



## Orientation of Staff on SBC for MIYCN

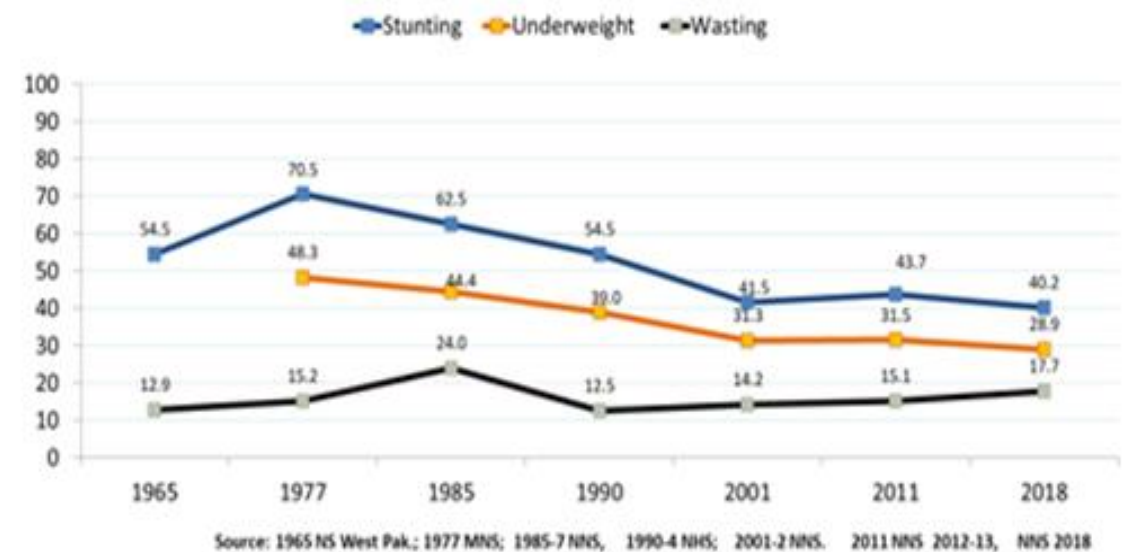
# Question

- What is the situation of MIYCF in the area you work in?

# The challenge?

Indicators (According to the NNS 2018)	National	Girls	Boys
Percentage who were breastfed in first hour of birth	45.8%	47.5%	44.2%
Exclusive breastfeeding (0–5 months)	48.4%	48.9%	47.8%
Initiation of solid, semi-solid and soft foods (all infants aged 6-8 months)	35.9%	37.3%	34.6%
Minimum meal frequency (6–23 months)	12.8%	12.9%	12.8%
Minimum dietary diversity	13.2%	12.8%	13.7%
Minimum acceptable diet	3.1%	2.8%	3.4%

**Childhood malnutrition trends in Pakistan**  
Hardly any change in stunting and wasting in decades!



# Question

- What are the reasons?
- Can communities help themselves, is there a local solution?

# Why SBC?

## Because:

- evidence shows that both structural issues (*e.g. food security, water and sanitation, and access to quality health services*) and behavioral factors (*e.g. dietary practices of women and young children and food and hygiene behavior*) contribute to children's delayed growth and development. Both aspects must be addressed simultaneously to reduce stunting.

# Why SBC?

## Because:

- There is **global evidence on the success of SBCC** efforts in tackling the malnutrition-related childhood morbidity and mortality.
  - *Ethiopia, using SBCC as an integral approach which includes; Community mobilization, Interpersonal communication, Mass Communication, Social and behavior change, Strategic use of data, the country managed to improve IYCF practices in food-insecure areas of Amhara region ( e.g. MDD increased from 6.9% to 13.9%).* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6686053/>
  - *Bangladesh, 24-point improvement in breastfeeding with a doubling of children meeting minimum dietary diversity was evident* <https://www.spring-nutrition.org/publications/case-studies/alive-and-thrive-scaling-infant-and-young-child-feeding-programs>

# Question:

- What we want to achieve?

