GIZ Food and Nutrition Security Programme Malawi 2015-2025

Social and Behavioural Change Strategy

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

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Legend

Required Change 

Barrier 

Enabler 

Abbreviations

AEDO	Agriculture Extension Development Officer
AMS	Annual Monitoring Survey
BA	Barrier Analysis
B	Better-off households
CG	Care Group
CARE	Cooperative for Assistants and Relief Everywhere
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
DADO	District Agriculture Development Officer
FGD	Focus Group Discussion
FUS	Follow-Up Survey
FNSP	Food and Nutrition Security Programme
GVH	Group Village Head
HW	Handwashing
IPs	Implementing Partners
P	Poorest households
SSI	Semi-Structured Interviews
SBC	Social and Behavioural Change
BMZ	The Federal Ministry for Economic Cooperation and Development
TA	Traditional Authority
UP	United Purpose
VSLA	Village Savings Loan Association

Targeted Behaviours

The methodology and glossary of explanation of terms will be found in the annex.

Background

GIZ in collaboration with CARE and United Purpose (UP) implementing the Food and Nutrition Security Programme (FNSP), targeting two districts of Malawi (Dedza and Salima) between February 2015 and March 2023.

The programme aims at improving the nutritional situation for women and young children primarily through increasing their dietary diversity; building the institutional capacities of relevant authorities; and contributing to more effective national policies. The achievement of the programme's objectives depends, amongst others, on its ability to enable and motivate the target group members to adopt a range of nutrition-related behaviours.

GIZ and its partners decided to develop a social and behaviour change (SBC) strategy that would recommend how to promote the key behaviours in the most effective manner. The strategy was developed based on an SBC research conducted between September and December 2020. The research was carried out by a national consulting firm Thomson Consult with research design, tools and technical backstopping provided by an international SBC consultant.

The research aimed at answering the following questions:

- **What are the main factors that prevent the target group members from following the selected nutrition practices? (= the 'barriers')**
- **What are the main factors that enable / motivate the target group members to follow the selected nutrition practices? (= the 'enablers')**
- **How widespread are the barriers and enablers identified in the two target districts according to the qualitative research conducted?**
- **What can be done to overcome the key barriers and to take advantage of the enablers?**

The research findings were presented to GIZ and their partners CARE and UP. During a two-day workshop organized in January 2021, the workshop participants proposed solutions to addressing the key enablers and barriers, using the *Design for Behavioural Change* (DBC) framework. In the following two months, the most impactful and feasible solutions were prioritized and refined by GIZ and its partners.

This document presents the main outputs of the process. It describes the target behaviours and audiences, the key enablers and barriers to practicing the priority behaviours, the recommended strategies to addressing these determinants, the proposed SBC messages and materials, required monitoring & evaluation activities as well as implementation and coordination considerations.

Objectives of the Strategy

The overall objective of the SBC strategy is to contribute to improving the nutritional status of women and children targeted by the FNSP. Its specific objectives are to increase the proportion of mothers who follow the five priority behaviours targeted by this strategy (see next page).

The strategy aims at contributing to the fulfilment of objectives of the following policies and strategies of the Government of Malawi:

- Multi-Sector Nutrition Education and Communication Strategy (NECS) II 2019-2023
- Multi-Sector Adolescent Nutrition Strategy 2019-2023
- National Multi-Sector Nutrition Policy 2018–2022
- Multi-Sector Maternal, Infant and Young Child Nutrition Strategy 2019-2023
- Malawi National Social Support Programme II (MNSSP II) 2018

Targeted Group Members

The target group members consisted of two main groups of people:

- mothers with children aged 6 – 23 months (the 'priority group members')
- their husbands and mothers-in-law who influenced them in the adoption of the promoted behaviours (the 'influencers')

Characteristics:

Mothers

- Have a child aged between 6-23 months
- Are busy with household chores
- 40.8% considered themselves to be Care Group member
- A large portion are unable to read and write

Households

- 70.3% of their households are living below the national poverty line
- Most are engaged in small-scale agriculture and petty trade

Phones

- 56.5% had someone in their household owns a mobile phone
- 23.3% respondents have their own phones

Internet

- 13% respondents connect to Facebook
- 1.3% respondents connect to Whatsapp

*from either their own or someone else's phone

Radio

- 67% respondents did not listen to the radio
- 20.8% respondents listen to the radio everyday

The research has not identified any **influencers** who oppose the mothers practicing the promoted behaviours. However, it is likely that husbands or other family members (mothers-in-law) do have some say in the matters of having a handwashing station/ buying soap/ growing vegetables/etc. and therefore should be included in the SBC activities.

Targeted Behaviour

The FNSP programme promotes a range of nutrition, hygiene and agriculture-related behaviours that contribute to improved maternal and child nutrition. This strategy covers only a part of the behaviours that were selected by FNSP, primarily due to:

- being **practiced** by an insufficient proportion of the target population
- if practiced, having a positive **impact** on maternal and child nutrition
- being **feasibility** of promoting (for FNSP) and adapting (for the target group members)

From September to December 2020, the FNSP conducted a formative research to identify the key factors that enable mothers with children aged 6 – 23 months to practice the behaviours listed above (the 'enablers') and those factors that prevent them from practicing the behaviours (the 'barriers). The research was conducted so that FNSP can ensure that its activities are designed based on a thorough understanding of why people (do not) adopt the promoted behaviours.

The research involved conducting five Barrier Analyses (one per each studied behaviour), focus group discussions, observations and a quantitative survey. It explored the most common types of determinants that frequently influence the adoption of nutrition-related behaviours. The research methodology is presented in Annex 1: SBC Research Methodology.

Take Note

Prior to reading the findings, please familiarize yourself with the following information:

- **Doers/ Non-Doers** are terms used by the Barrier Analysis methodology (and also in this report). A Doer is a person who practices the behaviour; A Non-Doer is a person who does not practice it.
- **Percentages:** All percentages stated in this chapter come from the quantitative survey conducted as a part of the SBC research. Details of the survey are provided in Annex 1.
- **Disaggregation by poverty:** For the purpose of the research, the quantitative survey respondents were divided into three groups based on their households' poverty levels (see details at the end of Annex 1).

In the following pages, 'P' stands for respondents from the poorest group while 'B' stands for respondents from the relatively best-off group (take note: even these 'better-off' respondents can be relatively poor as they were compared against other respondents – not against the national population).

The third group was the relatively 'better-off' group. However, results were only presented for the two extremes (poorest third and best-off third).

Behaviour: Mothers of children aged 6-23 months who consume groundnuts or some type of beans/ peas every day

Prevalence

- 38.6% of mothers ate peas/ beans/ soya in the past two days[i]
- 43.3% of mothers ate groundnuts in the past two days

i For the purpose of the research, the behaviour was 'relaxed' to assess the % of women who practiced the near-ideal behaviour

Why are we encourgaing this behaviour?

Ground-nuts and legumes are among the most affordable and locally available foods that are rich in plant-based protein, minerals and vitamins.

Key Barriers

Perceived view that the consumption of pulses leads to stomach problems

75% of respondents were able to explain correctly the health/ nutrition benefits of eating pulses and ground-nuts.

While people's awareness of the health benefits is important, it should not be overestimated: there was only a small difference between the consumption of pulses[i] by mothers who were aware (57%) and those who were not (51%).

