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SOCIAL AND BEHAVIOR CHANGE COMMUNICATION STRATEGY

Submitted To:

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Agreement Officer's Representative

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SUAAHARA

Building Strong & Smart Families

Save the Children · Helen Keller International · Jhpiego, an affiliate of Johns Hopkins University · Johns Hopkins Bloomberg School of Public Health · Center for Communication Programs · Nepali Technical Assistance Group (NTAG)

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I. Executive Summary

In the last ten years in Nepal, some people have become healthier. But many—especially mothers, children and marginalized groups—still suffer from poor nutrition. Four out of every ten children below the age of five are stunted (a cumulative effect of long-term deficits in food intake, poor caring practices and/or illness).[1] The 2011 Demographic and Health Survey shows that one in three women and five in ten children are anemic, four in ten children are stunted, and that wasting affects one in ten children. With a view toward supporting the Government of Nepal in its effort to improve the nutritional status of women and children under two years of age, in particular to reduce stunting, USAID /Nepal awarded a five year integrated nutrition program--the *Suaahara* project. This project is unique in its approach which entails integrating nutrition, hygiene, agriculture, family planning, reproductive health and child health in order to improve nutrition.

Suaahara's Social and Behavior Change Communication strategy (SBCC) is a key element of our approach to improving nutrition given its importance in the realization of sustainable improvements in nutrition. *Suaahara* conducted formative research that enables describing current infant and young child feeding practices, caregiving practices and hygiene behaviors. The research also identifies families' aspirations for their children as well as barriers and motivators to behavior change in 6 of the 20 districts in Nepal where *Suaahara* works. Behaviors known to improve the nutritional status of women and children were rarely practiced by individuals in this study. Families faced a variety of barriers that prevented them from engaging in these practices.

Understanding what motivates families is important for the SBCC strategy. While *Suaahara's* ultimate goal is to improve the nutritional status of women and children, respondents rarely mentioned this as an aspiration. Rather, they mentioned two motivators: 1) the importance of education in increasing children's opportunities in life, and 2) openness to change. Specifically, across all six study districts, focus group discussions with mothers, fathers and grandmothers reveal a pervasive openness to change and positive outlook on the future. People welcome new information and changes that they see as beneficial for mothers and children and many respondents described changed beliefs and practices related to maternal and child health that they contrasted with those of the past. Parents repeatedly described aspirations to give their children a brighter future by investing in them, particularly in their education. Interest in learning and admiration for those perceived as educated emerged consistently throughout the findings. As with other successful behavior change projects, these themes will be emphasized in *Suaahara's* media as well as during household and community-level interventions.

Two major themes that emerged from research in all six districts were that 1) fathers were not very involved in the everyday lives of their children, often because they migrated elsewhere for work, and 2) mothers-in-law welcomed the social changes happening around them. Given their role in the family (which often overshadows the role of mothers), mothers-in-law can be instrumental in changing behaviors, in part, by serving as positive role models and in part by more fully engaging them in community-based activities.

[1]Nepal Demographic and Health Survey 2011, Ministry of Health and Population, March 2012.

Even with these positive attitudes, many families encounter barriers to practicing nutrition-related behaviors. A few examples are as follows:

- Even though mothers want to breastfeed exclusively for 6 months, many perceived that they do not have enough breastmilk.
- A mother's workload, often exacerbated by the absence of fathers, is a significant barrier to adopting nutrition-related practices such as consuming healthy diets and washing hands.
- There are many misconceptions related to complementary feeding. Mothers perceive food with a thin consistency as easier to digest.
- Perceptions of foods as "hot" or "cold" strongly influence whether they are suitable for mothers or babies, rather than whether they are nutritious.
- Generally, respondents placed greater emphasis on quantity of food rather than quality or variety, describing "filling the belly" as the first priority.
- There is a growing attraction toward market items (though not vegetables) compared to foods produced locally. Parents and grandmothers often described a desire to feed babies store-bought items like biscuits and instant noodles as a way to express love for their children.
- Many parents do not feed their children animal source foods such as meat because of a fear that they can't chew and swallow and could choke on it. Parents don't know how to prepare the nutrient rich food including age appropriate texture.
- There is no negative affiliation with being short (or stunted).
- Pregnancy and childbirth are seen as a regular occurrence and not necessarily needing special nutrition for the mother or baby.

The government of Nepal is working to improve the health of Nepalis, and in fact, has had success distributing iodized salt, Vitamin A, iron folate tablets, de-worming tablets and now, micronutrient powders. However, the government knows that in order for programs to have an impact year after year, communities must mobilize and families must change their health practices. *Suaahara*'s social and behavior change communication strategy (SBCC)—a multi-level approach that includes the harmonization of interpersonal communication, community mobilization, and mass media—helps the government achieve the objectives it established in its Multi-Sectoral Nutrition Plan. *Suaahara*'s communication framework also supports Nepal's national health communication strategies developed under the leadership of the National Health Education Information and Communication Center (NHEICC).

Suaahara's SBCC strategy informs, motivates, demonstrates and supports families in practicing improved household behaviors related to infant and young child feeding (IYCF), hygiene, and timely utilization of health services [Family Planning (FP), Maternal and Child Health (MCH)]. *Suaahara* also aims to increase demand for various services provided through the health system (e.g., safe motherhood, growth monitoring and promotion, nutrition counseling, micronutrients, de-worming). This includes contacts at critical points through health facilities, outreach clinics, via group meetings led by female community health volunteers (FCHVs)/social mobilizers, agricultural and WASH teams, peers and others plus broader media campaigns that will reinforce key nutrition and nutrition behaviors.

At the household level, *Suaahara* will reach out to mothers, mothers-in-laws, and fathers through peer educators, positive deviant role models, FCHVs and other community volunteers, and traditional healers. At the community level, the program will harness community based support groups, local champions, and partnership define quality (PDQ) approaches as well as through community events (existing festivals, life cycle events focused on the first two years of the child, and structured four big day events). At the service delivery level, health service improvements and the promotion of healthy timing and spacing of pregnancies (HTSP)/family planning will be augmented by working closely with pharmacists and with the Health Facility Operations and Management Committees (HFOMCs). PDQ will be used to involve community members and service providers to jointly define and improve health service quality (nutrition, WASH, family planning/reproductive health, etc.). Peer educators will be an important delivery mechanism for some of the integrated components—for example to support desired behavioral changes in family planning.

This multi-pronged approach will allow a range of health and non-health sector actors to make home visits, establish group interaction, allow for one-on-one counseling (using the GALIDRAA approach), and provide an opportunity for modeling the recommended behaviors. GALIDRAA includes the following steps: Greets, Asks, Listens, Identifies problems, Discusses, Recommends, Agrees to act, Appointment. This combination of household, community, and service delivery initiatives will provide a reinforcing effect that facilitates all interpersonal communication and magnifies the impact of these one-on-one interactions. Radio programs will build on the messaging and desired behavior change being promoted at the household and community level and integrate the actors at the household and community level through listener groups, and community interactions. All above approaches will include GESI sensitive and transformational messages to ensure cross-cutting reach to all vulnerable groups.

II. Introduction

Suaahara is a 5 year, USAID-funded project designed to improve the nutrition of women and children in 20 districts in Nepal. *Suaahara* tackles undernutrition by examining the variety of factors that contribute to poor nutritional status including poor dietary intake and poor health status. Healthy timing and spacing of pregnancies is also an important part of the project given *Suaahara's* mandate is to reduce stunting among children and anemia and chronic energy deficiency among women.

Suaahara partners include Save the Children (prime), Helen Keller International (senior technical consortium partner), Jhpiego, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU·CCP), Nepali Technical Assistance Group (NTAG), Nutrition Promotion and Consultancy Service (NPCS) and Nepal Water for Health (NEWAH). The program works closely with the government's Child Health Division (CHD) and National Health Education, Information and Communication Center (NHEICC) as well as the Family Health Division (FHD) and the National Health training Center (NHTC).