# Results we want to achieve?

**Outcome: Improved Health and Nutrition situation among the most vulnerable population in Pakistan.**

- **Output 1:** BISP beneficiaries' parents and caregivers demonstrate improved understanding, confidence and behaviors related to safe maternal, Infant, Young Child Feeding (MIYCF) and care practices.
- **Output 2:** Community stakeholders and platforms are actively engaged in the implementation and promotion SBC activities for promotion of MIYCF and care practices.

**Objective: Strengthening of Social Behavior Change (SBC) on nutrition to improve safe maternal, Infant, Young Child Feeding (MIYCF) and care practices**



# Question

- How can we achieve it?

# How? by strengthening SBC.....

## At individual and family level

- MIYCF IPC and counselling at household
- Cooking demonstration
- Peer support groups sessions

## At community level

- With social leaders, local influencers and religious leaders.
- Promotional interpersonal, social and digital interventions

## At Institutional Level

- Capacity building and skill development on counselling for the staff.
- MIYCF counselling sessions

## Policy and system level

- Policymakers and decision-makers of the food system to increase the availability, accessibility, and affordability of nutritious foods

# Questions

- What is Social & Behavior Change?

# Behavior Change....

The practice of changing people's behavior....

An effective communication approach which helps to promote **changes in knowledge, attitudes, norms, beliefs and behaviors**

A temporary or permanent effect that is considered a **change in an individual's behavior** when compared to previous behavior (Wikipedia)

A **systematic, evidence-based strategic approach and process** of changing current **knowledge, attitude, norms, beliefs and behavior** to a desired one

# Social & Behavior Change Communication.....

Social and behavior change (SBC) aims to **empower** individuals and communities, and **lower structural barriers** that hinder people from adopting positive practices and societies from becoming more **equitable, inclusive, cohesive and peaceful**.

Social and Behavior Change Communication uses **communication strategies that are based on behavior science** to positively influence **knowledge, attitudes and social norms** among individuals, institutions and communities.

# UNICEF Definition of SBC

Social and Behavior Change is a set of approaches that promote positive and measurable changes (*in knowledge, attitudes, behaviors, norms, belief*) toward the fulfilment of children's rights...UNICEF

NB: Orange text is added for explanation only

The key to designing effective social and behavior change programs lies in an **in-depth understanding of the elements that influence a person's decisions and actions** away from pre-conceived ideas and assumptions.

