Social and Behavior Change Communication Strategy for Nutrition

South Sudan, March 2021

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About the Global Nutrition Cluster Technical Alliance

The Global Nutrition Cluster (GNC) Technical Alliance (previously GTAM) is a common global mechanism endorsed by over 40 Global Nutrition Clusters. GNC partners provide systematic, predictable, timely and coordinated nutrition technical assistance in order to meet the nutrition rights and needs of people affected by and at risk of emergencies. It is led by the United Nations Children's Fund (UNICEF) with World Vision International (WVI) as co-lead. The Alliance Technical Support Team (TST), formerly known as Technical Rapid Response Team (Tech RRT), is led by International Medical Corps and funded by USAID/BHA, SIDA, Irish Aid, UNICEF and Save the Children. More information about the Alliance can be found here: ta.nutritioncluster.net.

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Social and Behavior Change Communication Strategy for Nutrition

Save The Children, South Sudan

I. Background

Save the Children is the world's leading independent organization for children. It is a dual mandate organization and focuses on development and emergency responses. Save the Children currently works in 120 countries around the world touching the lives of 125 million children. Our mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives. In East and Southern Africa region, Save the Children works in 12 countries delivering both humanitarian and developmental support. Within this region, Save the Children has identified community engagement and behavior change as one of the priority areas for the countries as it implements its 2019-2021 Country Strategic Plans (CSP) and beyond. The importance of behavior change has even been more amplified by COVID -19, where community engagement and change in behavior related to hand wash and maintaining socio distance are pre-requisite to avoid corona virus transmission.
The Nutrition Social Behavior Change Communication (SBCC) mapping exercise conducted for the Save the Children 12 country offices revealed the need for designing SBCC strategies for strengthening nutrition programs. Based on this need and request from Save the Children, South Sudan, the Global Nutrition Cluster Technical Alliance (GNC Technical Alliance) provided technical support in conducting formative research and developing an SBCC strategy for the nutrition programs in South Sudan. This SBCC strategy has been developed by the program team in South Sudan with support from the SBC Advisor, GNC Technical Alliance, Technical Support Team.

II. Situation Analysis

In 2020, South Sudan experienced compounded shocks across most of the states, including an intensification of conflict resulting in loss of life and assets, displacement, disruption and destruction of livelihoods; a second consecutive year of exceptional floods disrupted markets and delivery of humanitarian assistance to vulnerable populations. South Sudan is also facing a worsening macro-economic crisis that is resulting in food price hikes due to the devaluation of the South Sudanese Pound; and the indirect effects of COVID-19 that have disrupted livelihoods as well as slowed and restricted the flow and delivery of both commercial and humanitarian supplies and services.

These complex interlinked crises have led to a food security crisis across South Sudan. The latest IPC release in December 2020 shows that 5.82 million people (48.3% of the population) will likely face Crisis (IPC Phase 3) or worse food insecurity by March 2021. This number is projected to grow to 7.24 million by July 2021. The full effect of the food security crisis is likely to increase the acute malnutrition rates due to increased morbidity, high food insecurity and poor infant and young child feeding practices. The most recent nutrition assessment done before COVID-19 outbreak, estimated a national level GAM prevalence of 12.6% (FSNMS 2020).

Further, IYCF indicators remains poor in the country. For example, 68% of mothers are practicing exclusive breastfeeding for the first 6 months while minimum acceptable diet for children is barely 4%. With regards to IYCF knowledge and practices, the nutrition partners in South Sudan have observed an increasingly level of knowledge amongst caregivers. However, the improved knowledge has not translated to better practices. Many cultural norms abound in the country that play a key role in undermining practicing of appropriate health and nutrition behaviors. For instance, in Kapoeta South, where SCI has had a long presence, found through a KAP survey that while 87% of mothers had knowledge on exclusive breastfeeding, only 44%

were practicing it. This challenge of translating knowledge to practices is a major impediment to improved nutrition in South Sudan and requires an appropriate SBCC strategy to deliver impact.

III. Overall Nutrition Program Goal

To increase access to life-saving treatment services for acutely malnourished children under five while protecting, promoting and supporting recommended infant and young child feeding practices that optimize nutrition and health survival outcomes in emergencies.

