

SAVING  
LIVES  
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LIVES



## **SBCC Approach towards Prevention of Stunting and Micronutrient Deficiencies in Ghana: “The Good Food for Good Health and Growth Project”**



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The conclusions given in this report are considered appropriate at the time of its preparation. They may be modified in the light of knowledge gained at subsequent stages of the project.

# Table of Contents

<b>Overview .....</b>	<b>4</b>
<b>1 - Social Behaviour Change Communication.....</b>	<b>7</b>
<b>2 - Local Food-based Approach to Improve Nutrition in Ghana .....</b>	<b>7</b>
<b>3 - Steps for developing the SBCC approach in Ghana .....</b>	<b>8</b>
a. Step 1 : Conducting a desk review and a formative research/assessment.....	8
b. Step 2 : Conduct a formative research/assessment.....	8
c. Step 3: Develop specific messages and pre-test.....	9
d. Step 4: Develop the materials to capture the messages .....	11
<b>4 - Implementation : from AIDEZ Small Project International to Ghana Health Service .....</b>	<b>12</b>
<b>5 - Programme results.....</b>	<b>14</b>
a. Results of the Pilot phase by ASPI .....	14
b. Result of the implementation phase by GHS.....	14
<b>Conclusion .....</b>	<b>18</b>
<b>Acknowledgements.....</b>	<b>20</b>
<b>Photo credits .....</b>	<b>20</b>
<b>Acronyms.....</b>	<b>21</b>

# Overview

The objective of this case study is to share Ghana's experience related to the national social behavioural change communication (SBCC) campaign that was launched to promote the consumption of locally produced specialized nutritious foods (SNFs) and other locally available nutritious foods.

The SBCC strategy, which was a part of a stunting and micronutrient prevention programme was planned to serve as a vehicle to promote the consumption of locally produced SNFs and other locally available nutritious foods; serve as feedback mechanism to the distribution of SNFs and non-SNFs; improve attendance to health services (Antenatal, Postnatal and Child Welfare Clinics – ANC, PNC and CWC); and for adoption of positive lifestyles.

This experience could be of interest to all professionals and managers (from all sectors, including government, civil society, academia, private sector, UN (United Nations), etc.) whose programmes aim at changing behaviour of the communities they collaborate with.

In 2014, Ghana made gains in nutrition, where stunting among children 6-59 months reduced from 28.0% in 2008 to 18.8% in 2014 (Ghana Demographic and Health Survey - GDHS, 2008 & 2014). During the same period, Northern Region of Ghana increased its stunting prevalence from 32.4% to 33.1%. Anaemia, which is a proxy indicator for micronutrient deficiencies recorded 65.7% for children 6-59 months and 42.5% for women in reproductive age (15-49 years) in Ghana according to GDHS, 2014. In the Northern Region, anaemia among children 6-59 months was as high as 82.1% and women in reproductive age was 47.5%. This called for action as stunting prevalence in the Northern Region of Ghana exceeded 30.0%. The World Food Programme and Ghana Health Service (GHS) then collaborated to implement stunting prevention programme to target the first 1,000 days window of opportunity by providing support for pregnant and lactating woman (PLW), and children 6-23 months with

consumption of locally produced SNFs in the Northern Region of Ghana.

A food distribution programme was started in collaboration with GHS to target clients attending ANC, PNC and CWC. These beneficiaries were registered in the World Food Programme SCOPE platform and given electronic voucher (E-Voucher) cards to redeem commodity vouchers every month after they have attended health services. The voucher redemption was made conditional to encourage regular attendance to health facilities. The monthly ration for each enrolled PLW is 6Kg of Maizoya, a locally produced SNF formulated along the World Food Programme's Super Cereal formulation, and non-SNFs (1 Litre of Vegetable oil fortified with vitamin A and 250g of iodized salt). The PLW in one district with the largest beneficiary population (Sagnarigu) receive Tom Vita, which is like the Maizoya. Children 6-23 months receive Small quantity lipid-based nutrient supplement (SQ-LNS) called GrowNut, which is also locally produced. Support on capacity and funding is given to local industrial food processors to produce the SNFs. Retailers located in the communities where the programme is being implemented have been contracted by the World Food Programme to distribute the non-SNFs. These same retailers have been linked to the industrial food processors who have also contracted them to distribute the SNFs. The World Food Programme pays the industrial food processors the total cost of SNF distributed every month. Monthly Voucher redemption takes place both at health facility and retail shops based on the proximity of the retail shop to the health facility after beneficiaries have attended health services. Beneficiaries are interviewed every month by health staff with a World Food Programme electronic Mobile Data Collection and Analytics (MDCA) application installed on Samsung Galaxy tablets. The MDCA tracks attendance of beneficiaries, health and nutrition seeking behaviours, acceptability of the SNFs and the nutritional status of the beneficiary children.

