



SOCIAL AND BEHAVIOUR CHANGE STRATEGY

of the FANSER Project | GIZ Zambia

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About

This report was prepared as part of GIZ's Food and Nutrition Security, Enhanced Resilience (FANSER) project in Zambia. It describes how the project intends to increase the adoption of high-impact nutrition, hygiene and agricultural practices and, in doing so, contribute to improved maternal and child nutrition. The report was prepared by social and behaviour change consultant [Petr Schmied](#). He appreciates the support provided by GIZ and its implementing partners. The quantitative data presented in the report was collected and analysed by COREplus Consult. The quantitative survey was designed based on the qualitative research conducted with the support of Eustina Mulenga Besa and Miyanda Malambo. This assignment would not have been possible without the financial support provided by the German Federal Ministry for Economic Cooperation and Development (BMZ).

The cover photo is of Nutrition volunteers and Health promoters in Petauke, Eastern Province. It was taken by Tuzini Nakazwe, staff of COREplus Consult.

Abbreviations

ANC	Antenatal Care
BMZ	The German Federal Ministry for Economic Cooperation and Development
CEO	Camp Extension Officer
CRS	Catholic Relief Service
DBC	Designing for Behaviour Change
E	Eastern Province
FANSER	Food and Nutrition Security, Enhanced Resilience
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GMP	Growth Monitoring and Promotion
HW	Handwashing
IEC	Information, Education and Communication
L	Luapula Province
^(M)	Measured (indicates which barriers / enablers should be measured)
M&E	Monitoring and Evaluation
OFSP	Orange Fleshed Sweet Potatoes
PLW	Pregnant and Lactating Women
SBC	Social and Behaviour Change
SILC	Savings and Internal Lending Communities
SLF	Senior Lead Farmers
ToT	Training of Trainers

Contents

1. Background	3
2. Objectives of the Strategy	3
3. Promoted Practices	4
4. Target Audiences	5
5. Key SBC Activities.....	6
5.1 Agricultural Trainings.....	6
5.2 Home Visits	7
5.3 Cooking Demonstrations	7
5.4 Use of Testimonies / Positive Role Models	7
5.5 Capacity Strengthening of the “Agents of Change”	8
5.6 Use of SBC Materials	8
6. SBC Strategy	9
6.1 Nutrition Practices	10
6.2 Water and Hygiene Practices.....	15
6.3 Agricultural Practices.....	17
6.4 Other Practices.....	19
7. Monitoring and Evaluation.....	21
8. Implementation	22

Key Terms

This document uses several key terms, and it is important that its readers understand them correctly and in the same way.

Social and Behaviour Change (SBC) is a systematic process that intentionally aims to enable people to adopt and sustain positive practices and social norms.

The barrier is something that is preventing a person from adopting a given practice, such as poor access to resources, lacking knowledge or skills, disapproval of a household member, negative opinions about the practice, lack of time, reluctance to change existing behaviour, limited belief in the effectiveness of the promoted practice, etc. To achieve the desired change, SBC activities need to help with reducing such barriers.

The enabler is something that enables a person to adopt and keep following the given practice, such as encouragement and support from a family member, belief that the practice brings useful benefits, having the skills and resources required to follow the practice, etc. To achieve the desired change, SBC activities need to help with strengthening such enablers.

SBC Activity is an activity that intentionally addresses one or more barriers / enablers to adopting a given practice (with the intention to help people to adopt and keep practising it). This might include organising trainings that improve people’s skills, facilitating discussions that challenge social norms, sharing positive examples/role models or providing support with accessing the required resources.

1. Background

Within the framework of the global special initiative 'One World – No Hunger' of the German Federal Ministry for Economic Cooperation and Development (BMZ), GIZ implements the **Food and Nutrition Security, Enhanced Resilience (FANSER)** programme. The programme is implemented in 10 countries, including Zambia. It operates in three districts of the Eastern Province (Petauke, Katete and Sinda) and three districts of Luapula Province (Mwense, Kawambwa and Mwansabombwe). It is funded by the German Ministry of Economic Cooperation and Development (BMZ). Its overall objective is to **improve the food and nutrition security situation of 64,000 children under the age of two years and 110,000 women of reproductive age**, particularly pregnant and lactating women. To achieve the objective, the project focuses on:

- improving knowledge levels of women on nutrition and changing attitudes positively
- improving knowledge levels of women on hygiene and changing attitudes positively
- increasing the availability of nutrient-rich foods through nutrition-sensitive agriculture
- developing improved strategies for households to manage their productive resources
- strengthening nutrition governance at District, Provincial and National Level

The achievement of many of these goals depends (amongst others) on the project's ability to motivate and enable the target group members to follow the recommended **nutrition, hygiene and agricultural practices**. GIZ's Follow Up Survey II, conducted in 2020, showed a gap between the target group members' relatively high knowledge and inadequate practice of the promoted practices. To increase the adoption rates, GIZ, with the support of national and international consultants, facilitated the following process:

- The project **prioritised high-impact practices** for which it decided to gain a deeper understanding of the factors that enable or hinder their adoption.
- In late 2021, it conducted **qualitative social and behaviour change (SBC) research** identifying:
 - o the key factors that prevent people from following the prioritised practices (the 'barriers')
 - o the key factors that enable / motivate people to follow these practices (the 'enablers')
- In early 2022, it conducted a **quantitative survey** among 1,051 women with children under two years that showed how prevalent some of the key barriers / enablers identified by the qualitative research are.
- Using the available data, the project prioritised the most significant barriers and enablers.
- In March 2022, an SBC strategy workshop was conducted to agree on how to reduce the key barriers and strengthen the enabling factors. The workshop involved key project staff from GIZ as well as the staff of GIZ's partner organization CRS and the Ministry of Agriculture.

As a result of this process, GIZ developed the **SBC strategy** presented in this document. It describes the desired practices; target audiences; the key enablers and barriers to practising the practices; the changes required to address the barriers / enablers; the SBC activities that can achieve these changes; required monitoring & evaluation activities as well as implementation considerations. The strategy was validated by the implementing partners as well as relevant authorities.

2. Objectives of the Strategy

The overall objective of the strategy is to contribute to improving the nutrition of children under two and pregnant and lactating women (PLW). Its specific objective is to **increase the proportion of people who follow the desired practices** by lowering the key barriers they experience and strengthening the enabling factors. The strategy also contributes to the relevant nutrition policies of the Government of Zambia.