The research has also showed that some mothers are concerned about the side effects of consuming pulses/ ground-nuts, such as causing stomach pain, ulcers and bloating. These concerns cause mothers to avoid or reduce the consumption of pulses/ ground-nuts (23.3% of mothers think that pulses should not be eaten often).

i Among the main reasons for limited production were: lacking land, lacking / hard-to-afford inputs and pulses/ ground-nuts not growing well in some areas (due to the local soil).

Required Change: Reduce the perception that the consumption of pulses leads to stomach problems

Activities	SBC Messages and Materials
IPs guide CG leaders to integrate in their regular CG meetings explanations and demonstrations on how to reduce problems related to eating pulses and/or inviting mothers who do consume pulses to give advice and testimonials.	Do you want to avoid stomach aches after eating pulses? Always cook them in fresh water after soaking and remove any foam that forms when cooking! *Kodi mukufuna mutapewa mavuto akupweteka kwa mmimba mukadya nyemba? Phikani nyemba zanu pogwiritsa ntchito madzi abwino mukataya madzi omwe munaviikira komanso chotsani thovu lomwe limapangika mukamaphika nyemba.*

Required Change: Improve women's understanding of pulses/ ground-nuts' health benefits

Activities	SBC Messages and Materials
CG leaders will conduct practical lessons around nutritional benefits of pulses involving men and women during CG meetings (or any other existing community level activities)	Mothers, pulses give your body the nutrients it needs to be stronger and healthier. Make them part of your everyday meals. *Amayi, nyemba zili ndi michere yambiri yofunikira kuti thupi lanu likhale ndi mphavu komanso lathanzi. Onetsetsani kuti mchakudya chanu cha tsiku ndi tsiku muzikhala zagulu la nyemba.* **Materials:** Poster showing benefits of pulses/printed calendars showing one benefit per month

Cooking Time

Cooking pulses takes a lot of time and also consumes a larger amount of cooking fuel (wood, charcoal). Accessing cooking fuel takes (primarily women's) time/ physical effort/ money. Therefore, some mothers are discouraged by the amount of time and cooking fuel needed to prepare pulses.

Only 45% of mothers knew how to reduce the cooking time (by soaking the pulses overnight, to some extent also by using a lid when cooking).

Required Change: Improve women's knowledge of how they can reduce the cooking time of pulses

Activities	SBC Messages and Materials
Improve women's knowledge on how they can reduce the cooking time of pulses.	Soak pulses overnight before you cook them. They will cook faster and be easier to digest. *Viikani nyemba usiku umodzi musanaphike. Mukatero, zizaphya mwachangu.*

Decision-Making Power

47% of mothers said that it was their husband or someone else (e.g., parents) who decided the type of meals to eat. Therefore, some women only have limited control over whether (and how often) they could eat pulses and ground-nuts.

At the same time, family members were not identified to be discouraging women from preparing pulses/ ground-nuts.

Required Change: Increase women's ability to decide when they will eat pulses/ groundnuts

Activities	SBC Messages and Materials
IPs conduct gender dialogue sessions focusing on women's decision making on what food is grown/ purchased and prepared/ eaten.	Husbands, have a well-nourished family! Decide together with your wives on what foods will your family eat. *Abambo pangani chiganizo limodzi ndi akazi anu pa zakudya zomwe mukufuna mutamadya pakhomo panu.*
FNSP/IPs include the key importance of pulses/ground-nuts into household income and food allocation module targeting both men and women.	

Key Enablers

Accessibility

Accessiblity is likely to be the most important determinant of success. The research has showed that only 56.5% of households grew pulses and 40.5% grew ground-nuts during the last agricultural season[i].

62.4% of mothers from households that grew pulses ate them in the past 4 days as opposed to 46.6% of those who did not grow them. When the data was disaggregated by poverty levels, the difference was even more striking – among the poorest households, 66% of mothers who grew pulses ate them in the past 4 days as opposed to 38.1% of those who did not grow them. In the case of the relatively better-off households, the difference was not as striking (69.3% vs. 60%), which might indicate their ability to purchase pulses when they run out of their own stock.

Ground-nuts were eaten by 69.1% of mothers (in the past 4 days) whose households grow them as opposed to 42% of those who did not grow them.

Only 29.6% of households (P: 22%; B: 39.8%) who grew pulses and 38.3% (P: 25%; B: 51.6%) of households who grew ground-nuts said that the harvested amount was sufficient for their household's needs. It is worth noting the differences for the poorest (P) and the relatively better-off (B) households.

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i For the purpose of the research, the behaviour was 'relaxed' to assess the % of women who practiced the near-ideal behaviour.

Required Change: Increase women's ability to decide when they will eat pulses/ ground-nuts

Activities	SBC Messages and Materials
IPs train CG leaders on how to increase yields of pulses and ground-nuts (by using inoculants, winter cropping, inter-cropping and other practices) and require them to share this know-how with CG members.	Consider collaboration with GIZ's GIAE programme that works on increasing the productivity of pulses and ground-nuts. You can take advantage of their messages, materials, expertise and connections.
IPs guide CG to encourage local women to seek advice from more experienced farmers on how they can get better yields of pulses/ ground-nuts, e.g., through provision of testimonials by experienced farmers.	