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1 SCOPE is The World Food Programme's beneficiary and transfer management platform that supports the World Food Programme programme intervention cycle from beginning to end. The SCOPE platform is a web-based application used for beneficiary registrations, intervention setups, distribution planning, transfers and distribution reporting.





**A beneficiary weighing her child at Choggu Health Centre (first picture) and undergoing MDCA interview (second picture) at the same facility prior to voucher redemption.**



**Beneficiaries with their entitlements, SNFs (Tom Vita in first picture and Maizoya in second and third picture) and non-SNFs (fortified vegetable oil and iodized salt) after health services.**



**Consumption of SQ-LNS (GrowNut) by a beneficiary child at the health facility after receiving health services**

The programme was first piloted in two districts (Central Gonja in the Northern Region and Bolgatanga Municipal in the Upper East Region) to target children 6.23 months where GrowNut was distributed to the beneficiaries. It was later scaled up to six additional districts in three regions that were all initially part of the former Northern Region. The stunting prevention programme scale up phase was a third pillar of a broader Enhanced Nutrition and Value

Chains (ENVAC) in Ghana, a nutrition-sensitive and nutrition-specific intervention implemented with support from Canadian government. The implementation in the Upper East Region (Bolgatanga Municipal) ended after the pilot phase. There has been a strong public-private partnership in implementing the stunting prevention programme, which gives a greater assurance of sustainability.



# 1. Social Behaviour Change Communication

Social and behaviour change communication (SBCC), is a combination of communication approaches, activities, and tools used to positively influence behaviors. It is an evidence-based strategy to help improve health and nutrition outcomes (Lamstein, et al., 2014; Manoff Group, n.d.). To motivate behaviour change, SBCC aims at passing knowledge or evoking emotions at the individual and household levels, as well as positively changing social attitudes and mobilizing entire communities to improve health and nutrition practices (Fox, 2012).

SBCC is an extension of previous approaches and include both one-way health communication (nutrition education and information, education and communication (IEC)) and two-way health communication (nutrition counselling, social marketing as well as behaviour change communication (BCC)) activities. As a result, SBCC built on the strengths of all the different previous methods and offers a more robust set of approaches to address the underlying multi-level social and contextual dimensions of behaviour for creating an enabling environment to mobilize targeted population behavior change.

## 2. Local food-based approach to improve nutrition in Ghana

To contribute to addressing micronutrient deficiencies and stunting, the World Food Programme stunting prevention programme initiated a pilot in two districts; Central Gonja District and Bolgatanga Municipal. These districts were selected based on rural and urban context, high food insecurity and malnutrition situation among children under five years. The pilot was captioned, Local Food-based Approach to Improved Nutrition (LoFAIN), which targeted children 6-23 months with support from the Japanese government. The World Food Programme supported this pilot in collaboration with the Aidez Small Project International (ASPI), Farm Radio International (FRI), University for Development Studies (UDS), with Ghana Health Service (GHS) as the field implementer. The pilot adopted various SBCC approaches to create demand for locally produced fortified food (Small-Quantity Lipid-based Nutrient Supplement) called GrowNut to improve nutrition and influence food choices and promote key health seeking behaviours.

How was the SBCC interventions developed?

