

# From Awareness to Adoption

SBCC for Fortified Foods in Tamil Nadu



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# List of Abbreviations

|               |  |
|---------------|--|
| <b>AWW</b>    | Anganwadi Worker   |
| <b>AV</b>     | Audio-Visual   |
| <b>DFPD</b>   | Department of Food and Public Distribution                 |
| <b>DFS</b>    | Double Fortified Salt                                      |
| <b>FCI</b>    | Food Corporation of India                                  |
| <b>FRK</b>    | Fortified Rice Kernel                                      |
| <b>FSSAI</b>  | Food Safety and Standards Authority of India               |
| <b>GIZ</b>    | Deutsche Gesellschaft für Internationale Zusammenarbeit    |
| <b>GoI</b>    | Government of India  |
| <b>ICDS</b>   | Integrated Child Development Services                      |
| <b>ICMR</b>   | Indian Council of Medical Research                         |
| <b>IEC</b>    | Information, Education and Communication                   |
| <b>KII</b>    | Key Informant Interview                                    |
| <b>LSFF</b>   | Large-Scale Food Fortification                             |
| <b>MDM</b>    | Mid-Day Meal scheme  |
| <b>MWCD</b>   | Ministry of Women and Child Development                    |
| <b>NIN</b>    | National Institute of Nutrition                            |
| <b>PDS</b>    | Public Distribution System                                 |
| <b>POSHAN</b> | Prime Minister's Overarching Scheme for Holistic Nutrition |
| <b>SBCC</b>   | Social and Behaviour Change Communication                  |
| <b>SDG</b>    | Sustainable Development Goal                               |
| <b>SENU</b>   | Securing Nutrition, Enhancing Resilience                   |
| <b>SHG</b>    | Self-Help Group  |
| <b>TNCSC</b>  | Tamil Nadu Civil Supplies Corporation                      |
| <b>UNWFP</b>  | United Nations World Food Programme                        |
| <b>UP</b>     | Uttar Pradesh  |
| <b>VHV</b>    | Village Health Nutrition volunteer                         |
| <b>WHO</b>    | World Health Organisation                                  |



↑ IEC Van - District Trichy, Block Uppiliyapuram, village Venkatachalapuram

## Objective

The Indo-German project Securing Nutrition, Enhancing Resilience (SENU), implemented by GIZ in collaboration with the Ministry of Women and Child Development (MWCD), aims to improve the nutritional status of populations vulnerable to food insecurity, particularly women of reproductive age and young children. The programme follows a Social and Behaviour Change Communication (SBCC) and gender-transformative approach and is part of a global initiative active in seven countries.

In India, SENU supports efforts to strengthen community nutrition and awareness. As part of its work to improve access to fortified foods, GIZ undertook several SBCC initiatives in Tamil Nadu to assist the Food Safety and Standards Authority of India (FSSAI) in increasing awareness of staple food fortification and promoting the uptake of fortified rice among diverse stakeholder groups. New Concept partnered with GIZ as the implementing agency for these SBCC activities.

## Why does it matter

Micronutrient deficiencies remain a major public health concern, even among people who consume sufficient calories. This “hidden hunger” affects women, children, and other vulnerable groups the most. Large-Scale Food Fortification (LSFF) is a proven, government-led strategy to address these gaps, and India has established standards for fortifying wheat, rice, oil, salt, and milk through the Food Safety and Standards Authority of India (FSSAI).

Rice, India’s most widely consumed staple, provides energy but few essential vitamins and minerals, which are further lost during milling. Fortifying rice therefore offers a significant opportunity to improve diets at scale. It supports national efforts to combat anaemia and micronutrient deficiencies and contributes to SDG 2 on “Zero Hunger.”

Recognising this potential, the Government of India launched a centrally sponsored pilot for fortified rice in 2019 through the Public Distribution System (PDS), with plans for nationwide coverage across PDS, Mission POSHAN 2.0, and the Mid-Day Meal Scheme by 2024. Development partners such as GIZ, WFP, and Nutrition International support these efforts through technical assistance and SBCC.



↑ Cooking Demonstration -District Kanyakumari, Block Kurunthancode, Village kattimanakodu

## Key Activities

1. **IEC Van Outreach:** Villages, markets, and PDS shops were visited with animated videos, puppet shows, and loudspeaker messages to engage communities and stimulate discussion.
2. **Cooking Demonstrations & Tastings:** Practical demos showing that fortified rice cooks and tastes like regular rice, addressing myths about floating kernels and safety for children and pregnant women.
3. **Community Engagement Events:** School sessions, SHG meetings, and local gatherings leveraged to reach women, children, and key influencers in the community.
4. **Information Materials:** Posters, pamphlets, recipe booklets, AVs, and mascots reinforced messages and helped beneficiaries understand nutritional benefits.
5. **Stakeholder Interaction:** Public lectures, panel discussions, and coordination with local leaders strengthened credibility and encouraged wider adoption.