3. Promoted Practices

At the beginning of the process described above, GIZ conducted a workshop to discuss which practices should be included in the SBC research. Using the guidance provided in [GIZ's SBC Guide](#), the practices were selected based on the following criteria:

- **Impact**, considering: 1) the extent to which the practice can contribute to improved nutrition; and 2) the extent to which people already follow the practice (i.e. the room for improvement)
- **Feasibility**, considering: 1) how easy / difficult the practice is for people to adopt and follow; and 2) how likely it is that FANSER can promote the practice effectively, considering the resources and mandate it has
- **Contribution to the project indicators**, considering how likely it is that the practice would contribute to achieving one or more of the project's indicators

As a result of this process, **the following behaviours were prioritised for the research:**

Table 1: Studied Practices			
Prioritised Practices		Province	
		Luapula	Eastern
Nutrition Practices			
1	children aged 6-23 months are fed any type of pulses at least every second day	X	
2	children aged 6-23 months are fed an egg at least every second day	X	
3	children aged 6-23 months are fed solid, semi-solid or soft foods at least the minimum number of times ¹	X	X
4	women of reproductive age consume any type of pulses at least every second day	X	X
5	women of reproductive age consume an egg at least every second day	X	
6	women of reproductive age consume vitamin A rich fruit or vegetable at least every second day	X	X
Agricultural Practices			
7	male and female members of the targeted households grow orange fleshed sweet potatoes (OFSP) for homestead consumption		X
8	male and female members of the targeted households dry sweet potatoes (any type) for consumption	X	X
9	male and female members of the targeted households use plastic containers to store cowpeas, beans and vegetables		X
Economic Practices			
10	targeted couples decide jointly on how to use money from the savings their household makes / loans they take	X	X

¹ The minimum meal frequency recommended by WHO/UNICEF is:

- two feedings of solid, semi-solid or soft foods for breastfed infants aged 6–8 months;
- three feedings of solid, semi-solid or soft foods for breastfed children aged 9–23 months; and
- four feedings of solid, semi-solid or soft foods or milk feeds for non-breastfed children aged 6–23 months whereby at least one of the four feeds must be a solid, semi-solid or soft food (i.e. non-fluid food)

WASH and Crosscutting Practices			
11	female beneficiaries attend at least two-thirds of conducted nutrition / WASH modules	X	X
12	male and female members of the targeted households treat their drinking water by using chlorine	X	
13	male and female members of the targeted households treat their drinking water by boiling it for one minute at a boiling temperature ²	X	
14	household members use handwashing facilities with water and soap available		X
15	additionally, the research investigated why only a few people report washing hands before preparing foods, before feeding a child, after handling garbage, after handling raw food and after handling animals	X	X

4. Target Audiences

The key **primary audiences** include:

Pregnant women and mothers of children under two

- most are aged 16 – 40 years
- 24.9% of women in the Eastern province and 29.6% in Luapula do not live with their partner³
- share their household with 4 – 5 other people (mainly children)
- 50.1% of women in the Eastern province and 49.6% in Luapula cannot read and write
- 33.7% of women in the Eastern province and 43.3% in Luapula listen to the radio at least once per week
- 4.4% of women in the Eastern province and 6% in Luapula have used the Internet in the past 12 months⁴
- most are engaged in farming activities and petty trade
- want their children to be healthy and happy

Fathers of children under two

- 2 – 3 out of 10 fathers do not live with their children (see above)
- 33.2% of men in the Eastern province and 19.5% in Luapula cannot read and write
- 48.1% of men in the Eastern province and 61.5% in Luapula listen to the radio at least once per week⁵
- engaged in farming, labour work, minor trade

The key **influencing audiences** include:

- peers (can have both negative and positive influence);
- Care Group leaders, Gender Champions, Hygiene Promoters, Lead Farmers and agric. extension workers
- children's grandparents and other caregivers
- community leaders (both traditional and religious leaders)

² The recommendation of water boiling at a boiling temperature for one minute is provided by US EPA, see [at this link](#). A number of other agencies and research papers provide the same or similar recommendation.

³ GIZ (2022) Quantitative SBC Survey

⁴ DHS 2018 Survey, retrieved from [this site](#)

⁵ Ibid.

5. Key SBC Activities

This chapter provides practical recommendations on some of the most common SBC activities that are proposed for this strategy. The following points need to guide the design and implementation of all the SBC activities described in chapter 6:

- All the **activities must focus on addressing one or more barriers / enablers** described in chapter 6. The project must avoid general awareness raising activities, as they are not likely to bring the desired changes in people's practices.
- Since the activities focus largely on adults, their implementers must understand and actively **use the principles of adult learning** (see text box).
- FANSER project aims to reach a large number of women and children. Therefore, the focus should not be on coming up with many different activities but on implementing a limited number of the most **relevant** activities at a large **scale** and in the required **quality**. It is the relevance, scale and quality of activities that matter the most.

Principles of Adults Learning

Adults learn the best when they:

- **Are motivated:** learning must address their real needs – they must feel that they benefit.
- **Are actively engaged,** through sharing opinions, practicing things, findings solutions.
- **Practice:** adults learn more by doing, as compared to hearing or seeing.
- **Are appreciated:** when we ask about, appreciate and promote their existing knowledge and experience.
- **Feel safe** to participate – to express their opinion, ask questions, etc.

5.1 Agricultural Trainings

- Camp Extension Officers, Senior Lead Farmers and Lead Farmers who are responsible for promoting agricultural practices require two main qualifications: 1) having a very good understanding of the promoted agricultural practices; and 2) being able to promote these practices effectively. To ensure that they are effective “agents of behaviour change”, it is recommended that all of them **complete the three-day training module on effective SBC skills** that was developed by FANSER project. The SBC training focuses on strengthening ten key competencies that agricultural extension workers and volunteers need in order to promote agricultural practices effectively, such as: understanding farmers' needs, facilitating discussion, giving a talk, doing field demonstrations, and other 'essentials'.
- The above-mentioned training and follow-up support should ensure that the prioritized agricultural practices are **promoted in a participatory manner, using the principles of adult learning**. Practically, this means that the people who provide agricultural support:
 - avoid top-down “teaching” about the promoted practices
 - ask people about what agricultural issues they face and what solutions they already use / propose to use
 - take advantage of positive solutions / practices that some people already follow – appreciate them and promote them
 - use effective training tools, such as photos (e.g. of pests)
 - when a new practice is introduced, instead of promoting it as a ‘ready-to-use’ solution, they first ask people what they think about using such a practice, what do they see as its benefits as well as disadvantages or negative consequences – and then they act upon it
 - once people use the practice for some time, talk to them about their experience and 1) appreciate and promote what goes well; and 2) help them overcome any difficulties they face

Such an approach has multiple benefits – aside from being more respectful and effective, it also allows the “agents of change” to have a very good understanding of 1) what locally proven practices are some people already using; and 2) why some people do not adopt the (locally used or newly introduced) practices.

5.2 Home Visits

To ensure that home visits are effective, take advantage of the following suggestions:

- As much as possible, monitor the extent to which the Nutrition volunteers correctly use the Ask, Show Probe, Inform, Request, Examine (ASPIRE) approach and support them in using it more effectively. This can significantly increase home visits' effectiveness.
- Ask the Nutrition volunteers to plan / conduct the home visits at a time when other household members who influence maternal and child nutrition are likely to be at home (e.g. husbands, in-laws). This will enable the volunteers to engage them in discussions about the promoted practices.
- Whenever relevant and feasible, consider promoting integrated household visit where the Nutrition volunteers visit a household together with a Lead Farmer.