The SBCC strategy was first piloted in the same two districts that piloted the stunting prevention programme, and then fully handed over to Ghana Health Service (GHS) for the implementation and expansion phase. After the success of the pilot phase, the project was expanded to cover three regions (Northern, North East and Savanna) and seven districts (Central Gonja, Chereponi, East Mamprusi, Gushegu, Sagnarigu, Yendi and Zabzugu) with highest stunting prevalence. From 2019, the project was expanded again to one additional Municipality (Asokore Mampong) in the Ashanti Region with new funding from Japan and a new Public-Private Partnership with KOKO Plus Foundation and the distribution of a new specialized nutritious product, called KOKO Plus.

# 3. Steps for developing the SBCC approach in Ghana

## a. Step 1 : Conducting a desk review and a formative research/assessment

To ensure that the interventions are context specific, the pilot project carried-on a desk review to examine existing formative research, strategies, approaches and SBCC materials on complementary feeding knowledge and practices of mothers/caregivers, grandmothers and fathers of children 6-23 months and health workers. The desk review was conducted by ASPI and highlighted two results: (1) complementary feeding practices and (2) IYCF and SBCC implementation in Ghana. The first result covered issues related to: timely introduction of complementary foods, nutrient density of consumed food, feeding frequency, hygiene practices and food storage and handling, strategies for improving quality of complementary foods, formulation and development of complementary foods of high nutritive value, use of home-based technologies, use of micronutrient powder and the use of fortified food products; While the second result discussed the implementation of activities related to IYCF and SBCC by organizations intervening in this field. Most activities implemented by the organizations can be broadly grouped as:

- Training GHS staff, non governmental organization (NGO) staff and CHVs;
- Resourcing the trained GHS/NGO workers and volunteers to implement IYCF/SBCC;
- Formulation and promotion of nutritious supplements;
- Promotion of consumption of locally available nutritious foods.

### Key Lessons Learned from the Desk Review

- The existing government strategy for nutrition promotion is very essential in planning a behaviour change strategy for improved nutrition
- Organizations that have implemented similar interventions before are a rich source of information in planning an SBCC strategy

## b. Step 2 : Conduct a formative research/assessment

This formative research conducted by ASPI/UDS was aimed at examining the complementary feeding knowledge and practices of mothers/caregivers, grandmothers and fathers of children 6-23 months and health workers to gather

information to support the development of an SBCC programme (strategy, approach and materials), to promote optimal complementary feeding in the World Food Programme programme areas of Bolgatanga Municipality and Central Gonja District in northern Ghana (in the pilot areas). The research focused on knowledge, attitudes, perceptions, and practices around key infant and young child feeding and care behaviours among mothers as well as grandmothers, fathers and health workers.

The main results of the formative research revealed that the barriers to optimal complementary feeding were perceived insufficient breast milk production by the mother, maternal inadequate/lack of knowledge of complementary feeding recommendations relating to age of complementary feeding initiation, and amount, frequency and consistency of soft or semi-solid foods fed to children (6-23 months). The others are inadequate/lack of knowledge on how to incorporate locally available nutritious foods into complementary foods, inadequate/lack of home-fortification of complementary foods using locally available nutritious foods or nutritious supplements, and low use of fortified complementary foods. At the household level the barriers were food insecurity and unavailability of adequate financial resources.

The World Food Programme earmarked 25 locally available nutritious foods to be promoted for complementary feeding. The availability of 11 of these foods (groundnut, anchovies, egg, cowpea, soya beans, jute mallow, moringa, shea butter, Amaranthus (Amaranthus sp), pigeon Pea (Adowa)) in the 12 World Food Programme programme communities and their use for preparing complementary food were investigated. It was found that the use of these foods for complementary feeding varied widely. The main barrier to the use of the locally available nutritious foods was lack of knowledge on how to incorporate them into complementary foods.