IV. Strategy Development Process

An evidence based, participatory approach engaging staff from all three program regions was adopted in developing the SBC strategy for Nutrition. However, there were limitations in terms of time available to conduct formative research in all three regions. The strategy has hence been developed based on a desk review of previous KAP studies and one field study conducted during the strategy development process. This strategy is hence to be considered a live document to be updated once studies are done in all three regions. Post that, periodic review of the strategies and action plan basis monitoring of the implementation is also recommended. The process of strategy development included the following steps:

- **Desk review of existing studies**: Knowledge, Attitude and Practice (KAP) study reports from 2019 and 2020 were reviewed for available information on nutrition behaviors. These have been summarized in the section below.
- **Training on Barrier Analysis and data collection**: A small group of Coordinators and Managers from the technical team were trained on conducting Barrier Analysis through online sessions held over two days. The team then facilitated two days training with selected enumerators and team supervisors on the data collection procedures and interview techniques for Barrier Analysis of the behavior on exclusive breastfeeding. The survey was conducted from March 8th to 12th, 2021 in Abyei County.
- **Virtual SBCC Strategy and Action Plan Development workshop**: The workshop was organized over three days on 18th, 19th and 22nd March, 2021. Participants in the first two days included Managers, Coordinators and Nutrition Officers from the team at the national level and the program base areas. External participants from partner organizations were invited on the third day where-in their inputs were sought on the priority behaviors, objectives and the behavior change framework developed by the team in the first two days. Subsequently, additional sessions were held with the internal team to complete the message matrix and action plan.

V. Formative research findings

The formative research used as the basis for key decisions in the SBCC strategy included a desk review of existing studies and a barrier analysis study done in Abyei on mothers feeding their child (0-6 months) only breastmilk. The desk review included the following studies:

- Integrated Health, IYCF, WASH and Child Protection KAP Survey in Kapoeta South County of the former Greater Eastern Equatoria State (July 2019 and August 2020)
- KAP survey of Caregivers in Relation to Nutrition, Agricultural Practices and Violence Against Children in Lopa Lafon County, Eastern Equatoria State (April 2020)
- ECHO- KAP Survey in Abyei Administrative Area (June 2019)

The findings from both, the desk review and the barrier analysis are described below.

Initiation of breastfeeding within an hour of birth

Knowledge on timely initiation of breastfeeding seemed nearly universal in all three counties ranging between 94 percent in Kapoeta to over 97 percent each in Lopa Lafon and Abyei of the mothers reporting that breastmilk is the first food for the newborn child. Actual practice, however varies from a high of 91 percent in Abyei, 72 percent in Kapoeta, to a low of only 40 percent children 0-23 months who were reported to have been introduced to breastmilk within one hour of life in Lopa Lafon. However, 78 percent mothers in Lopa Lafon, reported to have fed their child colostrum. Of the respondents who squeezed out the first milk, majority report that the first milk is dirty/not healthy for the child and is not safe for baby's consumption.

Exclusive breastfeeding for six months

Overall, the knowledge levels on exclusive breastfeeding appears good with the majority of caregivers (90.2% in Abyei, 93% in Lopa Lafon and 97.5% in Kapoeta), mentioning that a child aged 0-5 months should solely feed on breastmilk and should not receive any other solids, liquids and even water. The attitude towards this behavior seems positive too as majority of caregivers (96.0% in Lopa Lofan, 94% in Kapoeta and 92% in Abyei) agree it is good to feed a baby with breastmilk only for the first six months.

Majority of caregivers (97.3% in Lopa Lafon, 84% in Kapoeta, 87% in Abyei) indicated it that is not difficult to feed the baby on breastmilk only for the first six months of the baby's life.

Actual practice varied from 76 percent in Kapoeta, 72 in Abyei to 52 percent of the sampled children 0-5 months in Lopa Lafon who were exclusively breastfed.

Majority of caregivers (85.5%) in Abyei indicated confidence in breastfeeding a baby in public, whereas over half of caregivers (56.6%) in Lopa Lafon and (59%) in Kapoeta indicated the same. More than half (52%) of the sampled respondents in Lopa Lafon reported not to be confident in expressing breastmilk so that someone else can feed to the child. These findings are important to consider and address when recommending exclusive breastfeeding for women who need to go out of the house for work.

From the Barrier Analysis, perceived self-efficacy, perceived social norms and perceived negative consequences were the key determinants influencing exclusive breastfeeding by the mothers in Abyei. Non

doers are 3.7 times more likely than doers to respond that with their present knowledge, resources and skills, they think they could not feed their babies with breastmilk only for the first 6 months.

Non doers are 3.4 times more likely to say that feeding babies with only breastmilk for the first 6 months of life does not satisfy the baby. At the same time, non-doers are 7.7 times more likely to say feeding babies with only breastmilk for the first 6 months of life is time consuming.

Doers are 2.1 times more likely to say most of the people they know in the community approve of giving only breast milk to babies for the first 6 months of life. Doers are also 5.3 times more likely to say mothers' group members are people that approve of you giving only breast milk to your baby for the first 6 months.