5.3 Cooking Demonstrations

Ensure that cooking demonstrations are planned and facilitated in line with the following good practices:

- Instead of introducing completely new recipes (which might be harder to accept), 1) focus on promoting small doable changes to the recipes that mothers are already using; and 2) take advantage of nutritious recipes that some mothers already use (e.g. using the “positive deviance” approach).
- Ideally, the recipes should be designed by the mothers, based on what they learnt from the project activities. While the Nutrition volunteers (or other “facilitators”) can provide suggestions, the mothers should be taking the lead.
- The Nutrition volunteers must ensure that the less “progressive” mothers especially join the cooking demonstrations.
- The cooking process should not be led by one person only – different women should be actively involved, so that they are confident in their ability to replicate the recipe at home.
- The Nutrition volunteers should explain the nutritional benefits of the different foods used when preparing the meals.
- Husbands should be invited for at least for those parts of the cooking demonstrations where the cooked meal is tasted and its nutritional benefits are explained by the Nutrition volunteer. At the same time, they should be encouraged to support their wives in preparing such recipes (e.g. by securing the required ingredients).
- Handwashing and food hygiene should be promoted throughout the process.

5.4 Use of Testimonies / Positive Role Models

People's practices are significantly influenced by what other people are doing and what benefits they are gaining from it. The desired adoption of a promoted practice is often more likely when initiated by peers as opposed to people from outside. Therefore, it is recommended that the project actively identifies people who already follow the desired practices (while being in the same socio-economic situation as others) and engages them in promoting the practice – through sharing their experience, communicating the benefits they gain and letting people learn from them (and be inspired by them).

5.5 Capacity Strengthening of the “Agents of Change”

As explained earlier, it is very important that the people who promote the prioritized practices are able to do it effectively. This means that the project needs to ensure that they have and actively use the required SBC communication and facilitation skills. To achieve it, it is important not only to provide initial training but also follow-up support consisting of:

- supervising the extent to which the “agents of change” use the desired skills (using a checklist – see chapter on M&E) and providing them with constructive feedback and encouragements
- refresher workshops focusing on 1) addressing the key weaknesses in the volunteers’ skills; 2) promoting positive practices used by the best-performing volunteers

5.6 Use of SBC Materials

- It is recommended that the project reviews the content of its SBC materials that promote the practices covered by this strategy and ensures that they focus on addressing the identified enablers and barriers (as opposed to doing a general “promotion” of the practices). This can significantly increase their effectiveness, as they will not be communicating something that most people already know but information or emotions that can enable people to adopt the promoted practices.
- Considering the relatively high illiteracy rates (see chapter 4), it is recommended to reduce the use of SBC materials whose content is communicated primarily through text. Live demonstrations (that actively engage the audience), space for questions and discussion, etc. are likely to be more effective ways of communication.
- Especially in the case of agricultural topics where visual communication is important (e.g. when talking about pests, diseases, results of field demonstrations, etc.), consider a greater use of images and videos that are disseminated through smartphones (using, for example, thematic WhatsApp groups).

6. SBC Strategy

This chapter is the main part of the document. Using an adjusted version of the Designing for Behaviour Change (DBC) framework⁶, it provides the following information:

- which **practices** will be promoted and how prevalent some of them are;⁷
- among which **audiences** will they be promoted
- which **barriers** (-) and **enablers** (+) influence the adoption of the desired practices and how prevalent some of these factors are⁸
- what **required changes** need to be achieved so that these factors are addressed
- the SBC **activities** that will be used to achieve the desired changes (the number before each activity indicate which “required change” the activity intends to contribute to; signs (E), (C) and (N) indicate whether it is 1) an existing activity that will continue being implemented in the same way; or 2) an existing activity that will be changed; or 3) a completely new activity
- sign ^(M) indicates that the prevalence of the given enabler / barrier should be measured as a part of the project’s **M&E** system

Altogether, this chapter aims to provide a clear roadmap to how the FANSER project intends to **increase the proportion of people who follow the promoted practices and, in doing so, contribute to improved nutrition.**

⁶ The Designing for Behaviour Change (DBC) framework is a useful tool helping people focus on the most important factors that need to be considered when designing or reviewing a behaviour change strategy. For more information, see [this publication](#).

⁷ The source of all the quantitative data stated in this chapter is GIZ Zambia (2022) Quantitative SBC Survey. Most of the data is disaggregated by province. The following abbreviations are used: Eastern province (E) and Luapula province (L).

⁸ The barriers and enablers were identified by a qualitative and quantitative studies described in chapter 1. The list of barriers and enablers related to each practice is not exhaustive. It focuses on those factors that GIZ’s research identified as the most influential and FANSER project can realistically influence (directly or indirectly). Other factors, such as households’ economic situation, performance of market and public actors, etc. are acknowledged as important but are not always included.

6.1 Nutrition Practices

Practice: Children aged 6-23 months are fed any type of pulses ⁹ at least every second day (prevalence: see comment ¹⁰)		
Barriers / Enablers	Required Changes	SBC Activities
1. Limited production of pulses among households who grow pulses. ^{11 (M)}	1. Enable households to increase the amount of pulses they produce by using good agricultural practices.	(1, 2) Ensure that trainings / field days / exchange visits that promote pulses: <ul style="list-style-type: none"> - use the recommended SBC communication / facilitations approaches in order to be more effective (C) - reach significantly more people (C) - promote the production of pulses twice or three times a year where possible (C) - focus more on pest management and diseases control – must be added to the training manual (C) - promote post-harvest management practice helping with reducing the losses (E) - distribute improved seeds varieties (E) (1, 2) Engage Ward Nutrition Coordination Committees in promoting pulses. (1, 2) Support Lead farmers in establishing demonstration plots for legumes and promoting them extensively among local farmers. (3) Identify, train, promote and further support local seed growers in the targeted communities (N). (3) Link suppliers of affordable seeds with local farmers, e.g. through field days. (4) Explain and, where possible, demonstrate different methods of reducing pulses' cooking time during cooking demonstrations, growth monitoring and promotion (GMP) sessions, road shows, radio programmes, and other events (C). Promoted methods:
2. Some households do not grow pulses. ^{12 (M)}	2. Increase households' ability and motivation to start growing pulses for homestead consumption.	
3. Limited access to seeds. ^{13 (M)}	3. Improve households' access to seeds of affordable and locally popular pulses.	
4. Cooking pulses takes time. ^{14 (M)}	4. Increase women's ability to cook pulses fast.	
5. The perception among some women that children ¹⁵ should not eat pulses too often. ^{16 (M)}	5. Increase women's perception that frequent consumption of pulses (e.g. every second day) by children is healthy and helps them thrive.	
6. Awareness of the benefits of children consuming pulses. ¹⁷	6. Reinforce the awareness that pulses help children to develop their bodies and minds.	

⁹ Such as Mbereshi beans, Lusaka white beans, cow peas, brown beans, Kabulangeti, soya beans and other locally popular and affordable types of beans.