Suaahara's SBCC strategy is closely aligned with the Nepali government's priorities and the National Safe Motherhood Child and Newborn Heath Communication (SMNCH) Strategy 2011-2016 and the NHEICC Health Communication Policy. This *Suaahara*–wide strategy is based on formative research

undertaken by the project, trends in nutrition gleaned from the Nepal Demographic Health Survey, *Suaahara's* baseline and global lessons learned on effective SBCC for nutrition. Once finalized, this strategy will be translated into Nepali, adapted to the different regional contexts, and updated on an annual basis to keep abreast of developments in nutritional priorities.

III. Global and Local SBCC Lessons Learned

Evidence from Nepal and global experience shows that communication programs are more effective when the following concepts are considered:

- If we want to change people's behaviors, we need to focus on their aspirations—things people want and hope for. People's belief that they can practice new behaviors and get ahead in life (i.e., self-efficacy)—is critical to bringing about behavior change
- Messages alone don't change behavior
- People adopt new behaviors when they can practice those behaviors over and over again
- It is difficult to change "big" behaviors. It is better to get families to try small, do-able actions
- If we want to change practices, we need to work at all levels.
    - Reach each person through as many channels as possible to maximize public health impact. Use cross-cutting, multi-channel communication approaches that integrate interpersonal communication, support groups and mass media.
    - Improving the quality of services, including interpersonal communication of service providers, can help families practice new behaviors.
    - Home visits help people **think** about how they can adopt the practice, strategize about how to overcome their barriers to change and give mobilizers an opportunity to demonstrate how to practice the new behavior. They are also the most important strategy for getting people to actually adopt the behavior.
    - Group meetings help people **support** each other as they try new behaviors and adopt them.
    - TV and radio can **raise awareness,** model improved interpersonal communication and influence social norms.
- People are more likely to change if they think that others around them are practicing the new behavior. Using 'positive deviance' – or having people who have overcome the same barriers to practicing the new behavior share their stories – is an effective method to influence individual and community actions.
- When people see benefits, they are more likely to continue with the new behavior.
- Counseling is not enough. Communities must **mobilize** to bring about lasting change.
- Solutions must be local.

Suaahara's bottom-up approach is based on the working philosophy that households are the producers of their own health but supportive communities, effective client-oriented services, and an enabling environment are critical. Evidence from SBCC programs consistently shows that practices are more likely to be adopted and sustained if they are compatible with one's current lifestyle and values, advantageous compared to one's current practices, and not too hard to achieve. They are also more likely to be adopted if the benefits of the practice can be observed within one's social network; individuals must see that others who adopt the practice benefit in concrete ways.

In conclusion, *Suaahara*:

- focuses on parents' and other family members' aspirations on behalf of children (and grandchildren)
- targets people who are most influential as the primary agents of change; in addition to mothers, they include mothers-in-law, FCHVs, husbands and traditional healers
- uses messages that align with local context and support local opinion leaders by assisting them in using interpersonal communication to promote change, modeling the recommended behaviors in communication materials and demonstrating optimal behaviors

IV. Overall Suaahara Program Goal

The overall goal of *Suaahara* is to improve and sustain the health and well-being of the Nepali people. Per *Suaahara's* four intermediate results, the program envisions:

- Improved health and nutrition behaviors at household and community levels
- Increased use of quality nutrition and health services by women and children
- Increased production and consumption of diverse and nutritious foods by women and their families
- Strengthened coordination on nutrition between the government and other stakeholders

V. Social and Behavior Change Communication Objectives

In support of the overall program, the SBCC strategy will:

1. Empower families with the knowledge and support they need to practice healthy behaviors including those related to nutrition, healthy timing and spacing of pregnancies, and special care for pregnant and lactating women and children from birth to age two
2. Increase demand for health and nutrition services among these target populations
3. Help families practice small do-able actions that lead to sustained improvements in behavior, and
4. Advocate for national, district and community level attention to improve nutrition during the 1000 day window of opportunity to create a smarter and stronger next generation.

VI. *Suaahara's* Community Mobilization Strategy

Suaahara will help communities mobilize around nutrition. One of the challenges facing any government or other organization committed to improving nutrition is that nutrition may not be perceived by the community as a problem or a priority, in part because malnutrition is seen as the norm. An additional challenge is that malnutrition is most acutely experienced by those in the community who have little or no voice in community decision-making (e.g., social castes, the poor, women, those geographically isolated). *Suaahara's* SBCC strategy is designed to help communities see that malnutrition of women and children is a major challenge and that communities can address and overcome this challenge.

Similar to work on mobilization conducted by Save the Children (Grabman and Snetro, 2003), we will follow 7 stages to mobilize communities to tackle undernutrition. These include the following.

1. Select a health issue and define the community

Both the Government of Nepal and USAID have taken a leadership role in selecting a health issue that must be addressed. *Suaahara* staff have already systematically evaluated existing practices ("the need") that are a priority both globally and nationally, that are effective in reducing stunting, anemia and other forms of undernutrition and that are amenable to change (i.e., feasible).

The 20 districts where *Suaahara* works have the greatest need and poorest practices that are linked to undernutrition. The communities in each district that are worst off will be prioritized through mapping of disadvantaged groups (DAG mapping) and identifying food insecure districts.

2. Put together a community mobilization team

Suaahara's community mobilization teams include 1) community members [HFOMCs, existing groups such as those focused on Infant and Young Child Feeding (IYCF), those dedicated to Early Childhood Development—known as ECD, water users groups and others)] 2) peer educators and outreach workers (including FCHVs, social mobilizers), and 3) field supervisors supported by government officials at the district level, *Suaahara* staff at the district and cluster level as well as staff in Kathmandu who provide technical assistance.

3. Gather information about the health issue and the community

Suaahara has already gathered extensive information about the issues that affect nutrition. This includes a thorough review of existing studies in Nepal, baseline and formative research, DAG mapping, field visits and discussions with local authorities as well as numerous field visits. *Suaahara* will also use a methodology known as TIPs (Trials of Improved Practices)[2] to contextualize approaches to changing nutrition-related behaviors. Information collected includes prevalence of practices known to influence health, barriers and facilitators to behavior change, geography, growing seasons and so on.

4. Develop a community mobilization plan

Suaahara will work with communities to define goals and objectives that will be context- specific. *Suaahara's* SBCC strategy provides overall guidance to communities about behavior change but the specifics about how those strategies will be implemented will be decided upon jointly by community members—especially disadvantaged groups—and field supervisors. This will be achieved through planning, including *microplanning*.

5. Develop teams

Teams include mobilizers and catalysts (group leaders, natural leaders who emerge from the Community Led Total Sanitation process and others), organizers (government staff, LNGO staff,

[2]TIPS is a method to clarify behavior change approaches in communities. At the household level, TIPS-trained mobilizers will 1) figure out what keeps households from practicing a behavior 2) help families choose small behaviors they can try now 3) commit families to action, and 4) monitor progress and provide support

outreach workers, HFOMCs), advocates (local NGOs, DAGs) and service providers (clinicians, pharmacists, traditional healers).

More broadly, teams include such champions as national government structures (NPC) as well as health and non-health sectors (agriculture, education, WASH, health services promotion). *Suaahara* works in close coordination with UNICEF and the World Bank to harmonize *Suaahara's* SBCC plan. This includes memoranda of understanding to foster collaboration, coordination on micronutrient powders and IYCF counseling and sharing of strategies and learning such as those from the World Bank's 1000 Golden Days initiative.

6. Set priorities

The major priorities include the six indicators as specified by *Suaahara* (stunting, wasting and underweight among children, underweight among women and anemia among women and children). As noted previously, communities may not perceive these as important issues. Formative research in *Suaahara* districts suggests that other issues may be perceived as more important including providing children opportunities and getting them ahead in life.

As Howard-Grabman and Snetro (2003) note, community mobilization is not just something done *to* the community but something done *by* the community.

Suaahara's overall SBCC strategy is first and foremost service delivery (including interpersonal communications, delivery of nutrition-related messages and negotiation for behavior change). Events such as global handwashing day and radio play an important supporting role in improving knowledge and norms around behavior change.