Continuous breastfeeding for two years and beyond

In Kapoeta, continuous breastfeeding at one year was quite good (96%). However, the practice of breastfeeding deteriorated as the children approach two years (72%). This is because, mothers feel the child has already reach the weaning age and thus he or she is stopped from breastfeeding. In terms of knowledge, Only 21.6 percent of the respondents continued breastfeeding for 24 months or more.

In Abyei, majority of caregivers (96%), mentioned children should continue breasting after 1 year. However, the findings show that while 96 percent of the sampled children were breastfed upto one year, this reduced to 74 percent of the children who had continued to be breastfed at two years.

In Lapo Lafon 69 percent of the respondents reported knowing that a child is supposed to breastfeed up to two years or more and the proportion who reported continued breastfeeding at two years was 73 percent.

Complementary feeding

Similar to other behaviors, knowledge levels on timely initiation of complementary feeding is also very high in all three counties (92% in Lopa Lafon and Abyei and 80% in Kapoeta). However, the practice is not commensurate with the knowledge, with 55 percent of the caregivers having initiated complementary foods in addition to breastmilk at the age of 6-8 months of the baby's life in Kapoeta, 81 percent in Lapo Lofan and 51 percent in Abyei. Further, based on the survey findings in Kapoeta only 39 percent of the assessed children aged between 6-23 months received a minimum dietary diversity of at least four or more food groups during the day or night prior to the survey dates. 48 percent of the children (6-23 months old) received a minimum meal frequency and 27 percent of the children received a minimum acceptable diet. On an average, 21 percent of the children were reported to have consumed iron rich or fortified foods.

In Lopa-Lafon county survey, 34 percent of children (6-23 months) ate four or more food groups during the day or night prior to the survey date. Whereas in the Abyei survey, only 14.5 percent of children (6-23 months) ate four or more food groups in the day and night prior to the survey.

Health seeking behavior

In Kapoeta South County as well as Abyei, a majority of caregivers are aware and able to list at least three danger signs of child illness that would need immediate treatment. Over 50 percent of mothers agreed that they themselves had decided to seek care and treatment for their sick children.

VI. SBCC Strategy for Nutrition

Human behavior can be defined as a person's observable patterns of actions in relation to their environment that produce measurable results. The results can be positive or negative. In the context of Save the Children's nutrition interventions, a wide range of behaviors have an impact on the causes and effects of undernutrition. This strategy focuses on the nutrition specific behaviors that have been included in ongoing nutrition programs.

The strategy components include prioritization of behaviors, behavior change objectives, and overarching behavior change framework adapted from the Designing for Behavior Change (DBC) approach, key messages and an action plan for the identified SBCC activities. These elements are a description of the outputs of intensive group work done by the participants during the strategy development workshop. As mentioned earlier, this strategy and action plan is a live document that would need to be reviewed and updated based on additional formative research and thereafter on a regular basis even during implementation of the strategy. The SBC strategy development agenda, participant list, details of the group work outputs from the strategy development workshop are at Annexures I to V.

Key Principles

The five principles as outlined in the Designing for Behavior Change (DBC) approach, are very relevant for this strategy:

1. Action is what counts (not beliefs or knowledge).
2. Know exactly who your Priority Group is and look at everything from its point of view.
3. People take action when it benefits them; barriers keep people from acting.
4. All your Activities should maximize the most important benefits and minimize the most significant barriers.
5. Base decisions on evidence, not conjecture, and keep checking.

In addition to the above, the following principles would be vital to keep in mind for effective implementation of the strategy:

- **IYCF counselling:** A two-way conversation between a counsellor and mother/caregiver, based on a three-step process that includes assessment, analysis, and action to help the caregiver decide on what is best for themselves and their child in their situation. Counselling is different from education and messaging. Counselling is a way of working with people so that the counsellor understands their feelings and helps them to develop confidence and decide what to do.
- **Engage in dialogue**: ensure a two-way communication in all activities as it helps us understand what the people's information needs are, what they are concerned about so that we can share information that is relevant. It also helps build trust as people are able to express themselves and get information that they need.
- **Listen to the communities**: Listening to the community on a regular basis will help us understand what the drivers and barriers to adoption of the desired behaviors are. This information can then be used to adapt the key messages and solutions along the way, if necessary. It is important to remember that changing behavior is not easy for anyone.
- **Show empathy**: acknowledge the efforts and challenges, and showing empathy towards them is especially important when working with pregnant women, lactating mothers. Empathy is the capacity to understand or feel what another person is experiencing from within their frame of reference, that is, the capacity to place oneself in another's position.
- **Build trust:** Most often, especially in times of crisis, people make decisions based on trust. Therefore, trust in individuals and organizations is the biggest factor in communicating with people. It is not enough to transmit a message, the person needs to accept it with full confidence.
- **Reiterate:** Behavior change can take time, you have to be patient. It is necessary to be persistent and **reiterate key messages**, using a mixed media approach that uses different channels of communication.