¹⁰ The quantitative survey did not collect data on the proportion of children who consumed pulses "at least every second day". Instead, it used a more reliable measurement assessing the proportion of children who consumed pulses in the previous day: 28.2% (L) versus 28.4% (E); boys 26.2% versus girls 30.2%. Children from households that grew pulses were much more likely to consume them in the previous day than children from households who did not grow pulses (33.7% as opposed to 22.2%).

¹¹ The harvested pulses lasted on average 3.7 months in Luapula province versus 5.9 months in the Eastern province, indicating limited production (also, since only limited proportion of households sold a part of the harvested pulses - 22.7% (L) vs. 49% (E). Only 5% of respondents thought that children aged 8 – 10 months should not eat any type of pulses.

¹² Percentage of households who grew any type of pulses during the past 12 months: 51.9% (L) versus 64.1% (E).

For households who do not grow any type of pulses or who do not harvest them in sufficient quantities, another option is to purchase them. Pulses are least affordable during the pre-harvest time (December and January) and most affordable during the post-harvest time (around April), when people earn money from selling some of the crops they harvested.

¹³ While seeds are being sold at larger markets, the key barrier is their affordability. 43.5% of the respondents reported that it is "very" or "quite" difficult for them to afford buying seeds of pulses. Among the most affordable types of seeds were: Mbereshi beans 34.2%, Lusaka white beans 25.3%, cow peas 23.2% (L); vs. in (E) cowpeas 61%, Mbereshi beans 20%, soya beans 15.9%

¹⁴ Percentage of respondents who were able to mention at least one way how to reduce the cooking time of pulses: 48.3% (37.3% mentioned soaking, 31.7% adding cooking oil, 16.2% peel them, 11.8% use a lid, 8.1% add soda).

¹⁵ All references to "children" in this chapter refer to children aged 6 – 23 months.

¹⁶ Percentage of women who think that children should eat pulses no more than: every day (11.8%), every second day (12.7%), twice a week (54%), once a week (13.2%).

¹⁷ 89.5% of respondents were able to mention at least one (correct) benefit of children eating pulses.

		<p>grinding pulses into powder and using it in porridge, adding oil, pre-cooking, roasting and soaking; but not using soda or peeling, as it leads to loss of nutrients.</p> <p>(4) Explore the possibilities of collaborating with organizations promoting affordable and efficient cooking stoves (N).</p> <p>(5) Use existing platforms to emphasize the benefits of feeding pulses frequently – approx. every 2nd day (C).</p> <p>(2, 5, 6) Use testimonies of parents who feed pulses frequently (C) and other channels, incl. card games, to promote the benefits of feeding pulses to children (E).</p> <p>(6) Increase the promotion of pulses (and their benefits) during cooking demonstrations (C), especially by showing original recipes, such as “sausages” made of pulses, use of soya “meat”, premixes, etc.</p>
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Practice: Women of reproductive age consume any type of pulses at least every second day (prevalence: see comment¹⁸)		
Barriers / Enablers	Required Changes	SBC Activities
Points 1 – 4 are the same as in the previous DBC framework. ¹⁹		<p>Activities with points 1 – 4 as presented in the previous DBC framework.</p> <p>(5) Promote the benefits of consuming pulses during ANC, GMP sessions, care group lesson delivery, etc. Use testimonies of women who consumed pulses during pregnancy and after delivery.</p> <p>(6) Identify methods to reduce the risk of stomach problems and promote them through existing communication channels, such as care group lesson delivery. Promote the experience of women who used these methods.</p>
5. Largely present perception that women should eat pulses even during pregnancy and after delivery. ^{20 (M)}	5. Reinforce the perception that consuming pulses during pregnancy and after delivery is recommended and healthy.	
6. The perception among some women that the consumption of pulses leads to stomach problems.	6. Reduce the perception by increasing women’s ability to prepare / consume pulses in a way that does not cause stomach problems.	

¹⁸ The quantitative survey did not collect data on the proportion of women who consumed pulses “at least every second day”. Instead, it used a more reliable measurement assessing the proportion of women who consumed pulses in the previous day: 48.2% (E) versus 29.6% (L). Similarly as in the case of children, women from households that grew pulses were more likely to consume them in the previous day than children from households who did not grow pulses, although the difference was less striking in the Eastern province (50.6% vs. 43.8%) as opposed to the Luapula province (36.4% vs. 22.2%).

¹⁹ See data presented above.

²⁰ 83.3% (E) and 95.9% (L) of respondents think that women can eat pulses anytime, even during pregnancy or after delivery. 96.3% (E) and 98.2% (L) of respondents think that eating pulses twice per week is healthy.

Practice: Children aged 6-23 months consume an egg at least every second day (prevalence: see comment ²¹)		
Barriers / Enablers	Required Changes	SBC Activities
1. Limited production of eggs among households who raise chicken. ²²	1. Increase households' ability to reduce chicken mortality and to increase the number of eggs their chicken produce.	<p>In Luapula province, point 1 will not be addressed, as FANSER does not collaborate with the Ministry of Livestock and starting collaboration would be too demanding.</p> <p>(1, 2) In Eastern province, production of village chicken is promoted under the Farmer Business Schools, albeit on a smaller scale (E).</p> <p>(2, 3, 4) Continue with existing activities that promote feeding eggs to children, such as cooking demonstrations, radio programmes, food fairs, GMP sessions, etc. (E).</p> <p>(4) Consider providing eggs as a snack during FANSER workshops while promoting their benefits (L).</p> <p>(5) Emphasize during existing activities that even purchased eggs are high in protein and other nutrients (C).</p>
2. Some households do not raise chicken. ^{23 (M)}	2. Increase households' ability and motivation to start raising chicken.	
3. A relatively low proportion of laid eggs is used for consumption (the rest is used for hatching). ^{24 (M)}	3. Increase parents' motivation to use more eggs for consumption by children.	
4. Limited awareness of eggs' benefits for children's health among some parents. ^{25 (M)}	4. Increase parents' awareness of the benefits of their children consuming eggs frequently.	
5. The perception that purchased eggs are low in nutrients. ^{26 (M)}	5. Decrease the perception that purchased eggs are low in nutrients.	

Practice: Women of reproductive age consume an egg at least every second day (prevalence: see comment ²⁷)		
Barriers / Enablers	Required Changes	SBC Activities
Points 1 – 4 are the same as in the previous DBC framework.		<p>(5) Ask Nutrition Volunteers to assess why women have such perceptions and to address them during key activities, primarily through using discussion (C).</p> <p>(6) Continue with existing activities that promote the consumption of eggs by women, such as cooking demonstrations, radio programmes, food fairs, etc. (E).</p>
5. The perception among some mothers that eating eggs during pregnancy leads to children being bald. ^{28 (M)}	5. Decrease the perception that eating eggs during pregnancy leads to children being bald.	
6. Positive perceptions of eggs' benefits for women's nutrition. ²⁹	6. Reinforce the perception that eggs are good for (pregnant) women's health.	