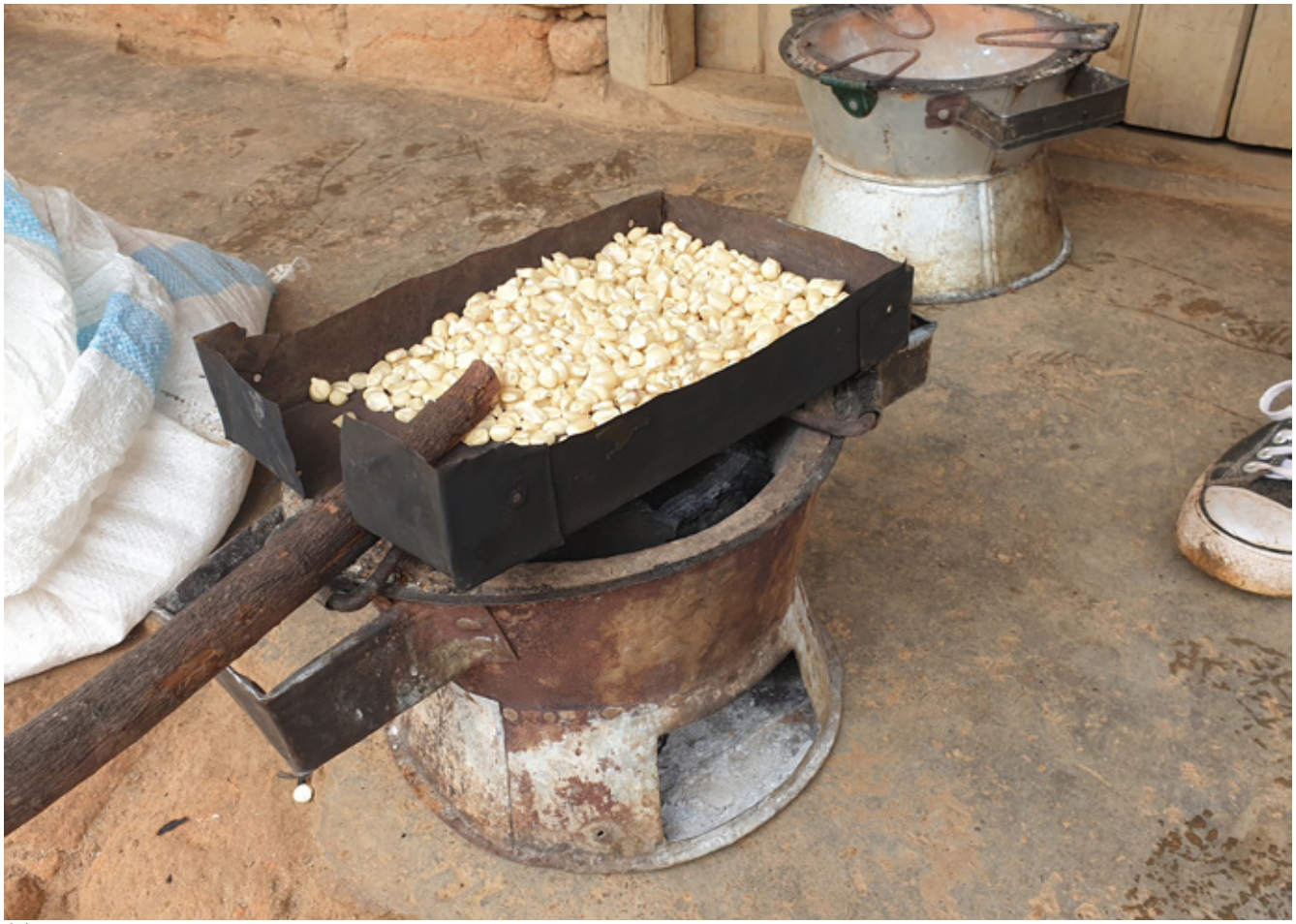
Ideas on How to Use Pulses

60.5% of mothers claimed that it was easy for them to have enough ideas of how to prepare pulses/ ground-nuts in diverse and tasty ways.

The Barrier Analysis showed that Doers were 14.1 times more likely than Non-Doers to say that the knowledge of how to prepare these foods makes it easier to consume them. They were also 11 times more likely to say that the fact that family members enjoyed eating pulses / ground nuts made it easier for them to prepare and consume pulses / ground-nuts. Therefore, (lacking) ideas on how to use them in everyday cuisine can be both an enabler as well as a barrier.

Required Change: Improve women's ability to prepare pulses/ ground-nuts in diverse and tasty ways

Activities	SBC Messages and Materials
IPs train CG leaders to show women how to prepare pulses in diverse and tasty ways (embedded in recipe booklets to show positive aspects) and let each woman try it on her own.	Do you want to learn how to prepare pulses in many delicious ways? Join cooking demonstrations in your community and invite your friends. *Mukufuna mutaphunzira kaphikidwe kokoma ka nyemba? Khalani gawo komanso itanirani anzanu ku zionetsero za maphikidwe m'dera mwanu.* **Materials:** Recipe book for CG leaders



Behaviour: Mothers of children aged 9-23 months who fed their children meals containing eggs or dairy products at least once in past two days

Prevalence

- 24.5% of children aged 9-23 months ate an egg in the past 2 days
- 19% of children aged 9-23 months consumed a dairy product in the past 2 days

Why are we encourgaing this behaviour?

Dairy products and eggs have a high content of animal-sourced protein and are more affordable than meat. At the same time, they are lacking in children's diet.

Since it is not recommended to feed eggs to 6 months old children, the age group was set to 9-23 months. This ensured that the eggs-related questions are asked only to women who can feed eggs to their children.

Key Barriers

Accessibility

Lacking access to eggs and dairy products is the main barrier to children consuming eggs and dairy products. 35.3% of households raised poultry that provided them with eggs (P: 29.9%; B: 45.1%), 2.3% raised other birds providing eggs, 18% raised goats providing milk and 1.3% raised cows providing milk. 56% of households did not raise any animals providing eggs or milk.

According to a health extension worker in Salima, "The problem is that there are some families that we reach out to with the messages but they don't even have food to eat, so telling such people to be giving eggs to their child is like slapping them in the face."

As the following overview shows, raising poultry by the child's household is correlated with an improved consumption of eggs (for both the poorest and better-off households).

		All Households	Poorest Households	Relatively Better-Off Households
Consumption of eggs	Raise poultry	33.9%	20%	40.7%
	Do not raise poultry	18%	12.7%	26.8%
Consumption of dairy products	Raise goats	35.1%	0%	53.3%
	Do not raise goats	15.7%	12.6%	21.3%

Based on this data, it is possible to say that **raising poultry contributes to an improved consumption of eggs** by children. In the case of goats and milk, the causation is less certain, as children frequently also consume dairy products from other sources (e.g., purchased dried milk).

In terms of the **commercial accessibility**, the average time needed to get to a place selling eggs is 19 minutes; to a place selling (fresh or dried) milk is 28 minutes. On average, the surveyed households are able to purchase 11 eggs and 1.7 litres of milk[i] per week. However, during the lean season (October to March) these amounts drop to 3 eggs and 0.4 litres of milk. The poorest households are able to purchase less eggs and milk than the relatively better-off households.

i This also includes dried milk (respondents were asked how much milk they prepared or they could afford).

Required Change: Improve women's access to eggs/ dairy products fr consumption by young children, especially among poorer households

Activities
IPs support local chicken pass-on to boost egg production.

Intra-Household Food Allocation

According to the interviewed Care Group Leaders in Salima, men are more likely to eat 'the good foods', which also include eggs.

This is not just due to their preferences but also due to women's decisions:

> *"One of the reasons is that some women do it out of wrong love, they only keep good things for their husbands ... They say because he is a bread winner, he deserves that."*

Required Change: Increase the proportion of households' eggs that are given to young children for consumption

Activities	SBC Messages and Materials
IPs create awareness and provide nutrition education on health benefits of eggs/dairy to children amongst women, men and other caregivers through: • use of testimonials from mothers with healthier babies who are fed with eggs and/dairy products • cooking demonstrations, mobile vans, lead farmers, community leaders, care groups and/or posters in the community • theatre for development (TFD), male champions and/or role play depicting the sharing of food in the household.	Fathers and mothers, your little child is like a small seed. If you do not nourish it, it will not grow well. Eggs help children to thrive. Feed them to your little child before you offer them to other family members. *Amayi ndi abambo, mwana wanu wamng'ono ali ngati ka mbewu. Sikamakula bwino popanda chisamaliro. Mazira amathandiza ana kuti akule bwino. Dyetsani mwana wanu mwamng'ono mazira musanadyetsa wina aliyense wapabanja panu.*

Inadequate Animal Raising Practices

Among the main reasons for insufficient access to eggs are sub-optimal poultry management knowledge and practices.

For example, only 39% of respondents that raise poultry knew where to purchase Newcastle vaccine which (alongside other practices) is essential for reducing poultry mortality.

Required Change: Improve poultry raising practices and reduce poultry mortality

Activities	SBC Messages and Materials
In each village, IPs support one or more existing poultry farmers in following recommended practices and act as 'demonstration site'.	Do you want to be a successful poultry farmer? Get advice from other people who successfully raise poultry about what and how they do to keep their poultry safe. *Kodi mukufuna kukhala otsogola pa ulimi wa nkhuku? Funsirani uphungu kwa anthu ena amene akuchita bwino pa ulimi wa nkhuku za momwe amatetezera nkhuku zawo ku chitopa.* **Materials:** Contact cards (name, phone number) of local vets (or other people willing to provide advice / treatment)
In each village, IPs organize at the demonstration site training on effective poultry raising practices (both preventative and treatment).	
In each village, IPs connect people who raise poultry with a local vet who is willing to provide advice and treatment, including poultry vaccinations.	