Priority Behaviors

Prioritization of behaviors was done basis discussions around five questions to establish the importance of the behaviors both from the public health perspective as well as program outcomes. The key determinants that influence the behavior and the feasibility of addressing the issue through SBCC were also considered. The following questions were included to aid prioritization:

- Is this behavior critical to improve health/well-being among target groups?
- Is it affecting program outcomes?
- Are most people not adopting this behavior currently?
- What are the main determinants for this behavior?
- Can the issue be addressed through SBC interventions?

Based on the number of positive responses to the questions, the behaviors were categorized into High, Medium and Low priority. While none of the behaviors were identified as low priority, the high and medium priority behaviors are:

High priority

- Mothers initiate breastfeeding within one hour of birth
- Mothers/caregivers feed their babies only breastmilk from 0 – 6 months
- Parents/caregivers initiate feeding their babies with solid/semi-solid foods in appropriate frequency, diversity (to cover essential food groups) and quantities at 6 months
- Parents, caregivers continue feeding their babies in appropriate frequency, diversity and quantities, based on the age specific requirements for their children 6 – 23 months of age
- Fathers are involved in feeding the child
- Mothers continue breastfeeding along with complementary feeding at least till the child is 2 years old

Medium priority behaviors

- Mothers/caregivers use a clean cup and spoon for feeding their child instead of bottle feeding
- Parents/caregivers take their children for the full recommended course of vaccinations
- Caregivers continue feeding in appropriate quantity and frequency even when the child is sick

The behavior change framework, message matrix and action plan have been currently developed for the high priority behaviors. That does not however, mean that the medium priority behaviors will not be included in the SBCC. Once the formative research is conducted for the other program areas and these priority behaviors, these would need to be included in the subsequent version of the strategy and the key messages, bridges to behavior change activities and activities for the medium priority behaviors would also need to be developed.

Behavior change objectives

The objectives were developed by the team using a tool adapted from the Field Guide to Designing a Health Communication Strategy[1]. Based on the high priority behaviors identified, two broad objectives developed for the current version of the SBCC strategy are:

- The proportion of mothers giving their babies only breast milk from 0-6 months increases from 75% to 85%* over 2 years in Lopa, Nyirol, Akobo West and Bor resulting in reduction in malnutrition rates.
- Improved minimum acceptable diet by 7 percentage points among children 6-23 months in Save The Children project areas in Abyei, Jonglei and EES by 2024

* The baseline percentage may vary in different areas and would need to be modified as per the baseline.

Intended audiences

Social and behavior change communication interventions are effective only when they are targeted to specific audience groups as this helps in understanding their needs, barriers and enablers to behavior change. The intended audiences for SBCC consists of people who will directly benefit from the desired behavior changes and those who influence their behaviors. In this strategy, these groups have been called 'priority groups' or the primary audiences and influencers. The intended audiences for all high priority behaviors were identified as part of the behavior change framework, as given below:

Behaviors	Priority groups
Mothers initiate breastfeeding within one hour of birth	**Primary Audience:** Pregnant mothers **Influencers:** TBAs, Health workers, Grandmothers, Husbands, other family members)
Mothers/caregivers feed their babies only breastmilk from 0 to 6 months	**Primary Audience:** Pregnant women, Mothers of children 0-6 months old **Influencers:** Expecting Fathers, Fathers of children 0-6 months, Grandmothers, TBAs, CHWs, other family members
Parents/caregivers initiate feeding their babies with solid/semi-solid foods in appropriate quantities at 6 months	**Primary Audience:** Mothers with children 6-8 months **Influencers:** Fathers, Grandparents, Babysitters, Cultural leaders, other family members, TBAs, CHWs
Fathers are involved in feeding the child	**Primary Audience:** Expecting Fathers, Fathers of children under two years **Influencers:** Peer groups of the target fathers, Mothers, Grand parents, Cultural leaders
Mothers continue breastfeeding along with complementary feeding at least till the child is 2 years old	**Primary audience:** Caregivers of children 6-23 months **Influencers:** Husbands, grandmothers, Authorities/policies makers, Employers (NGOs, Companies)

[1] O'Sullivan, G.A., Yonkler, J.A., Morgan, W., and Merritt, A.P. A Field Guide to Designing a Health Communication Strategy, Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, March 2003

Bridges to behavior change activities

The behavior change framework based on the DBC approach, includes identification of bridges to behavior change activities or bridges to activities, which are based on important formative research findings identified as barriers to change that need to be addressed. Bridges to behavior change activities are more specific descriptions of what one needs to do to address the issue revealed by the research. It proposes to change those perceptions of the priority group, which are critical for the behavior change to take place. While the entire Behavior Change Framework developed by the team is placed at annexure …., the bridges to activities identified for each behavior are listed below.