VII. Formative Research Findings Overview

The overall conclusion of the formative research conducted under the auspices of the *Suaahara* project was that behaviors known to improve the nutritional status of women and children are rarely practiced. Families face a variety of barriers that prevent them from engaging in appropriate practices. A brief summary of the key findings follows.

Breastfeeding behaviors

Optimal behaviors *Suaahara* will promote are **initiating breastfeeding immediately after birth or in the first hour of life and avoiding giving the newborn anything except breastmilk in the first few days of life.** Findings from this research show that initiation of breastfeeding is delayed, colostrum is sometimes discarded and prelacteal feeds are common. Barriers include lack of information about the importance of these behaviors. *Suaahara* will use community mobilization, GALIDRAA, action cards, peer education and radio to reinforce early and exclusive breastfeeding to negotiate for behavior change.

Exclusive breastfeeding means giving only breastmilk to the infant and no other foods or liquids for the first six months of life. Our findings show that mothers do not feed frequently enough and that they introduce other substances before six months of age. Barriers include mothers' perception

that they cannot produce enough breastmilk, little or no counseling/lactation management, little support from fathers and mothers-in-law and work outside the household. *Suaahara* will implement Trials of Improved Practices to identify actions families can take to breastfeed on demand, reduce mothers' workloads and get them nutritious foods. *Suaahara* will use GALIDRAA, action cards, support groups and peer educators to support women. Health workers, medical shop keepers and traditional healers will receive training in counseling.

Complementary Feeding Practices

Problems with **appropriate and timely complementary feeding** include infrequent and premature introduction of thin, watery foods and the use of animal milk. Unhealthy market foods are provided to the child and only a few types of healthy foods are given (rarely eggs and meat). Community mobilization strategies *Suaahara* will implement include Village Model Farmers to teach families how to grow diverse foods, including chickens, ducks, goats and pigs and positive deviance to show that young children are able to eat and digest eggs and small bits of meat. *Suaahara* will use interpersonal contact to provide information and improve caregivers' understanding of complementary feeding. We will also collect local recipes for foods that are nutritious and tasty. We will use GALIDRAA to commit families to giving meat and eggs, green leafy vegetables and orange fleshed foods. Support groups will help fathers and mothers-in-law purchase then feed meat and eggs. Radio will provide information to counter beliefs about feeding and to establish optimal complementary feeding as the norm. Radio will also be used to give fathers and mothers-in-law the information they need to feed animal source foods to children.

Maternal Nutrition Practices

Mothers should be fed one extra meal during pregnancy and two extra meals during breastfeeding. Mothers receive less food than others. Special or additional foods are not given to pregnant mothers though new mothers are given animal source foods. Food choices are informed by perceptions of "hot" and "cold." Hot and cold do not refer to the temperature of food but rather the characteristics of food that people assign. Too much hot foods or too many cold foods create an imbalance and sickness. VMFs will encourage production of diverse foods. Counseling plus action cards will reinforce eating more diverse foods. One-on-one counseling and groups will be used to encourage giving eggs and meat. Radio will enforce each of these messages and will spotlight individuals who have already done so.

Maternal Health-Care Seeking

With respect to **appropriate and timely care seeking for antenatal care, delivery and post-natal care**, women go to health posts for antenatal care (ANC) but many deliver at home and rarely go for post-natal care (PNC) because of inadequate facilities, shame, work load and lack of knowledge about services. *Suaahara* will promote PNC during celebrations. We will use TIPS to help mothers seek ANC, PNC and health services for delivery. We will negotiate greater sharing of workload between mothers, husbands and in-laws. We will strengthen the IPC skills of health care providers, medical shop keepers and others.

IMCI-Linked-Feeding during Illness

Families should **feed the child as much or more foods and liquids during illness episodes and for two weeks thereafter**. But parents frequently feed children less, especially in the two weeks after

illness. Barriers include lack of time to care for the sick child. Mo*thers and others need information about providing extra, nutritious food during and after illness.* In counseling, field staff and health workers will emphasize the "stickiness" of healthy foods as well as the need to make dal thicker. Positive deviant families will be highlighted. We will give medical shop keepers and traditional healers correct information about feeding the sick child. *We will u*se radio to showcase families that practice these behaviors.

Hygiene and Sanitation

Families should eliminate open defecation. They should wash their hands at critical points. In our study, handwashing was not practiced regularly. Children played on unclean surfaces such as on dirt floors. Family members were apathetic toward cleanliness and felt that soap was expensive. *Suaahara* will mobilize communities through handwashing programs in school, building chicken coops and mats and Community Led Total Sanitation and Open Defecation Free zones. We will use GALIDRAA to negotiate reduced workloads for women and support groups that demonstrate proper hygiene and provide individuals the opportunity to practice handwashing over and over again. In-service training of health workers, medical shop keepers and traditional healers will help them demonstrate handwashing when families seek healthcare. Radio will convey messages about the importance of handwashing and that laundry soap can be used to wash hands.

Family Planning

Families should space births at least two years apart. Couples mentioned injection methods frequently but oral contraceptives and condoms were mentioned only occasionally. Barriers include shyness with health care providers and lack of men's involvement in family planning. Health care providers were unaware of the methods their clients—and in particular, dalits (the "untouchable" caste)—used. *Suaahara* will use action cards to help families address barriers to using family planning. Groups will build the confidence of mothers and husbands about speaking to health care providers. Radio will focus on building confidence to negotiate the use of family planning.

Sources of Nutrition Information

The formative research also explored sources of information for maternal and child health and nutrition. Sources of information were husbands, mothers-in-law, FCHVs, radio/TV advertisements, neighbors, events to raise awareness, traditional healers, community health volunteers and health workers. Interpersonal communication appears to be the most prominent source of information. Contrary to expectation, broadcast media did not feature prominently in any of the discussions.

Suaahara will focus the SBCC activities around strengthening interpersonal communication skills of those who are interacting with families such as mobilizers, FCHVs, traditional healers, government, health providers and journalists and media. The program will also role model improved interpersonal communication within families and between families and those who can support families. An important part of encouraging families to change behaviors is to understand what motivates them. While *Suaahara's* ultimate goal is to improve the nutritional status of women and children, respondents rarely mentioned this as an aspiration. Rather, they mentioned two motivators: 1) the importance of education in increasing children's opportunities in life, and 2) openness to change. As with other successful behavior change projects, these themes will be emphasized in *Suaahara's* media as well as during household and community-level interventions.

Two major themes that emerged from research in all six districts were that 1) fathers were not very involved in the everyday lives of their children, often because they migrated elsewhere for work, and 2) mothers-in-law welcomed the social changes happening around them. Given their role in the family (which often overshadows the role of mothers), mothers-in-law can be instrumental in changing behaviors, in part, by serving as positive role models and in part by more fully engaging them in community-based activities. For additional information from the formative research, please see the complete Formative Research Assessment Report available from *Suaahara*.

VIII. *Suaahara's* SBCC Strategy—Integration and Focus

Over the life of the project, *Suaahara's* SBCC strategy will promote and reinforce the practice of these critical behaviors and others that impact on nutrition during the 1000 Days period. In coordination with NHEICC, *Suaahara* has identified a strategy that supports an integrated approach to nutrition improvement by addressing behavior change needs across this range of critical public health practices: specific IYCF practices; maternal nutrition practices; maternal health, particularly ANC and PNC; hygiene and sanitation; and family planning. *Suaahara* will utilize a phased approach in its SBCC strategy—focusing in on priority behaviors identified to have the greatest potential for change and impact. However, this focus will not exclude promotion and support for a broader range of practices known to have significant impact on nutrition.

This strategy covers years 2-4 of *Suaahara* with more detailed information provided on activities anticipated to be implemented in year two. In year two, the SBCC strategy will focus on the following behavioral areas:

Maternal diet:

- *Give an extra meal to pregnant women and two extra meals to those who breastfeed.*

Infant and young child feeding:

- *Help families wait until six months before giving foods and liquids other than breastmilk—especially avoiding foods and liquids other than breastmilk at 4-5 months*
- *At six months, feed your child thick porridge*
- *Add three things to the baby's diet:*
  - *animal source food such as eggs and meat*
  - *greens*
  - *orange-fleshed foods*
- Practice responsive feeding to encourage the child to eat (exact behaviors to be determined based on TIPS)

Hygiene:

- *Wash hands with soap before feeding the baby*
- *Use floor mats and chicken coops to create physical barriers* between children and animals, particularly animal feces.