The formative research then concluded that SBCC programme should implement/strengthen the delivery of consistent and evidence-based nutrition education and counselling messages on complementary feeding targeting mothers/caregivers and those who influence them (grandmothers and fathers) covering the following thematic areas:

- The recommended age of initiating complementary feeding;
- The recommended amounts of soft or semi-solid foods to feed to children (6-23 months);



- The recommended consistency of soft or semi-solid foods to feed to children (6-23 months)
- The recommended number of feeds to be given to children (6-23 months) and the importance of snacks;
- The recommended number of WHO food groups children (6-23 months) should be fed from;
- Home-fortification of koko with
  - \* locally available nutritious foods e.g., groundnut paste,
  - \* nutritious supplements e.g., Lipid-based Nutritious Supplement (LNS), micronutrient powders;
- How to prepare complementary foods from some locally available nutritious foods;
- Safe preparation and storage of complementary foods;
- Use of fortified complementary foods; and
- Feeding children during periods of depressed appetite, during illness and after illness.

Another relevant information that was found thanks to the formative research was on the mothers' preferred means of receiving health and nutrition messages. In Central Gonja, the gong gong beater was the main communication channel but in Bolgatanga the main channels were announcement van, mosques, and churches. Most of the mothers reported that they listened to radio daily and they would prefer to hear health and nutrition information on Sundays followed by Fridays at 6-7 pm. About a third of the mothers had mobile phones, and they indicated that audio messages on health and nutrition can be delivered to them through their phones at any time. Mothers most preferred

source of health and nutrition information on child feeding is from the health facility, community health volunteers (CHVs), mother-to-mother-support-groups (MTMSGs) discussions and radio discussions.

#### Key Lessons Learned from the Formative Research

- Involving the local government agency in charge nutrition is very critical in helping to target the requisite respondents in order to gather the necessary information to aid in the SBCC strategy development
- Using people who understand the local language to lead individual and group discussions help to collect accurate data
- Targeting a broader range of direct and indirect beneficiaries of a programme help to widen the understanding of various influences of the direct beneficiary

#### c. Step 3: Develop specific messages and pre-test

The concept for this campaign is: Good food for good health and growth.

Different nutrition-sensitive messages were developed for each audience segment. These messages formed the basis of discussions during radio programs and interpersonal communications led by GHS staff. They were developed by ASPI and pre-tested in the two districts. Tabulated below are examples of messages for each audience segment.

Target Audience	SBCC Messages
<b>Mothers</b>	<ul style="list-style-type: none"> <li>• Start complementary feeding at six months; not earlier, not later;</li> <li>• Continue breastfeeding your baby on demand both day and night;</li> <li>• Give your children a variety of foods for healthy growth;</li> <li>• To prevent anemia, give your children fish, meat and pulses frequently in sufficient amounts;</li> <li>• Give porridge that are thick enough to stay on the spoon for better nutrition and growth outcomes;</li> <li>• Practice good hygiene always to prevent diseases.</li> </ul>
<b>Fathers</b>	<ul style="list-style-type: none"> <li>• Make sure your baby starts complementary feeding at six months, not earlier, not later;</li> <li>• Support your wife to continue breastfeeding your baby on demand both day and night;</li> <li>• Support your wife to give fruits and add oils, vegetables, meat, fish, poultry, and legumes in adequate amounts into the complementary foods;</li> <li>• Remind your wife to keep the cooking utensils clean to prevent frequent illnesses.</li> </ul>
<b>Grandmothers</b>	<ul style="list-style-type: none"> <li>• Support daughter/daughter-in-law to start complementary feeding at 6 months: not earlier, not later;</li> <li>• Support your daughter/daughter-in-law to give foods/porridges that are thick enough to stay on the spoon;</li> <li>• Support your daughter/daughter-in-law to add fruits and vegetables into their baby's diet;</li> <li>• Encourage your daughter/daughter-in-law to always practice good hygiene to prevent diseases.</li> </ul>
<b>Health Workers</b>	<ul style="list-style-type: none"> <li>• Support mothers to introduce appropriate complementary foods at six months; not earlier, not later;</li> <li>• Take time to explain the benefits of different food groups to mothers;</li> <li>• Encourage mothers to feed their children with iron rich foods such as, meat, fish, poultry and green leafy vegetables;</li> <li>• Support mothers to learn different recipes of local nutritious foods and proper food processing and preparation methods for healthy eating and healthy babies;</li> <li>• Encourage mothers to add fats and oils their children's foods such as porridge and various sauces;</li> <li>• Encourage mothers to use nutritious food supplements provided at child welfare clinics and outreach points.</li> </ul>
<b>Smallholder Farmers</b>	<ul style="list-style-type: none"> <li>• Planting and consuming food from the 25 local food list of locally available nutritious foods will ensure healthy and peaceful communities;</li> <li>• Follow the appropriate steps and instructions for planting all the affordable and nutritious list of local foods.</li> <li>• Encourage your families to learn many different recipes of local foods for healthy eating;</li> <li>• Follow appropriate cooking practices in order to retain the required nutrients.</li> </ul>