Eggs Used to Produce More Chicken

The focus group discussions showed that some households prefer to use (a part of) the eggs to produce more poultry.

According to one of the respondents:

> *"Those who manage [to feed eggs to their children] it is because they have a lot of chickens and those who have few chickens it is better for the chickens to sit on the eggs to produce other chickens."*

This practice is not necessarily negative, as it can enable households to ensure a better access to eggs over time (assuming that most poultry is not sold).

Required Change: Increase the proportion of households' eggs that is given to young children for consumption

Activities	SBC Messages and Materials
IPs create awareness and provide nutrition education on health benefits of eggs/dairy to children amongst women, men and other caregivers through: use of testimonials from mothers with healthier babies who are fed with eggs and/dairy products • use of testimonials from mothers with healthier babies who are fed with eggs and/dairy products • cooking demonstrations, mobile vans, lead farmers, community leaders, care groups and/or posters in the community. • theatre for development (TFD), male champions and/or role play depicting the sharing of food in the household.	Fathers and mothers, your little child is like a small seed. If you do not nourish it, it will not grow well. Eggs help children to thrive. Feed them to your little child before you offer them to other family members. *Amayi ndi abambo, mwana wanu wamng'ono ali ngati ka mbewu. Sikamakula bwino popanda chisamaliro. Mazira amathandiza ana kuti akule bwino. Dyetsani mwana wanu mwamng'ono mazira musanadyetsa wina aliyense wapabanja panu.*

Key Enablers

Awareness of the Benefits

Among both Doers and Non-Doers, there was a high awareness of the nutritional/ health benefits of consuming eggs/ dairy products.

Required Change: Strengthen the perception that consuming eggs/ dairy products helps children to be smarter and healthier

Activities	SBC Messages and Materials
IPs create awareness and provide nutrition education on health benefits of eggs/dairy to children amongst women, men and other caregivers through: • use of testimonials from mothers with healthier babies who are fed with eggs and/dairy products • cooking demonstrations, mobile vans, lead farmers, community leaders, care groups and/or posters in the community. • theatre for development (TFD), male champions and/or role play depicting the sharing of food in the household.	Feeding your young children eggs and milk products helps them to be smarter and healthier. Make eggs and milk products part of their daily meals. *Mwana amakula wa nzeru komanso wathanzi akamadya madzira komanso zakudya zochokera ku mkaka. Dyetsani mwana wanu madzira komanso zakudya zochokera ku mkaka tsiku linalililonse.* **Materials**: Poster of healthy and happy kids who feed on eggs/dairy products

Other Recommendations

Focus on poultry, less on goats: It is recommended that the programme dedicates considerably more resources to supporting poultry production as opposed to raising goats (or cows). This is due to the following reasons:

- Consumption of eggs is considerably more popular among children than the consumption of goat or cow milk.
- Poultry is more affordable and, compared to goats, less likely to be used primarily as a 'saving' that provides limited nutrition benefits.
- The research showed that raising poultry contributes to an improved consumption of eggs. In the case of goats and goat milk, the causation was less certain.

Promote specific poultry management measures: Poultry is prone to morbidity and mortality. However, by practicing effective poultry management measures, such risks can be reduced. The measures include, for example: use of vaccination, disinfecting chicken coops, providing nutritious fodder (made of locally available inputs), providing heat to chicks when needed, etc. GIZ and IPs should consult local experts to identify a limited number of the 1) most impactful and 2) feasible practices.

The adoption of these practices should then be systematically promoted and monitored through community-based trainings and demonstrations. As much as possible, this should be **done by stakeholders who will stay at/ nearby the community** even once the programme is over – i.e., it should not rely on the implementing partners too much.

Prioritise animal raising support: Limited access to animal products, such as eggs and dairy, can be addressed through two main ways: 1) helping people to raise animals or 2) helping them earn money to buy animal products. It is recommended that FNSP prioritizes the first option, as the link between increased income and increased consumption of eggs / dairy products is very difficult to ensure (as there are many other competing priorities for using any income the family generates).

Behaviour: Mothers of children aged 6-23 months who grow at least three types of nutrient-rich vegetables in their gardens throughout the year

Prevalence

Dry Season	Rainy Season
• 72.5% grew vegetables • 57.9% grew at least three types (average number was 2.8 types)	• 81% grew vegetables • 47.5% grew at least three types (average number was 2.5 types)

- 90% of respondents grew vegetables either during dry or rainy season
- 63.5% of respondents grew vegetables during both seasons

Why are we encourgaing this behaviour?

Homestead production of nutritious vegetables contributes to their availability; important for intake of essential vitamins and minerals.

The average dietary diversity score of children from households that grew vegetables was 2.31, in comparison to children from households that did not who scored 2.04. There were similar differences for children from the poorest and relatively better-off households.

The research did not identify any significant difference in the average dietary diversity score of women whose households grew or did not grow vegetables.

Key Barriers

Access to Land

34.5% out of the respondents who did not grow vegetables during the last dry season (27.5%) stated lack of land as a barrier to growing vegetables (i.e., 1 in 10 interviewed women pointed out that as the cause).

Access to Vegetable Seeds

30.9% out of the respondents who did not grow vegetables during the last dry season cited a lack of (money for) seeds as a barrier (i.e., 1 in 12 women). At the same time, women did not always have a good understanding of the real cost of seeds required for a home garden. They perceived the costs to be higher than what they really are – this might be connected to seeds being sold in bigger sachets than what is needed for a home garden.

Another reason might be women being used to receiving seeds for free and being unwilling to pay for them.

70.3% out of the women who grew vegetables during any season bought some type of seeds in the past 4 years. 61.7% produced their own seeds from harvested vegetables (pumpkin, beans, sweet potatoes, mustard). The average walking distance to the nearest shop selling seeds was 75 minutes.

Required Change: Improve access to seeds and knowledge of their real cost and benefits

Activities	SBC Messages and Materials
IPs train CG leaders or lead farmers how to show people multiplication of indigenous seed, how to use VSLAs to purchase vegetables seeds, the locations of local shops selling seeds at affordable prices, and calculate cost and benefit of swapping seed & buck seed purchase.	Spending a small amount of money on vegetable seeds helps you save a lot of money on buying vegetables Home grown vegetables taste best! *Gwiritsani ntchito ndalama yochepa kugulira mbewu ya ndiwo za masamba kuti mupulutse ndalama zochuluka zomwe mungaononge pogulira masamba* **Materials:** Lists of local shops (incl. phone numbers) selling vegetable seeds in smaller quantities and at a good price

Access to Water

13.6% out of the respondents who did not grow vegetables during the last dry season stated lack of water as a barrier (i.e., 1 in 27 women). Therefore, although access to water is an issue, it seems to affect less women than the barriers listed above.

Access to Vegetable Seeds

53.1% of women know a local lead farmer who provides advice and 40.3% of women have received advice from him/her in the past 2 years. 51 % of women know how to contact an extension worker who is willing to give advice and 41.4% of women received advice or training from an extension worker in the past 2 years.

This data shows that the proportion of women benefiting from agricultural counselling services is limited. The interviewed agricultural extension workers also highlighted the problem of **passive Care Group promoters** who did not pass what they learnt onto others. They emphasized the need to train the Care Group leaders directly.