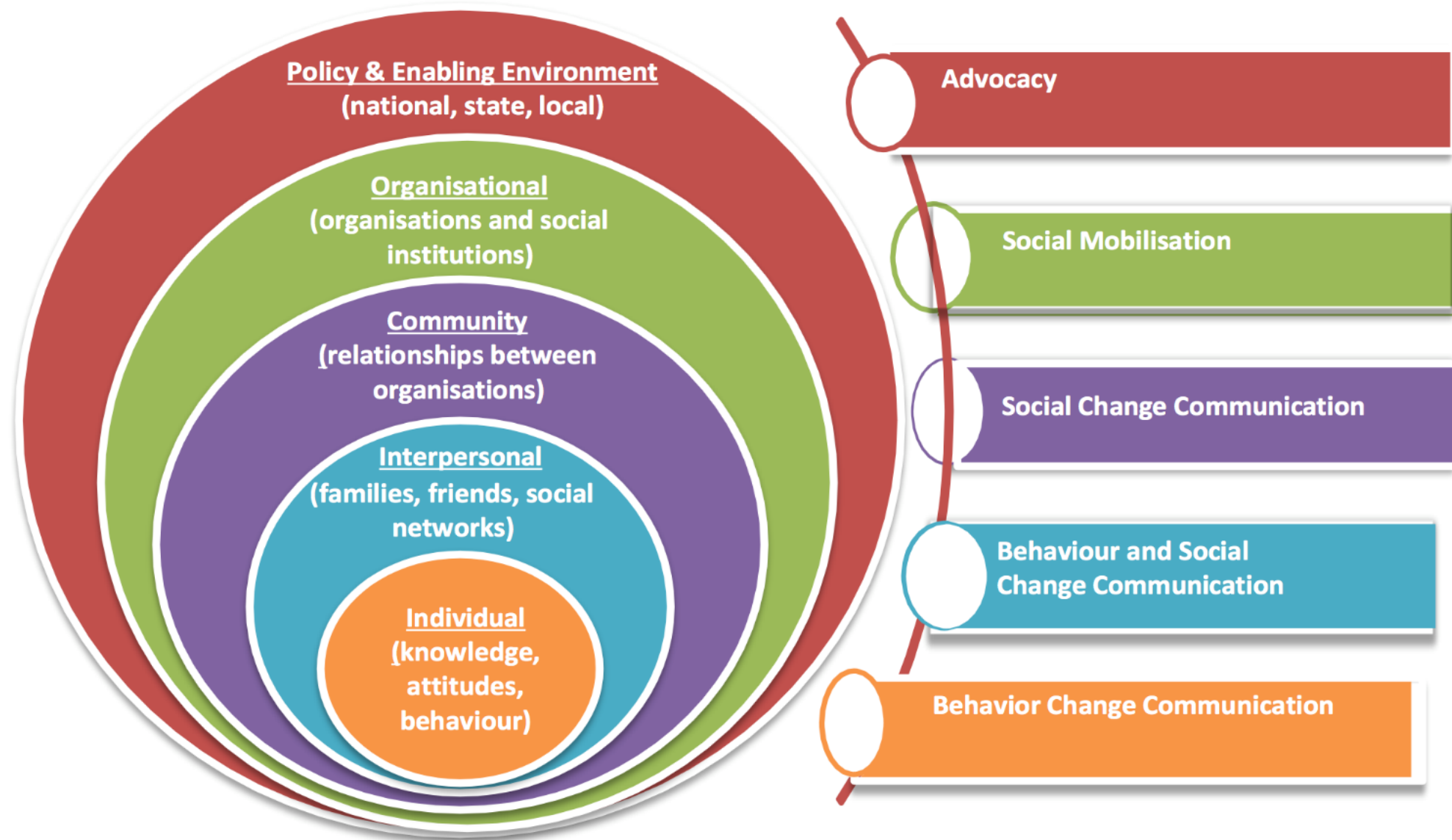
# Question

- What shapes people behaviors? How can we understand it?



# The Social Ecological Model:

with corresponding Approaches on right side



# Question

- What drives a behavior?

# Behavior Driver Model

Image 3 Three categories to classify behavioural drivers



# Psychology



## PSYCHOLOGY

### COGNITIVE BIASES

The information my brain is willing to consider.



### INTEREST

What I want; how appealing change is.



### ATTITUDE

My opinion about a behaviour; how I feel about it.



### SELF-EFFICACY

What I think I can do.



### INTENT

What I plan on doing; what I am ready for.



### LIMITED RATIONALITY

The reasons why I don't do what I should.



### PERSONAL CHARACTERISTICS

Who I am.



# Sociology

Image 5 Sociological factors



**SOCIOLOGY**

## **SOCIAL INFLUENCE**

How others affect what I think, feel and do.



## **COMMUNITY DYNAMIC**

The group's collective capacity to change.



## **META-NORMS**

What defines and maintains the stratification, roles and power in a society.



## **CONTEXT**

The context in which I live.



# Environment



ENVIRONMENT

## COMMUNICATION ENVIRONMENT

The information and opinions I can be exposed to.



## EMERGING ALTERNATIVES

Those who don't think or behave like the majority; new things out there.



## GOVERNING ENTITIES

How institutions influence what I do.



## STRUCTURAL BARRIERS

Concrete things that prevent me from acting.