Feeding during illness/IMCI:

- *When the baby is sick, continue to breastfeed and give extra food. After baby is better, give an extra meal each day for 2 weeks.*

Family Planning

- *Use a family planning method to delay pregnancy*

Food Processing and Storage

- *Practice solar drying and other forms of post-harvest processing to improve dietary diversity throughout the year*

Early Childhood Development

- *Stimulate child's development and curiosity to "give your child a step ahead in life" (exact behaviors to be determined based on TIPS)*

IX. Program SBCC Strategies with Illustrative Activities

Suaahara's SBCC strategies support district and central level partners including the government as it implements activities at the household and community level. All of *Suaahara's* program components use a core set of behavior change strategies as well as correct, harmonized messages and materials.

In year 2, *Suaahara* will use 5 strategies to bring about behavior change. The specific mix of activities and strategies will be determined by the individual needs of the specific district in which *Suaahara* is working.

1. Individual and group activities using GALIDRAA as well as peer education
2. Hygiene mobilization through Community-Led Total Sanitation and other approaches
3. Promotion of homestead food production to ensure access to healthy foods.
4. Improvement of health facility and outreach clinic delivery of family planning, nutrition and sick child services at multiple contact points using Partnership Defined Quality (PDQ) training and implementation, and
5. Media advocacy through radio and other mediums

These strategies can and will be used across sectors. For example, at the household level GALIDRAA can be used not only to bring about improvements in children's diets but also better spacing of births, handwashing, decision-making and control of resources, reduced workload and so on. Community Led Total Sanitation includes tools that can be used to mobilize communities for improved agriculture. Promotion of chicken coops by Village Model Farmers not only contributes to better chickens but also benefits communities by reducing animal feces in the environment.

The following explains the key strategies for each level of audience. Each activity at each level is described in greater detail in *Suaahara's* individual sector strategies. Annex 3 - *Suaahara* SBCC Strategies and Illustrative Activities – summarizes these approaches.

Household

Household level outreach will be completed primarily through home visits (including the use of action cards and TIPs plus promotion of care-seeking for ANC, deliveries at health institutions and PNC), informal contacts, peer education and homestead food production (including homestead gardens and backyard poultry production).

Generally speaking the strategies to reach families are:

- **Home visits of "1000 days mothers".** *Suaahara* will help communities identify 1000 day families. *Suaahara*-trained outreach workers—such as FCHVs, social mobilizers, peer educators and others with improved interpersonal skills through the GALIDRAA method—will go door to door to discuss and demonstrate improved nutrition and hygiene behaviors and motivate household members to act. Mobilizers will talk to the family about relevant issues.
- **Celebration of key life events and day events:** As mentioned earlier, *Suaahara's* behavior change approach is to link behaviors with aspirations. The program will focus on linking program activities with celebrations of key life events and day celebrations at the household and community levels. The key life events include weddings, baby naming and rice feeding ceremonies. The FCHVs/mobilizers/peer educators will have cards to give the family. At a wedding, for example, this may be information about delaying first birth, good couple communication and starting homestead food production. At baby naming, it may be information about breastfeeding, immunizations and how to make a crib to keep the child away from dirt and at the rice feeding, information on complementary feeding.
- **Homestead Food Production:** *Suaahara* is linking with government agriculture and livestock activities to provide trainings to families on homestead food production, to encourage families to produce their own sources of food and to link those activities with messages on *Suaahara's* key behaviors. As such, household visits by homestead food production beneficiaries will be a key part of the approach.
- **Peer Education to extend the reach of women's group** – It can be a long distance from house to house and too much work for one FCHV to realistically make home visits twice a month or more. From within support groups, interested mothers can serve as peer educators for their nearest neighbors.
    - **Mothers-in-Law (MIL) Peer Educators:** Formative results have shown that having mothers and mothers-in-laws in the same groups can stifle the 1000 days mothers' ability to discuss their challenges. Therefore MIL peer educators will be identified. Tools for reaching MILs will be based on positive deviance. Local groups will select their 'champion' mothers-in-law based on established criteria. Some of the stories of these champion MILs will be developed into pictorial materials to be used among other groups and disseminated through community and media channels.
    - **Male Peer Educators:** *Suaahara* will work to identify interested tea stall owners to become peer educators for the program. For men who migrate, they can help build linkages to the families they leave behind for better support of their wife and baby. They can emphasize the image of the progressive man as the one who helps his wife and takes better care of his baby from the initiation of the first 1000 days.

Sample tools for reaching households are:

- 'Overcoming the barriers' action cards. These action cards were incorporated into the Essential Nutrition Actions/Essential Hygiene Actions (ENA/EHA) trainings rolled out in 2012.
- Other tools (e.g., nutrition wheel) and demonstration techniques that will help mothers and caretakers prepare and feed children (for example, by illustrating how feeding practices can promote social interaction between children and caretakers, how such practices can be made more fun, etc.)
- Action reminder cards for families.
- Key Life Event Celebration cards, celebration-specific information

Community and Ward

Suaahara uses peer education and interpersonal communication through social mobilizers, FCHVs, community health volunteers and health workers to support families in practicing new/improved behaviors. There will be three cadres of social mobilizers: *Suaahara* LNGO partner **field supervisors,** local government and LGCDP community development program **social mobilizers** and **community facilitators** (from V-WASH CCs, forest users' groups, water users' groups, etc.). *Suaahara* will provide social mobilization skills training, refresher nutrition training and mentoring to all three cadres.

- **Women's group meetings with existing groups where possible or new groups where needed.** Women's groups are a proven strategy for facilitating discussion, demonstration and helping women and families overcome local barriers to practicing improved behaviors. In *Suaahara's* women's groups, women will help people support each other as they try new behaviors and adopt and maintain them. They will also incorporate radio program listening and discussion into their activities. The 1000 days mothers' groups (also called IYCF Groups) will be facilitated by trained FCHVs/social mobilizers using participatory methods where the groups discuss their own aspirations for their families/children and barriers, and then devise and act on local strategies to improve health/nutrition habits and increase homestead food production. The facilitator will utilize GALIDRAA counseling and TIPS methods with their neighbors. Within these groups, the facilitators will also demonstrate key behaviors such as how to prepare food for an infant, how to feed animal source foods to an infant, how to start a garden, etc. These activities will also build self-efficacy of the mothers and caretakers, and emphasize that now everybody can be educated on how to better take care of the baby to ensure its proper mental and physical development. *Suaahara* will also work with existing groups such as those dedicated to early childhood development. Through another program, Save the Children has already formed many ECD groups in many districts. Where this makes sense, *Suaahara* will incorporate its approaches and messages into these groups.
- **Implement Community-Led Total Sanitation (CLTS) to achieve Open Defecation Free (ODF) zones.** The CLTS and ODF methodologies have been very successful and are being fully supported by the government. *Suaahara* is continuing these efforts. The SBCC team has done an assessment of existing methods and materials and will 1) incorporate findings about aspirations into existing program approaches and 2) support BCC materials development that use the positive deviance methodology—collecting stories of families, especially of marginalized populations, who had benefited from using latrines and are proud of a clean environment in their home—and packaging the stories in a way that they become part of community-level sharing and activities.