Required Change: Increase the coverage of vegetable trainings (especially on how to deal with pests/ diseases)

Activities	SBC Messages and Materials
IPs train CG leaders or lead farmers how to show people multiplication of indigenous seed, how to use VSLAs to purchase vegetables seeds, the locations of local shops selling seeds at affordable prices, and calculate cost and benefit of swapping seed & buck seed purchase.	Spending a small amount of money on vegetable seeds helps you save a lot of money on buying vegetables Home grown vegetables taste best! *Gwiritsani ntchito ndalama yochepa kugulira mbewu ya ndiwo za masamba kuti mupulutse ndalama zochuluka zomwe mungaononge pogulira masamba* **Materials:** Lists of local shops (incl. phone numbers) selling vegetable seeds in smaller quantities and at a good price

Required Change: Increase the % of women who (can) access advice from a leader farmer or AEDO

Activities	SBC Messages and Materials
IPs consult DADO to increase the coverage of lead farmers by: • selecting and training more lead farmers and ensuring that they're motivated to share their know-how with others (FNSP will need to discuss how to achieve this) • ensure that the lead farmers, with AEDO's support and IPs' supervision, train a maximum number of women • and men from the local villages on addressing the key issues they face • monitoring the number of women/ men trained	No success with vegetable production? Contact an experienced farmer or AEDO for advice on how to grow vegetables successfully. *Funsirani uphungu wa momwe mungapititsire patsogolo ulimi wanu wa ndiwo zamasamba kuchokera kwa alimi otsogola kapena alangizi azaulimi m'dera mwanu.* **Materials**: Contact cards (name, phone number) of local lead farmers and AEDOs willing to provide advice

Perceived Self-Efficacy

Pests and diseases discourage many women from growing vegetables. At the same time, 30.6% of them do not feel confident about their ability to tackle pests and diseases.

Additionally, 41% think that it is not possible to successfully grow vegetables without using chemical pesticides and a similar percentage thinks the same about not using chemical fertilizers.

Required Change: Increase the coverage of vegetable trainings (especially on dealing with pests/ diseases)

Activities	SBC Messages and Materials
IPs train CG leaders or lead farmers on how to explain to people how to deal with pests/diseases and other key practices and later deliver these trainings/advices at model gardens	Message: Example: Do you want to learn how to deal with vegetable pests and diseases? Ask an experienced farmer for advice and attend a training in your village, if available. *Kodi mukufuna mutadziwa njira zothanira ndi tizilombo ta ndiwo za masamba? Funsirani uphungu kwa mlimi wotsogola m'dera mwanu komanso tenganipo mbali pa maphunziro akamapezeka.* **Materials:** Contact cards (name, phone number) of local lead farmers and AEDOs willing to provide advice

Perceived Lack of Need of a Vegetable Garden

According to an agriculture extension worker, some women think that it is unnecessary to have a home garden when they could grow vegetables at the field at the stream or river:

"I have a dambo garden, so why should I make myself busy making a garden here at home (upland)."

Required Change: Reinforce the knowledge/ experience of benefits of having fresh vegetables at all times

Activities	SBC Messages and Materials
IPs guide CG leaders to use regular CG meetings to conduct gully walk to best home gardens where success stories will be shared to facilitate cross learning on home gardens within care groups	Fathers and mums, do you want your children to enjoy fresh vegetables every day? Learn to grow vegetables in your very own home garden! *Kodi mukufuna mutamamudyetsa mwana wanu ndiwo zamasamba abwino tsiku lina lililonse? Amayi ndi abambo phunzirani momwe mungakhalire ndi dimba pakhomo panu mosavuta* **Materials:** Poster of husband & wife in a home garden.

Limited Time Due to Other Responsibilities

The people who took the most care of growing vegetables were women (84.5%), husbands (24.5%), and parents (9.3%). This means that although some husbands are involved, producing vegetables for homestead consumption is primarily a women's task. Since many women are busy with household tasks and child care, lack of time for growing vegetables might also be an additional barrier.

Required Change: Increase the time other household members give to growing vegetables

Activities
Programme field officers advise CG leaders and lead farmers to include other household members in training and advice on vegetable production.
IPs include the topic of sharing workload related to vegetables gardens into the gender dialogue sessions (see strategy on pulses)
IPs promote (through lead farmers and CG members) the use of labour-saving technologies, such as water conserving zai pits

Damaged by Livestock

Only 11.7% out of the respondents who did not grow vegetables during the last dry season stated that livestock damaged crops and they put it as a barrier (i.e., 1 in 31 women).

Key Enablers

Health Benefits

98.5% of women thought that eating vegetables helps children to be healthier.

Both Doers and Non-Doers said that among the key motivators for growing vegetables are:

- seeing neighbours enjoying the benefits of growing vegetables (and wanting the same); and
- being visited and encouraged to grow vegetables by the Care Group leaders.

10.5% of interviewed women are members of groups of people who grow vegetables together. 75.5% of women would like to grow vegetables together with other women, indicating a good potential for supporting such initiatives.

Required Change: Increase the frequency of visits of women's vegetable gardens

Activities	SBC Messages and Materials
In each village, IPs support and agree with the owners of well-managed gardens (especially local influencers, such as GVH) to act as 'model gardens' where other women can observe and be inspired and learn.	In this area are many people who grow lots of vegetables and fruits for their children. Visit them and learn how you can achieve the same! *Mudera lanu muli anthu ambiri omwe amapanga ulimi wa ndiwo za masamba komanso zipatso zodyetsa ana awo. Kakumaneni nawo kuti mukaphunzire momwe inunso mungapangire ulimiwu.*
IPs guide CG leaders to use regular CG meetings to conduct gully walk to best home gardens where success stories will be shared to facilitate cross learning on home gardens within care groups.	

Availability of Vegetables

65.5% of households that grew vegetables had access to fresh vegetables throughout the year, in comparison to 60% of households who did not grow vegetables.

76.7% of households that grew vegetables dried vegetables as opposed to 50% of households who did not grow them.

Required Change: Increase the frequency of visits of women's vegetable gardens

Activities
IPs train CG leaders on addressing the key difficulties that women face when growing vegetables

Additional Recommendations

Prioritise increasing the coverage: Among the main reasons why some families do not grow vegetables and/or are not very successful in growing vegetables is their lacking access to agronomic advice. In the past 2 years, only 2 out of 5 women received advice from a lead farmer or AEDO. Increasing the proportion of women who receive the advice they need should be among the main priorities of the programme, as it is a key-precondition for improving children and women's access to fresh vegetables and fruits.

Promote specific pest management practices: Women who grow vegetables face challenges related to very specific pests and diseases. If you manage to identify what the specific problems are and train women on tackling these difficulties, it is likely to result in higher harvests.

Take advantage of the lessons learnt from GIZ's recent study: *"The best way of motivating people to produce vegetables and fruits is to show them the benefits that others gained from this activity. This can best be done through exposure visits to nearby communities (ideally just before the harvest so that the benefits are clearly visible). It is important that the examples shown are something that people can relate to and replicate – for example, if people have only limited space for growing vegetables, taking them to a larger field of vegetables might not work well. Engaging not only women but also their husbands in the exposure visits can ensure the required 'buy-in'."*

Behaviour: Mothers of children aged 6-23 months who sundired at least two types of fruits or vegetables to be consumed by themselves or their children at a later date

Prevalence

- 74.5% of households dried vegetables
- 1.5% of households dried fruits

Why are we encourgaing this behaviour?

The behaviour was proposed by GIZ based on the assumption that it can address seasonal lack of fresh vegetables and fruits that are essential for the required intake of vitamins and minerals.

