on lowering the most prevalent barriers, as opposed to doing general 'nutrition education';
- similarly, understand what the key motivators and enablers to adopting the promoted behaviours are and strengthen them

This approach is considerably more cost-effective, as it not only increases people's awareness but is much more likely to lead to the actual adoption of the promoted behaviours.

Recommendation #2: Recognise the limits of SBC communication

Social and behaviour change is often incorrectly seen as a matter of giving 'messages', making posts on social media, displaying posters, and other largely one-way communication activities. This practice strengthens the misconception that SBC is primarily about increasing people's knowledge. However, as the previous section showed, many reasons why people do not adopt a behaviour cannot be addressed by such activities alone – a different type of support is needed, such as using dialogue and counselling, enhancing the quality and availability of services, or improving access to resources. Therefore, it is recommended that decision-makers:

- discourage implementers from approaching SBC as a matter of printing communication materials and disseminating messages
- encourage implementers to also use other types of support that address the real reasons why some people do (not) follow the promoted practices

Recommendation #3: Prioritise strengthening the SBC capacities of community-level 'agents of change'

The people who promote various practices at the community level, such as health volunteers, care group leaders, or agricultural extension staff, are arguably the most important agents of behavioural change. It is they who are best positioned to understand people's needs, motivate them to try new practices, and help them overcome any obstacles. However, many of them lack the required SBC skills and often resort to ineffective lecturing, as opposed to using more engaging and impactful approaches. This is also because the training they receive focuses primarily on what they should promote and much less on how they should do it. Many trainings are also one-off (with no or limited follow-up support), assuming that once people are trained, they will be able to use what the training covered – which is usually unrealistic.

Therefore, it is recommended that decision-makers encourage and support implementers in systematically strengthening the SBC communication and facilitation skills of the people who promote various behaviours, such as using approaches based on dialogue (as opposed to lecturing), active listening, verifying people's understanding, and other essential skills.

Recommendations for Implementers

Recommendation #1: Reconsider your SBC theory of change

When looking at the theories of change of SBC interventions that aim to improve nutrition outcomes, we often see a similar pattern: activities that are designed to increase people's knowledge (sometimes also skills) related to the promoted behaviours, which are then expected to result in more people following such behaviours. However, as was explained earlier, such 'logic' rarely works and often leads to projects that manage to increase knowledge but have only a modest impact on the actual change in people's behaviours.

Therefore, it is recommended that implementing agencies use theories of change that reflect more accurately how change happens. Figure 6 illustrates what such a theory can



look like. It asks implementers to ensure that the default focus of the project activities is not on 'raising awareness' or 'educating people' but on 1) lowering the prevalence of barriers to adopting the promoted behaviours and 2) strengthening the factors that motivate and enable people to follow these behaviours. As a result, following the behaviours becomes easier and more appealing which leads to their higher adoption. Compared to the traditional models, this approach is more realistic, ethical, and impactful, as it helps with what people need the most.

Figure 6: Illustrative theory of change

Recommendation #2: Let data drive your SBC work

Many behaviours contribute to improved nutrition and each is influenced by multiple enablers and barriers. Choosing which to focus on might not seem easy. Since 'doing everything' is rarely effective, prioritisation and focus are key to maximising a project's impact and efficiency. Reliable qualitative and quantitative data are crucial for making such decisions.

When deciding on which behaviours to promote, it is recommended to first list those that are most effective in improving nutrition outcomes and that your project is able to promote effectively, considering its mandate and resources.

As the next step, use existing data to prioritise those that are not extensively practiced – i.e. there is room for improvement.

Once the behaviours are shortlisted, it is recommended to conduct qualitative formative research identifying which barriers and enablers influence the behaviours' adoption. Using existing data is also possible but only when the data truly represents the targeted population. The next step is to use a quantitative survey to assess how prevalent the barriers and enablers are. It is important to disaggregate the data (e.g. by gender, area, social group), as we cannot assume that different people experience the same obstacles to the same degree. Such data will allow you to focus on the obstacles that most people experience, making your SBC work much more relevant and cost-effective. Without such data, a project can spend considerable resources on tackling something that is not a widely experienced barrier while ignoring more important determinants.

At the same time, the proportion of target group members who experience the various barriers/enablers is also among the most useful project indicators. It shows whether a project is making adopting the promoted practices easier and more appealing – a key pre-condition for achieving the desired change.

Recommendation #3: Focus on how behaviours are promoted

Anyone who has ever attended any training would agree that the way a trainer facilitates an event has a major influence on its effectiveness. While poorly-facilitated events leave people bored and uninterested in following what was shared, well-facilitated events can empower and motivate people to try something new. SBC activities are not much different – the 'soft skills' of the people who promote various behaviours have a major influence on whether the target group members adopt the behaviours.

Implementing agencies are encouraged to recognise the crucial importance of SBC communication and facilitation skills, and to support health workers, community volunteers, and agricultural extension workers in gaining and using such skills. The recently developed training guides of [GIZ](#) and [ADRA](#) are an excellent start but follow-up support, such as observations and refreshers, is equally important, as one-off training is rarely effective.

Recommendation #4: Implement fewer activities but with a higher reach

One of the reasons why some SBC interventions are not as effective as they could be is not their poor quality but the limited reach of their activities. When comparing the number of people targeted by a project with the number of people reached by individual activities, the reach is sometimes as low as two to three per cent. This is, among other reasons, because many projects implement (too) many activities but only at a limited scale. This is driven by the belief that implementing more activities will increase the likelihood of success. It is also a sign of a weak theory of change and a limited ability to prioritise which activities are needed the most. The results of such activities are then fragmented and do not lead to the desired impact.