- **Create Homestead Gardens and Village Model Farms** —The goal is to increase locally available nutritious food and household consumption, rather than income generation. The program will work with trained resource persons to promote homestead gardening and create village model farms, using local seeds and inputs, if possible. Poultry/animal production will be incorporated into the home gardening efforts. One of the major challenges where *Suaahara* works is that there are limited numbers of healthy fruits and vegetables at any given time. Agriculture extension workers will help families and communities preserve fruits and vegetables for home use. The program is giving chicks and seeds in some districts as well as targeted interventions for the landless.
- **Help ward committees and LNGOs** support the government's work in agriculture, health services promotion, nutrition and WASH. Strengthen their capacity for ward and community level, results-based decision-making and follow through.
- **Reaching out to schools.** Work with schools to form school-based gardening clubs to grow fruits and vegetables. Also work with teachers to supervise the activity and encourage fun interactions with students on the issue. Through school activities, *Suaahara* will emphasize household environmental cleanliness to prevent infections so students can then transfer this knowledge to their parents.
- **Implement participatory community theater and other local folk media activities and events.** Use entertainment education methods to inspire local discussion of integrated nutrition issues and help communities make commitments to improved practices. This forum helps to engage mothers-in-law and husbands in the discussion and gives an opportunity to model positive behaviors.
- **Using Positive Deviance/Hearth to reduce sickness in children.** This strategy will be developed in year 3. The outcome of interest may be reduced sickness and/or positive child development as discovered during *Suaahara's* formative research. We will also encourage positive deviant mothers who have already overcome barriers to practicing healthy behaviors to share their stories with others facing similar constraints.
- **Help communities lobby for VDC block grants**—The government has funding available for interested communities at the VDC level. *Suaahara* will help communities access and implement those funds for gender equity and social inclusion (GESI) and health/nutrition-related projects—especially for sanitation.
- **Implement cooking demonstrations** that frame foods in terms of their local availability, nutritional qualities, ease of preparation and good taste. We will use local demonstrations to show that feeding chickens and eggs as well as locally available nutritious food to children is a healthy practice, and reinforce this message through traditional healers, religious leaders, and FCHVs.

Tools designed for *Suaahara's* group and community mobilization include:

- Guidelines on how to facilitate mothers' groups and how to conduct effective demonstrations and interactive games. *Suaahara* will pilot test using action cards—now used at the household level—in group settings. Additional interpersonal communication materials will be developed based on need.
- Radio program discussion guides.
- For CLTS/ODF – Support materials development based on positive deviance.

- For Village Model Farms – Ensure that there are simple tools which help farmers start gardens and livestock cultivation. Working with the government, *Suaahara* has already developed calendars farmers can use to determine when to plant healthy crops.
- Guidelines on how to apply for VDC block grants.
- Guidelines for teachers for fun activities, games, songs and how to start a school garden.

VDC/ District/Health Facility

- *Suaahara* will work at the ward, VDC, district and national level to promote nutrition activities. *Suaahara* will support the MSNP-mandated district and VDC Nutrition and Food Security Steering Committees (NFSSC), which will coordinate and oversee various nutrition programs in their respective areas. Additionally, *Suaahara* will assist VDCs to mobilize funds allocated for nutrition and sanitation to ensure sustainability of program activities. They will also work with government to roll out ENA+, support Nutrition and Food Security Steering Committees, advocate for using local funds to support nutrition, and use media to improve knowledge and change norms. One example of integration is having clinicians demonstrate handwashing to mothers during clinic visits.

SPECIFICS

1. **Work closely with Government:** *Suaahara* will work closely with VDC and DDC committees as well as the representatives of relevant agencies such as local development, agriculture, WASH and health to coordinate efforts. Where possible, *Suaahara* will ensure that there are resource centers or persons for each of the above and that their contact information is widely available.
2. **Facilitate Access to VDC and DDC Block Grants:** Work with communities, VDCs, DDCs to facilitate block grants on nutrition, agriculture and sanitation, particularly among marginalized groups.
3. **Strengthen the Relationship between Service Providers and Communities for increased service access and improved quality:** Use PDQ to improve the care families receive at health facilities/clinics.
4. **Strengthen providers' Interpersonal Communication Skills:** Provider attitudes continue to be a barrier for service access. Providers are extremely busy and can be overburdened, but they are also missing opportunities to discuss key issues. *Suaahara* will strengthen providers' interpersonal communication skills related to nutrition, healthy timing and spacing of pregnancy (HTSP), integrated management of childhood illness (IMCI) and hygiene. The project will also develop simple, memorable visual aids for the providers to use in counseling. Given how busy providers are, *Suaahara* will encourage them to model optimal behaviors (and in particular, handwashing) and incorporate messages as they do so. This takes no additional time on the part of the provider and lets families see that an "authority figure" is practicing good behavior.
5. **Reach out to traditional healers and pharmacists:** The data have shown that traditional healers and pharmacists are the first contacts when families seek help for illness. The program will identify these healers and pharmacists and provide training and incentives. *Suaahara* may also pilot an existing texting system to keep them up to date with the latest information via mobile.

Sample tools designed for *Suaahara's* group and community mobilization include:

- Interpersonal communication job aids for health providers to help them integrate key messages into their existing client contacts (ANC/PNC/immunization visits).
- BCC material to serve as a reminder for providers to discuss HTSP.
- Training guide for working with pharmacists and traditional healers

Overarching Initiatives Supporting *Suaahara* at all levels

The *Suaahara* SBCC approach will:

- **Ensure a harmonized integrated SBCC strategy** - The SBCC team, in coordination with the SBCC working group and NHEICC's Information, Education and Communications (IEC) and BCC technical working group, will ensure that the guides, materials and media are community-focused, accurate, consistent, of high quality and take GESI into consideration.
- **Coordinate and collaborate with the government, especially NHEICC, and other donors and INGO partners** - Ensure nutrition and nutrition-related activities are included in each ministry's plans and budgets. Ensure coordination and message consistency with the World Bank and UNICEF, among others.
- **Campaign Branding and Creative Approach** - *Suaahara* will have an overarching platform that ties all activities together through a brand and creative approach, for example, through a localized media campaign to 'create a buzz' about nutrition and hygiene and promote new social norms through radio spots, mobile phone messaging, print materials, etc. The campaign will utilize nutrition champions such as famous persons if possible. It is anticipated that the Phase I campaign primary intended audience will be mothers-in-law and husbands.
- **Localized radio entertainment education** (EE) Characters in *Suaahara's* serial dramas will model improved interpersonal communication, improved self-efficacy and key positive behaviors. The radio programs will be produced in Nepali and local languages and appropriate to the listener's culture and situations. The format will include two programs a week for 26 weeks. Each week will include one 30-minute variety-show with drama, hosts, community interviews and songs. Listeners will be invited to call or text in and discuss specific issues or tell their stories. Those discussions will be recorded and edited into a 'live recorded feedback' program aired later in the same week.

X. Illustrative Creative Briefs

In order to gain greater clarity into some of the initial focus behaviors, the following section analyses each behavior's barriers and facilitators, primary and secondary audiences, communication objectives, key benefits and support points. The following section is illustrative. A process will be implemented to develop briefs that pertain to all of the behaviors of focus in the SBCC strategy. At the end of this section an exhaustive list of additional behaviors are identified. These include 30 behaviors related to WASH, homestead food production, healthy timing and spacing of pregnancies, nutrition and health service utilization (MCH). In consultation with USAID, *Suaahara* will choose from among the 28 behaviors those that should be the focus of years 3-5. These will then be phased in.

1. Give an extra meal to pregnant women and two extra meals to those who breastfeed.

According to the Nepal 2011 DHS, 18% of women are malnourished, and women's nutritional status has improved only slightly over the years. Thirty-five percent of women age 15-49 are anemic. *Suaahara's* formative research adds to the existing literature in Nepal on maternal nutrition, suggesting these women are not getting the extra nutrition they need for themselves and their babies.