Key Barriers

Limited Access to Vegetables/ Fruits for Drying

64.1% of women who did not dry vegetables did not have any unused vegetables that could be dried. 90.3% of women who did not dry fruits did not have any unused fruits that could be dried.

Limited Need for Dried Vegetables

63% of women (P: 57.5%; B: 70.7%) reported having no periods without access to fresh vegetables. Additional 13% have only a few weeks without access to fresh vegetables. Therefore, many of them had only limited incentive to dry vegetables.

Selling Fruits

Some people prefer to sell fruits (as opposed to drying them) to access money for more pressing needs.

Required Changes:

- **Increase the coverage of activities promoting vegetables/ fruit drying during January & February when vegetables/ fruits (less in other months)**
- **Increase women's commitment to drying vegetables/ fruits**

Activities	SBC Messages and Materials
CG leaders or other women who commonly dry veg / fruits during regular CG meetings: • let women and men taste dried fruits/ meal made of dried vegetables • demonstrate to women and men how to dry vegetables /fruits in a time efficient manner + how to protect it from animals	Do you want your children to eat vegetables and fruits at any time of a year? Dry excess fruits and vegetables in the time of plenty in January and February. *Kodi mukufuna mwana wanu kuti azidya ndiwo zamasamba komanso zipatso chaka chonse. Futsani zipatso ndi masamba mu nthawi yomwe akupezeka mochuluka mu January komanso February.*

Access to Drying Equipment

39.8% of women who did not dry vegetables could not access a drying equipment (either because they did not have it or could not borrow it from someone). This equals to 1 in 10 surveyed women.

Required Change: Increase access to drying equipment

Activities
Show the drying equipment, explains and support how to construct it (engaging men)

Key Enablers

Knowledge on how to sun-dry effectively

87.3% of women were able to explain how to sun-dry vegetables or fruits in an effective manner.

Optimal Time Promotion

Drying vegetables/ fruits is most effective when done just before the harvst time (primarily January/ February) and when it is done through demonstrations by local community members who dry vegetables/ fruits. Other times of the years were discouraged.

Required Changes

- **Increase women's exposure to fellow women who manage to dry some types of vegetables/ fruits in a time-efficient manner**
- **Increase women's ability to protect dried fruits/ vegetables from animals**
- **Increase women's commitment to drying vegetables/ fruits**

Activities	SBC Messages and Materials
CG leaders or other women who commonly dry veg / fruits during regular CG meetings: • let women and men taste dried fruits/ meal made of dried vegetables • demonstrate the drying process (engaging men) • show the drying equipment, explains and support how to construct it (engaging men) • demonstrate to women and men how to dry vegetables /fruits in a time efficient manner + how to protect it from animals	Mothers, visit other women in your community who dry vegetables to learn from them. *Amayi, kaphunzireni luso la kafutsidwe ka masamba ndi zipatso kwa amayi ena m'dera mwanu.*

Additional Recommendations

Extent of support: It is recommended that GIZ and the IPs allocate only a limited amount of its time and financial resources to promoting this behaviour (as compared to other behaviours covered in this report). This is due to the following reasons:

- 63% of women reported having no periods without access to fresh vegetables; additional 13% has only a few weeks without access to fresh vegetables. This means that the majority of women have no or only very little need for using dried vegetables.
- In the case of the poorest households that are the most prone to lacking vegetables and fruits, there was no positive correlation between drying vegetables and improved dietary diversity of women or children.
- The nutrient content of vegetables and fruits decreases when drying; therefore, it is better to support their year-round production.

Behaviour: Children and adult household members use a dedicated handwashing station with water and soap readily available

Prevalence

	All Households	Poorest Households	Relatively Better-Off Households
Have a Handwashing Station	53.5%	46.3%	55.6%
Water Available	67.5%		
Soap Readily Available	30.4%	17.7%	47.3%
Soap Readily Available within 30 seconds	27.5%	15.7%	46.2%
Water & Soap Readily Available	24.7% (13.3% out of all interviewed households)		

Types of handwashing stations:

- tippy tap available: 29.0%
- other type of handwashing station with flowing water available: 11.8%
- only simple jug is available: 12.8%
- no dedicated handwashing station available: 46.5%

Why are we encourgaing this behaviour?

Handwashing is essential for preventing diarrhoeal diseases that contribute to under-nutrition; presence of handwashing facilities with water and soap available makes it more likely that people will wash their hands.

Key Barriers

Coverage

The survey showed that only a portion of the targeted women are reached by the programme's activities, which also includes handwashing-related activities. Only 40.8% of the respondents saw themselves as members of Care Groups (where most hygiene promotion activities take place) and 36.8% were regularly attending Care Group meetings prior to Covid-19.

In the three years prior to when Covid-19 started, 55.2% of Care Group members were less than four times visited by a Care Group member at their homes (i.e., this equal to one meeting or less per year).

Required Change: Reduce the risk of HW stations being damaged

Activities	SBC Messages and Materials
IPs reach out to more people with HW messages through integration in CG meetings, VSLAs and other community meetings and encourage those reached to pass on messages to family, neighbours and friends.	Mums and dads, help your friends to be healthy. Ask your friends to have and use handwashing stations with soap. *Amayi komanso abambo, Thandi ani anzanu kuti akhale moyo wa thanzi powauza kuti akhale ndi kugwiritsa ntchito chosambira mmanja chokhala ndi sopo* **Materials:** CG leaders motivate members to pass on messages to neighbours and friends
CGs integrate Covid-19 preventive measures in handwashing messages shared with women, men and youth (e.g. through CCPF, radio, care groups).	

Affordability of Inputs

The following overview presents how difficult it is for households to afford to keep buying soap for hand-washing (as reported by the interviewed women).

	All Households	Poorest Households	Relatively Better-Off Households
Very Difficult	11.8%	13.4%	3.8%
Somewhat Difficult	29%	32.1%	24.1%
Not Difficult	59.3%	54.5%	72.2%

Access to water was not identified as a significant barrier to using a handwashing station. Only 2.3% of interviewed women thought buying soap for handwashing is a waste of money.

Additional Barriers

- handwashing stations getting damaged by livestock or by children who played with them;
- households keeping soap in the house instead of at the handwashing station (due to animals taking the soap); and
- limited commitment to refilling the water container regularly.

Required Change: Reduce the risk of HW stations being damaged

Activities	SBC Messages and Materials
IPs guide CG leaders to organise demonstrations during CG meetings and showcase best practice examples (incl. GIZ's models in Salima) of how to construct secure, durable and low-cost HW facilities using local and strong materials (e.g. bamboo)	Parents, educate your children on the usage and care of handwashing stations and fence them to keep them safe from animal damage. *Makolo phunzitsani ana anu kagwiritsidwe ntchito komanso kasamalidwe ka malo osambirapo mmanja komanso kuteteza malowo kuziweto pomanga mpanda*
Programme field officers monitor that CG leaders conduct household visits and facilitate education of household members (incl. children) on the importance of HW facilities and how to take care of them.	