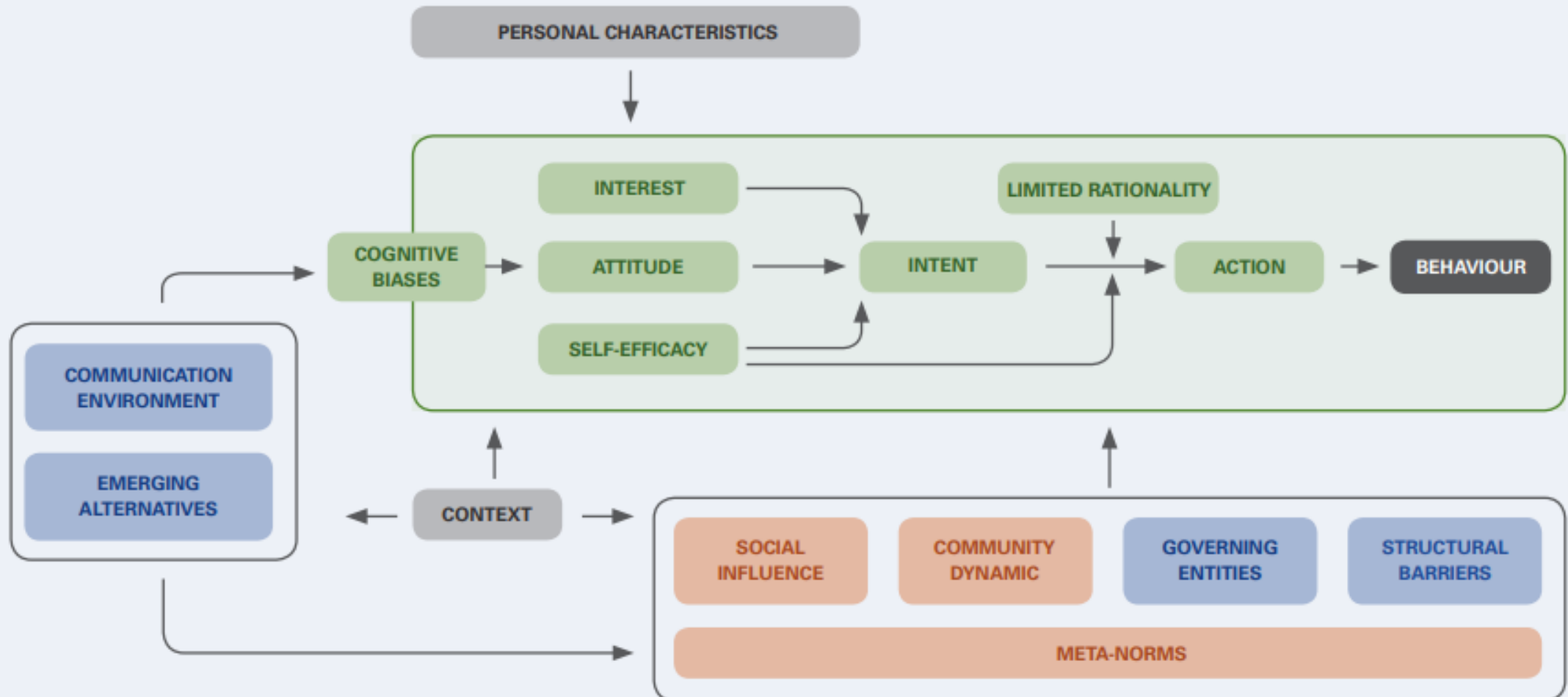
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