



Multi-sectoral Social and Behavioral Change Communication Mainstreaming Guideline

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FINAL DRAFT



Disclaimer

The call for action of the guideline: The call for actions mobilizes various sectors, development partners, faith networks, media, frontline workers and celebrities to create a food and nutrition literate family, community and citizens through a harmonized and integrated social and behavior change communication.



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December 2020



Foreword:

The Seqota Declaration is the Government of Ethiopia's commitment to end stunting in Ethiopia among children under two years by 2030 through effective coordination and collaboration of sectors, communities and development partners, focusing on high impact nutrition specific, nutrition sensitive and infrastructure interventions catalyzed through social behavior change communications.

Effective implementation of the Seqota Declaration will require movement of the entire public driven by social behavior change communication (SBCC). Seqota Declaration implements multi-sectoral and multi-channel SBCC approach with the aim of bringing about major shifts in nutrition behavior across society in Seqota Declaration Woredas with special emphasis on improving nutrition behavior and community based multi-sectoral nutrition services for women and children during the critical first 1,000 days from pregnancy to age 2 and beyond among the life cycle. The approach delivers the right services and messages to the right person at the right time using all relevant program platforms.

Stunting is a multi-dimension problem, expected to be attained through multi-sectoral approaches and multi stakeholders' efforts using various outlets and contact points. In this regard, implementing the social and behavioral change communication (SBCC) across sectors is critical to alleviate this problem that can apply at different levels of interventions to bring a sustainable change at the individual, community and environmental level.

Therefore, this Social Behavioral Change Communication (SBCC) mainstreaming guideline is developed in consultation and participation of Seqota Declaration implementing sectors and stakeholders with the intention of providing a step wise approach for sectors on how to mainstream SBCC interventions within sectors plans, programs, projects and practices at all levels of the multi-sectoral investment plan through mainstreamed approaches without creating additional investment at each sector.

This guideline is expected to contribute for effective coordination SBCC mainstreaming across sectors and implement of cross sectoral interventions to achieve the goal set towards creating nutrition literate society and ending stunting in Ethiopia.



Acknowledgement

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The guideline development evolved through a consultative workshop where sector organizations and partners at the national and regional levels provided practical inputs to enrich the document based on their SBCC and mainstreaming experiences. To further enrich the document, review workshops with sectors separately and validation workshops were also conducted.

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Table of Contents

Foreword:.....	4
Acknowledgement	5
Acronyms:	8
Operational definition.....	9
Seqota Declaration: Mission, vision and goal	10
Strategic objectives and Initiatives	10
Declaration’s 10 Strategic Objectives:	10
1. Introduction	11
1.1 Purpose, goal and expected outcomes.....	12
1.2 How to use this guideline.....	12
1.3 Scope of the guideline	13
1.4 Users and end beneficiaries of the guideline.....	13
1.5 Rationale of the guideline	13
2. Understanding Mainstreaming	14
2.1 Defining SBCC mainstreaming.....	14
2.2 Opportunities for mainstreaming SBCC	15
2.3 Benefits of SBCC mainstreaming.....	15
2.4 Barriers to SBCC mainstreaming	16
3. Social and Behavior Change Communication (SBCC) in Sectoral Contexts	16
3.1 Critical elements of mainstreaming	17
4. Mainstreaming in Practice	17
4.1 SBCC mainstreaming in programs and plans: Sector specific examples.....	17
4.1.1 Health	18
4.1.2 Agriculture	20
4.1.3 Women, Children and Youth	22
4.1.4 Water, Irrigation and Energy sector	24
4.1.5 Education sector:	26
4.1.6 Labor and Social Affairs sector	29
4.1.7 Culture and Tourism sector	32
4.1.8 Transport sector	33



5. Roles and Responsibilities	34
5.1 The Regional multisectoral team	34
5.2 Sector Ministries, regional bureaus and lower offices	35
5.3 Partners.....	35
5.4 Federal and Regional PDUs	35
6. Monitoring and Evaluation	36
Annex 1	39
Tips of SBCC messages development:	39
Message triangle.....	39
Annex 2	40
Socio Ecological model of Social and Behavior Change Communication (SBCC)	40
Reference:	43



Acronyms:

CCC: Community Care Coalition

GMP: Growth Monitoring and Promotion

HEWs: Health Extension Workers

IEC: Information Education Communication

MoA: Ministry of Agriculture

MoCT: Ministry of Culture and Tourism

MoE: Ministry of Education

MoH: Ministry of Health

MoLSA: Ministry of Labor and Social Affairs

MoT: Ministry of Transport

MoWCY: Ministry of Women Children and Youth

MoWIE: Ministry of Water, Irrigation and Energy

NNP-II: National Nutrition Program II

NSA: Nutrition Sensitive Agriculture

PSNP: Productive Safety Net Program

PTA: Parent Teacher Association

SBCC: Social Behavior Change Communication

SP: Social Protection



Operational definition

Advocacy: The act of supporting a cause or an issue to achieve a desired result or an action directed at changing policies, positions, or programs and resource allocation decisions within political, economic, and social systems and institutions

Social mobilization: a continuous process that engages and motivates various intersectoral partners at national and local levels to raise awareness of, and demand for a particular development objective

Community mobilization: The process of bringing together or empowering members of the community from various sectors to raise awareness on and demand for particular programs to facilitate change and development, taking into account the felt needs of the community

Socio-Ecological model: A theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion within organizations

Social and Behavioral Change Communication (SBCC): The systematic application of interactive, theory-based, and research-driven communication processes and strategies to address tipping points for change at the individual, community, and social levels. A tipping point refers to the dynamics of social change, where trends rapidly evolve into permanent changes. It can be driven by a naturally occurring event or a strong determinant for change—such as political will that provides the final push to tip over barriers to change. Tipping points describe how momentum builds up to a point where change gains strength and becomes unstoppable



Seqota Declaration: Mission, vision and goal.

Vision: To see Ethiopia's children being free from under nutrition

Mission: We will work to end stunting in Ethiopia for children less than two years through effective coordination and collaboration of sectors, communities and our development partners, focusing on high impact nutrition specific and nutrition sensitive interventions and social behavioral change communications with special consideration for crosscutting issues such as gender mainstreaming, environment and integrated community development approach.