## Key Lessons Learned from the Message Development

- Close collaboration with government and other organizations is very critical in developing SBCC messages on health and nutrition to ensure conformity
- Use of existing messages under a subject matter helps not to distort the information received by the target beneficiaries already

## d. Step 4: Develop the materials to capture the messages

SBCC materials were developed by ASPI and distributed among the implementing facilities and communities. The table below indicates the SBCC materials developed and for what purpose;

SBCC Material	Usage
Posters	For education of beneficiaries on diversified foods; how to prepare various dishes; guidance on how to prepare the SNFs and steps to enrolling in the programme.
Brochures	A quick guide to GHS staff and Community Volunteers to conduct health and nutrition education and counselling.
Flip Charts	For health staff to conduct education and counselling.
T-Shirts	For visibility, publicity of the programme and to motivate health staff and Community Volunteers.



Samples of materials developed for the SBCC

The SBCC strategy for the pilot was geared towards improving the consumption of locally produced SNFs (LNS) in the stunting prevention E-Voucher programme; increase consumption of locally available nutritious foods and improve nutrition and health seeking behaviours.

## Key Lessons Learned from the SBCC Material Development

- Materials with audio and visuals make more impact and it's well accepted and appreciated by rural population
- Use of local content like photos of local people brings the messaging closer to the people for maximum impact



## 4. Implementation : from AIDEZ Small Project International to Ghana Health Service

After the pilot phase, GHS made a strong justification to the World Food Programme that they have the capacity to implement the SBCC interventions and to ensure sustainability in the absence of the World Food Programme. This was assessed by the World Food Programme and there was enough evidence that GHS has the requisite staff and structures to fully take over the SBCC, coupled with ensuring total ownership of the project by government. The GHS SBCC strategy rode behind the formative research conducted during the pilot phase, following the homogeneity of the scaled-up districts to the pilot district in the Northern Region (Central Gonja). GHS also learned from the experiences derived from the pilot phase such as the various persons to target at the household level in order to effect change; the common languages for communication in the communities and the readiness of the community volunteers to support the SBCC strategy, to develop its SBCC strategy. The SBCC strategies adopted by GHS were not very different from what ASPI used. The strategies used are as follows: individual counselling; group education at facility and community level with use of action-oriented approach; mother-to-mother-support-group (MTMSG) discussions; home visits by health staff and Community Health Volunteers (CHVs); cooking demonstration and radio discussions.

### Roles and Responsibility of GHS in rolling out the SBCC strategy

- Capacity strengthening of GHS staff, CHVs and MTMSG leaders
- Individual counselling, facility and community education and health facility exit interviews with the World Food Programme mobile data collection and analytics (MDCA) application
- Home visit
- Cooking demonstration
- Support MTMSG facilitation
- Radio discussions
- SCOPE registration of beneficiaries
- Monitoring and supervision of the SBCC activities



### SBCC training for GHS staff on IYCF

With experience from the pilot phase, GHS conducted targeted SBCC strategies to reach the target audiences (PLW and Caregivers) and their household members with nutrition needs in the first 1,000 days. Some of the SBCC materials were adopted from the pilot phase, and most of them were produced by a national consultant who collaborated with GHS to come out with context specific materials. The SBCC materials were pre-tested by the consultant in the selected health facilities and feedback from the pre-test and the World Food Programme were incorporated into the final SBCC material production



