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## Social and Behaviour Change Communication Pre- & Post-test Comparative Analysis: Sanitation and Hygiene Topic Module

Gender Transformative and Nutrition-sensitive Project (2019-2021) in Chemba District, Sofala Province, Mozambique



December 2021

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<b>Country</b>	Mozambique
<b>Project Title</b>	Reaching the furthest behind first: Gender Transformative and Nutrition-sensitive programming to increase food and nutrition security for women, adolescent girls, and children in Chemba district, Sofala province
<b>Geographic Area</b>	Chemba District, Sofala Province
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*Front cover photo caption: Mulima beneficiary demonstrating the use of their Tippy Tap: Handwashing Station*

*Credit: Julia Vetersand (2021)*

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# Pre- & Post-test Comparative Analysis: Sanitation and Hygiene Topic Module

## Executive Summary

Social and Behaviour Change Communication (SBCC) is an evidence-based strategy to improve health and nutrition by increasing and improving knowledge, attitudes and practices (KAP). The Gender Transformative and Nutrition-sensitive (GTNS) project implements SBCC activities, in parallel to resilience and post-harvest loss interventions, with the aim of contributing to women's empowerment and stunting reduction among children in Sofala, Mozambique. The SBCC strategy uses three approaches to achieve this aim: community mobilization, interpersonal counselling and media. Activities under the three approaches are categorized into three main themes within the project: Nutrition, Gender, and Sexual and Reproductive Health.

The Nutrition theme is further subdivided into four topic modules: infant and young child feeding (IYCF), maternal nutrition, malaria prevention, and sanitation and hygiene. This report focuses on the interpersonal counselling approach of the Sanitation and Hygiene topic module. These sessions targeted all 1,500 project households, specifically households of children under 2 and their spouses.

When implementing SBCC activities particularly aimed at reducing or preventing stunting, it is essential to engage in robust monitoring as behavioural change is a slow process and may not significantly impact project outcomes when looking solely at end line indicators. Nevertheless, this does not mean project efforts are not making progress at the individual level. Closely tracking knowledge, attitudes and practices linked to reducing and preventing stunting can guide project implementers in better understanding willingness to change and actual change related to desired outcomes. To measure the project's influence on beneficiaries, the project conducted pre- and post-test surveys on a sample of 120 beneficiaries immediately before and after each interpersonal counselling topic module focusing questions on knowledge, intention, self-efficacy (confidence) and self-reported behaviour. Using a comparative analysis, this report presents the findings regarding the Sanitation and Hygiene topic module.

The Sanitation and Hygiene pre- and post-test questionnaire consisted of eleven questions in six categories, across nine indicators:

- Recall of key sanitation and hygiene messages
- Knowledge of illness preventing practices
- Handwashing and health benefits thereof
- Treating water prior to consumption
- Knowledge of diarrhea symptoms and treatment
- Cooking demonstrations



Project beneficiaries in Chemba District have been exposed to national sanitation and hygiene campaigns and pre-test results reflect this effort whereby there exists a fair amount of knowledge, favourable attitudes and good practices around good practices for sanitation and hygiene to prevent illness. Nevertheless, findings have shown clear positive influence across eight of the nine indicators when comparing pre- and post-test results for sanitation and hygiene promotion, particularly understanding the importance of handwashing before preparing food and/or eating, and after cleaning a baby's bottom or using the latrine. The pre and post test results also demonstrate a need for continued messaging and counselling on where to seek treatment for diarrhea.

## I. Background

The Gender Transformative and Nutrition-sensitive (GTNS) pilot project, titled *“Reaching the furthest behind first: Gender Transformative and Nutrition-sensitive programming to increase food and nutrition security for women, adolescent girls, and children in Chemba district, Sofala province”* is implemented by the World Food Programme (WFP) under the leadership of the Government of Mozambique, and in close coordination with Government and cooperating partners. The project receives multi-year funding from the Austrian Development Agency (ADA). The catchment area is limited to Mulima locality of the Mulima Administrative Post of Chemba District. The population of Chemba is 87,925 people (17,730 households), and the project aims to reach 7,500 people (1,500 households) using the criteria of at least 500 pregnant and lactating women (PLW), 500 adolescent girls, 750 children under 2 (CU2), and women living with obstetric fistula; an additional 20,000 people will be reached indirectly through Social and Behaviour Change Communication (SBCC) media activities.