Goal: To end stunting in children under two by 2030

Strategic objectives and Initiatives:

The Seqota Declaration innovative phase has 10 strategic objectives and 50 strategic initiatives to which all stakeholders (government sector ministries, regional bureaus, development and technical partners) are expected to contribute their share for nutrition interventions using this mainstreaming guideline.

Declaration's 10 Strategic Objectives:

1. To improve the health and nutritional status of adolescent, women and children under two
2. To ensure 100% access to adequate food all year round
3. To transform smallholder productivity and income
4. To ensure zero post-harvest food loss
5. To enhance innovation around promotion of sustainable food systems (climate smart)
6. To ensure universal access to water, sanitation and adoption of good hygiene practices
7. To improve the health and nutritional status of school children
8. To improve the nutrition status of pregnant and lactating women and children through nutrition sensitive PSNP4 interventions
9. To insure gender equity, women empowerment and child protection
10. To improve multi-sectoral coordination and nutrition implementing sectors capacity



1. Introduction

Seqota Declaration (SD) is a high-level commitment of the Government of Ethiopia to end stunting in children under two years by 2030. The SD was launched in July 2015 in Addis Ababa and has a 15-year roadmap building on and accelerating implementation of the National Nutrition Program and currently the National Food and Nutrition Policy. The SD is being implemented in three phases. The first phase is an Innovation Phase (2016-2020), where innovative approaches are being tested in 40 woredas of Amhara and Tigray national regional states. The second phase is the Expansion Phase (2021-2025) whereby preparation is underway to expand promising practices and lessons learned during the innovation phase. The final phase is the National Scale-up Phase (2026-2030) where full-blown implementation of evidence-based multi-sectoral interventions will be undertaken throughout the country.

The SD Innovation Phase demonstrated a high level leadership commitment where inter-ministerial steering committees from the ministries of Agriculture, Water, Irrigation and Energy, Health, Education, Women, Children and Youth, Labor and Social Affairs, Finance, Transport and Culture and Tourism and the regional presidents and regional sector bureaus have taken responsibility to provide leadership to end stunting.

Stunting is a multi-dimension problem expected to be attained through multi-sectoral approaches and multi stakeholders' efforts using various outlets and contact points. Social and behavioral change communication (SBCC) is a critical component to alleviate this problem that can apply to different levels of interventions to bring a sustainable change at community, individual and environmental levels. The rapid SBCC assessment and SD baseline study conducted in 2018 showed the importance of SBCC mainstreaming in sectors plans for better and sustainable results. Some sectors are ahead of the other sectors in SBCC implementation. The discrepancy was partly due to lack of a standardized guideline that provides guidance for all sectors on how each of the implementing sectors will integrate SBCC into their plan and deliver a harmonized and integrated SBCC for their target audiences.

The Food and Nutrition Policy under its Food and Nutrition Advocacy and Communication section provides direction for utilization of culturally appropriate and context specific social and behaviour change communication channels to maximize the role of women, men, other household members and influencers to create nutrition model families and communities. In the same section, it also underlines the importance of developing a system for integrating promotion of food and nutrition advocacy and communication in sectoral plans.

Therefore, this Social Behavioral Change Communication (SBCC) mainstreaming guideline is developed in consultation with and participation of implementing sectors and stakeholders with the intention of providing a stepwise approach for sectors on how to mainstream SBCC interventions within sectors plans, programs, projects and practices at all levels of the multi-



sectoral investment through innovative approaches without creating additional investment in each sector.

1.1 Purpose, goal and expected outcomes

Purpose of the guideline: To provide guidance on SBCC mainstreaming in sector plans for promoting stunting prevention through social and behavior change communication interventions.

Goal: To contribute to the Seqota Declaration's goal of ending stunting in Ethiopia, through SBCC mainstreaming in sectors for high impact nutrition specific and sensitive interventions.

General objectives

- Improve communities' health/nutrition knowledge, attitude, and practice through sector specific objectives
- Serve as a national guide for implementing SBCC activities in sectoral programs.
- Enhance message harmonization and cooperation and collaboration in SBCC resource material production

Expected outcomes

1. SBCC mainstreamed in sector plans to promote context specific stunting prevention interventions.
2. Improved capacity and raised awareness of sector program planners and decision makers, leading to SBCC mainstreaming in their respective sectors
3. Well-informed development stakeholders committed to mainstreaming the SBCC guideline for stunting preventions
4. Improved leadership engagement for sustainable SBCC activities.

1.2 How to use this guideline

The guideline can be used as an independent reference or as a resource for mainstreaming SBCC during program designing and work plan development and revision sessions. It provides a brief explanation about SBCC and mainstreaming benefits with specific examples for sector plans.



1.3 Scope of the guideline

This guideline is drafted with the intention of mainstreaming SBCC interventions for plans, programs and projects within the mandates of the federal and regional level nutrition implementing sectors and organizations. This should reflect through the contextualized nationwide SBCC mainstreaming approach to promote SBCC interventions that contribute in ending stunting at regional, zonal, woreda, and community levels.

1.4 Users and end beneficiaries of the guideline

Primary users:

- All Food and Nutrition Program implementing sectors, development partners and other stakeholders
- Experts from sectors and development partner organizations involved in planning, implementation, monitoring and evaluation

Primary beneficiaries of the guideline: pregnant women, lactating mothers, grandmothers & husbands in the Seqota Declaration's Innovation and Expansion Phase implementation woredas.

Secondary beneficiaries of the Guideline: The community who living and working in the selected and targeted woredas of Seqota Declaration Innovation and Expansion Phases.

1.5 Rationale of the guideline

This guideline is meant to serve as national direction for coordinating and implementing SBCC mainstreaming towards creating nutrition literate society and ending stunting in Ethiopia. In addition, the guideline offers clarity and guidance for mainstreaming SBCC with practical sector specific examples. It is also envisioned that this guideline will promote harmonization of messages, cooperation and collaboration in SBCC resource material production, joint SBCC services provisions using various outlets and laying SBCC interventions to ensure that mainstreaming toads to boosting the attainment of sector organizational goals. As part of the Seqota Declaration strategy for the first 1000 days plus public movement for social and behavior change, the Seqota Declaration implementing sectors and development partners will use this guideline to harmonize and coordinate efforts for better collective behavior change results.