**Health education in session during Child Welfare Clinic**



**MTMSG discussion facilitated by a health staff**



**GHS staff educating community members on benefits of Maizoya**



**Radio discussion session led by GHS staff**



**Cooking demonstration session at the community level**



**GHS SCOPE registration exercise**

**Key Lessons Learned from the transfer of SBCC Implementation to Government**

- GHS being field implementer under the two phases of implementation showed more commitment when they were fully in charge
- GHS staff have more capacity to support implementation of the stunting prevention programme following their increased roles and responsibilities
- The sense of ownership of the whole intervention was felt greatly under the

implementation phase when GHS was in total control of the SBCC aspect of the programme

- There is a direct involvement of GHS in the distribution of the SNFs by the retailers to ensure that beneficiaries receive their entitlements as compared to the pilot phase
- Beneficiary numbers have been boosted with GHS conducting continuous SCOPE registration as compared to the pilot phase when the private firm was coming from the southern part of Ghana to conduct one-off SCOPE registration occasionally



## 5. Programme results

The field implementation of the SBCC strategies during the pilot and implementation phases was done by GHS. Additionally, GHS staff were trained to conduct SCOPE registration of beneficiaries of the stunting prevention programme. Most of the SBCC strategies were conducted during health services, which occurred almost on daily basis with different people in attendance. Home visits were done on monthly basis by the health staff in the various implementing communities and three sessions of radio discussions and cooking demonstrations every quarter. For the community activities (MTMSG discussions and CHVs home visits), it was carried out on weekly basis.

### a. Results of the Pilot phase by ASPI

The pilot project was a success as there were significant improvements in the indicators of interest after one year of implementation. Below were the successes of the pilot project comparing a baseline and endline survey at the beginning and at the end of the pilot:

- Minimum Dietary Diversity (MDD) for children improved by 33.6%;
- Minimum Acceptable Diet (MAD) improved by 13.9%;
- Prevalence of bottle feeding reduced by 11.7%;
- Prevalence of anaemia reduced by 5.9%.

### b. Result of the implementation phase by GHS

A baseline survey (2017/2018) was conducted and a follow up survey (Post Distribution Monitoring - 2018) was carried out after ten months. Below were the changes seen after comparing the two surveys:

- Early initiation of breastfeeding, which was over 88% during the baseline survey improved by 3.5%;
- Timely introduction of complementary feeding, which was over 90% in the baseline improved by 0.7%;

- Minimum Dietary Diversity (MDD) had an incremental jump from 49.4% to 93.1%;
- Minimum Acceptable Diet (MAD) improved by 5.3%;
- Stunting prevalence had a slight reduction of 0.4% points.

Looking at 2018 data from SCOPE and MDCA, it can be presumed that the SBCC strategy has contributed to the overall success of the stunting prevention programme. Below are data from SCOPE and MDCA:

- At least 90% of the beneficiaries reported that they received at least three key SBCC messages;
- 94.1% of the recipients (Caregivers of children 6-23 months) redeemed SNF for their children;
- 85.4% of PLW beneficiaries redeemed their SNF;
- 75.8% of the beneficiaries of SNFs did not miss redemption;

From an SBCC review conducted by GHS in 2019, it was realized from GHS routine service data that attendance to child welfare and antenatal clinics had at least 100% increase in all the implementing facilities, with some facilities recording over 300% between 2017 and 2019. This translated into increase in skilled delivery and a reduction in underweight of children under 2 years.

#### Key success factors, lessons learned and recommendations

Tables 1 and 2 summarize the key success factors, main lessons learned, ongoing challenges and recommendations that can be applied to other SBCC initiatives.