1. Barriers to initiation of breastfeeding within one hour of birth and colostrum feeding included the beliefs that colostrum is not safe for the baby so it has to be milked out first, that Mothers do not produce milk within the first 1 week of delivery; that when the mother is sick (e.g HIV) and there is fear of transmitting the disease to the baby and that thin and mothers with small size breast cannot produce enough breast milk. In order to address these, the bridges identified are to:

	• Increase the perception that colostrum is safe and beneficial/healthy for the baby
	• Increase perception that immediately attaching the baby to the breast increases milk production.
	• Reinforcing the perception of skin-to-skin contact and rooming in stimulates the baby to start demanding for breast feed.
	• Increase the perception that even if the mother is sick*, she can safely breastfeed the baby

* Note that depending of the type of "illness", additional guidance may be needed: In case of HIV she should receive specific advice and follow up with adequate medical services. There are specific IYCF counseling guideline for mother with HIV. For mother with COVID19, need to adapt IYCF counselling with prevention measures. If the mother is malnourished, there might have nutritional services for lactating mothers. Mother who just delivered should attend PNC and seek medical care in case of complication/danger signs. If mental distress/GBV, etc…other type of support might be needed. Mother who just delivered should attend PNC and seek medical care in case of complication.

2. The main barriers to exclusive breastfeeding were beliefs that the baby needs water and that mother's milk is not sufficient, so the baby will go hungry. The Barrier Analysis revealed that there was also low self-efficacy among mothers as they did not feel confident of being able to exclusively breastfeed their child. The bridges to activities identified for this behavior are to:

	• Increase perception that mother's milk is all that a baby 0-6 months needs to be healthy
	• Increase the perception that with correct positioning and attachment, every mother produces sufficient milk for her baby
	• Increase access to social support and breastfeeding counseling

3. Barriers to initiation of complementary feeding with solid/semi-solid food at 6 months included the beliefs that semi solid foods are heavy for the child and thus feeding animal milk is better in addition to the breast milk; belief that cow milk should be given to a child at 4 months and the belief that protein rich food are not to be fed to girls as it negatively impacts their 'appropriate' behavior when they grow up. These would need to be addressed by:

	• Reducing the perception that semi-solid foods are heavy for the child/increasing perception that semi-solid foods are also digestible by the child
	• Reducing the perception that protein affects the behavior of the girl when she grows up/increasing perception that girls also need adequate nutrients, including proteins for healthy growth.
	• Increase awareness on the importance of vegetables and fruits in the child's diet

4. Several barriers were considered important to address for the behavior of fathers feeding their child. These include the general belief that caring for a child is a taboo for the father, the perception of losing the leadership role if the father is taking care of the child, the perception that a father fed child would be considered as an outlier by the community (pastoral community). Bridges to activities identified to address these are to:

	• Increase the perception that a responsible father also takes care of feeding his children
	• Enhance understanding on the role of the father in the health and well-being of his children
	• Increase self-efficacy among fathers to be able to feed their child without losing their perceived status in the family and community

5. For the behavior of Mothers continuing breastfeeding along with complementary feeding at least till the child is 2 years old, the main barriers considered were beliefs that if the mother has a chronic condition such as HIV, it is not safe to breastfeed; that a breastfeeding mother cannot engage sex with the husband and that as mothers are busy either with household chores or working outside, they do not have time to breastfeed. For the mothers working to earn a living, there is pressure at the workplace, especially for relocatable staffs and positions within the organizations. The bridges to activities identified for this behavior are:

	• Increase the perception that even if the mother is having a chronic condition, she can safely continue breastfeeding
	• Increase access to mitigation solutions such as access to HIV treatment and to adequate health services
	• Increasing access to time for breastfeeding (reduce workload of women)
	• Creating enabling environment at workspace

SBCC Activities

Potential activities to achieve the bridges to behavior change were deliberated and included in the behavior change framework. These were further brainstormed during the group work for action plan development to identify ongoing program activities within which these could be included as well as areas of integration with other sectors. The activities recommended as part of the action plan are summarized below:

- **One on one Counselling:** MIYCN Counsellors and Community Nutrition Workers (CNWs) at the facility level and trained Community Nutrition Volunteers (CNVs) along with lead mothers from MTMSG could provide counselling to the identified audience groups for each behavior at the community level, for example pregnant women in their last trimester would be counselled on initiation of breastfeeding within an hour of birth. MIYCN Counsellors could also undertake outreach visits to counsel and motivate mothers of children 0-6 months of age for exclusive breastfeeding, undertake early risk assessment related to breast conditions and counsel mothers who have difficulties in complementary feeding. One to one counselling for nutrition behaviors could also leverage health sector activities such as visits for ANC and adding emphasis on these behaviors during trainings of mid-wives and doctors, and other health personnel present during the delivery Maternity staff should be targeted with specific behavior change activities promoting their critical role in enabling mother to breastfeed within the 1rst hour after birth: give back the baby to the mother within the first hour after delivery, promote skin to skin contact, encourage the mother by providing advice and emotional support.
- **Weekly sessions of mother-to-mother support groups (MTMSG):** All priority behaviors can be covered in phases in these meetings. The sessions will need to be made engaging through interactive games, stories, etc. followed by discussions. MTMSG members could also be motivated to organize other activities such as cooking demonstrations. Positive deviant mothers could be invited to share their experiences during the sessions for initiation of breastfeeding within one hour, exclusive breastfeeding for six months and complementary feeding in the recommended frequency, quality and quantity from six months along with continued breastfeeding (depending on the topic being discussed in a session). Integration with other sectors could include WASH (coordination with Boma Health Committees and Water management committees to engage with the fathers), Health sector (during visits by caregivers at facilities for ANC/PNC and child immunization).
- **Group sensitization sessions:** Sensitization sessions would need to be planned with the priority groups identified for each behavior, for example, sensitization on early initiation of breastfeeding will be done in separate groups with pregnant women, grandmothers and husbands. Ongoing program activities such as TSFP screening and distribution of supplies could also be used as platforms to conduct group sensitizations sessions. Other sector platforms such as FSL (Biometric food distribution, food for assets), WASH (Boreholes, distribution of WASH kits), Health (ANC and Growth monitoring visits), VSL (Village Saving and Lending groups) and Education (in schools with students, teachers and at parent teacher association meetings) could also be leveraged to conduct sensitization sessions. Group sessions would also promote experience sharing between members to facilitate access to peer-support/social support.
- **Radio programs:** Three types of activities are recommended for radio: 1) a series of talk shows covering different topics with a panel comprising nutrition experts (MIYCN Counsellor, government officials), lead mothers from MTMSG, Community/Religious Leaders, positive deviants/role models especially fathers 2) a radio drama series especially focused on gender aspects of feeding behaviors could be planned with an entertainment education approach and 2) short 30 second to one-minute spots that can be aired on popular programs during commercial breaks. Collaboration with the Ministry of Health

for free airtime for some of the talk shows could be explored. The activities, especially radio talk shows and drama series could be made interactive by encouraging audiences to call in with their questions and by organizing group listening (e.g. by MTMSG) sessions followed by discussions. All priority behaviors could be covered through these activities.

- **Voice messages on mobile:** Potential options for audio messaging through the mobile will need to be explored, however, some suggestions are to use automated voice calls through an interactive voice response system (IVRS) or pre-recorded audio messages sent out to mobile phones or added as a caller tune. As this could be a cost-heavy activity to continue over a long period of time, collaborations would need to be explored with phone service providers (as part of their corporate social responsibility) of the Ministry of Health.
- **Cooking demonstrations/cooking competitions:** As mentioned earlier, this activity could be initiated by the Lead mothers from MTMSG. Positive deviant mothers (Hearth Model) could be identified, who would demonstrate preparation of complementary food for children 6 months and above, using the locally available foods. The recipes would be verified by experts for their nutrition value. Similarly, cooking competitions for preparing dishes using nutritious ingredients could be organized, where-in the judges would be children 6 months and above along with the adults (if the child likes the food cooked, that would be considered along with the nutrition value of the recipe). The recipes from the cooking demonstration as well as competitions could be collated to a photo-illustrated cook-book on complementary feeding (which would have more visuals so that semi-literate parents can also use). The activity can also be integrated with the FSL sector activities of promoting kitchen gardens and vegetable gardening.
- **Sensitization sessions facilitated by Mentor Fathers:** A group of young fathers would be identified and trained on MIYCN promotion among fathers, by the technical staff along with MIYCN Counsellor. These trained mentor fathers would then hold one to one and group sessions with fathers, especially encouraging their involvement in child feeding. Experiences from other countries[2] in using mentor father approach could be considered to develop trainings and session plans for the mentor fathers. Ideally the sessions would start with areas of interest for the fathers and then bring in nutrition and child feeding topics into the discussion. Integration with other sectors would include with WASH (during distribution of NFI) and during general food distribution (GFD).
- **Sensitization sessions with Employers/Authorities:** A conducive environment is critical for working mothers to breastfeed their babies. Setting up breastfeeding corners at the workplace and making time provisions for the mothers to breastfeed their babies are the minimum facilities required to encourage the behavior. Sensitization sessions could be held with different employer groups (organizations, institutions, government officers) to advocate for setting up breastfeeding corners at the workplace and formulate the required policy modifications to create a conducive environment for mothers to be able to breastfeed their children at the workplace.
- **Other reminder channels and special events:** Posters, billboards, banners and other such channels/materials placed at strategic locations so that a maximum number of people can see them, could be used to reiterate and remind the audiences of key messages shared during the abovementioned activities. Health facilities, distribution points, marketplace and other places where people congregate would need to be identified to place these visual reminders. In addition, a series of activities to engage the communities could be organized on special days/weeks such as the Word Breastfeeding week, Girl child Day, International Women's Day etc.