SBCC mainstreaming is needed at sector organizations because often, stunting reduction activities are mainly considered the responsibility of the health sector, and the fact that nutrition interventions require a multi-sectoral approach is often undermined. In practical terms, the contribution of the health sector to problems around stunting reduction is about



20%, and that clearly justifies the need for multi-sectoral engagement to address stunting and overall malnutrition, a multi-layer problem.

In the absence of participation and engagement of implementing sectors, partners and other stakeholders in social and behavioral change communication, we cannot improve the nutritional status of the population. Taking this into consideration, the Seqota Declaration, its implementing sectors, partners and other stakeholders have developed this SBCC mainstreaming guideline for common use yet focusing on their respective sectors.

2. Understanding Mainstreaming

2.1 Defining SBCC mainstreaming

Mainstreaming in this context is a process that enables development actors to address the drivers and effects of stunting in an effective manner by introducing SBCC into their usual work.

SBCC mainstreaming is a process of aligning behavioral change communication approaches with sectors' interventions and enabling development actors to address the drivers and effects of stunting in an effective manner through their usual work. Through building the capacity of implementers at the local level, mainstreaming needs to be accompanied by SBCC based advocacy and sensitization and activities that demonstrate the added values of the actions by all stakeholders.

SBCC mainstreaming is different from SBCC integration. Their difference lies in whether the intention is aligned with the core business of an organization in which the SBCC intervention is going to be mainstreamed. SBCC integration is an ADD ON activity without considering the core business of the sector or organization, then it does not involve mainstreaming whilst, SBCC is ALLIGNED to or mainstreamed in the core mandate and functions of a sector or an organization.

The limitation of integration is, therefore, that specific SBCC activities are not carried out because they are often considered additional workload competing with the organizational functions. In other words, they could be considered secondary to the main activities, thereby posing challenges for meeting SBCC objectives.

Mainstreaming ensures that SBCC is an essential part of strategies, plans and actions of implementing sector organizations. Implementing partners of the NNP-II in collaboration with other local and international stakeholders working on food and nutrition initiatives are highly involved in the SBCC mainstreaming activities.



Noting what mainstreaming is not may help in understanding what it is. Here are some examples.

- It is NOT simply providing support for a sector program.
- It is NOT trying to take over SBCC focused special functions.
- It is NOT adding on a few selective, additional functions and responsibilities (instead it is reviewing the core business of a sector from a different perspective and refocusing it).
- It is NOT business as usual – some things must change.

2.2 Opportunities for mainstreaming SBCC

The easiest starting point to mainstream SBCC is to consider what opportunities exist in the planning and implementation cycles of your sector or organization. This can be done at different levels. From the perspective of the multisectoral implementation, some sectors have funding for specific activity under various initiatives while others lack in such initiatives. The mainstreaming process should identify the available opportunities that can be used as entry points for SBCC mainstreaming.

The following are some of the opportunities for SBCC mainstreaming in nutrition interventions.

1. All sectors have signed a memorandum of understanding on the National Nutrition Program for the multi-sectoral efforts of ending stunting.
2. All regional governments have, by official agreement, pledged to contribute their part towards the Seqota Declaration's goal of ending stunting by 2030.
3. The Food and Nutrition Strategy also clearly indicates the importance of SBCC for the stunting reduction programs.
4. One of the innovations of the first 1000 days plus public movement is that it calls for SBCC activities.
5. The formulation and implementation of nutrition sensitive social protection- PSNP-5 program has SBCC as its component
6. The positive impacts of SBCC on nutrition outcomes are well evidenced.
7. The Ethiopian Food and Nutrition Policy clearly describes the need for effective Social and Behavior Change Communication as one of the major interventions.

2.3 Benefits of SBCC mainstreaming

- It enhances beneficiaries' understanding of messages and their capacity to exercises the expected practices.
- It accelerates sectors' efforts to bring about the desired behavior change in a sustainable manner.
- It helps to broaden and strengthen stakeholder involvement.
- It creates a conducive environment for behavioral change.
- It generates/reinforces commitment and results of sectors.



- It helps to develop partnerships within/across sectors.
- It Strengthens /fine-tunes strategies to boost multi-sectoral implementations.
- It improves planning processes of sector organizations.

2.4 Barriers to SBCC mainstreaming

Mainstreaming is not a simple exercise. In practice, there are a number of barriers to effective SBCC mainstreaming. Limitations in the seven areas below (seven Cs) summarize the barriers to SBCC mainstreaming endeavors.

- 1) **Culture and context:** The existing practice and perception that stunting & SBCC are health issues to be addressed by the health sector and that other sectors are not assumed to have major responsibilities
- 2) **Commitment:** Lack of commitment from the technical and senior leadership in sectors, institutions and organizations
- 3) **Capacity:** Limited capacity and understanding within organizations and institutions, adding to the lack of conducive environment for SBCC mainstreaming to take place
- 4) **Competing priorities:** Less prioritization of SBCC due to lack of awareness on its impact implied in limited prioritization of SBCC in planning and strategy design processes. Other sectoral priorities are considered more important than SBCC.
- 5) **Collaboration:** Assigning SBCC to one person or unit in a sector or an organization
- 6) **Coverage:** mainstreaming by itself does not pursue a diverse approach unless it is implemented within the core value of the organization or respective departments to cover larger geographic areas.
- 7) **Cost:** There is limited experience in how to cost SBCC. SBCC interventions are mostly considered more like isolated events than ongoing activities. As a result, limited resources are allocated for their implementation even if they are included in plans.

3. Social and Behavior Change Communication (SBCC) in Sectoral Contexts

The Seqota Declaration (SD) public movement strategy emphasizes that SD implementation planning requires all the implementing sectors to develop and implement a multi-channel social and behavior change communication (SBCC) movement by integrating it with their nutrition sensitive and nutrition specific interventions. However, to understand the SBCC context, these sectors need a capacity building support to enable them to mainstream SBCC in their nutrition sensitive and specific interventions plans.