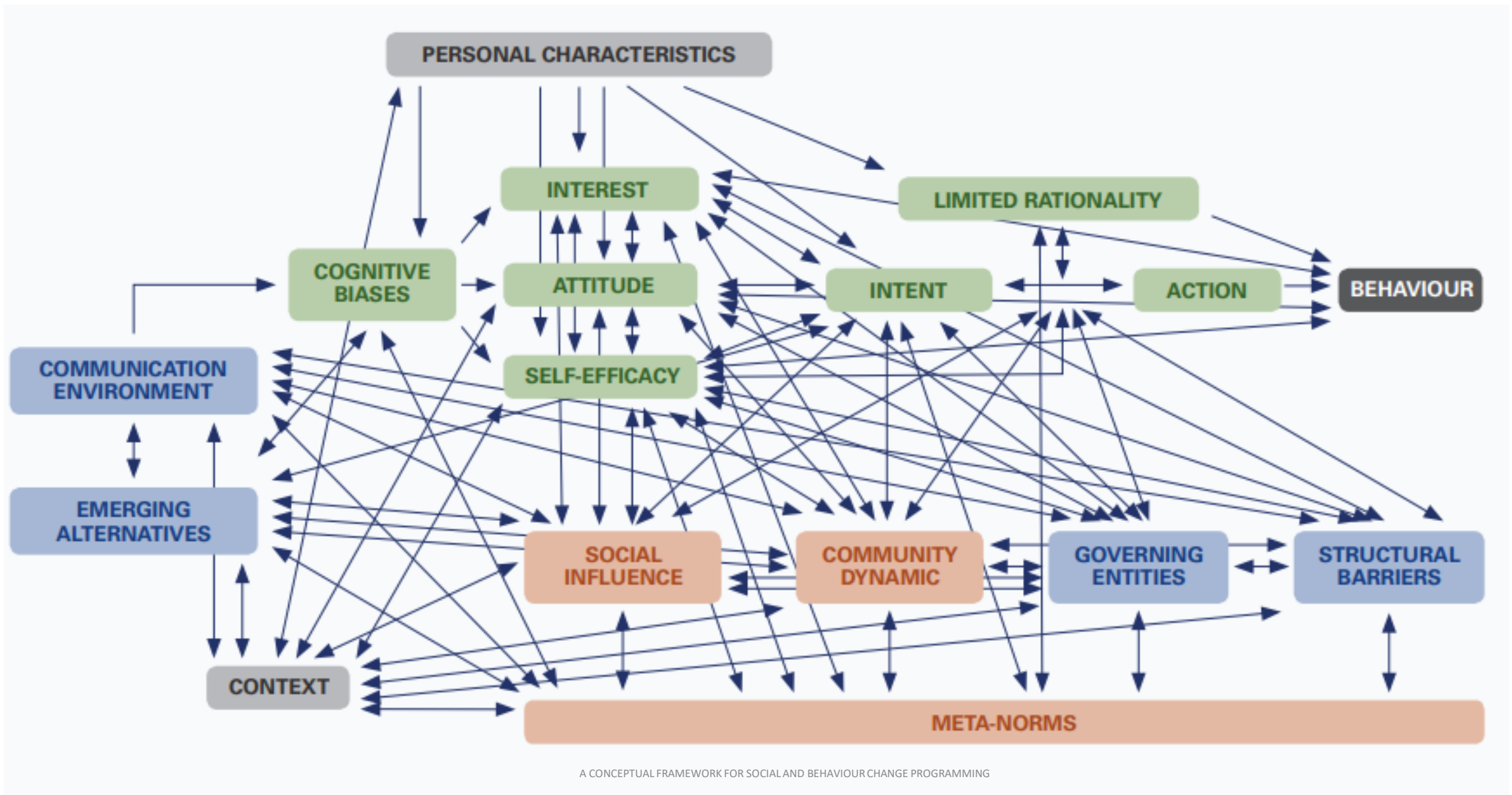