[2] https://www.savethechildren.org/content/dam/global/reports/health-and-nutrition/real-fathers-initiative.PDF

Key Messages and Materials

The messages developed for each behavior attempt to address either the barriers or enablers identified as part of the formative research. These have also been developed keeping in mind the bridges to activities and activities identified as part of the behavior change framework. While these are the core content for messages to be conveyed through different channels and activities, each message would need to be creatively tailored for different channels to make it attractive for the audiences. Technical content of the materials would need to be verified by experts for each material that is developed. Like the rest of the sections, this is not an exhaustive set of messages and would need to be reviewed periodically to add/modify the messages based on field requirements. The key messages and materials identified for each behavior are included in the table below.

Behavior	Barriers/Enablers	Key Messages	Materials/Channels
Initiation of breastfeeding within one hour of birth	Belief that colostrum is not safe for the baby so it has to be milked out first. Belief that Mothers do not produce milk within the first 1 week of delivery. The mother is sick(e.g HIV) and has a fear of transmitting the disease to the baby. Belief that thin and mother's with small size breast cannot produce enough breast milk	Colostrum is safe and healthy for the baby, it promotes healthy growth and protection against common diseases Immediate skin to skin contact stimulates the child to start breastfeeding/suckling The more the baby suckles, the more breast milk is produced Early breastfeeding helps the baby learn to breastfeed while the breast is still soft, helps reduce the mother's bleeding, and helps eject the placenta A sick mother can safely* breastfeed her baby and can still produce enough and healthy breast milk. *Safe if exclusively breastfeeding - mixed feeding increases the risk of transmission of HIV. There are specific guidance IYCF guidance for mother with HIV/AID status. The message should be aligned with national guidance, or with international guidance if there is no specific national guidance. Need to identify a relevant resource for example: .http://www.iycn.org/?s=HIV For breastfeeding if the mother is COVID-19 positive, refer to : WHO (2020). Frequently asked questions: Breastfeeding and COVID-19. https://www.who.int/publications/m/item/frequently-asked-questions-breastfeeding-and-covid-19 or UNICEF, GNC and GTAM (2020). Infant and Young Child Feeding in the Context of COVID-19, Brief No. 2. Available from: https://www.unicef.org/documents/infant-and-young-child-feeding-context-covid-	-Counselling card, -Radio talk show script -banners and posters -face to face training -Guideline to be used at facilities level.

		For other type of diseases, breastfeeding generally reinforces the child immunity, and it is often recommended to continue breastfeeding, if the mother is well enough to breastfeed. Proper attachment, positioning and frequency breastfeeding promote milk production for every woman, regardless of the size of the mother's breast Breastfeed frequently even during the night to help your breastmilk 'come in' and to ensure plenty of breastmilk Drink plenty of water during the day to stay hydrated. Maternity staff: Mother who just delivered are often exhausted, they need to be supported and encouraged. They need emotional support and gentle guidance to start breastfeeding, and they need to be given the child back within the 1rst hour after delivery. Be gentle and provide warm encouragements! Encourage skin to skin contact and take time to check the baby attachment to the breast. These small actions can make a great difference.	
Mothers feed their babies (0-6 months) only breast milk	Belief that the baby needs water Belief that mother's milk is not sufficient and the baby will go hungry Self efficacy: Mothers (non-doers) do not feel confident of being able to exclusively breastfeed their child Mothers are engaged in household work and have to work outside to get money - no time to breastfeed No support from family members in household work	For the first 6 months of the baby's life, give only breast milk and not even cow milk or water to prevent diseases Breastmilk contains enough water required for the baby (0- 6 months), even in very hot environment. breastfeed the child frequently will ensure that he/she will get enough water. If you need to go away from home, you may carry your baby with you and breastfeed him/her, or you can express breastmilk in a cup and then instruct the caregiver to give breastmilk to the child during your absence or ask the caregiver to bring the child to you so you can breastfeed. Other mother are facing the same challenges, talking with your relatives and with other mothers about how to make sure the child is only fed with breastmilk can help you to find solutions. Drink plenty of water during the day to stay hydrated. You also need energy to breastfeed (e.g. add 1 snack in the day) and eat a diverse diet.	Counselling cards, key messages for counsellors, Harmonized tally sheets (how many people reached with messages) across regions Banners, pictorials (showing happy breastfeeding mothers and babies) Face masks for mother support groups, community nutrition volunteers (with messages?), hand sanitizers Radio spots, voice messages on mobile (in collaboration with the Ministry of Health) Posters