### Tamil Nadu context:

Tamil Nadu introduced fortified rice through PDS in Tiruchy district in 2020, with statewide distribution resuming in April 2023 after the COVID-19 lockdown. Meanwhile, ICDS and the Mid-Day Meal programme continued to receive fortified rice without interruption. A 2023 ICMR–NIN formative study found high awareness among frontline workers and district officials, no major resistance among beneficiaries, and full coverage of all districts through TNCSC and FCI godowns.



↑ Cooking Demonstration -District Kanyakumari, Block Kurunthancode, Village Thalakulam

## Approach: Step-by-Step

1. **Strategy, objectives & alignment**
  - » Define awareness, attitude and behaviour goals.
  - » Integrate gender-transformative and socio-ecological approaches; align with PDS/ICDS/MDM.
2. **Stakeholder engagement & approvals**
  - » Secure approvals from MWCD, FSSAI and state agencies; identify state/district leads.
  - » Set up coordination/WhatsApp groups for rapid communication.
3. **Material design & pre-testing**
  - » Review existing tools, develop message matrix, create IEC/SBCC materials (poster, AV, puppet show, booklet, mascot).
  - » Pre-test with communities; revise for clarity, cultural fit and myth-busting.
4. **Training & preparation of field teams**
  - » Orient District Coordinators, van teams and survey teams on messaging, consent, data tools and myth handling.
  - » Conduct mock interviews and field protocol practice.
5. **Pilot implementation**
  - » Test the full model in one district (IEC van, cooking demos, surveys, KIIs).
  - » Assess logistics and community response; refine approach.
6. **Field rollout across districts**
  - » Deploy IEC vans, puppet shows, market/ration shop outreach and cooking demonstrations.
  - » Schedule phase-wise movement and mobilise communities through local leaders.
7. **Stakeholder events & credibility building**
  - » Conduct district-level public lectures and panel discussions to reinforce technical accuracy and institutional support.
8. **Monitoring, feedback & scale-up**
  - » Collect pre/post data, KIIs, daily reports and GPS-tagged photos; adjust messaging in real time.
  - » Scale to additional districts and compile documentation; build capacity of frontline workers for sustainability.



↑ Public lecture in Dindigul

## Who is involved?

| Role                                      | Actors   | Key responsibilities  |
|---|--|---|
| Programme sponsor & technical lead        | GIZ (SENU project)   | Overall programme design, technical guidance, funding coordination, government liaison.                     |
| Government partners (policy & regulation) | MWCD; FSSAI; State Food Safety Dept; TNCSC                                       | Policy endorsement, standards, approvals, and coordination for PDS and storage.                             |
| State & district administration           | State lead; District Coordinators; Food Safety & Civil Supplies officials        | Local planning, convergence across departments, supervision and reporting.                                  |
| Implementing agency                       | New Concept  | Technical concept, field implementation, materials development, logistics and training, government liaison. |
| Field operational teams                   | IEC van teams, cooking demo teams, survey enumerators                            | Deliver awareness activities, run demonstrations, collect and upload monitoring data.                       |
| Frontline workers & community influencers | AWWs, ASHAs, MDM cooks, SHGs, VHNs, teachers, Panchayat leaders, PDS shopkeepers | Mobilise communities, host sessions, reinforce messages, distribute IEC materials.                          |
| Supply chain & logistics partners         | FCI and TNCSC godowns; PDS and Cooperative shops; millers                        | Ensure steady supply, storage and distribution of fortified rice.   |
| Monitoring, research & communication      | Survey teams; Research Manager; ICMR–NIN; creative agencies                      | Impact measurement, documentation, AV production and IEC design.  |
| Communities / beneficiaries               | Women, parents, adolescents, general households                                  | Primary audience for awareness sessions; provide feedback and support uptake.                               |

## What were challenges?



### 1. Misperceptions and rumours

Despite increased awareness, persistent myths continued to shape community attitudes. Many beneficiaries feared that fortified rice might harm pregnant women or affect children's growth. The different colour and occasional floating of Fortified Rice Kernels (FRK) led to suspicions that they were "plastic." COVID-era misinformation also resurfaced, with fortified rice being nicknamed "Corona rice" in some areas.