Required Change: Increase households' ability and willingness to keep soap by the HW stations

Activities	SBC Messages and Materials
IPs guide CG leaders to show people how they can keep soap by the handwashing station in a way that prevents theft or being eaten by livestock (e.g. using soapy water and rinse water).	Handwashing with soap makes your family healthier and saves you money spent on medical expenses. Always keep soap by your handwashing station to have it ready to use anytime. *Kusamba mmanja ndi sopo kumathandiza kupewa matenda otsegula mmimba. Kumbukirani kuika madzi nthawi zonse komanso sopo mosamalika pa malo osambira mmanja.*

Key Enablers

Knowledgeable Communities

The Barrier Analysis data showed that most respondents perceived construction of a handwashing station as a technically easy task that they managed/ could manage with the knowledge and skills they had. Some respondents reported difficulties with accessing the required construction materials but it was not identified as a statistically significant barrier.

Required Change: Increase the coverage of handwashing-related activities

Activities	SBC Messages and Materials
IPs reach out to more people with HW messages through integration in CG meetings, VSLAs and other community meetings and encourage those reached to pass on messages to family, neighbours and friends	Mums and dads, help your friends to be healthy. Ask your friends to have and use handwashing stations with soap. *Amayi komanso abambo, Thandi ani anzanu kuti akhale moyo wa thanzi powauza kuti akhale ndi kugwiritsa ntchito chosambira mmanja chokhala ndi sopo* **Materials**: CG leaders motivate members to pass on messages to neighbours and friends;
CGs integrate Covid-19 preventive measures in handwashing messages shared with women, men and youth (e.g., through CCPF, radio, care groups)	

Social Norms

The survey showed that the 'Doers' are more likely to say that 'most of their friends or relatives have a handwashing station with water and soap available' (60.7%) as opposed to those who do not have it (24.1%). This means that the 'Doers' are exposed more to positive examples.

In the programme areas, village chiefs have a significant authority. The research therefore asked whether women thought that their village chief wanted people to have a hand washing station – 88% of interviewed women said that they thought so. 98.9% of women also said that if a village chief asked them to construct a handwashing station, they would do it (and 99.5% of these women said that they would also use the station). Another group of influencers are priests and imams – it was commonly recommended for the programme to engage them in the promotion of handwashing.

The Barrier Analysis data did not show any significant group of people that would disapprove of the behaviour.

Required Change: Increase the 'social pressure' to have a HW station with water and soap

Activities	SBC Messages and Materials
Programme field officers support CGs to organise community meetings and facilitate components of Community Led Total Sanitation (CLTS) triggering to increase pressure and self-realization by households to have a HW station with water and soap.	Handwashing with soap makes your family healthier and saves you money spent on medical expenses. Always keep soap by your handwashing station to have it ready to use anytime. *Kusamba mmanja ndi sopo kumathandiza kupewa matenda otsegula mmimba. Kumbukirani kuika madzi nthawi zonse komanso sopo mosamalika pa malo osambira mmanja.*
IPs support local, religious and traditional leaders to lead as good example and change agents by inclusion of handwashing with soap in local, religious and traditional meetings to change negative perceptions around handwashing.	

Perceived Need

Out of all the respondents who did not have a handwashing station (this also includes having a jug only), 80.6% thought that it was better to have a proper handwashing station as opposed to having no station or a jug/ cup only.

Perceived Benefits

The Barrier Analysis data showed that Doers were 4.1 times more likely than Non-Doers to mention that the knowledge of health benefits made it easier for them to use a handwashing station. They were also 14.5 times more likely than Non-Doers to mention that the desire to have good hygiene made it easier for them to use a handwashing station.

A similar share of Doers and Non-Doers mentioned that handwashing prevented diarrhoea.

Required Change

- **Make ownership and usage of a HW station more desireable - bringing improved social status, feelings of pride, good hygiene at home, and better health**
- **Increase household members' commitment to keep refilling the water container**

Activities	SBC Messages and Materials
IPs work with CG leaders to help household (HH) members visualise bacteria in relation to Handwashing (HW) behaviour and calculate economic costs of using and refilling water containers at the HW stations against hospital costs (cost benefit analysis).	We care about hygiene and the health of our families – we have and use a handwashing station with water and soap. How about you? *Timasamala za ukhondo komanso thanzi la okondedwa anthu. Timasamba mmanja pogwiritsa ntchito sopo. Nanga inu?* **Materials:** Poster showing a group of women and men by a handwashing station
IPs organise meetings with Traditional Authorities (TAs) to make sure they have and make good use of the HW stations and support setting of standards and by-laws on ownership, care and usage of handwashing stations in their villages.	

Monitoring, Evaluation and Learning

What to Measure	How
Prevalence of the promoted behaviours	Integrated into quantitative surveys (e.g. FUS and annual monitoring surveys)
Extent to which women experience the identified enablers and barriers	
Coverage (% of women participating in the programme activities/ accessing promoted services)	
Equity (extent to which women and children from poor and relatively better-off households benefit from the project activities / supported services)	
Quality of selected SBC activities (e.g. Care Group sessions; agronomic and other trainings, etc.)	Electronic (table / smartphone-based) checklists and observations used on an ongoing basis in a long-term
Reasons why some women do not participate in the project activities / do not use promoted services and why they do not adopt the promoted behaviours	Informal interviews with women conducted by CARE, UP and GIZ staff whenever they work in the target villages (i.e. ongoing, longer-term activity)
Strengths and weaknesses of FNSP's SBC activities, including how could they be improved	Informal interviews with field-level stakeholders conducted by CARE, UP and GIZ staff whenever they work in the target villages (i.e. ongoing, long-term activity with regular review sessions, e.g. bi-annual)

What matters the most is that **FNSP has a system ensuring that important findings** (both formal – e.g., from surveys; and informal – e.g., from field visits) **are discussed and addressed** by the programme. Regular review meetings, online tracker of key learnings (and actions taken) and other measures need to be ensured by the programme management.

For additional information, please refer to the programme's M&E document

Annex: SBC Research Methodology

The SBC research took place from September to December 2020 in Salima and Dedza Districts of Malawi. It was designed by an SBC consultant and carried out by Thomson Consult company.

To ensure that the research does not expose its participants to an increased risk of Covid-19 infection, the company ensured that essential Covid-19 prevention measures, that GIZ promotes, were followed by all the participating research team members.

The SBC research consisted of three stages:

1. During the first stage, a barrier analysis data was collected and analysed..
2. Next, the analysed data was explored further through focus group discussions.
3. Finally, a quantitative survey was conducted to assess the prevalence of the identified barriers and enablers.

Barrier Analysis

The Barrier Analysis (BA) is a quantitative/qualitative survey using individual interviews where people are asked a series of questions aimed at identifying which of the twelve most common determinants (see overview on the next page) have the biggest influence on whether they practice the given behaviour or not.

The BA study uses the Doer/Non-Doer methodology that consists of interviewing per each studied behaviour 45 people who already do the behaviour (Doers) and 45 people who have not yet adopted the behaviour (Non-Doers). The difference between the Doers' and Non-Doers' responses reveals which barriers / enablers are the most important.

The SCB research involved conducting five BA studies, one study per each target behaviour. It used an amended version of BA questionnaire which included additional questions thereby allowing the researcher to gain a more detailed understanding of the various enablers and barriers. The questionnaires were translated from English to Chichewa language and subsequently pre-tested.

Thomson Consult was provided with the following guidance materials:

- BA training package prepared by the consultant (available upon request)
- Step-by-step guidance on coding BA data developed by the SBC consultant (available upon request)
- Summary of BA methodology in Annex 4 of the Behaviour Change Toolkit (here)
- The full guide on conducting Barrier Analysis providing details on all stages of the process (here)
- BA Tabulation Sheet that is used for data analysis (here) and guidance on its use (here)

Additionally, a Thomson Consult staff was given training and follow-up support on training enumerators, pre-testing, collecting and analysing data.