**TABLE 1: KEY SUCCESS FACTORS IMPLEMENTED SO FAR IN GHANA COUNTRY OFFICE AND RECOMMENDATIONS FOR APPLYING THEM IN OTHER PROGRAMMATIC SETTINGS**

<b>ACTIVITIES</b> Used by Ghana Country Office to strengthen the SBCC implementation	<b>KEY SUCCESS FACTOR</b> or <b>LESSON LEARNED</b>	<b>RECOMMENDATIONS</b> For applying success factors or lessons learned to other programmes
<b>Active involvement of government in ensuring sustainability of the programme</b>		
<ul style="list-style-type: none"> <li>GHS is responsible for community sensitization prior to start of the intervention; pre-registration and SCOPE registration of beneficiaries and distribution of beneficiary cards</li> <li>Already existing GHS structures (health facilities, community outreaches and durbars, home visits etc.) are used in addition to the media as channels for the SBCC messaging</li> <li>GHS existing SBCC materials have been adopted together with materials on the SNFs developed with inputs from GHS for the SBCC activities</li> </ul>	<ul style="list-style-type: none"> <li>These activities are very critical at the beginning of the intervention in a new location and using local government staff makes it very effective to generate accurate data</li> <li>Government health channels are trusted sources of health and nutrition messages to community members and there are already existing routine schedules where the target population are reached</li> <li>Materials and key messages on Infant and Young Child Nutrition (IYCN) were already available for use and together with new ones on the SNFs made the SBCC key messages not too different from what the beneficiaries have heard before</li> </ul>	<ul style="list-style-type: none"> <li>Whenever government capacity can be strengthened to lead community engagements, it must be encouraged</li> <li>Existing government channels for information dissemination should be adopted as channels for SBCC activities</li> <li>Existing government resources that conform to the content of messaging planned to be disseminated should be adopted in order not to distort the content that community members are used to. Government involvement should also be encouraged during the development of new SBCC materials</li> </ul>
<b>Active Involvement of the Private Sector in Disseminating some SBCC Key Messages</b>		
<ul style="list-style-type: none"> <li>The World Food Programme retailers play a supporting role in the mobilization of eligible beneficiaries for SCOPE registration</li> <li>Capacity of WFP retailers has been strengthened to support in the education of beneficiaries at the distribution point on benefits of the SNFs</li> </ul>	<ul style="list-style-type: none"> <li>The retailers disseminate information about SCOPE registration at the distribution point and in the communities to support in mobilizing eligible beneficiaries for SCOPE registration</li> <li>Most of the beneficiaries receive education on preparation and benefits of the SNFs from the retailers, which has contributed to the continuous redemption of the SNFs, especially the LNS</li> </ul>	<ul style="list-style-type: none"> <li>Retailers derive benefits when more people come to register for the commodity distribution programme so they should be involved in mobilization activities in order to increase patronage</li> <li>In addition to the food distribution, retailers can support in the education of beneficiaries if their capacity is strengthened</li> </ul>
<b>Strong Monitoring and Evaluation Systems</b>		
<ul style="list-style-type: none"> <li>WFP conducts monthly field monitoring visits and frequent remote calls to all distribution sites to provide support to retailers and health staff, and track issues for action by concerned units</li> <li>WFP conducts at least one post distribution monitoring (PDM)/ follow up survey every year to collect data for analysis and the findings inform programmatic decision making</li> </ul>	<ul style="list-style-type: none"> <li>The monthly field monitoring and remote follow up on distributions and SBCC activities identify challenges early for instant or quick resolution</li> <li>There has been a modification to the data collection strategies to assess GHS SBCC activities following finding from the PDMs</li> </ul>	<ul style="list-style-type: none"> <li>Regular field and remote monitoring are very critical in shaping implementation and also strengthening capacity of government to implement an effective SBCC activities</li> <li>Follow up surveys are very necessary in monitoring progress of activities in order to modify or change strategies early for greater outcomes</li> </ul>

**TABLE 2: CHALLENGES ENCOUNTERED SO FAR IN GHANA COUNTRY OFFICE SBCC IMPLEMENTATION AND POSSIBLE SOLUTIONS THAT OTHER PROGRAMMES COULD CONSIDER**