“

*They have named fortified rice as Corona (COVID) rice. There are rumours that if pregnant women consume this rice, their health will be affected and it will affect child's growth.*

– Panchayat leader, Coimbatore



“

*People think that FRK contains high nutrients but they fear that if consumed regularly by pregnant women, it may affect the child's growth. Also, since it is different in colour than the other rice kernels and floats during cooking, they think that it is made of plastic.*

– VHN, Tirupathur



### 2. Supply and quality-related issues

In some locations, irregular PDS distribution and occasional variations in rice quality created confusion and reduced trust. Beneficiaries often interpreted supply gaps or visible differences in FRK appearance as signs that the product was unsafe. Consistent availability and clear instructions on storage and preparation were key to maintaining confidence.



### 3. Importance of frontline communication



Community acceptance was noticeably higher in areas where PDS shopkeepers, AWWs, VHNs and Panchayat leaders actively explained fortified rice, addressed doubts, and reinforced benefits. Conversely, where frontline communication was minimal, myths persisted longer. This underlined that SBCC efforts must go hand-in-hand with strong, confident frontline engagement.

## What difference did it make?

The SBCC campaign transformed awareness from low, unclear and myth-driven understanding to widespread recognition of fortified rice and DFS, their nutrients, and their health benefits. Communities moved from suspicion to acceptance, supported by practical demonstrations, frontline worker advocacy, and strong message recall.

### Key Changes Observed:

- » Awareness increased sharply:
  - Awareness of fortified rice rose from 26% pre-campaign to near-universal recognition.
  - 98% could name at least one health benefit post-campaign.
  - 99% recognised nutrients in DFS (primarily iodine).
- » Myths reduced significantly:
  - Misconceptions about “plastic rice,” safety for pregnancy/children, and floating kernels declined after cooking demos and IEC van sessions.
- » Nutrient understanding improved:
  - Before the campaign, most could not name any micronutrients; afterward, 87% named iron and many recognised folic acid and Vitamin B12.
- » Adoption and willingness to use increased:
  - 99% expressed willingness to consume fortified rice regularly.
  - Households began using fortified rice in daily cooking; discarding kernels reduced after demos.
- » Women and youth became strong influencers:
  - AWWs, SHG members, VHNs and schoolchildren reinforced messages at home, accelerating household acceptance.
- » Campaign components were highly effective:
  - IEC vans, AVs, puppet shows and cooking demonstrations had the strongest recall and trust-building effect.
  - 23% liked all components; AV animations were the single most liked element.
- » Behaviour change is progressing but gradual:
  - Some households still reserve traditional rice for festivals or guests, showing the need for continued reinforcement.

“ Before this initiative they didn’t know the nutrients... now they know iron, folic acid and Vitamin B12.  
– VHN, Tirupathur

“ I used to pick the kernels and throw them away... now I know it was a mistake.  
– SHG member, Tiruvarur

“ We served fortified rice in the SHG meeting and women said the taste was the same.  
– SHG leader, Kanchipuram

“ The puppet show was very good—children remembered the message and told their parents.  
– School Teacher, Coimbatore

“ Women accepted fortified rice first; men had doubts about taste and tradition.  
– SHG Member, Thanjavur



↑ Public lecture in Coimbatore

## Recommendation for future campaigns

Respondents shared several suggestions to improve the reach, participation, and overall effectiveness of future SBCC initiatives on fortified rice and DFS. A key recommendation was to provide early notice for all awareness sessions. Advance communication would allow frontline workers, panchayat staff, and local leaders to mobilise community members more effectively. Respondents also emphasized the value of repeated touchpoints, noting that multiple exposures help reinforce messages and address lingering doubts.

Participants recommended aligning activities with existing community gatherings such as Gram Sabha meetings, SHG meetings, local market days, and school events. These settings naturally attract higher footfall and make it easier to reach diverse groups within the community. Children and pregnant or lactating women were seen as important multipliers; children often relay messages to parents, while women typically make household decisions related to food and nutrition. Respondents also suggested conducting door-

to-door outreach or running multi-site awareness activities, particularly in larger villages where a single venue may not be sufficient.

These recommendations highlight the importance of advanced planning, integration with existing community structures, and targeted engagement of key influencers to ensure sustained uptake and behaviour change.

The campaign achieved both knowledge and attitude shifts, but behaviour change needs sustained reinforcement.

“

*If you plan these awareness programmes by informing all the government functionaries working at the village level... a month in advance, and coordinate with them to mobilise people, it will be very easy and many of the community members will get benefited through this.*

— Anganwadi Worker, Thanjavur

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