The Barrier Analysis data was collected following the official Barrier Analysis guidance. Per each behaviour, 45 interviews with Doers and 45 interviews with Non-Doers were conducted. The interviews were conducted with women with children in the prescribed age (see chapter 2). Approx. 50% of the respondents were from Dedza and 50% were from Salima. The study covered 44 group village heads (GVHs) (15 in Salima, and 29 in Dedza) covering all the target Traditional Authorities (TAs) in the two Districts. There were no more than 5 Doers and 5 Non-Doers interviewed in the same village. The same person was never interviewed about more than one behaviour.

Where relevant and permitted, the enumerators observed and took photos related to the promoted practices (e.g., handwashing stations). The collected data was coded (involving all the enumerators) using the provided guidance on BA data coding and subsequently entered in the BA Tabulation Sheet. The data was then analysed by the SBC consultant and summary findings were written in the Tabulation Sheets.

Behavioural Determinants studied during the SBC Research	
Perceived Self-Efficacy	A person's belief that s/he has the confidence, knowledge, and ability required for practicing the behaviour
Perceived Positive Consequences	What positive things does a person think will happen if s/he practice the behaviour? What will be the benefits & advantage?
Perceived Negative Consequences	What negative things does a person think will happen if s/he practices the behaviour? What will be the costs & disadvantages?
Perceived Social Norms	A person's perception of whether the family, neighbours, or other important people will approve or disapprove of her/ him practicing the behaviour
Access	The extent to which a person can access the products or services required to practice the behaviour
Cues for Action	The presence of reminders that help a person to remember to practice the behaviour or he steps involved in doing the behaviour
Perceived Susceptibility	A person's perception of how likely it is that s/he will be affected by the problem the behaviour is addressing
Perceived Severity	A person's perception of how seriously affected s/he can be by the problem the behaviour is addressing
Perceived Action Efficacy	A person's belief that doing the behaviour will address the problem
Perceived Divine Will	A person's belief that God's and/ or spirits approve of the behaviour, or are causing the problem
Policy	Local laws and regulation that affect behaviours and access to products and services
Culture	The extent to which local customs, values or lifestyles influence (not) doing the behaviour

Developed by Schmied, P. (2017) Behaviour Change Toolkit. People in Need

Focus Group Discussion

While BA interviews were conducted with women, focus group discussions (FGD) were conducted with the following stakeholders:

- 1 FGD with field-level staff of CARE (in Salima) and 1 FGD with field-level staff of UP (in Dedza)
- 1 FGD with 6 randomly selected Cluster Leaders in Salima (two from each traditional authority)
- 1 FGD with 8 randomly selected Cluster Leaders in Dedza (two from each traditional authority)
- 1 FGD with 3 Health Surveillance Assistants in Salima (one from each TA)
- 1 FGD with 4 Health Surveillance Assistants 1 in Dedza (one from each TA)
- 1 FGD with 3 Agricultural Extension Dev. Officers in Salima (one from each TA)
- 1 FGD with 4 Agricultural Extension Dev. Officers in Dedza (one from each TA)

Their engagement enabled the research team to look at the key barriers and enablers from the point of view of different stakeholders and to triangulate the collected data, ensuring its higher accuracy.

FGD Guides were prepared for all discussions. The discussions were facilitated by two most experienced enumerators contracted by Thomson Consult and supervised by the company's staff. All FGDs were audio-recorded and subsequently translated and transcribed in English. The data was then coded by the SBC consultant and analysed based on the assigned codes.

Quantitative SBC Study

The quantitative part of the research was conducted to understand the extent to which the targeted women experience the enablers and barriers identified as a part of the Barrier Analyses and FGDs. This was an important step, allowing the programme to focus its energy and resources on the most influential and prevalent determinants.

The survey consisted of structured interviews using electronic questionnaires administered on tablets or smart-phones. The questionnaire was designed by the SBC consultant and then translated to Chichewa, programmed in Kobo and pre-tested by Thomson Consult.

To select the survey respondents, Thomson Consult used a multi-stage cluster sampling strategy. The SBC quantitative survey interviewed the following participants: care group and non-care group mothers of children between 6-23 months. The calculation of the sample size, i.e., households with eligible participants, was done using GPower statistical software version 3.1.9.4 with 5% margin of error and 95% confidence level. A sample size of 328 was calculated as well as 20% non-response of 66 HH making a total of 394 households.

There were eight enumerator pairs (16 enumerators) and two supervisors. Each enumerator pair had a daily target of 7 questionnaires for six days and on the final survey day it was 8 questionnaires. This translated to a total of 400 questionnaires (336 collected in 6 days at a rate of 54 per day + 64 collected on the final day) completed in 7 days.

All TAs in the two districts were included in the survey. Villages were randomly selected using the Excel Rand function which incorporates the function of Bernoulli's distribution. The number of sampled villages was calculated based on the least number of mothers with children between 6-23 months expected to be found in each village. The sample size of 400 was proportionally distributed in each traditional authority based on the population size (from National Statistics Office, 2019, a reliable source).

A total of 67 villages were included in the study (25 in Salima, 42 in Dedza). Six households were randomly selected per cluster (village). Main selection criteria for households was at least one mother of a child in the age group 6-23 months of age. To identify the households, every morning a number (1-6) was diced to randomly select the households from a list of all households with children aged 6-23 months.

The data collection process was coordinated by a statistician from Thomson Consult who worked hand-in-hand with two supervisors and FNSP personnel assigned to supervise and provide technical support in the process. In light of the rainy season period, all the eight enumerator pairs started in one district (Dedza) where they worked for four days (22nd to 25th Nov 2020) and finished in Salima the remaining three days (26th to 28th Nov 2020). The teams chose to start in Dedza because most of the areas could not have been accessible if heavy rains had started.

At the end of each day, supervisors cross-checked all completed questionnaires in the tablets and submitted. The statistician reviewed and provided feedback where there were issues for the team to address and consider in subsequent interviews. Each evening and morning before commencing data collection, teams had to meet for a briefing session.

At the beginning of each interview, all respondents were informed about the purpose of the interview, its expected duration, the option to opt-out at any moment and the data usage (including confidentiality). They were asked for their consent to participate in the interview. The enumerators were responsible for ensuring that the interviews are conducted in privacy, helping the respondents to feel more at ease.

The collected data was cleaned and analysed in Excel by Thomson Consult. Where relevant, the data was disaggregated by gender, poverty levels[i] and other factors. The required data was then entered by Thomson Consult staff into a database prepared by the SBC consultant. The data entered in the database was reviewed by the SBC consultant.

i To disaggregate data by poverty levels, the survey divided the respondents into groups according to their poverty level. The level was determined using Equity Tool methodology adjusted for Malawi (see details at this link). It was then comparing data for people from households who fall into the poorest and the relatively better-off group. It is important to realize that most people in the rural areas of Malawi are poor, so even people from the relatively better-off group might be poor, compared to the national or urban population.

Data Validation

The key data was presented by Thomson Consult during a two-day workshop in late January 2021. The workshop involved staff of GIZ, CARE and UP. During the two days, the staff of implementing organizations discussed the identified enablers and barriers, the required changes and together proposed a wide range of activities that could address the identified enablers and barriers.

In the following two months, GIZ and its partners worked on prioritizing and refining the SBC activities which they will implement in the remaining duration of the programme.

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