

UNICEF Eastern and Southern Africa Region

# SBC Works!

RCCE response to support  
maternal, infant and young  
child nutrition in the context  
of COVID-19 in Rwanda



© UNICEF/UNI355503/Kanobana

unicef 

**SOCIAL +  
BEHAVIOUR  
CHANGE**

# About SBC Works

SBC Works! shares success stories in Social and Behaviour Change (SBC) from Eastern and Southern Africa. SBC uses research and consultation to promote human rights, mobilize leadership, influence attitudes and social norms, and transform behaviours for the well-being of communities. In UNICEF, SBC is guided by the [Behavioural Drivers Model](#) (BDM)<sup>1</sup> and the [Journey to Health and Immunization](#)<sup>2</sup>, which help diagnose and analyse what drives behaviour, design effective interventions targeting those drivers, and measure the achievements of such interventions in the field.

## The issue

Elimination of all forms of malnutrition features among the top priority areas in Rwanda's strategic policy and plans, in particular the National Strategy for Transformation (NST1) 2017-24 and Health Sector Strategic Plan (HSSP4).<sup>3</sup> However, the COVID-19 pandemic challenged its implementation.

At the onset of the COVID-19 outbreak in early March 2020, consultations with the nutrition sector partners and a review of existing data from available government reports and mainstream and social media reports were undertaken to assess nutrition-related risk communication and community engagement (RCCE) needs in the context of the COVID-19 pandemic. Weekly and monthly reports from community health workers (CHW) were adapted to include opportunities to share feedback on community concerns, myths, and rumours related to nutrition in the context of COVID-19.

UNICEF supported the government in analysing the existing capacity to respond to additional nutrition-related needs, identifying gaps and strengths, and planning and implementing tailored interventions.

- 1 [The Behavioural Drivers Model: A Conceptual Framework for Social and Behaviour Change Programming](#)
- 2 [Journey to Health and Immunization](#)
- 3 [Rwanda Nutrition budget brief 2021-2022](#)



© UNICEF/UNI354883/Kanobana

Findings demonstrated that caregivers were not aware of the guidance on the continuation of breastfeeding in the context of the pandemic and had limited knowledge of safe feeding practices for pregnant and lactating mothers. Pregnant and lactating mothers were not aware of the recommended precautions to avoid exposure to COVID-19 for themselves or their babies. The report also showed that some mothers with suspected or confirmed COVID-19 were separated from their infants during a two-week isolation period, which resulted in some mothers being unable to continue lactating when reunited with their infants.

## SBC Actions

Rwanda had a national RCCE strategy in place that included nutrition-related activities, initially developed as part of the previous Ebola

preparedness efforts and further developed with UNICEF's support in light of the pandemic. Two sub-committees were set up with Nutrition Sector partners and UNICEF under the Ministry of Health (MoH), one focusing on nutrition data management and the other on SBC.

Based on available evidence, nutrition-related RCCE activities were designed to support the maintenance of healthy diets for pregnant and lactating mothers as well as for children under five years of age; encourage the uptake of infection and prevention control (IPC) measures in the context of maternal, infant and young child feeding (MIYCF); provide information on optimal nutrition including breastfeeding and complementary feeding while practising good respiratory and hand hygiene; support the continuity of growth monitoring; and, promote nutrition counselling.

Decision-makers were targeted by RCCE activities at the tertiary level, including Rwanda's Social Cluster which is comprised of Ministers and Permanent Secretaries of relevant Government Ministries, as well as affiliated Directors of public institutions, civil society organizations and the media. Frontline workers, including CHWs and health workers who typically play a role in influencing the nutrition behaviour of caregivers, were the secondary audience. Caregivers and parents were the primary target audience.