3.1 Critical elements of mainstreaming

These critical elements are adapted from lessons learned by UNDP during the successful program experience in HIV and AIDS mainstreaming:

- **A clearly defined mandate and policy directive** - National Food and Nutrition policy requirement to mainstream SBCC provide legitimacy and a broad framework for action.
- **Leadership and commitment from a visionary champion** – There needs to be one or more persons with political clout and visibility.
- **Personalization** – SBCC are best addressed when understood at a personal level.
- **Capacity-building at different levels** – This will help to understand the nature of the change envisioned, to put people through a capacity awareness process (from self-awareness to activism) and ultimately to garner commitment for action.
- **Advocacy skills** – The skills are key to generate greater awareness and bring important actors onboard.
- **Partnerships** – It is important to identify those people and institutions that must be onboard, contacting them and enlisting their support. Partnerships will often be new and less traditional in nature, including those with the business community, religious leaders or people in the entertainment business.

4. Mainstreaming in Practice

Here are some generic suggestions for SBCC mainstreaming entry points.

- 1) Existing processes
- 2) Existing partnerships
- 3) Thematic issues
- 4) Specific vulnerable populations
- 5) Development platforms and policy directives.

This guideline aligns with all the five entry points as it promotes the utilization of existing processes through multi-sectoral partnerships with sectors and organizations working towards a shared vision on ending stunting. It is purposely designed to improve the positive initiatives of sectors and organizations to bring about behavioral change in target groups at each sector and drive collective actions at community level.

4.1 SBCC mainstreaming in programs and plans: Sector specific examples

The following section highlights the contribution of each sector organization towards stunting reduction. Of the 13 sectors signatory to the National Nutrition Program for their direct role in stunting reduction activities, we used eight sectors as examples to illustrate SBCC mainstreaming.



4.1.1 Health

Envisioning a healthy, productive and prosperous Ethiopia, the MoH promotes the health and wellbeing of the country's population down to the household level through the health structure by providing and regulating a comprehensive health package including nutrition specific activities.

Examples for SBCC intervention areas

Level	SBCC intervention	Target audience	Approach	SBCC promotor/champion
Enabling environment	Impact of malnutrition	Decision makers	Advocacy	Program implementers/Nutrition champions
	Development of new guidelines/policies where needed	Decision makers	Advocacy	
	Implementation of existing policy /guidelines	Decision Makers	Advocacy	
	Developing materials like IEC materials and GMP manuals	RH	SBCC	Health promotion
	Media usage on nutrition promotion	Lactating and pregnant mothers	SBCC	
Service delivery	Nutrition education/Counseling during ANC visit	Pregnant women	One-on-one counseling, Audio-visual messages in maternity waiting rooms Leaflets	Health workers



	Nutrition education/counseling integration in other health service provisions including PNC, FP, , EPI, other PHC services	Pregnant and lactating women, husbands	One-on-one counseling Mass education at health facilities/ use of audio-visual materials	Health workers
	Adolescent counseling at AYFS	Adolescent girls	One-on one counseling Mass education at health facilities/ use of audio-visual materials	Health workers
	Adolescent screening and counseling in school and linkage to health facility	Adolescent girls	One-on-one counseling Mass education at health facilities/ use of audio-visual materials	Health extension workers
	Development and distribution of health education tool kits	PLWs, husbands, adolescent girls	Leaflets	Health workers
	Training of health workers on counseling	HWs & HEWs	Cross cutting Issues as introduction	Regional health bureaus, zonal health departments and woreda health offices
Community	Nutrition promotion at GMP	Care givers, mothers	Group education, One to one (individual	HEWs



			level)	
	Community conversation on nutrition	Community, religious leaders		HEWs
	Community engagement to promote nutrition	Community, religious leaders	Advocacy	HEWs
	Cooking demonstration at health posts	Pregnant and lactating mothers	Group education	Health extension workers and DAs
Individual	breastfeeding and complementary feeding, hygiene and sanitation promotion	Care givers Counselors		HEWs
	Distribution of IEC materials			
	Mass Communication			
	Education for 1 to 5 network leaders	Pregnant and lactating mothers		HP and HEW

4.1.2 Agriculture

The mission of MoA is to “create a modern and a highly productive agricultural system that uses a more advanced technology which enables the society to get rid of poverty”. In this relation, the ministry has nutrition sensitive agriculture as one of its lead components through which it promotes nutrition dense agriculture products that directly link with accessibility and consumptions.

Example for SBCC intervention areas

Level	SBCC intervention	Target audience	Approach	SBCC promoter/champion
Enabling environment	Impact of malnutrition	Decision makers	Advocacy events	Program implementors/Nutrition champions
	Promote diet diversity, provide orientation on impacts of	policy and decision makers	Workshops, trainings, advocacy, policy briefs and print	Food and Nutrition Coordination Office



	malnutrition, and Nutrition Sensitive Agriculture (NSA)		materials and media	
Service delivery	Promote diet diversity at FTCs,	Agriculture extension workers	Trainings and workshops, experience sharing, demonstration,	Food and Nutrition Coordination Office at federal and woreda levels
	promote diet diversity at schools	School communities and PTA, students parent	Demonstration and training, learning and school feeding	Food and Nutrition Coordination Office, Office of Agriculture/Economy sector, Education, woreda agricultural offices/Economy sector/, programs and projects
Community	Promote the production and consumption of nutrient dense crops and livestock production	DAs and farmers	Training, demonstration, experience sharing, print materials, cooking demonstrations , food exhibitions/food fairs	Food and Nutrition Coordination Office, Woreda Agricultural Office/Economy sector/
Individual (HH)	Awareness on consumption of diversified food	Families/farmers	Cooking demonstration, farmers' field day, counseling	DAs, HEWs, food and nutrition and agricultural experts
	Women eempowerment for better house hold nutrition	Families	Income generation activities	Woreda Agriculture office and Developmental Agents.



4.1.3 Women, Children and Youth

The vision of Ministry of Women, Children and Youth (MoWCY) is “- - - to see the Ethiopian women and Youth equal participation and to benefit from economic, social and political spheres and protect children’s rights and security”. Women and children including adolescent girls are among social groups most affected by stunting. MoWCY’s role will be vital in the reduction of stunting through promotional and educational activities incorporated in its sector objectives.