Barriers and facilitators:

Barriers:

- Despite awareness about the need for extra food during pregnancy, many mothers said they do not change their diets when pregnant. Communities perceive that feeding practices during this time depend on household income and they are not prioritized.
- Breastfeeding mothers are usually given extra foods after delivery but for a very short time (e.g., 15 days).
- Traditional food categorizations of "hot" and "cold" play a role in determining what is acceptable for women to eat—and some nutritious foods, such as leafy greens, are perceived to cause miscarriages or pneumonia. Depending on the area, prohibited foods include cow/buffalo milk, pumpkin, greens and fish. Common acceptable foods include soup (including chicken soup), beans, ghee and some grains.
- The mother does not always choose what she eats, how much or when, as this decision is often dictated taken by the mother-in-law.
- Beer is generally seen to be good for the mother during pregnancy and after delivery, when it is perceived to provide warmth and serve as a pain reliever.
- Traditionally, women eat last within the family and therefore have the leftovers which often do not contain meat or vegetables.
- Communities perceive that nutritious foods need to be bought instead of locally harvested. Taste preferences lean toward market foods (e.g., packaged noodles).
- In the western hills, interest in agriculture is decreasing and therefore fewer nutritious items are available locally and must be bought, such as livestock and eggs.

Facilitators:

- In general, animal source foods are considered nutritious for mothers after delivery.
- People generally agree that the quantity of food should increase and the food items should contain 'vitamins' during pregnancy and after delivery. They are aware that items such as yellow fruits, milk, meat, egg, beans, etc., contain vitamins.
- Providing new mothers with animal source food in the post-delivery period is a social tradition or norm in some areas, though it lasts only for a couple of days or weeks. The most common animal source protein after delivery is chicken meat, soup and ghee. Milk is also provided.
- Some households grow vegetables when a married woman in the house gets pregnant, and cultivate kitchen gardens.

- People believe that the diet of breastfeeding mothers affects children's health, disease, and immunity as well as breastmilk production.
- FCHVs, mobilizers and trained traditional healers are trusted sources of information and can help influence a family to provide more nutritious food for pregnant and breastfeeding women.

Primary Audience: Pregnant and breastfeeding mothers

Desired behavior:

- When pregnant, eat one extra meal
- When breastfeeding, eat two extra meals, and continue this practice until you stop breastfeeding when the baby is two years old
- Include a combination of green, orange and yellow fleshed foods and some eggs or meat to meals

Secondary Audience: Mothers-in-law, fathers, and FCHVs/community mobilizers/traditional healers

Desired behavior:

- Support pregnant and breastfeeding women in their need to be prioritized during meal time and encourage them to eat one extra meal a day when pregnant and two extra meals a day when breastfeeding
- Support families' cultivation of kitchen gardens and poultry farming. Use this food for pregnant and breastfeeding mothers and children
- Share information about the benefits of adding green, orange and yellow fleshed foods and some eggs or meat to a pregnant and breastfeeding woman's diet.
- Share recipes and cooking techniques that help make locally available foods tastier and more appealing
- If the husband is away for work, encourage a network of family support for the pregnant and breastfeeding woman so she can eat a variety of food more often every day

Communication Objective: With increased knowledge about the frequency and quality of food to be eaten during pregnancy and while breastfeeding, combined with increased self-efficacy, motivation and support from the family and community, women will consume more nutritious foods more often.

Key Benefits:

- Eating extra meals with green, orange and yellow fleshed foods and some eggs or meat during pregnancy and while breastfeeding will provide energy to the mother and baby, and give the baby a good start in life
- By encouraging pregnant and breastfeeding mothers to be healthy and strong and supporting them to eat extra food with vitamins, you are investing in your baby, your family and a good life in the future
- Eating locally available brightly colored vegetables and fruit, eggs and meat help to give your baby the nutrients she needs to be strong and smart

- Continuing the practice of eating two extra meals while breastfeeding for the entire duration (until the baby is two years old), is an investment in your child's future and education since their brain will develop to the fullest
- Eating diverse foods makes your food more tasty and helps everyone in the family be healthier, smarter and stronger
- We can find diverse foods locally. Vegetables and fruits including a variety of crops can be grown in the kitchen garden and empty spaces nearby. This saves money
- You know if you have diversity in your meals if there are different colors of food on the plate – something green, white, orange/yellow and brown

Support Points:

- Mothers who are breastfeeding will provide more nutritious milk to their babies when they eat two extra meals a day with the right food, which includes some green, orange and yellow fleshed foods and some eggs or meat
- When mothers who are pregnant eat an additional meal a day with a variety of foods they are helping to protect their babies from illnesses after delivery
- A healthy mother means a healthy baby
- Families who now cook only two types of food can add one more type.

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2. Add three things to the baby's diet: animal source food such as eggs and meat, greens, and orange-fleshed foods

Even though women and families know that vitamins are important, children are not fed a variety of foods when they are less than two years of age. According to the Nepal 2011 DHS, only 17% of breastfed children ages 6 to 23 months age ate meat, poultry or fish and only 8.8% consumed eggs. Among this group, 28 percent were given foods from four or more food groups in the 24 hours preceding the survey. Only 21 percent of children residing in the Terai were given foods from four or more food groups, compared with 36 percent of children living in the hill zone. Children living in the Western region and Western hill subregion, children of mothers with a School Leaving Certificate (SLC) or higher and children from the wealthiest households were more likely than their counterparts to receive foods from four or more food groups.

Barriers and facilitators:

Barriers:

- Children are not offered meat and other animal source food (e.g., eggs) because of a belief that they cannot digest them
- Mothers are often back to work soon after delivery and so children are left to their own devices or are in the care of older caretakers. Mothers or caretakers often provide biscuits or instant noodles to stop babies from crying
- Food such as instant noodles, biscuits and cheese balls are cheap, readily available in the market

and convenient to prepare. Also, these products have enhanced taste and are advertised as nutritious

- Animal source foods are perceived as expensive despite being considered tasty and nutritious

Facilitators:

- Despite the rationale against feeding meat and eggs to children, feeding meat to children is an aspiration among mothers.
- The foods mothers identified as nutritious include meat, eggs, vegetables and fruit (but they also aspire to feed other foods such as noodles, Horlicks and chocolate whose food value for children is minimal).

Primary Audience: Mothers and caregivers (Mothers-in-law, other family members)

Desired behavior: Add three things to the baby's diet: animal source food such as eggs and meat, greens, and orange-fleshed foods

Secondary Audience: Fathers and community mobilizers

Desired behavior:

- Support mothers and other caregivers and encourage them to add three things to the baby's diet: animal source food such as eggs and meat, greens, and orange-fleshed foods
- Support families' cultivation of kitchen gardens and livestock or poultry farming, if possible, and use these sources as complementary foods
- Spread information about the positive benefits children eating green or orange fruits and vegetables and some eggs and meat
- If the husband is away for work, encourage a network of family support for mothers so they can feed their child healthy foods
- Prioritize spending household income to purchase a small amount of eggs or meat for the child.

Communication Objective: Mothers and caretakers will feed their children more nutritious foods more often when they have:

- Increased knowledge about the benefits of animal source foods, leafy greens and orange vegetables and fruits
- Increased self-efficacy
- Motivation and support from the family and community

Key Benefits:

- Spending household income on animal-source foods, leafy greens and orange vegetables and fruits is an investment in the children's future because their brain will develop to the fullest
- Feeding your child animal-source foods, leafy greens and orange vegetables and fruits will provide them with the nutrients they need to develop and do well in school later on

- Using locally available foods such as chickens and eggs and vegetables and fruits will save you money while providing your children with a good start in life
- Giving your children a healthy, good start in life will save you money because you will visit the health clinic less often

Support Points:

- Foods such as chicken and eggs, leafy greens and orange vegetables and fruits can be produced through kitchen gardens and poultry farming or found locally
- If you need to buy some of these foods, they are an investment in your child's future
- After six months of age, children can digest a little meat, fish, eggs and vegetables and fruit, as long as they are mashed so they can swallow easily
- It is important to help the child enjoy the time he/she eats so that he/she looks forward to meal time
- Change the types of food provided to a child; otherwise, the same food will be boring and there will be no change in the taste of food given
- Children who begin eating animal source foods, leafy greens and orange vegetables and fruit at 6 months of age tend to do better in school when they are older because their brains benefit from the additional nutrients
- Eating from the four food groups will increase the body's access to vitamins and immune power and will make the child grow smarter and stronger.

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3. When the baby is sick, continue to breastfeed and give extra food. After baby the is better, give an extra meal each day for 2 weeks.