²¹ The quantitative survey did not collect data on the proportion of children who consumed egg(s) "at least every second day". Instead, it used a more reliable measurement assessing the proportion of children who consumed egg(s) in the previous day: 28.9% (L) vs. 21.6 (E). Children from households that raised chicken were more likely to consume eggs (32.9% vs. 22.3%).

²² Inadequate chicken raising practices are among the main causes of chicken mortality. For example, only 21.4% of households who raise chicken have vaccinated them.

²³ The percentage of households who currently raise chickens: 61.7% (the percentage of households who raised chickens in the past 12 months was similar: 62.4%). The average number of chickens raised was 7 (ranging from 1 to 50).

²⁴ If chicken deliver 10 eggs, on average 2.8 is used for consumption, the rest for hatching.

²⁵ 28.7% of respondents were not aware of any nutritional benefits of children eating eggs.

²⁶ 22.5% of respondents think that purchased eggs do not contain many nutrients (as opposed to eggs from chickens raised at home).

²⁷ The quantitative survey did not collect data on the proportion of women who consumed egg(s) "at least every second day". Instead, it used a more reliable measurement assessing the proportion of women who consumed egg(s) in the previous day: 32.3% (L) vs. 29.4% (E). Women from households that raised chicken were more likely to eat eggs (37.6% vs. 29.4%).

²⁸ 9.4% of respondents think that eating eggs during pregnancy leads to children being bald.

²⁹ Only 7.1% of respondents think that eggs should not be eaten during pregnancy.

Practice: Children aged 6-23 m. consume solid, semi-solid or soft foods at least the minimum number of times (prevalence: E: 32.9%, L: 29.2%).

Barriers / Enablers	Required Changes	SBC Activities
1. Poor access to food, especially during the lean season. ³⁰	1. Improve households' access to food, incl. staple crops.	(1) Intensify the promotion of effective crops production practices that are helping households increase the production of the main crops they grow for consumption (C). (1) Incorporate messages relating to meal frequency (esp. for <i>non-breastfed</i> children) in SILC meetings, incl. SILC materials (C).
2. Limited awareness of recommended meal frequency for <i>non-breastfed</i> children. ^{31 (M)}	2. Improve parents' awareness of the recommended meal frequency for <i>non-breastfed</i> children.	(2) Strengthen the promotion of the recommended minimum meal frequency for <i>non-breastfed</i> children during the existing activities, such as GMP sessions, care group sessions, radio programmes, songs, roadshows, etc. (C). Help mothers remember the desired meal frequency for non-breastfed children.
3. Caregivers are busy with other tasks.	3. Improve caregivers' availability for feeding children at the recommended frequency.	(3) Ensure that Nutrition Volunteers' home visits that promote minimum meal frequency engage also other household members than mothers, e.g. fathers, grandparents, older children (C). (3) Train caregivers on making different types of premixes to reduce the time required for food preparation (N).
4. Some women have limited ideas on what low-cost nutritious meals / snacks could they feed to children. ^{32 (M)}	4. Improve women's understanding of what low-cost, nutritious meals / snacks can they feed their children.	(4) Increase the distribution and use of cards games promoting locally available, inexpensive foods / snacks (C). (4) Focus on low-cost, locally available foods during cooking demonstrations and other activities. Take advantage of positive practices used by some mothers (C).

³⁰ Percentage of respondents who say that it is very / quite difficult to have enough food to ensure minimum meal frequency 1) at the start of the main rainy season: 16.5% / 38% (E), 15.3% / 27.6% (L); and 2) at the end of the rainy season: 2.9% / 8.2% (E), 2.3% / 5.2% (L).

³¹ The respondents were generally very well aware of the minimum number of meals / snacks that *breastfed* children should eat per day. The only problematic response was regarding minimum meal frequency for *non-breastfed* children: 23.8% (E) and 21.3% (L) respondents thought that 3 or less meals is enough while the recommendation is "at least 4 meals / snacks".

³² Percentage of respondents who say that it is quite or very easy to have ideas of low-cost meals for children: 82.5%.

Practice: Women of reproductive age consume vitamin A-rich fruit or vegetable at least every second day (prevalence: E: 52.8%, L: 64%)

Barriers / Enablers	Required Changes	SBC Activities
1. Limited production of / access to vitamin A-rich crops, especially during the off-season. ^{33 (M)}	1. Increase households' ability to access vitamin A-rich foods, especially during the off-season.	(1) Increase the distribution of OFSP vines (esp. in the Eastern province), pumpkin seeds and orange maize seeds and training on their production (C). (1) Training on the processing, preservation and storage of vitamin A-rich foods, including training on the construction of solar dryers (C).
2. Lack of money for purchasing vitamin A-rich vegetables / fruits.	2. Increase women's motivation to purchase and consume the least expensive (but popular) types of vitamin A-rich crops.	(1) In collaboration with the MoA's Forestry Department, train the CEOs and Lead farmers on pawpaw production and ensure that the trainings are replicated among local farmers (N; Eastern province only) (1, 2, 3) Organize a dedicated campaign promoting the nutritional benefits of locally available vitamin A-rich vegetables and fruits, involving drama, radio programmes, care group sessions, Lead farmers, etc. (C)
3. Limited awareness of the benefits of vitamin A-rich foods among some women and men. ^{34 (M)}	3. Improve women and their husbands' understanding of the benefits of vitamin A-rich foods.	(3) Agree with MoA's Forestry Department and Islamic Association who promote the production of pawpaw on promoting its nutritional benefits (N; Eastern province only). (2, 3) Distribution and promotion of the Nutrition card game promoting the benefits of locally sourced vitamin A-rich foods (E). (3) Intensify the inclusion of men into the neighbour groups (N); husbands will be encouraged to take part in trainings and household lesson delivery.

³³ Percentage of households that produced the following vitamin A rich vegetables / fruits: carrot: 7.6% (E), 2.9% (L); pumpkin: 75.3% (E), 83.4% (L); squash: 16.1% (E), 21.2% (L); papaya: 16.7% (E), 11.1% (L); mango: 32.2% (E), 20.3% (L); didn't grow any of these crops: 18.2% (E), 13.2% (L).

³⁴ Percentage of women who did not know the benefits of vitamin A rich vegetables / fruits: 17.4% (E), 28.6% (L).