# Behavioral Driver Model

Image 7 Behavioural Drivers Model Level 1



# Behavioral Driver Model-connected





The key to designing effective social and behavior change programs lies in an **in-depth understanding of the elements that influence a person's decisions and actions** away from pre-conceived ideas and assumptions.

# Question

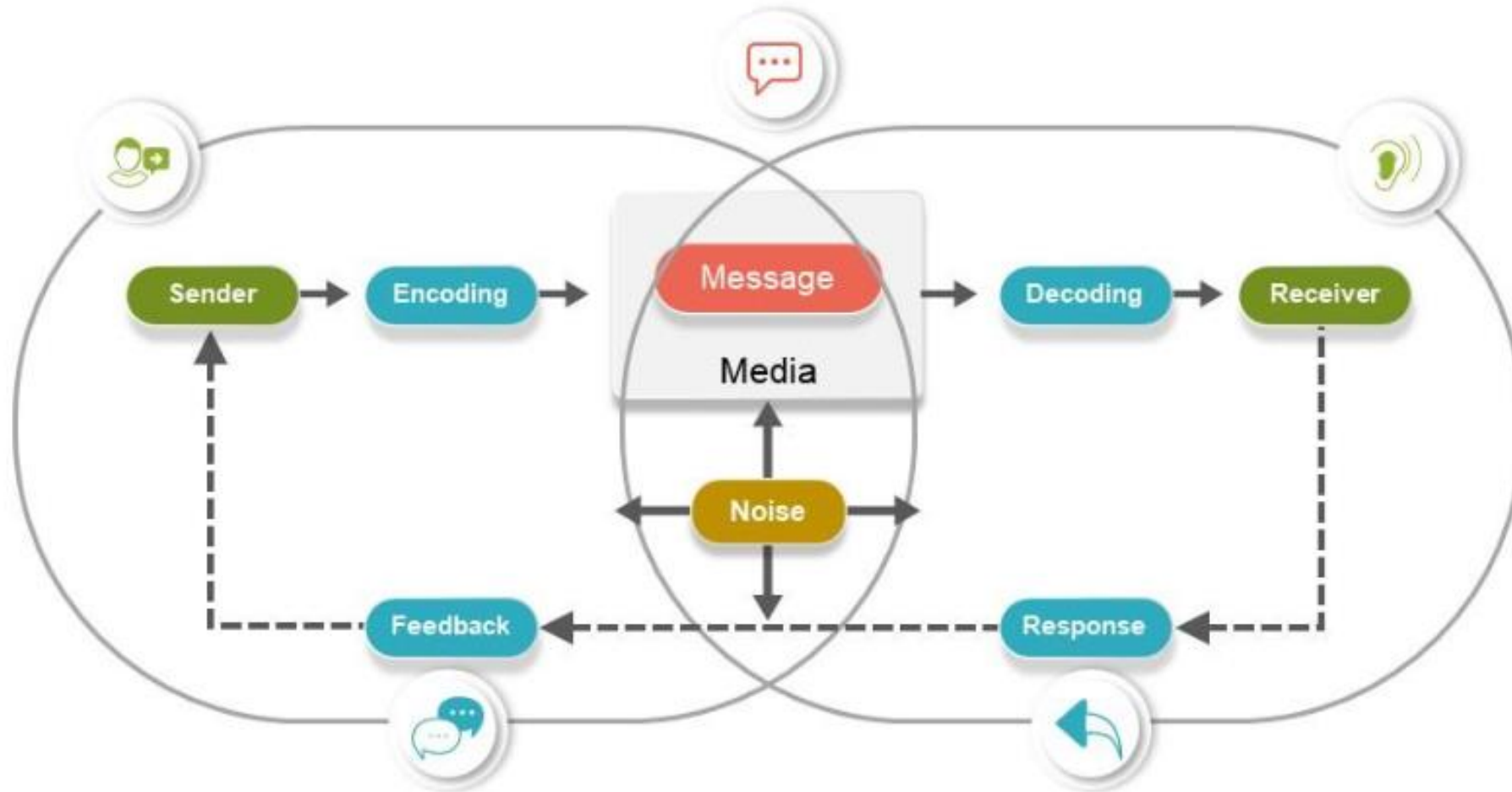
- How can we deeply understand the implicit factors (*attitude, belief, expectations*) factors?

# Interpersonal Communication

A person-to-person, two-way, verbal and non-verbal interaction that includes the sharing of information and feelings between individuals or in small groups.