Awareness among mothers, fathers, and grandmothers about the need to provide extra, nutritious food during and after illness was also low. In the case of diarrhea, people were aware of the importance of liquids and oral rehydration therapy, in particular about feeding Jeevan Jal, and their main concern was for the sick children to return to normal health. When people give extra food during child illness, they often stop the extra effort as soon as the child is better, rather than continuing for an extra two weeks to build up the child's strength.

Barriers and facilitators:

Barriers:

- Mothers and other caretakers lead busy lives and sometimes may not be able to provide care for their sick children
- Mothers and caretakers do not know how to address sick children who lose their appetite when ill
- Because of perceptions about the negative effects of certain foods, sick children are often given less food than at normal times

Facilitators:

- People, especially mothers and grandmothers, still visit traditional healers who can provide correct information on the care of sick children if they are trained
- People love their children and want them to be back to the way they were before they got sick
- Mobilizers, traditional healers, FCHVs and other health providers can share positive information that will help the family make better decisions

Primary Audience: Mothers and caretakers

Desired behavior:

- When the baby is sick, continue to breastfeed and give extra food.
- After the baby is better, give an extra meal each day for 2 weeks.
- Follow up visit in health facilities/ORC to assess progress or for additional care

Secondary Audience: Fathers, FCHVs and traditional healers

Desired behavior:

- Support mothers to continue to breastfeed; everyone should give extra food when the baby is sick and for 2 weeks after the baby is better
- Support the mother by helping her with her workload so she can care for the sick baby
- Provide information about or demonstrate to the mother how to feed babies who lose their appetite when sick
- Take the baby to a provider if needed

Communication Objectives: When mothers have the knowledge, motivation, self-efficacy and support to care for their sick children, they will continue to breastfeed and give extra food when the baby is sick, and an extra meal each day for two weeks after the baby is better. Also to communicate the link between infection and malnutrition--promote accessing appropriate health care together with focusing on additional feeding

Key Benefits:

- When you contine to breastfeed and give extra food when the baby is sick, and an extra meal each day for two weeks after the baby is better, you will help your baby recover faster, and grow healthier, smarter and stronger

Support Points:

- Helping mothers with their workload when the baby is sick allows them to give their babies the extra nutrients they need to get well faster and avoid costly visits to the health clinic
- Because sick children do not want to eat much at one time, it is important to frequently feed them breast milk and small amounts of complementary food so that they do not lose as much energy due to sickness
- Talk to your child when you feed him. Tell him a story about your family or encourage your child to play with his toys. This will help the child eat more and become smarter

4. Wash hands with soap and water before feeding the child

According to the Nepal 2011 DHS only about half of households had soap and water at the place where household members washed their hands While soap and water were very common among households in the highest wealth quintile, this was not the case for poorer households. This points to a strong need to encourage and showcase the benefits of washing hands with soap before feeding the child.

Barriers and Facilitators:

Barriers:

- There is no concept of something being dirty if it looks clean – no germ theory
- According to the formative research, the most common barriers included the perception that soap is expensive and unavailable at hand washing locations
- Other common barriers include a lack of water and non-use of water during cold weather
- People believe that hand washing with water alone is enough to be clean

Facilitators:

- People want their children to stay healthy and to be smart
- Participants use soap in the household to wash dishes or to wash clothes and have pieces of soap that can be used to wash hands
- Water is described as necessary to clean the hands, and in the formative research was considered to be available in households in all districts except Bajura (especially because Martadi and nearby areas where water supply was poor was included in the study)

Primary audience: Mothers and caregivers (including mothers-in-law)

Desired behavior: Always wash hands with soap and water before feeding the child or eating

Secondary audience: Fathers, FCHVs, social mobilizers, and other caregivers

Desired behavior: Encourage and support the mother and other caregivers to always wash hands with soap and water before feeding the child

Communication Objective: With access to soap and water, motivation and a proper understanding of the benefits to the infant, mothers and caregivers will initiate hand washing with soap before feeding the child.

Key benefit:

Washing your hands with soap and water before feeding your baby will:

- Ensure they are healthy now and in the future
- Help them be free from diarrhea
- Make your child alert, active and strong
- Give you peace of mind as your child will not become sick from diarrhea

Support points:

- Pieces of soap you use for washing dishes or clothes can be used to wash hands
- You can use a small amount of water to wash hands before feeding your child and this small amount of water can be easily managed
- Using soap cleans your hands much better than just water
- Your hands might look clean but they are not
- If you always wash your hands with soap before feeding your child, you can reduce the number of times she gets sick by half

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1. Create a barrier between the child and the floor

Evidence exists that stunting, and the long-term cognitive deficits caused by stunting, is strongly related to gut permeability and injury (also known as environmental enteropathy).[3] According to these studies, the contribution of water, sanitation and hygiene interventions to stunting have been underestimated because the impact was modeled entirely through the incidence of clinical diarrhea. Ingesting chicken waste and other fecal matter and debris causes tropical enteropathy and makes the body less able to efficiently absorb nutrients. Infants and children left on the floor are liable to pick up and put what they find on the floor in their mouths. This includes chicken waste as chickens are allowed to run freely. A simple barrier, such as a locally made mats, can help prevent these kinds of ingestions.

According to the formative research, the practice of living alongside cattle and poultry is pervasive and children are exposed to feces, germs, and dirty water on a daily basis. Different communities and families have different definitions of what it means to be 'clean.' FCHVs, Health Post officials and VDC secretaries mention the apathy of households towards cleanliness of their surroundings.

Barriers and Facilitators:

Barriers:

- Chicken and dogs roam freely around the households.
- Mothers are very busy and they leave children on the floor as they rush about to complete their household chores.
- Living in less than sanitary conditions is a way of life for many people and social norms within representative communities make it difficult to address household-based hygiene.

Facilitators:

- Straw mats are locally made and used
- Some families raise chickens in coops
- Families are embarrassed when their chickens roam into their neighbors' fields, households and create a mess there

Primary audience: Breastfeeding mothers and caregivers of the child

Desired behavior: Use straw mats or any mats as a barrier between the child and the floor.

Secondary audience: Grandparents, and other caregivers

Desired behavior: Encourage and support the mother to use a mat as a barrier between the child and the floor.

Communication Objective: With motivation and support and an understanding of the benefits to the infant, the mother and other caregivers will use a barrier (mats) when putting the child down on the ground.

Key benefits:

Creating a barrier between your baby and the floor will:

- Keep the baby cleaner
- Keep the baby away from dirty things they might eat and get sick and harm their mental development
- Keep the baby healthy and happy and help the baby be on its way to be smart and strong
- Give you peace of mind since the baby in healthy and happy

Support points:

- Babies might eat the dirt found on the ground and get sick by eating it
- If the baby eats chicken waste, this will harm the baby's health and mental development, so the child will not do well in school
- Straw mats are typically available in communities and you can create a easily create a barrier children and waste
- Other things we can do to keep children from getting sick are raise chickens in coops, keep babies away from animals like dogs, cats, cows, goats, etc., keep baby away from human and animal feces, manage animal and human feces properly (use toilet, garbage pit, etc.)

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While the briefs above illustrate some of the key behaviors *Suaahara* will focus on in the first implementation phase of the SBCC strategy, briefs will be developed for the other areas of focus as well.