6.2 Water and Hygiene Practices

Practice: Male and female members of the targeted households treat their drinking water by using chlorine (prevalence: L: 63.6%)		
Barriers / Enablers	Required Changes	SBC Activities
1. People dislike the taste of water treated with chlorine.	1. Increase women's ability to use the correct dosage of chlorine (leads to better taste).	<p>(1, 3) Information sharing and demonstrations during household visits on how to use the correct dosage of chlorine (for different volumes of containers), where to purchase chlorine and what the costs are, incl. the daily costs of using chlorine (C).</p> <p>(2) Encourage sellers and Private service providers to keep selling chlorine (N). Advocate for improved availability of chlorine at District WASHE Committee meetings and by Village WASH Committees (C).</p> <p>(4) Inform community members which local sources of water are not safe and must be treated with chlorine or otherwise, through GMP sessions, field days, care group meetings, signs at water sources, and neighbourhood health committee meetings. (N)</p> <p>(5, 6) Community sensitization on the importance of treating water, during GMP sessions, household visits, through care groups, SILC groups, Water Day and other events (E).</p>
2. Chlorine is not available in local shops and health facilities. ^(M)	2. Increase the availability of chlorine in local shops and health facilities.	
3. Limited awareness of where chlorine is available and how much it costs to use it. ^{35 (M)}	3. Improve women and men's awareness of where can they access chlorine and how much it costs.	
4. Perception that local water is safe – no need to treat it.	4. Increase women and men's understanding of which water (does not) need to be treated.	
5. Belief that using chlorine makes water safe to drink. ³⁶	5. Reinforce the belief that using chlorine makes water safer to drink.	
6. Desire to prevent health issues, especially among children.	6. Increase the perception that using water treated with chlorine protects children's health.	

Practice: Male and female members of the targeted households treat drinking water by boiling it for one minute (prevalence: see comment ³⁷)		
Barriers / Enablers	Required Changes	SBC Activities
1. Perception that local water is safe – no need to treat it.	1. Increase women and men's understanding of which water (does not) need to be treated.	<p>(1) Inform community members which local sources of water are not safe and must be treated with boiling or otherwise, through GMP sessions, field days, care group meetings, signs at water sources, and neighbourhood health committee meetings. (N)</p> <p>(2, 4) Community sensitization on the importance of treating water during GMP sessions, household visits, through care groups, SILC groups, Water Day and other events (E).</p> <p>(3) Emphasize during community sensitization that to make water safe, it is enough to bring it to boil - bubbles need at least as big as maize seeds (C).</p>
2. Desire to prevent health issues, especially among children.	2. Increase the perception that using water treated with chlorine protects children's health.	
3. Incorrect understanding of how long water needs to be boiled to be safe. ^{38 (M)}	3. Improve women's understanding of the optimal time to boil water to make it safe.	
4. Lacking awareness that boiling water makes it safer to drink.	4. Increase men and women's awareness that boiling water makes it safer to drink.	

³⁵ Percentage of respondents knowing any place where chlorine is readily available for purchase: 63.1%, 44.4% say that the price of chlorine is "very" or "quite" difficult to pay.

³⁶ Percentage of respondents aware of the benefits of treating water by using chlorine: 98%.

³⁷ 87.3% of respondents said that they their drinking water using boiling. However, the survey did not ask for how long they boil it.

³⁸ Respondents' opinions on how long should water be boiled to be safe: 23 minutes (which is far more than the recommended one minute; though illiteracy might have biased the answers).

Practice: Household members use handwashing facilities with water and soap available (prevalence: E: 22.6% ³⁹)		
Barriers / Enablers	Required Changes	SBC Activities
1. Limited 'social pressure' to have a dedicated handwashing station.	1. Increase the (positive) social pressure to have a dedicated handwashing station.	(1) Engage the village head persons in the promotion of having and using handwashing (HW) stations with water and soap readily available (C).
2. Lack of inspiring examples. ^{40 (M)}	2. Increase women and men's exposure to inspiring examples of people using handwashing stations.	(1) Expand CLTS through the district councils, targeting traditional leaders (C). (1, 4) Screen the "Let Me Tell You" animation - take advantage of roadshows and do the screening at the community level, organised by the communities (C).
3. Children / animals damage the handwashing station.	3. Increase women and men's ability to construct HW stations more resistant to damage.	(2) Identify respected households using HW stations and facilitate exposure visits to these households, i.e. using peer-to-peer learning (N).
4. Lack of money for soap. ^{41 (M)}	4. Increase the perception that it is worth using soap + of the real costs of using soap.	(3) Review the guidelines for constructing HW stations to make them more resistant to damage (C). (3) When promoting HW stations, emphasize the need to use stronger poles.
5. Mixing water with soap (makes it easier to use + protects soap).	5. Increase the proportion of people who mix water with soap.	(4, 5) Emphasize in hygiene promotion activities that mixing water and soap is a good option to prevent the soap from being taken away by animals or children (C). Provide guidance on the quantities of water and soap to be mixed (N).
6. Belief in the importance of using soap to wash hands.	6. Reinforce the perception that it is important to wash hands using soap.	(4, 6) Radio shows, community meetings and other activities emphasizing the importance of washing hands with soap + the indirect costs if soap isn't used. (C)
7. Handwashing station located nearby the toilet or/and kitchen. ^(M)	7. Increase the proportion of households who place their HW station nearby the toilet / kitchen.	(7) Adjust the guidelines + activities to recommend more accessible locations for HW stations + recommend having one station nearby a toilet and one nearby a kitchen (C). Conduct monthly check-ups (include in the reporting format).

Practice: Household members wash their hands with soap also during the "weakest" occasion, including before preparing foods, before feeding a child, after handling garbage, after handling raw food and after handling animals (prevalence: see comment ⁴²)		
Barriers / Enablers	Required Changes	SBC Activities
1. Some occasions are perceived as less important.	1. Increase the perception that it is important to wash hands even on the 'weaker' occasions.	(1) Sensitization through drama groups, during under-five clinics, radio programmes – all focusing on the 'weak' occasions (N).
2. People forget to wash their hands.	2. Increase women / men / children's ability to remember washing hands.	(2, 3) Promoting the construction of HW stations both nearby the toilet and nearby the kitchen, through radio shows, engagement of headmen, Sanitation promoters and other hygiene promotion activities.
3. Availability of a handwashing station at a visible / accessible place. ^(M)	3. Motivate women and men to place their handwashing station at an accessible place.	(2) Distribution of attractive handwashing reminder cards / stickers.
+ barriers and enablers presented in the previous DBC framework		+ the handwashing activities listed above

³⁹ Types of handwashing stations: simple jug only: 36.9% (36.5% had water, 35.9% soap available); tippy tap: 21.8% (77.6% had water, 66.4% soap available); other type: 2% (80% had water, 70% soap available); no station: 38.2%. Percentage of respondents who think that having a dedicated HW station is better than having a jug only: 65.9%.

⁴⁰ Presence of handwashing stations among friends / relatives: most have 9.2%, some have 35.5%, most do not have 51.4%.

⁴¹ Percentage of respondents who say that it is very / quite difficult to afford buying soap: 29% / 45%.

⁴² Percentage of respondents who report washing hands before preparing food: 85.9% (E), 63.5% (L); before feeding a child: 77.3% (E), 53.7% (L); after handling rubbish: 48.6% (E), 17.8% (L); after handling raw food: 26.7% (E), 4.1% (L); and after handling animals: 46.7% (E), 4.1% (L).