Example for SBCC intervention areas

Level	SBCC intervention	Target audience	Approach	SBCC promoter/champion
Enabling environment	Impact of malnutrition	Decision makers	Advocacy event	Program implementers/Nutrition champions
	Contribute to the guideline /policy development	Minister and State Minister	Advocacy	Program implementers
	Implementation of existing policy /guidelines	PR and mainstreaming department	Advocacy	Program implementers
Service delivery	Convening messages on the recommended practices of nutrition, sanitation and hygiene -Creating awareness on disadvantages of harmful traditional practices, food taboos and the need for partners’	Pregnant and lactating mothers, partners, influencers like grandmothers HHS	Community mobilization/ Mass education	Women Associations; Youth associations, Children parliament at woreda, zonal, and regional levels



	participation in household chores			
	Creating awareness on nutritional consequences of early marriage & teenage pregnancy			Women Associations; Youth associations, Children parliament at woreda, zonal, and regional levels, religious and clan leaders
	ToT Training on Nutrition	Woreda - Women, children and youth staff -Association members -Local leaders	Training	Expert
Community	Awareness creation on nutrition, HTP, food taboo, hygiene and sanitation, consequences of early marriage, teenage pregnancy and importance of participation of partners in the HH chores	Pregnant and lactating women with their partners	-Mass education - Community conversation	Women development army and health extension workers
	Provision of training on nutrition and other nutritional factors	Community radio facilitators	Formal training	Experts



	Training Promoting gender equality and enhancing male engagement in nutrition	Male	Promotion Training and capacity building	Program implementers, integrated with MoH
	Training for tabias women collusion	Women	Promotion Training and capacity building	
Individual	Awareness creation on nutrition and other related topics	PLW, partners	- Counseling, home visits, mass education, -Community conversation -Distribution of visualized materials	Women development army, HEWs.
	providing information on nutrition and related topics	Community at large, particularly PLW and their partners	Community radio, regional radio/FM,	Media professionals
	Awareness creation on nutrition and other related factors	Women developmental army	Training	

4.1.4 Water, Irrigation and Energy sector

Water and Energy are very central to almost all SDGs and are needed not only to meet the targets set nationally and/or globally in the two sectors, but they are also the driving force for the goals set by other sectors to be achieved. Therefore, both water and energy are critical in ensuring development and transforming a country. Clean water is one of the main contributors for stunting reduction. Hence, Water, Irrigation and Energy as a sector play a significant role in the socioeconomic development through the development and management of its water and energy resources in a sustainable manner through provision of quality and equitable supplies



for the entire population and contributing significantly to food security. In this relation, SBCC is very fundamental for the sector to ensure ownership and sustainability of service provision.

Example for SBCC intervention areas

Level	SBCC intervention	Target audience	Approach	SBCC promoter/champion
Enabling environment	Promote WASH-nutrition nexus	Decision makers, technical advisors	Events, workshops and conferences , trainings, print materials, policy debates	Program implementers/Nutrition champions, policy advisors and influential specialists, SD advisors,
Service delivery	Promote WASH at schools and HCFs	Schools and health communities	WASHCom Training, school WASH clubs	Woreda WASH team
Community	Water safety and management	WaSHComs, Water Technicians and HEWs	Legal instruments, trainings and advocacy works, GHWD	Woreda and kebele WASH teams
Individual (HH)	Collection, transport, clean water handling and use	Families	Counseling	WASH coms and HEWs
	Hand washing during critical times	Families	Counseling,	WASH Coms and HEWs



4.1.5 Education sector:

Adolescent girls who are the primary target for the second window of opportunity to reduce stunting are mainly found in schools. The education sector is responsible to educate, help the current and future generations thrive and ensure human development that contributes to national development. The MoE recognizes that the lack of effective health and nutrition programs in schools impacts a child’s ability to learn and leads to poor school attendance and higher dropout rates. The MoE recognizes that malnutrition is one of the major impediments to effective learning—limiting the realization of children’s full productive potential and undermining national development and poverty reduction efforts.

In collaboration with MoH and other ministries, The MoE is responsible for equipping students with the necessary knowledge on nutrition for better academic performance and increased productivity. Therefore, mainstreaming the SBCC in the sector is key to create nutrition literate students/society and also contribute to the SD’s goal of ending stunting. The nutrition education is critical not only to change the behavior of students but to transform them into good change agents changing parental and community behavior for a high impact.

Examples for SBCC intervention areas

Level	SBCC intervention	Target audiences	Approach	SBCC promoter/champion
Enabling environment	Research and generate evidence on the Impact of stunting on the education sector	Policy and decision makers, teachers, school principals	Policy dialog, high level consultation meeting and forum, discussions on annual education conference, advocacy	Policy advisers, nutrition and education experts, ministers and directors, SBCC team
	Strengthen the implementation of nutrition SBCC within the school health and nutrition package	MoE, MoH, bureaus of education	Training, MoE and MoH joint implementation	MoE, regional BoE experts, SD and WASH (WASHCo) advisors, SBCC team
	Integration of nutrition message into adult	MoE, RboE’s adult	Integrate/ mainstream	Nutrition experts/advisers



	education	learning department , SBCC team	nutrition agenda in adult learning	and adult learning professionals, SBCC team
	Promotion of school feeding in primary schools	MoE, RBoE, woreda education offices, principals and teachers,	Demonstration through documentary films, mini-media	Experts, SD team members, SBCC team
	Nutrition education/nutrition mainstreaming in the curriculum	MoE (TDP, Gender experts school director SIP, curriculum directorate)	Revise the curriculum, incorporate in extra-curricular activities, BoE, BoH	Nutrition expert and MoE directors (TDP, gender directorate SIP, curriculum directorate)
	Promotion of school health and nutrition	MoH and MoE SIP directorate	MoE and MoH joint implementation	MoE pertinent SIP, directorate BoE , BoH and MoH
Service delivery	Full blown implementation of school health and nutrition package at SD targeted schools	Students, teachers, school directors	School, mini media, teaching, group education demonstrations during flag ceremonies and recess at school level and as well as at home	School clubs, teachers
	Mass sensitization	Students	Group education, competition/Q &A/school dramas, mini-media and documentary films	Teachers, school club members, health workers, gender clubs
	Capacity building training	Students, teachers and school	Formal training, mini-media and school clubs	MoE, regional BoE experts, SBCC team, PDUs and partner