Challenges	Possible Solutions
<b>Low Commitment Levels</b>	
<ul style="list-style-type: none"> <li>• Health staff showed low commitments during the pilot phase that was led by ASPI</li> <li>• Community health volunteers were not very committed due to inadequate motivations</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate Involvement of government in the planning stages of interventions when implementation is to be led by the private sector</li> <li>• Institute attractive motivational packages for community health volunteers to support implementation at the community level</li> </ul>
<b>High Attrition of Health Staff</b>	
<ul style="list-style-type: none"> <li>• There was a frequent movement of health staff from implementing facilities to non-implementing facilities creating a shortfall of capacity to implement the SBCC activities</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with government to institute a robust mentorship/on-the-job training to frequently mentor and train staff on the job to support implementation</li> </ul>
<b>Low Redemption of LNS</b>	
<ul style="list-style-type: none"> <li>• The support package (LNS) for children 6-23 months was not as attractive as the package for the PLW, and this led to a lower redemption as compared to the redemption of the super cereal by the PLW</li> </ul>	<ul style="list-style-type: none"> <li>• Provide motivational package for caregivers to serve as encouragement for them to redeem the LNS for their children</li> </ul>





## Conclusion

The pilot phase covered two districts in two regions, reaching about 300,000 population and the implementing phase was scaled up to seven districts, which were all in one region (Northern Region) and later split into three regions (Northern, North East and Savanna Regions) - covering a population of about 870,000, and finally to one district in Ashanti Region to cover about 360,000 population. The commitment level of GHS to the programme was significantly increased under the implementing phase, when they were given total ownership of the SBCC aspect of the programme. The SBCC activities were integrated into the existing health and nutrition education and counselling sessions at facility and community level, with integrated monitoring, mentoring and coaching visits from district, regional and national

technical staff. The support received from the World Food Programme enhanced the routine activities at the health facility level and increased the community visits and the activities on community engagements and sensitization. This has led to strengthened capacity of government to support the stunting prevention programme, which would ensure sustainability in the absence of the World Food Programme with a little funding. The SBCC implementation in Ghana highlighted the importance of multi stakeholder process as well as the importance of context specific evidence for effective implementation in promoting the consumption of nutrient rich food to contribute to the fight against micronutrient deficiencies and stunting in the first 1,000 days of a child's life.



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## Photo credits

- Cover picture: Alexander Osei-Yeboah, Nutritionist at WFP Tamale Sub-Office
- Pictures on page 6: Alexander Osei-Yeboah, Nutritionist at WFP Tamale Sub-Office
- Picture on page 12: Alexander Osei-Yeboah, Nutritionist at WFP Tamale Sub-Office
- Pictures on page 13 :
  - \* MTMSG discussion facilitated by a health staff – Kamina MRS Hospital RCH in Sagnarigu Municipal
  - \* GHS staff educating community members on benefits of Maizoya - Gbrima CHPS in Sagnarigu Municipal
  - \* Cooking demonstration session at the community level – Chereponi Health Centre in Chereponi District
  - \* GHS SCOPE registration exercise – Buipe RCH in Buipe District
  - \* Radio discussion session led by GHS staff – Sagnarigu Municipal Health Directorate

# Acronyms

ANC	Antenatal clinic
BCC	Behaviour change communication
CHPS	Community Health Planning and Services
CWC	Child welfare clinic
GDHS	Ghana Demographic and Health Survey
IEC	Information, education and communication
IYCN	Infant and Young Child Nutrition
MAD	Minimum Acceptable Diet
MDD	Minimum Dietary Diversity
NGO	Non-governmental organization
PNC	Postnatal clinic
SNF	Specialized Nutritious Food
UDS	University for Development Studies
ASPI	AIDEX Small Project International
CHV	Community Health Volunteers
FRI	Farm Radio International
GHS	Ghana Health Service
IYCF	Infant and young child feeding
LoFAIN	Local Food-based Approach to Improved Nutrition
LNS	Lipid-based Nutrient Supplement
MDCA	Mobile Data Collection and Analytic
MTMSP	mother-to-mother-support-group
PLW	Pregnant and lactating women
SBCC	Social behaviour change communication
SQ-LNS	Small Quantity – Lipid-based nutrient supplement
UN	United Nations
WHO	World Health Organization
WFP	World Food Programme



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