Additional behaviors related to water and sanitation

- Hand washing with soap at critical times (after defecation or handling feces and before preparing food and eating)
- Use only treated or safe store water for drinking. Water can be purified by boiling, filtering, chlorination and SODIS (solar disinfection)
- Properly store and handle food to prevent contamination
- Use the latrine

Homestead Food Production

- To be healthy, an adult should take a full bowl or 3-4 full ladles of various green and orange vegetables with meals every day. For that purpose, plant a minimum of 6-7 types of nutritious vegetables, i.e., carrots, pumpkins, spinach, methi, latte, susaag, etc. in each season.
- Make enough compost and organic fertilizer (animals' dung) to use for growing vegetables, keep it under cover (a temporary shed) in order to protect it from sunlight and rainfall. Similarly, do not leave the fertilizer open. Mix the fertilizer immediately with the land when spreading it
- Collect used water in the home to use for the kitchen garden
- Use homemade or organic pesticides to avoid problems with insects and crop diseases. To make organic pesticides, mix a solution of Nim, Bakaino, Papaya, Mango, Guava, Asuro, Tomato, Tobacco, Tite- Pati, such as Bojho, Timur, Kerosene, Garlic, Chilly, Cow Urine, Pieces of Soap, Water, etc., and sprinkle on vegetables in the farmyard for 1-2 days in summer and 3-4 days in winter.
- Raise hybrid chickens, i.e., Black Astra-lop, New Hampshire and Giriraj. Likewise, keep local hens so that they produce baby chickens
- Locally produce nutritious poultry-feeds for hens to increase egg production
- Keep chickens inside well-ventilated coops to protect them from wildlife and excessive heat and rainfall
- For more information and services, please contact your VDC office, Agricultural Service Center, Livestock Service Center and Local Resource Person on Food Security in your area

Healthy Timing and Spacing of Pregnancies

- For a couple that wants to become pregnant - for the health of the mother and baby – wait at least 2 years before trying to became pregnant again. Use the family planning method(s) of your choice during that time
- For a couple that desires a new pregnancy after miscarriage or abortion – for the health of the mother and baby – wait at least six months before trying to become pregnant again. Consider using a family planning method of your choice during that time
- For adolescents – for you and your baby's health – wait until you are at least 20 years old before trying to become pregnant. Consider using family planning methods of your choice until you are at least 20 years old

Nutrition

- Breastfeed in the first hour of life
- Give only breastmilk to your child in the first six months. It is enough for the growth and development of your child
- When you give only breastmilk, your child gets smarter
- At 6 months, start giving other foods in addition to breastmilk. Beginning at 6 months, breastmilk alone is not enough to make the child strong

- Smoke keeps your child from developing to her full potential. Avoid smoking around the baby and if at all possible, avoid smoking altogether
- Use a smokeless stove. If you do not have one, see your FCHV or community mobilizer
- When you and your husband use family planning, your child is healthier because he gets the foods and care he needs. When you have lots of children, it is difficult to provide these

Health service utilization (MCH)

- Get antenatal care from your clinic at least 4 times while you are pregnant
- When you deliver, go to the nearest health facility
- Get postnatal care in the first 2-3 days after the baby is born. Make sure you go for at least 3 postnatal visits
- Complete your child's vaccinations and make sure her growth is monitored
- Refer the sick child for care
- Take iron tablets as recommended by FCHVs and the clinic
- Take de-worming tablets
- Make sure you get a referral if you need extra help. You can get better health services that way. This is really important if you have a complication during pregnancy, when your child is very sick and for immunizations

XI. Monitoring

Suaahara proposes a comprehensive, yet efficient monitoring and evaluation approach that uses a culmination of a) formative research b) the regular monitoring of program activities and intermediate outcomes to track progress toward meeting program results and inform ongoing project management, and c) quantitative impact evaluations to assess the overall effect of programs.

The M&E objectives and indicators listed here are based on the performance monitoring plan, and while not exhaustive, were selected to illustrate a multilevel, domain-oriented strategy that supports the key indicators associated with the first two years of the *Suaahara* project. Following is a list of key SBCC process and outcome indicators that will be incorporated into project-wide monitoring:

Workplan #	Task	Input indicators & sources	Output indicators & sources
A1a - Management	New staff hired	HR paperwork completed	New staff report to work
A2 - Capacity	# of LNGO, government and other partners trained in communication. District SBCC plans developed and implemented	Workshop reports and attendance records SBCC district plans disseminated	

A3b – Formative Research	Formative research results disseminated	Research report Tracking of hard copy distribution, email distribution via workshop	
B1- SBCC Working Group	# of SBCC working group meetings held	SBCC meeting minutes Attendance records	
B2 - Campaign	Campaign concept developed, tested and finalized Campaign radio spots developed, tested and finalized Radio campaign rollout Disseminate nutrition knowledge and promote behavior change Encourage interpersonal communication Enhance message exposure Promote attitude change regarding stunting Produce radio magazine drama design document Train radio producer Air radio show	Concept notes finalized Media plan developed # Radio and TV spots aired Targeted evaluation Design document Workshop reports Producer training held and shows aired Media plan Conduct targeted campaign evaluation	Proportion of primary audiences who know two or more practices (or practice one or more behaviors) that improve nutritional outcomes in pregnant women, infants, and children under 2 years Proportion of primary audiences who have discussed ways to improve nutritional outcomes in pregnant women, infants, and children under 2 years with friends or family Proportion of primary audiences who can recall program messages and materials on improving nutrition Percent of audiences in target districts who believe that it is possible to improve childhood stunting through a few simple actions Proportion of primary audiences who know two or more practices that improve nutritional outcomes in pregnant women, infants, and children under 2 years Proportion of primary audiences who report practicing one or more behaviors that improve nutritional outcomes in pregnant women, infants, and children under 2 years Proportion of primary audiences who have discussed ways to improve nutritional outcomes in pregnant women, infants, and children under 2 years with friends or family Proportion of primary audiences who can recall program messages and materials on improving nutrition Percent of audiences in target districts who believe that it is possible to improve childhood stunting through a few simple actions
B4 National Media Advocacy	News stories on newspaper, radio, TV at national level produced	Media monitoring K4H electronic media Tracking software # of news stories on newspaper, radio, TV at national level that mention nutrition themes	

B5 Public Private Partnership	Enhance working relationship with private sector partners	Tracking of project cost-share	Money obtained through cost share
B6a KM Sharing Portal	KM portal up and running	Google Analytics # of visitors #s of documents uploaded and downloaded Time spent on the site	
B6b Webinars	Webinars held	# of participants # of unique organizations that participate # of countries that participate # of additional nutrition resources that are uploaded following the webinar sessions	% participants who report that the webinars were helpful
C 1 District Cluster Level BCC	Localized materials produced	# material produced	
C.2 Radio Magazine Adapted	Air radio spots Hold discussion groups	# of radio episodes aired (by region) # radio discussion group meetings held	Proportion of primary audiences who know two or more practices that improve nutritional outcomes in pregnant women, infants, and children under 2 years Proportion of primary audiences who report practicing one or more behaviors that improve nutritional outcomes in pregnant women, infants, and children under 2 years Proportion of primary audiences who have discussed ways to improve nutritional outcomes in pregnant women, infants, and children under 2 years with friends or family. Proportion of primary audiences who can recall program messages and materials on improving nutrition Percent of audiences in target districts who believe that it is possible to improve childhood stunting through a few simple actions
C3 District Cluster Media Advocacy	Disseminate news stories on newspaper and radio at the district and cluster level	# stories in newspaper, radio (assessed through K4H electronic media tracking software)	

C4 Community Theater	Community theater research results shared	Monitoring reports # community theater dissemination workshops held	Proportion of primary audiences who know two or more practices that improve nutritional outcomes in pregnant women, infants, and children under 2 years Proportion of primary audiences who report practicing one or more behaviors that improve nutritional outcomes in pregnant women, infants, and children under 2 years Proportion of primary audiences who have discussed ways to improve nutritional outcomes in pregnant women, infants, and children under 2 years with friends or family Proportion of primary audiences who can recall program messages and materials on improving nutrition Percent of audiences in target districts who believe that it is possible to improve childhood stunting through a few simple actions
D1 District community mobilization	Community mobilization events held	# materials localized # key life events celebrated # day events celebrated # other events held based on approved district SBCC action plan	Proportion of primary audiences who know two or more practices that improve nutritional outcomes in pregnant women, infants, and children under 2 years Proportion of primary audiences who report practicing one or more behaviors that improve nutritional outcomes in pregnant women, infants, and children under 2 years Proportion of primary audiences who have discussed ways to improve nutritional outcomes in pregnant women, infants, and children under 2 years with friends or family Proportion of primary audiences who can recall program messages and materials on improving nutrition Percent of audiences in target districts who believe that it is possible to improve childhood stunting through a few simple actions

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