		principals		advisors
Community	Nutrition promotion at kebele level	Parent Teacher Student Associations (PTSA), parents, religious leaders/ traditional leaders, teachers and school directors	Using community radios ,different nutrition centered BCC materials, dramas	Teachers, health workers, health development army
	Advocacy on the importance of school feeding	Community members, PTSA, students and teachers, school principal,	Community conferences, school feeding program and meetings	Woreda administration, school principals, students and teachers, PTSAs, MoE,BoE,BoH, regional PDU and partners operational in the woredas
Individual	Integrated/mainstreaming nutrition in adult learning	Adult learning facilitators	Use the adult learning approach to promote nutrition agenda	Woreda education office, adult learning experts, HEW
	Nutrition assessment and screening and counseling	Students	Nutrition assessment, screening and counseling	Teachers, health care providers and HEW
	Promoting the production and consumption of nutrient dense food at household and individual levels.	Students and their families	House-to-house visits, school and homestead gardening	PTSA, teachers , school club members, health extension workers, champions, women development army,



4.1.6 Labor and Social Affairs sector

In relation to nutrition, the goal of MoLSA is to improve nutrition status of pregnant and lactating women and children through PSNP interventions.

Example for SBCC intervention areas



<p>Enabling environment</p> <ul style="list-style-type: none"> • Social Protection (SP) Policy and Strategy • PSNP • Disability Inclusion Policy • Labor Proclamation on pregnant women and lactating women • Safety and health policy and strategy 	<p>Impact of PSNP on stunting</p> <ul style="list-style-type: none"> • Development and promotion of nutrition sensitive social protection communication strategy • PSNP program • Social service workforce development and deployment, thereby promoting nutrition interventions • Deploy case management interventions in line with SBCC strategy • Integration of SBCC mainstreaming into PAD, PIM and other guidelines • Promotion of occupational health and safety particularly for pregnant women and adolescent girls in line with SBCC strategy 	<p>Higher officials /Decision makers</p>	<p>Advocacy using events, workshops, trainings, policy brief, best experiences</p> <p>Curriculum revision and development</p>	<p>Experts, social service workers</p>
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Service delivery	Promoting social protection particularly focusing on nutrition for PSNP beneficiaries	PSNP beneficiaries, particularly pregnant, lactating women, caretakers of under five and malnourished children	SBCC sessions, group education and other PSNP platforms (public work, cash transfer program)	Social workers and health extension workers (This is the mandate of agriculture and health sectors)
	Integrate case management interventions in line with SBCC Strategy	PSNP beneficiaries particularly pregnant, lactating women, under five children and caretakers with malnourished children	Workshop, meetings, for incorporating nutrition concepts into the existing case management protocol	Experts on PSNP and Nutrition (Community Care Coalition, social workers, health extension workers)
	Capacity building of Social service workers, CCCs on SBCC and related programs	Community Care Coalition, social workers, health extension workers	Training, supportive supervision, group education, SBCC sessions, household visits and case management	Community Care Coalition (CCC), social service workers and HEWs
Community	Promotion of recommended/optimal nutrition practice through community care coalition, health extension workers and Health development army	Community leaders, vulnerable citizens/communities	Awareness enhancing workshops, participatory planning, house-to-house visits and community level PSNP platforms	CCC, influential community members, social service workers and HEWs
Individual	Inclusion of pregnant and lactating women, adolescent girls and children into TDS, PDS	PSNP beneficiaries particularly pregnant, lactating women, under five	Social cash transfer, social service linkage/referrals and case	Targeting committees, CCC leaders, social



	and livelihood schemes	children and caretakers with malnourished children	management	workers and HEWs
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N.B.: The Bureau of Labor and Social Affairs (BoLSA) focused on promoting social protection particularly focusing on nutrition for PSNP’s permanent direct support (PDS) beneficiaries such as CSW, elders, street children, and persons with disabilities. But we are working with the Bureaus of Agriculture, Health, and Women, Children and Youth for social service linkage transfer to BOLSA. And our role is to link health service to health facilities and other services to the agriculture bureaus. So the PSNP support for women from their pregnancy until their children turn one year is provided by the Bureau of Agriculture.

4.1.7 Culture and Tourism sector

MoCT aims to prevent all harmful traditional practices and beliefs related to nutrition so us to address some of the underlying and root causes of stunting.

Example for SBCC intervention areas

Level	SBCC intervention	Target audience	Approach	SBCC promotor/champion
Enabling environment	Promote implementation of the existing culture policy and its integration with other sector plans, programs, and projects	Decision makers	Advocacy	Experts
Service delivery	Improve structural reach and promote better care practices for child and pregnant women	Adults and young farmers	Group education	Experts
	Enhance engagement of religious leaders in promoting positive caring practices for children and	Religious leaders	Advocacy, mass education	Religious and influential leaders



Level	SBCC intervention	Target audience	Approach	SBCC promotor/champion
	pregnant women			
Community	Education/Awareness creation on food taboos	Religious and influential leaders, teachers, etc., attendants of cultural events, Influential community members	Advocacy during cultural events	
	Create community awareness on the adverse effects of early marriage		Community conversation	Experts, influential community members
	Create community awareness on poor feeding culture for children and women		Community conversation	
	Enhance male involvement		Education during cultural events	
Individual	Tackle food taboos for children, pregnant and lactating women	PLW, caregivers, influential persons	Counseling	Experts, CCCs,

N.B.: MoCT has limitations in lower level structural presence in some parts of the country. This necessitates its collaboration with other government sectors that have presence at grassroots structures. Besides, the ministry can promote the involvement of CCCs and influential community members including religious leaders.

4.1.8 Transport sector

The goal of MoT is to provide quality transport infrastructure and safe as well as cost effective transport services to communities.

