SAVING LIVES
CHANGING 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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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 stunning 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.

1 SCOPE is The World Food Programe'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

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