Prominent activities included:

- **Development of simplified MIYCN training** that targeted nearly 550 participants, including staff, nutritionists working with CHWs, case management staff and IPC teams. Digital training materials were distributed via WhatsApp and email to frontline health and nutrition workers. Remote training sessions, primarily via Zoom, were then held to discuss key learnings from the training materials.
- **Leveraging all existing channels to disseminate tailored messages, including print and electronic media.** Tailored key nutrition messages and information, education and communication (IEC) materials were developed targeting caregivers and parents of children under two years old as well as CHWs. Printed materials were distributed among HW and CHW and soft copies of the materials were distributed through WhatsApp. This was followed up with virtual/telephone briefings through a MoHWhatsApp group comprising all directors and nutritionists of district hospitals. MIYCF and food safety and hygiene messages were also integrated into the Standard Operating Procedure (SOP) for inpatient and outpatient management of children under five years of age with severe acute malnutrition (SAM). To ensure information reached those with low connectivity, the MoH made use of the Internet of Good Things (IoGT). Nutrition messages were also aired on community radio stations and incorporated into radio dramas.
- **Community feedback and monitoring of SBC interventions:** UNICEF and the Government also partnered with Rwanda Red Cross to analyze feedback through existing complaints mechanisms, track rumours and misconceptions and monitor the reach of RCCE activities.

## Results

The December 2020 report from the Rwanda Biomedical Centre indicated that 100% of frontline health workers, including nutritionists, received the nutrition messages from the posters that were disseminated. A total of 60,000 CHWs were using the IEC materials on nutrition during growth monitoring sessions and household visits. 76% of CHWs felt confident when conducting MIYCF counselling, growth monitoring sessions and home visits during the COVID-19 pandemic because physical distancing protocols were followed. The report also showed that the use of mobile



platforms by CHWs, social workers and nutritionists allowed the dissemination of nutrition-related messages to caregivers and parents.

By the end of May 2020, UNICEF had reached over 3 million people with COVID-19 messages covering infection prevention control measures and access to essential services. Community feedback demonstrated that most caregivers appreciated the radio talk shows and counselling by CHWs regarding how best to feed infants and young children during the pandemic.



© UNICEF/UNI355583/Kanobana

In refugee camps, RCCE activities were monitored on a weekly and monthly basis through reports and participation lists which showed that, by the end of 2020, approximately 8,300 caregivers had received nutrition services, including messages on MIYCF best practices.

A UNICEF video [You can trust these tips from a UNICEF Nutrition Expert](#) which aimed to raise awareness of the importance and benefits of breastfeeding and optimal complementary feeding, generated 69.7k views, 70 shares, and 2.2k likes on Facebook.

These measures enabled the continuity of growth monitoring services, including routine screening for malnutrition, the admission, and treatment of children suffering from severe acute malnutrition and broader MIYCN activities such as counselling on appropriate complementary feeding and exclusive breastfeeding.

## Lessons & way forward

- Nutritionists working with CHWs, case management staff and IPC teams played a critical role in ensuring a high-quality response during the pandemic, particularly in relation to SBC activities. However, despite correct messages having been disseminated widely, limited access to resources, such as face masks, other personal protective equipment (PPE), clean running water, soap and alcohol rub, hindered CHWs from providing timely nutrition counselling.
- Establishing a coordination structure through the development of sub-committees, where roles and responsibilities were clearly defined, was an effective way to harmonise nutrition RCCE and ensure the efficient use of resources.
- Building on existing capacity from previous responses enhanced timely response and helped optimize the impact of interventions. With the nutrition component explicitly embedded in the RCCE strategy, the development of timely and clear guidelines that provided a list of nutrition activities and measures to be taken to ensure safe service provision for CHWs, government and partner staff was enabled.
- Wide dissemination of appropriate evidence-based RCCE nutrition messaging through multiple channels helped to build the capacity of caregivers and parents to protect themselves and their children in light of COVID-19.
- Identifying supporters for RCCE activities on nutrition early in the response, including other ministries, public institutions and civil society organizations, was noted to be a critical element for developing and disseminating harmonised nutrition messages.
- Given movement restrictions and physical distancing requirements, conducting rapid assessments to understand communities' knowledge, attitudes and perceptions in relation to MIYCF in the context of COVID-19 was not possible, and it made developing appropriate RCCE content challenging. The RCCE nutrition needs assessment exercise provided data on gaps in knowledge, attitudes and perceptions around nutrition. Similar exercises focusing on key areas, such as breastfeeding practices, could be of use in the future.

**For more information please contact:**

Natalie Fol, Regional Adviser, Social and Behaviour Change  
UNICEF Regional Office for Eastern and Southern Africa

[nfol@unicef.org](mailto:nfol@unicef.org)  
[www.unicef.org](http://www.unicef.org)

© United Nations Children's Fund (UNICEF)  
December 2022