Example for SBCC intervention areas

Level	SBCC intervention	Target audience	Approach	SBCC promotor/champion
Enabling environment	Promoting SBCC for improved nutrition during implementation of URRAP to improve	Active working population	<ul style="list-style-type: none"> Group education Advocacy 	Experts, contractors and consultants



	rural transport services			
Service delivery	<ul style="list-style-type: none"> • Community education on URRAP • Training on road safety 	<ul style="list-style-type: none"> • Active working population • Students, religious leaders 	<ul style="list-style-type: none"> • Group education • Advocacy 	<ul style="list-style-type: none"> • Experts • contractors and consultants
Community	<ul style="list-style-type: none"> • Promote community participation on road safety • Create awareness on road access and safety • Improve the engagement of community in URRAP 	<ul style="list-style-type: none"> • Active working groups • Students religious leaders 	<ul style="list-style-type: none"> • Group education • Advocacy 	<ul style="list-style-type: none"> • Experts • contractors and consultants
Individual	<ul style="list-style-type: none"> • Community radio on safe transport access • Mass communication 	<ul style="list-style-type: none"> • Students • religious leaders • Active working groups 	<ul style="list-style-type: none"> • Group education • Advocacy 	<ul style="list-style-type: none"> • Experts • contractors and consultants

5. Roles and Responsibilities

It is important to ensure that this mainstreaming guideline is implemented effectively for better result. Hence, the following parties have key roles to play and important responsibilities to assume.

5.1 The Regional multisectoral team

- Identify, together with the ministries, potential development partners that will support the sector’s mainstreaming effort
- Monitor the implementation jointly with the ministries



- Coordinate performance reviews
- Organize a joint supportive supervision
- Identify and prioritize sectors that need SBCC mainstreaming in consultation with stakeholders, partners and professionals
- Work with partners and donors to build capacity and provide operational support for cascading throughout the country
- Collect data and maintain the data base and conduct national level monitoring and evaluate the active

5.2 Sector Ministries, regional bureaus and lower offices

- Actively mainstream SBCC in annual workplans, programs, projects and strategies
- Mobilize technical leaders and experts at various levels to support SBCC mainstreaming
- Mobilize service providers and development armies
- Implement nutrition interventions
- Identify, prioritize and address SBCC needs in the respective sectors
- Participate in national level capacity building efforts and carry out the subsequent cascading of the guideline
- Follow the implementation of mainstreamed activities
- Identify capacity building trainings and prioritize through joint planning process
- Mobilize resources internally and from development partners for effective execution of the SBCC plans.
- Build the capacity of sectoral counterparts at regional, zonal, woreda and kebele levels.
- Work closely with other sectors to harmonize messages and approaches.

5.3 Partners

- Fully harmonize plans and activities with national and regional SBCC mainstreaming guideline as part of their commitment to nutrition
- Share SBCC interventions or event calendars to coordinate with sectors
- Share needs assessment and any resulting plans and all training materials for cross learning
- Utilize resources and expertise in service to national programs and priorities
- Provide financial and technical assistance to the efforts of the Seqota Declaration
- Support through onsite mentoring and coaching as well as material provisions for trainers.
- Mobilize resources to support sectors for effective execution of SBCC plans.

5.4 Federal and Regional PDUs

- Provide leadership for SBCC mainstreaming across sectors and development partners
- Coordinate SBCC mainstreaming capacity building



- Engage high level leadership, media and development partners in SBCC advocacy
- Coordinate harmonization of SBCC interventions and messages across sectors and development partners
- Support sectors' in resource mobilization
- Conduct SBCC performance management among SD implementing sectors and development partners using score cards
- Facilitate on-site learning trips among sectors and implementing development partners
- Document and disseminate learnings, promising experiences and success stories on SBCC mainstreaming

6. Monitoring and Evaluation

Implementing Sector	Key performance indicator	Indicator type	Level of data collection	Reporting period
PDU	Number of key influential figures or gatekeepers sensitized or engaged	Process	Region	Monthly
	Number of implementing sectors and partners who mainstreamed the public movement in their nutrition sensitive and specific interventions.	Output	Region	Quarterly
	Number of churches/mosques in program supported woredas who integrated nutrition & the public movement in their regular religious fellowships.	Output	Woreda	Quarterly
Health	Number of frontline workers from the health sector trained/sensitized on IPC, SBCC or nutrition.	Process	Woreda	Quarterly
	Number individuals from the primary target groups reached by the frontline workers for priority face-to-face public movement BCC interventions	Output	Tabia, woreda	Quarterly



Labor and Social Affairs	Number of social safety net experts & CC leaders trained or sensitized on nutrition and stunting.	Process	Woreda	Quarterly
	Number of individuals from the primary target group who participated in CC sessions.	Output	Tabia, Woreda	Quarterly
Education	Number of school health & nutrition, and girls club coordinators and school principals trained/sensitized on nutrition, school WASH & gender	Process	Woreda	Quarterly
	Number of schools with functional school health & nutrition and girls clubs	Output	Woreda	Quarterly
Agriculture	Number of frontline workers from the agriculture sector trained/sensitized to implement BCC on nutrition sensitive agriculture	Process	Woreda	Quarterly
	Number of households with the primary target groups reached with BCC interventions on the production and consumption of diversified foods	Output	Woreda	Quarterly
Water, Irrigation and Electric city	Number of water experts, water scheme guards, school WASH club coordinators & water technicians trained or sensitized (on what---)	Output	Woreda	Quarterly
	Number of individuals from the primary target groups reached by the sector for WASH related BCC messages	Output	Woreda	Quarterly
Women, Children and	Number of women development group leaders, <i>tabia</i> and woreda level women's association leaders and other women's	Process	Woreda	Quarterly



Youth	networks trained or sensitized			
	Number of individuals from the target groups reached with the social mobilization efforts of the sector	Output	Woreda	Quarterly



Annex 1

Tips of SBCC messages development:

A successful message targets the concerns, issues, needs and interests of your audience. Your message will be effective if you can answer three key questions:

- 1) What difference does your message make to the person or people you are addressing?
- 2) Why should they care?
- 3) What action do you want them to take?

Below are some tips for making your message accessible and meaningful to your audience.

- **Clarify the issue.** Convey the problem you are addressing, the change you want, why the change is important and who will benefit from it.
- **Stay focused on key points.** If your message is too complex, your audience will get confused and tune out.
- **Be persuasive and immediate.** Convey a level of urgency that the audience can identify with. Support your case with facts as well as the consequences of not acting.
- **Use specific examples** from your own or your audiences' experience.
- **Use vivid language and images** that your audience will be able to picture easily.
- **Avoid jargon and complex data.** Break down necessary data into terms that are easier for your audience to grasp.
- **Focus on the audience's interests** that relate to your approach. Begin with what your audience knows and believes. Then build on these points and show how a change can create a win-win situation for everyone.