The GTNS project directly supports the priorities of the Government of Mozambique and is fully aligned to WFP's Country Strategic Plan 2017-2021. The aims of the project are to improve gender equity and women and adolescent girls' empowerment; increase dietary diversity; and reduce stunting among girls and boys under 5 in the context of a changing climate. The project design is innovative and integrates multiple nutrition-specific and -sensitive interventions to address the determinants of malnutrition, with a focus on women's empowerment. It combines:

- i) construction of gender- and nutrition-sensitive household and community assets (fuel efficient cooking stoves, water catchment systems, household gardens and afforestation);
- ii) trainings on post-harvest loss for smallholder women and men farmers (food conservation, transformation and storage) and linkages to improved products (hermetic storage); and
- iii) multi-level SBCC activities implemented at individual, household and community level<sup>1</sup>

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<sup>1</sup> In parallel to its SBCC activities, the GTNS project is also generating demand for acute malnutrition treatment, including community-level mid-upper arm circumference (MUAC) screening of PLW and children under 5 (CU5) and referrals of malnourished cases by volunteer community health workers. If screening indicates malnourishment, PLW and CU5 are

## II. Social and Behaviour Change Communication

SBCC is a crucial evidence-based strategy to improve health and nutrition by increasing and improving knowledge, attitudes and practices. The GTNS project’s SBCC component is being implemented by WFP’s SBCC partners<sup>2</sup> through three approaches: interpersonal counselling, media (radio), and community mobilisation (see Figure 1). Combining dynamic approaches to engage men for gender equality and behaviour change with nutrition-sensitive programming is expected to facilitate sustainable results at the household level, which can be cascaded to the wider community for replication.



\*due to the COVID-19 pandemic theater performances have been adapted to a media modality

Figure 1: The three approaches of the GTNS Project SBCC strategy

The GTNS project categorizes SBCC into three main themes: Nutrition, Gender, and Sexual and Reproductive Health (SRH). The Nutrition theme is further subdivided into four topics: maternal nutrition, infant and young child feeding (IYCF), malaria prevention, and sanitation and hygiene (S&H). These four topics comprise the WFP standard SBCC package and target all 1,500 project households, focusing on households of CU2 and their partners. Topic modules consist of six sessions, facilitated by community health worker pairs who are trained and supervised by field partners.<sup>3</sup>

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referred to their local health facility for further treatment. This activity is not included in the pre- & post-test questionnaire and results can be found in the SBCC routine monitoring.

<sup>2</sup> District Services of Health, Women and Social Action (SDSMAS), Pathfinder International and PCI Media

<sup>3</sup> Gender Dialogue Clubs consist of complex and sensitive concepts and will therefore be mainly facilitated by implementing partner field staff with some community health worker support.

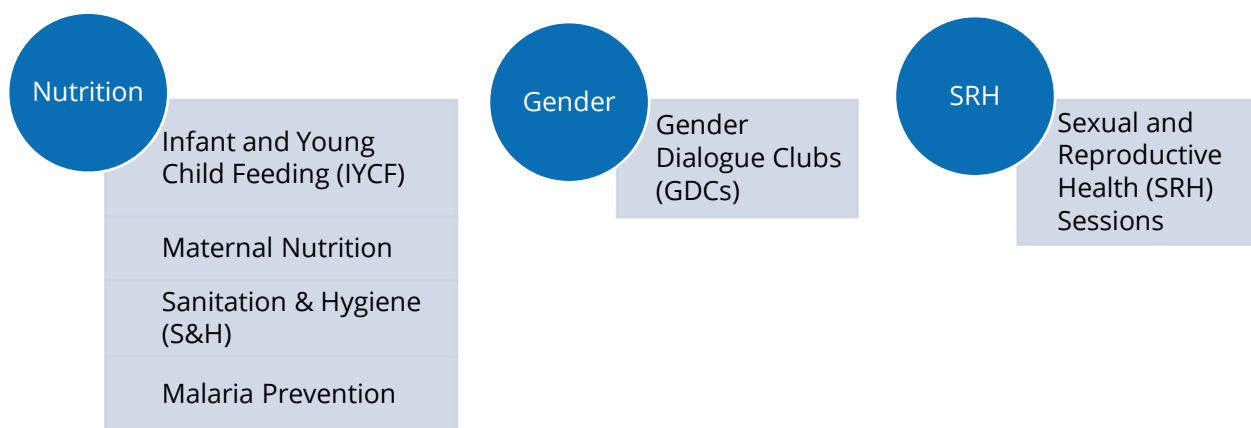


Figure 2: SBCC themes and topics of the GTNS Project

To evaluate the efficacy of SBCC activities, the GTNS project conducted pre- and post-testing to compare and analyse beneficiary knowledge, intention, confidence and self-reported behaviour. The pre- and post-test exercise focused on interpersonal counselling sessions, including cooking demonstrations.

### III. Aim and Objective of Pre- and Post-testing

When implementing SBCC activities, particularly those aimed at reducing or preventing stunting, it is essential to engage in robust monitoring, as behavioural change is a slow process and may not significantly impact project outcomes when looking solely at end line indicators. Unlike the baseline and end line evaluation that focuses on whether the programme worked, regular monitoring focuses on systematic tracking of activities to assess the effectiveness of implementation efforts. This analysis also serves as evidence for project impact.

*The main aim of pre- and post-testing was to understand the influence of interpersonal counselling sessions on project beneficiary knowledge, attitudes and behavioural practices in each topic module. The objective was to use a comparative analysis to determine which concepts and messages within each theme are influencing a positive change among project beneficiaries.*

### IV. Methodology

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_175](https://www.yunbaogao.cn/report/index/report?reportId=5_175)