6.3 Agricultural Practices

Practice: Male and female household members grow orange-fleshed sweet potatoes (OFSP) for homestead consumption (prevalence: E: 42.5% ⁴³)		
Barriers / Enablers	Required Changes	SBC Activities
1. Limited access to OFSP vines. ^{44 (M)}	1. Improve farmers' long-term access to OFSP vines.	(1) Identify farmers who are interested in multiplying OFSP vines and have the required land and access to water; support them in producing OFSP vines for sale (E).
2. Limited access to competent advice on producing OFSP. ^{45 (M)}	2. Improve farmers' long-term access to competent advice on producing OFSP (among others, to address problems related to pests, diseases, etc.).	(1, 4) Training of farmers (by Lead farmers) on the storage and multiplication of OFSP vines, including field demonstrations (N). (1) Increase farmers' motivation to access / multiply / use OFSP vines through promoting the use of OFSP during cooking demonstrations, field days, etc. (C; GIZ, MoA and CRS to work together on facilitating such events).
3. Limited awareness of nutritional benefits of OFSP. ^{46 (M)}	3. Improve women and men's understanding of the nutritional benefits of OFSP.	(2, 3, 4) ToT for CEOs and SLFs on OFSP nutritional benefits, production (with a focus on pest management), processing and storage (N).
3. Pests and rodents affect the production of OFSP.	4. Improve women and men's ability to prevent and deal with pests and rodents affecting their OFSP.	(1, 2, 3, 4) Training of farmers on OFSP nutritional benefits, production (with a focus on pest management), vine multiplication, processing and storage (N).
5. Limited number of positive examples of farmers growing OFSP in some areas.	4. Improve women and men's knowledge of inspiring examples of farmers producing OFSP.	(5) Identify and promote good examples of farmers growing OFSP, letting them share their experience and lessons learnt (N). (1 – 5) Explore possibilities for collaboration with Harvest Plus who promotes OFSP (N); continue collaboration with the Zambia Research Institute – Msekera (E).

⁴³ Percentage of households who in the past 12 months 1) grew OFSP and harvested them: 38.4%; 2) grew OFSP but the harvest failed: 4.1%. Out of the households who harvested OFSP, 97.3% consumed them; 35.1% sold a part of the harvest; and 8% dried a part of the harvested OFSP.

⁴⁴ Percentage of households who kept OFSP vines from the previous season: 30.8%. Percentage of households who know where to access required amount of OFSP vines: 37.3%.

⁴⁵ Percentage of women who know someone who can advise them on producing OFSP: 41%. Percentage of women who grew OFSP in the past 12 months and:

- think that it is very / quite easy to protect them from pests: 15.3% / 16.9%
- think that it is very / quite difficult to protect them from pests: 8.2% / 13.1%
- do not know how difficult it is to protect them from pests: 46.5%

⁴⁶ Percentage of women not aware of the nutritional benefits of consuming OFSP: 43.5%.

Practice: Male and female members of the targeted households dry sweet potatoes (any type) for consumption (prevalence: E: 4.5%, L: 26.6%⁴⁷)

Barriers / Enablers	Required Changes	SBC Activities
1. Limited production of sweet potatoes (due to lack of vines, unsuitable soil, limited knowledge). ⁴⁷	1. Increase the ability of female and male farmers to increase their production of sweet potatoes for drying.	(1) Provision of sweet potato vines to households, sourced from the Zambian Research Institutes – Mansa and Mskera (C).
2. Lacking experience with drying sweet potatoes. ^{47 (M)}	2. Increase women's ability to dry sweet potatoes effectively.	(1) Identify farmers who are interested in multiplying sweet potato vines and have the required land and access to water; support them in producing vines for sale (C).
3. Limited access to advice on how to dry sweet potatoes. ^{48 (M)}	3. Improve women's access to advice on how to dry sweet potatoes effectively.	(1, 2, 3, 6) ToT for CEOs and SLFs on the benefits, production and drying of sweet potatoes (C).
4. Limited exposure to positive examples (in the Eastern province). ⁴⁹	4. Increase women's exposure to positive examples of people drying sweet potatoes.	(2, 3, 4) CRS and MoA food preservation and processing lesson to incorporate the drying of sweet potatoes, incl. participatory demonstrations (C). Include also training on the construction of solar dryers (N).
5. Sweet potatoes are sold to address financial needs. ⁴⁷	5. Strengthen female and male farmers' are motivated to keep a sufficient part of sweet potatoes for drying.	(4) Identify and promote good examples of households drying sweet potatoes, during field days, community events and other activities (N).
6. Largely good awareness of the benefits of growing sweet potatoes.	6. As above.	(5, 6) Promote the benefits of drying sweet potatoes through existing activities, such as care group sessions and agricultural trainings (E).

Practice: Targeted households members use the promoted types of plastic containers to store pulses and vegetables (prevalence: E: 1.6%⁵⁰)

Barriers / Enablers	Required Changes	SBC Activities
1. Limited awareness of the benefits of using promoted types of plastic containers. ^{51 (M)}	1. Increase female and male farmers' understanding of the benefits of storing crops in the promoted types of containers.	(1) Develop and use messages that promote the benefits of storing crops in plastic containers during relevant agricultural trainings (E).
2. Perception that the promoted types of containers are expensive.	2. Reduce the perception that the promoted types of containers are expensive.	(2) Promote a comparison of the real costs vs. the financial benefits relating to using the promoted types of plastic containers (N). (2) Promote also less expensive types of storage options, such as using empty plastic buckets (N).

⁴⁷ Percentage of households who grew and harvested sweet potatoes: 53.5% (E), 74% (L). They used them in the following ways: dried them: 8.4% (E), 35.9% (L); ate them: 95.8% (E), 96.4% (L); and sold them: 33.6% (E), 25.1% (L).

Percentage of respondents who know where to access vines of sweet potatoes: 54.5% (E), 41.4% (L).

⁴⁸ Percentage of respondents who know someone who can advise them on how to dry sweet potatoes effectively: 19% (E), 61.9% (L)

⁴⁹ Percentage of respondents who know someone who dried sweet potatoes: 9.2% (E), 63.3% (L).

⁵⁰ Storage options used by the respondents' households: 1) promoted types of plastic containers: 1.6%; 2) other types of plastic containers: 17.6%; 3) other types of storage: 66.5%.

⁵¹ Percentage of respondents not aware of the benefits of storing crops in plastic containers: 56.1%. Percentage of women who think that it is better to store harvest in: plastic containers: 30.6% (due to better protection from rodents, crops last better, being more durable, save money in long-term); bags: 34.5% (due to being bigger, cheaper, easily accessible + crops last better); both are equally good: 14.1%; did not know: 20.8%.