Message triangle

Advocacy messages are most effective if they contain no more than three points. These points should address the what, why and how of your message. We can visualize them as a 'message triangle.'



Action Statement (What): The action statement should be specific and focused and deal with just one action at a time.



Action Strategy (Why): Why are you suggesting this action be taken? List the compelling reasons in a way that the audience can easily understand.

Call to Action (How): How can your audience solve the problem you outlined? What steps do you want your audience to take to address it? Provide very focused and realistic steps.

Annex 2

Socio Ecological model of Social and Behavior Change Communication (SBCC)

To bring a behavioral change, we need to understand and influence community traditions or social norms that work against the positive change we aspire to bring about at individual and community levels. In other words, we need to implement SBCC at all levels; it is a power of communication that changes human behaviors by influencing people's knowledge, attitude and social norms for the better change.

Social Behavioral Change Communication (SBCC) involves a coordinated messaging exercise in the right communication channel targeting individuals, community, policy makers, and so on. It enables people to receive consistently the right information at the right time to effect change. In our case, because of the importance of multiple level interventions, the Seqota Declaration program delivery unit at the Ministry of Health used a socio-ecological model intervention. The model gives more attention to social change through facilitating a conducive environment to change individual behavior through influencers.

In Ethiopia, the socio-ecological model is reflected on ending stunting endeavors; the Food and Nutrition Policy supported by the National Nutrition Program allows for the coordinated involvement of relevant sectors in nutrition interventions, and the multi-sectoral programs also facilitate and ensure the coordinated deliverables of sectors and organizations.

The socio ecological model for behavior change will be used to identify the political, social and individual barriers and facilitators to improve nutrition at all levels. The barriers and facilitators for change were also assessed to help raise resources and political/social commitment, social mobilization for wider participation, collective action, and ownership and behavior change communication for change in knowledge, attitudes, and practices of specific audiences in specific nutrition components.

The Socio ecological model identity's personal and environmental factors that determine behaviors



Each category explanation	Proposed SBCC interventions
Environmental (financing nutrition, facilitating effective implementation of legal frameworks and strengthening weak intersect oral coordination in nutrition)	Mobilize political & leadership Support for the 1000 days Nutrition movement (Advocacy & harmonization, forums, media including social media)
Service delivery (Access and availability of nutrition services, Friendly services (IPC, CRC), Enhanced knowledge and skills of service)	Increase access & availability of SBCC materials & other supplies to Health facilities, schools, FTC etc...
Community (norms on nutrition practice, micronutrient deficiency problem and unhealthy lifestyle practice)	Address traditional & Cultural hurdles to nutrition through Social mobilization, community conversation, supportive supervision & review meetings.
Individual level (Knowledge and attitude of the individual, Skill to practice the behavior, Belief and value of the individual and HHs and perceived risk)	Use of multiple channels of Influence (one-to-one and groups counseling, Radio, TV, community mobile, community radio traditional & cultural means, clubs, local ba

Figure 1. Socio Ecological Model for SBCC in the context of nutrition



SBCC mainstreaming target audiences listed out based on the above-mentioned Socio Ecological model:

<p>At the individual level</p> <ul style="list-style-type: none"> • Pregnant and lactating mother • Adolescents • < 5 children • Fathers • School age children • Mothers in law/grandmother/fathers 	<p>At the community level</p> <ul style="list-style-type: none"> • Religious and community leaders (men with power) • Traditional leaders • Political leaders at all levels • Teachers • HEWs, AEW, WDAs • Community • Key community influential/community stakeholders
<p>In the implementation/service delivery level</p> <ul style="list-style-type: none"> • Health care providers • Media houses • Implementing sectors (health, Agriculture, Education, women & child affairs, FDA) • Donor agencies /implementing partners • Agriculture development agents • Health Extension workers, • WaSHCO • Social protection workers 	<p>At policy level</p> <ul style="list-style-type: none"> • Policy makers • Parliamentarians • Higher level officials • Nutrition Implementing Sector offices and partners • Ministry of Education • Ministry of agriculture • Ministry of women and child affair • Ministry of Water, irrigation and energy. • Ministry of Trade & industry • ministry of Labor & social affair • Ministry of Health

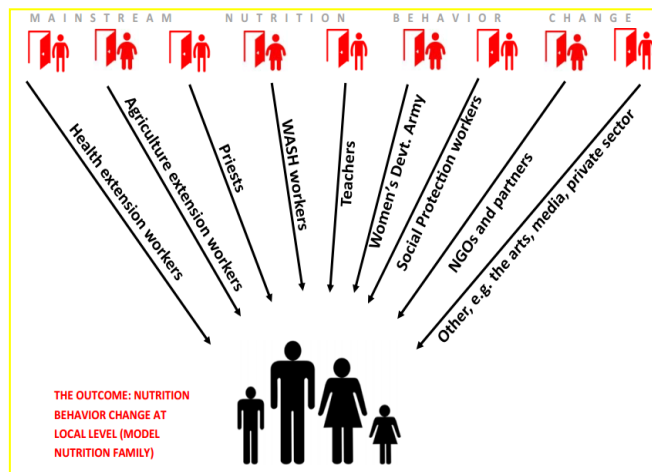


Fig 2 Strategic framework for SBCC mainstreaming adopted from Channels of influence (by Kevin Steele, Big Win Philanthropy)



Reference:

1. Federal Democratic Republic of Ethiopia Food and Nutrition Policy (2018)
2. TOOLKIT for mainstreaming HIV and AIDS in the education sector: Guideline for Development Cooperation Agencies (UNAIDS Jan 2008)
3. Minister of Health: National Health Promotion and Communication Strategy 2016 – 2020
4. Health Communication Material Development Guideline 2018
5. Social Mobilization for Prevention and Control of HIV and AIDS: Behavioral Change Communication (BCC) Material Development Guideline (2009)
6. National Nutrition Sensitive Agriculture Strategy(NNSAA February 2017)
7. The first 1000 days plus public movement strategy (October 2018)