# Interpersonal Communication



<https://emiworld.org/emi-tech/cultural-iceberg-communication>


# Counselling Skills


- Is a type of interpersonal communication
- Is beyond giving information/two way/dialogical
- Promote and support rational decision making
- Participation and empowerment oriented
- Context oriented
- Encourage joint problem solving/Ownership focused




# Module 2: Counselling skills

- **Ask:** about the specific practice, whether it is being implemented or not, and reasons of why if not being practiced
- **Brainstorm:** discuss with mother about solutions of the problem (barrier) that are feasible in the context of her family
- **Coach:** help the mother in learning the skills involved in that specific practice.
- Counseling cards has used the three steps of ABC.


**Practice 1:**  Husband and wife should talk to each other frequently about family matters including child's health, growth and development and positive discipline

**A Ask** 

- Talk about the importance of communication between husband and wife and stable family environment
- Ask the mother how often she talks to her husband?
- Listen attentively

**B Brainstorm** 

- Appreciate if the husband is supportive in child care and they talk to each other
- If not, discuss and try to know the reason
- For example, if husband does not have time, or if woman feels shy talking to him about sensitive matters, suggest solutions for effective communication

**C Coach** 

- Talk to the couple, if both are available.
- If not, explain to the mother about:
  - the importance of talking to her husband/family about her and the child's needs,
  - for better development.
- For example, talking to husband that a father plays an equal role in child's upbringing and the child needs his love and attention of both parents

**Key Messages**

- Husband and wife should talk to each other about:
  - mother and child's health,
  - child's growth development and
  - positive discipline.
- response to child's needs
- The father should take an active role in taking care, feeding and playing with the child- indoors and outdoors
- Provide the children a stable family to develop a sense of belonging for better growth

# The A of counseling:

- Start the visit every time by asking the mother about her situation.
- Develop a friendly relationship.
- Listen to what mother and the family and give importance to their views.
- To understand the viewpoint of mother, be mindful of her circumstances and empathize with her.
- Make eye contact during the conversation so that she feels you are actually interested in her problem

# The A of counseling

- Do not be instantly judgmental about anything while listening to their views and don't be critical.
- Try to get to the root of the problem (e.g., is it lack of money, or lack of family support, or simply a lack of knowledge)
- Repeat in appropriate words to confirm from mother or family that you have understood.



# The B of counseling:

- After listening to the caregiver, LHW/other frontline worker's communication, should discuss and brainstorm what could be the solution to some of the barriers to practicing certain behavior.
- In brainstorming, the LHW/other frontline worker guides the woman towards that answer.
- While doing this she remembers that the proposed solutions are acceptable and doable in the context of that woman and her family.
- Working towards a desired behavior also demands that you divide the task into simple, smaller, and doable steps.

# The B of counseling:

- Keep repeating all those steps at different times until and unless the task is completely achieved.
- Do not forget to praise the woman even for the smallest of changes that she observes.
- When you have figured out a solution, making the woman/family act accordingly is the most important part.

# The C of counseling:

Coaching is the most important step and best understood in the context of a developing child.

- When a child learns a new skill, e.g., eating with cup and spoon, the parents coach this skill. *Eg: Initially the child cannot hold the spoon, spills food all over, becomes agitated and cries, throws the bowl away and so on.*
- The parents always maintain the patience and keep encouraging and trying.
- Sometimes they do the act by themselves to demonstrate how that job is done. Ultimately, the child learns that skill and starts eating happily, a time for rejoice and moving to another skill.

# The C of counseling:

- The Coaching step in LHW/other frontline worker's communication also follows the same principles.
- Help the mother start implementing the solution that was jointly reached in the 2nd (Brainstorm) step.
- Show patience and ability to demonstrate the new skill to the mother.
- Repeat in appropriate words to confirm from mother or family that you have reached the right conclusion.

# Counselling Skills

- **The importance of effective counselling in promoting healthy dietary behaviours:**
  - Proper counselling can help individuals better understand the role of nutrition in overall health
  - Effective communication techniques can motivate clients to adopt healthier eating habits
  - Strong counsellor-client relationships foster trust, allowing clients to feel more confident about making changes