6.4 Other Practices

Practice: Female beneficiaries attend at least two-thirds of the nutrition / WASH learning sessions (data not available)		
Barriers / Enablers	Required Changes	SBC Activities
1. Approx. 3 out of 10 women do not know any FANSER volunteer. ⁵² (M)	1. Increase the proportion / number of women that FANSER volunteers actively engage.	(1, 2) Implement the graduation strategy, so that some care group members “graduate” and other women can newly join care groups. Follow the graduation steps developed by FANSER project (N). (2) Inform all Nutrition volunteers that each volunteer can engage more than 10 women. (3) Strengthen the monitoring of intermediaries (especially the delivery of lessons at the household level) using an improved type of observation checklist (C). (3, 4) Where required, provide Nutrition volunteers with a refresher training on the use of the ASPIRE methodology to improve the quality of lesson delivery (N). (5) Continue motivating the volunteers through providing material incentives, visiting them, providing advice and encouragement, and organizing volunteer days (C). (6) Include the headmen as participants in community trainings for intermediaries (N). (6) Invite the headmen for community SBC events, such as cooking demonstrations, community meetings providing updates on project achievements, etc (C).
2. Perceived rule among FANSER volunteers that one volunteer can engage 10 women only.	2. Decrease the perception that one volunteer can engage 10 women only.	
3. Lessons perceived as being repetitive / not interesting enough.	3. Increase the attractiveness / usefulness of lessons’ content.	
4. Advice provided by volunteers is perceived by most women as useful. ⁵³	4. Strengthen the perception among women that the advice provided by volunteers is useful.	
5. Commitment of volunteers to keep engaging women.	5. Reinforce volunteers’ commitment to keep engaging women.	
6. Headmen’s encouragement to women to attend Care Group meetings. (M)	6. Increase the proportion of headmen who encourage women to attend Care Group meetings.	

⁵² Percentage of respondents who know a ‘FANSER volunteer’: 73.3 (E), 70.9 (L).

⁵³ Percentage of respondents who think that the advice provided by nutrition volunteers is ‘very’ or ‘quite’ useful: 99% (E), 98.8% (L).

Practice: Targeted couples decide jointly on how to use money from the savings they make / loans they take (prevalence: E: 56% L: 52.9% ⁵⁴)		
Barriers / Enablers	Required Changes	SBC Activities
1. Traditional perception of a man as the head of household who has the main authority.	1. Increase the perception that being a good head of household means to be involving spouses in important decisions.	<p>(1 – 4) Review the extent to which the Community Conversations and the work of the Gender champions tackles the perceptions described in points 1-4 and make changes, as / if needed (C).</p> <p>(1 – 6) Reinforce and improve the existing measures on joint planning and decision making through the gender transformative approach in saving and internal lending community and through Community conversations (C).</p> <p>(1 – 4) Promote positive examples (live / stories) of men engaging women and what benefits (harmony, fewer disagreements, economic) they gained from doing so - through Gender champions, care groups, household visits, drama, and community-led songs. The examples should be addressing points 1, 2, 3 and 4 (C).</p> <p>(5) Engage the headmen to support Gender champions in promoting joint decision making on the use of savings / loans (C).</p> <p>(1 – 6) Strengthen the collaboration with GIZ’s Agri-Finance project to ensure that other household members also participate in the financial literacy trainings (C).</p> <p>(1 – 6) CRS to seek lessons from the “Let’s Help Each Other” project on how to support joint decision making regarding savings / loans (N).</p>
2. Concerns about being seen as a weak man if he decides with his wife.	2. Decrease the perception that men are weak if they decide together with their wives.	
3. Perception among some men and women that if men earn / save the most money, they are entitled to decide how the money will be used.	3. Decrease the perception that men are entitled to decide on their own about the money they earn.	
4. A smaller proportion of women think that it is better if husbands decide. ^{55 (M)}	4. Decrease the perception among women that it is better if a husband decides.	
5. Perception that joint decision-making increases family harmony / leads to fewer disagreements.	5. Strengthen the perception that joint decision-making increases family harmony / leads to fewer disagreements.	
6. Positive examples set by other households.	6. Increase men and women’s exposure to inspiring examples.	

⁵⁴ Percentage of women who stay with their partner and decision on how savings / loans will be used is made by: 1) the partner: 39.4% (E), 38.7% (L); 2) themselves: 2.2% (E), 6.6% (L); 3) both together: 56% (E), 52.9% (L); 4) someone else: 2.2% (E), 0.5% (L).

⁵⁵ Percentage of women who think that it is better if: 1) spouses decide together on how savings / loans will be used: approx. 93% (E), 90% (L); 2) partner / husband decides: approx. 5.8% (E), 8.8% (L).

7. Monitoring and Evaluation

This chapter provides an overview of what should be measured and how to gain useful data that 1) helps to steer the project in the right direction; and 2) shows the progress in achieving the strategy's objectives. It should be read alongside the project's monitoring and evaluation strategy, as it is an integral part of it.

The overview below places emphasis on understanding not only the proportion of people who have adopted the desired practices but also the proportion of people who experience specific barriers and enablers to following these practices. The assumption is that if fewer people experience barriers and more people experience the enabling / motivating factors, the overall proportion of people who practice the given practice will increase. At the same time, to have such data, it is necessary to conduct relatively demanding quantitative surveys. Since they cannot be done often, it is important to have another way of knowing whether the project is on track. Therefore, this strategy recommends that GIZ and its partners place significantly more emphasis on monitoring the quality of the most influential activities, such as Care Group sessions / home visit and agricultural trainings. Such data will enable the project implementers to identify potential weaknesses and address them in a timely manner. The assumption is that the higher the quality of activities, the more likely it is that these activities will manage to reduce the barriers and strengthen the enablers to following the desired behaviours.

WHAT	HOW
<ul style="list-style-type: none"> proportion of people / households who follow the promoted practices 	<ul style="list-style-type: none"> the project's follow-up surveys feedback from staff and volunteers working among the target group members⁵⁶
<ul style="list-style-type: none"> proportion of people who experience a given barrier / enabler (those marked with ^(M) in chapter 6) 	<ul style="list-style-type: none"> quantitative mid-term and final survey feedback from staff and volunteers working among the target group members
<ul style="list-style-type: none"> quality of key activities 	<ul style="list-style-type: none"> observations-based checklists
<ul style="list-style-type: none"> proportion of target audience members exposed to selected activities (i.e. their coverage) 	<ul style="list-style-type: none"> the project's follow-up surveys project reports showing the number of participants
<ul style="list-style-type: none"> number of implemented activities 	<ul style="list-style-type: none"> project reports
<ul style="list-style-type: none"> number of women / men participating in selected activities 	<ul style="list-style-type: none"> project reports

⁵⁶ While such a feedback cannot provide precise quantitative data, it can still provide useful insights that can help with steering the project.

8. Implementation

Implementation Structure

The SBC strategy is part of the FANSER project. The project is led by GIZ. GIZ alongside its partner organization CRS and the Ministry of Agriculture implement the project activities. The organisations collaborate with relevant Government bodies, especially the Ministry of Health, the District Nutrition Coordination Committees (chaired by the District Administration Officer), and the District Council

Implementation Plan

The table below lists the key actions that will be taken in 2022 to operationalise the implementation of the strategy. Work plans for the following years will be developed at a later stage.

WHAT	BY WHOM	BY WHEN
Please prepare in consultation with your partners.		