It is recommended that SBC interventions focus on a smaller number of activities that can be implemented on a large scale and in good quality. Priority should be given to activities that are most likely to address the most prevalent barriers to practicing the promoted behaviours (see recommendation #2). These activities are the most relevant to people's needs and are therefore the most likely to deliver the desired results. Implementing a smaller number of the most relevant activities also enables organisations to pay more attention to ensuring their quality, for example, by using observations-based monitoring checklists. To follow this recommendation, it is important to first tackle the (mis)perception among project stakeholders that 'more activities is better', as this is among the key drivers of the above-mentioned fragmentation.

Recommendation #5: Consider reporting more behavioural insights

When reviewing monitoring and evaluation reports of SBC interventions, one can frequently notice that their content focuses on what was achieved – the number of events organised, the number of participants, the number of items distributed, the proportion of people with certain knowledge, and the adoption rates for promoted behaviours, etc. While such data is important, it provides limited insights into the quality and effectiveness of the project's various behavioural activities. To ensure that monitoring and reporting improve the performance of behavioural activities, it is recommended that they:

- provide up-to-date data on the prevalence of barriers and enablers (e.g. collected as part of annual surveys), and explain what implications it has on the project's plans – e.g. what will be done differently to ensure that fewer people experience barriers to adopting the promoted behaviours
- provide real-time data on the quality of implemented behaviour change activities, including their strengths and weaknesses (e.g. through frequent use of quality monitoring checklists)
- explain what has (not) worked and why and what will be done to further increase the impact (e.g. during project reviews)

This would allow for more adaptive project management that prioritises learning drawn from what has already been done to improve a project's performance.



World Vision's ENOUGH Global Campaign: Tackling Malnutrition at All Levels

The largest global hunger crisis of modern history is unfolding before our eyes, with over 25 million children currently at risk of starvation and 149 million stunted due to the lack of nutritious food. Malnutrition places a question mark on children's right to life, as it affects their physical and cognitive development and puts them at an increased risk of illnesses. The world is not acting quickly enough to save millions of children on the brink of starvation. This is a systemic failure requiring systemic solutions to effective prevention of maternal and child malnutrition and timely treatment of malnourished children.

From 2024 to 2026, World Vision aims to unite and intensify its efforts in an unprecedented global campaign ENOUGH aiming to mobilise powerholders and citizens to create a world where every girl and boy enjoys being well-nourished and thrives. With our largest global response targeting malnutrition, involving strong leadership, existing faith partnerships, the ability to amplify children's voices and to mobilise communities, as well as strong marketing, communications, and grant investments, we aim to impact 125 million children by 2026. We will work with governments, donors, and other stakeholders to ensure relevant policies and funding are child- and nutrition-sensitive to prevent future crises.

The campaign has two main goals: 1) We want malnourished girls and boys to be more visible, heard, and prioritised in policy and funding, and 2) we want children to be better fed, nourished, and resilient. World Vision's SBC Model highlights that tackling maternal and child malnutrition requires focusing on all the five domains that influence children's nutritional status. The ENOUGH campaign is guided by this principle and does so in the following ways:

- Agency:** Improve knowledge, skills, attitude and self-confidence among caregivers of young children and adolescent girls and boys on good health and nutrition practices. Improve skills of children and adolescents in choosing healthier food options. Provide opportunities and platforms for young advocates including leadership skills building and public speaking skills around malnutrition and hunger issues. For community health

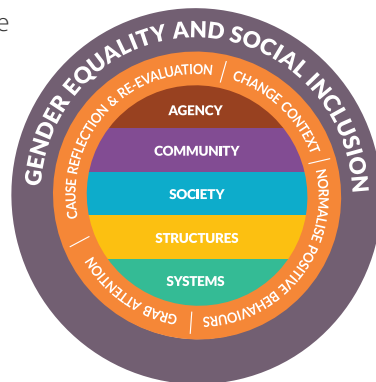


Figure: WV's SBC Model

workers/volunteers, we will strengthen their capacity for Essential Nutrition Actions and help them be the change agents in their community.

- Community:** Promote support from community leaders and community health committees to the community health workers/volunteers. Community mobilisation interventions can increase access to essential nutrition services for mothers, infants, young children, and adolescents. Promote the integration of food security and nutrition, such as working with farmers' groups to improve agricultural, climate-resilient food production, reducing food loss and food waste, and supporting the establishment of school gardens to promote healthy and nutritious food. Engage school health units, school principals, and teachers to advocate for healthier food options provided to children at school.
- Society:** Promote gender-transformative approaches that empower women and girls to break the cycle of malnutrition and food insecurity and multiply outcomes in education and protection from violence.
- Structures:** Promote access to micronutrient supplementation. Scale-up appropriate food and cash assistance and school meal programmes.
- Systems:** Global and national advocacy on policy and funding related to sustainable agriculture, food security, disaster risk reduction, and embedding child nutrition-sensitive approaches to prevent future crises. Advocacy for a new unified global nutrition fund that catalyses coordination and resourcing efforts around nutrition, specifically focusing on children. Advocacy for the availability of a qualified community health workforce. Advocacy for prioritisation and budget allocation for Essential Nutrition Actions, including micronutrient supplementation. Advocacy for school meal programmes. Advocacy for food system strengthening. Work with the governments to regulate the production, marketing, and distribution of food and beverages that children consume so that there are ethical marketing practices of food and beverages for children. We will also ensure that girls and boys in need are better accounted for by existing and improved measurements so they can be reached with support and can shape relevant decisions and policy processes.

World Vision will continue promoting effective social and behaviour change approaches as an integral part of the ENOUGH Campaign, as collective efforts to end maternal and child malnutrition.



World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families, and their communities to reach their full potential by tackling the root causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.