



Shaping a Healthier Future for Children: Effective Social and Behaviour Change for Nutrition in South Asia and the Pacific

World Vision's efforts in addressing maternal and child malnutrition in South Asia and the Pacific Region through social and behaviour change (SBC) strategies:
An Executive Summary



ENOUGH
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EXECUTIVE SUMMARY

Shaping a Healthier Future for Children: Effective Social and Behaviour Change for Nutrition in South Asia and the Pacific

World Vision's efforts in addressing maternal and child malnutrition in South Asia and the Pacific Region through social and behaviour change (SBC) strategies

World Vision works in 10 countries in South Asia and the Pacific Region to address the key determinants of maternal and child malnutrition. Its long-term community development programmes and grants projects are implemented in collaboration with 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% in 2020, higher than the global average of 6.7%. 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.

What is Social and Behaviour Change?

SBC is a powerful approach that recognises that changing people's behaviour requires more than just increasing their knowledge.

SBC is about **understanding** what prevents people from adopting a behaviour (the 'barriers') and what helps them adopt the behaviour (the 'enablers'), and then using the understanding to effectively **reduce the most influential barriers** and **strengthen the enabling factors**.

SBC is about making it easier for people to adopt the behaviour or practice.

The key aspects of effective SBC interventions include:

- Context-specific solutions
- Recognising the limits of 'education'
- Going beyond communication
- Combining science with community wisdom
- Advocacy and policy

Since improving nutrition is primarily about enabling people to follow positive practices, social and behaviour change (SBC) has been at the forefront of World Vision's efforts to tackle maternal and child malnutrition. World Vision's SBC approach to

addressing malnutrition is based on the following principles:

- **Working multi-sectorally:** Malnutrition is multifaceted, and thus requires multi-sectoral solutions. World Vision's SBC interventions promote practices related to nutrition, health, food security, income generation, gender equity, and WASH, recognising they collectively impact 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: 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 engage community members to identify and promote positive local attitudes and practices, such as the Positive Deviance/Hearth model.

World Vision's SBC Theory of Change

In 2024, World Vision designed its **SBC Model**, which divides key behavioural drivers into five domains:



- **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.

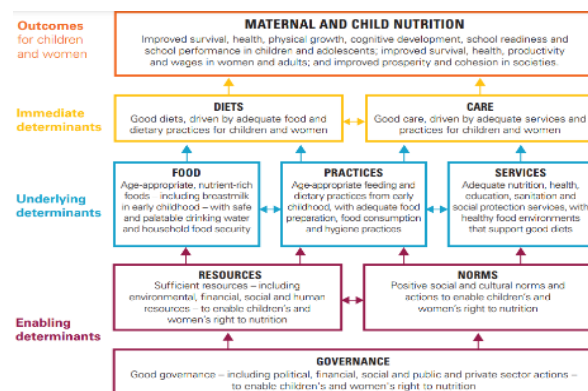
The model also presents World Vision's main principles of SBC project design, including:

- 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 practising 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.

Why Do We Use SBC to Address Malnutrition?

UNICEF's Conceptual Framework on Maternal and Child Nutrition explains that multiple factors cause good (or bad) nutrition in children and women.



#1 Effective SBC approaches recognise that **tackling malnutrition is a multisectoral effort, consisting of nutrition-specific and nutrition-sensitive interventions.**

#2 Only telling caregivers why they should follow positive practices brings limited results. There are multiple reasons **why increased knowledge often does not translate into behaviour change.** Even if people have the given knowledge, they sometimes stick to their existing habits. 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.

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 South Asia and the Pacific Region

World Vision designed projects as multi-sectoral, integrated projects to address malnutrition and food insecurity by employing:

- **Behaviour change communication activities** (counselling, Positive Deviance/Hearth, adolescent clubs, and theatrical performance in Bangladesh)
- **Health systems strengthening** (support to community clinics, training of health workers, strengthening multisectoral platforms and school activities in Bangladesh)
- **Agricultural interventions** (farmers training and input to improve production, production model engaging men and women, farmers groups creation and market linkages in Bangladesh, Indonesia and Timor Leste; use of biofortification in Bangladesh)
- **Social marketing to boost production and consumption of nutritious foods** (biofortified foods in Bangladesh, eggs in Indonesia and six 'superfoods' in Timor Leste) using multi-media channels
- **Social accountability, advocacy and governance activities**

These learnings came from the three projects analyzed in this study:

- 1) Eggciting project in Indonesia, implemented by Wahana Visi Indonesia and Sight and Life from 2018 to 2022, funded by Royal Dutch State Mines, now dsm-firmenich
- 2) Better Food, Better Health (BFBH) project in Timor Leste, implemented by World Vision Timor Leste from 2017 to 2022, and follow-up phase until 2027, funded by the Australian Government through the Australian NGO Cooperation Program

- 3) Bangladesh Initiative to Enhance Nutrition Security and Governance (BIeNGS) project, implemented by World Vision, Unnayan Sangha, IFPRI, HarvestPlus, and Institute of Development Studies from 2018 –to 2023, funded by European Union.

Key Messages for Decision-Makers:

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

Most caregivers expected to adopt the promoted behaviours do not need general awareness raising, but they need someone who understands their barriers and helps them overcome them. Implementers need to have *and* use up-to-date, context-specific data on barriers experienced by most people. Formative research to understand key motivators and barriers is key and needs to be adequately resourced.

#2: Recognise the limits of SBC communication

Social and behaviour change is frequently misunderstood as merely giving ‘messages’, posting on social media, displaying posters, and similar one-way communication activities. Decision-makers should encourage implementers to move beyond this approach to SBC. Instead, they should use additional support strategies that address the real reasons why some people do (not) adopt the promoted behaviours.

#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 the most important agents of behavioural change. They 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. 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. Decision-makers should 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.

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 illness.

From 2024 to 2026, World Vision aims to unite and intensify its efforts through the **ENOUGH global campaign**, aiming to mobilise powerholders and citizens to create a world where every girl and boy is 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-focussed 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.

World Vision will continue promoting effective social and behaviour change approaches as an integral part of the ENOUGH global campaign, in a collective effort to end maternal and child malnutrition.

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