		Feeding a child only breastmilk for the first six months reduces the risk of diseases and improves nutrition for the child. With appropriate attachment and positioning while breastfeeding, all mothers are capable of successfully feeding their children only breastmilk for the first six months. Sometimes it could be difficult to breastfeed, and mother may feel weak, sad, confused or stressed. This is normal, it happens to many mothers. Don't get discouraged, with appropriate support, you will be able to breastfeed your child. In case of difficulties, you can reach to breastfeeding counseling services at your nearby health facility. Continuous breastfeeding increases the bond between the mother and the child. Make sure you feed the child from one breast fully, before switching to the second breast (use local examples to explain the concept of hind milk) If you are a working mother, you may consider several option to continue to breastfeed the child. You may breastfeed the child before going to work and express some milk in a clean container. Instruct the caregiver to give the breastmilk with a clean cup to the child or to bring the child to your workplace at the times for breastfeeding. Household member/family members: Support breastfeeding mother, they need encouragements, time and support to breastfeed their child. Discuss with the mother and other family members how you can support her. Identify her challenges and help to find solutions: you may try to give her more time to breastfeed by taking over some of her chores, you may encourage her to rest, eat and drink more water, you may bring her food to improve her diet, you may bring her the child to her work place for her to breastfeeding, you may listen to her concerns and show that you understand & love her. Start by asking how she feel and if she need help. **Nutrition and health staff**: recovering for delivery, caring for and breastfeeding a baby can be difficult in the day to day life. Mothers need to be supported and encouraged. They need emotional support as well. Ask questions, listen to their concern	

		and identify their challenges. Be gentle and provide warm encouragements while providing advice or showing proper attachment position. Show that you understand her concerns and that you are here to help her. In case of suspected COVID19 or HIV status, refer to specific breastfeeding guidance. **Messages for employers:** Encourage your female employees with 0-6 months babies to continue and provide and enabling environment for Breastfeeding. You may consider organizing their working hours differently and allocating a comfortable space where employees can breastfeed. Creating an enabling environment for mothers to breastfeed their babies, will ensure that their babies are healthier and the mother will be able to better focus on her work. Work place policies need to incorporate consideration for women to be able to breastfeed their children.	
Mothers initiate feeding their babies with solid/semi-solid foods at 6 months	Belief that semi solid foods are heavy for the child and thus feeding animal milk in addition to the breast milk Belief/norm that cow milk should be given to a child at 4 months. Belief that protein rich food are not to be fed to girls Limited availability of fruits and vegetables **Enablers** Availability of livestock, fish during the rainy season and cereals	When your child reaches 6 months, start feeding her/him with semi-solid foods, not liquids, along with breastfeeding, for appropriate growth and development. By 6 months of age the child's body is capable of digesting semi-solid foods as per the recommended quantities and frequency. Feed your children with diverse types of food and as per recommended quantities and frequency for appropriate growth and development Grow fruits and vegetables to feed your children for better growth and health When giving complementary foods, for adequate growth and development of your child, ensure: Frequency, Quantity, Thickness, Variety and Active/ Responsive Feeding. (*could make an acronym in the local language)* • **Frequency:** Feed your baby complementary foods two times a day. • **Quantity:** Give two to three tablespoonfuls ('tastes') at each feed. • **Thickness:** Should be thick enough to be fed by hand. • **Variety:** Begin with the staple foods like porridge (corn, wheat, rice, millet, potatoes, sorghum), mashed banana, or mashed potato. • **Active/Responsive Feeding**	Banners, posters, Megaphones (pre-recorded messages), radio spots

		- Baby may need time to get used to eating foods other than breastmilk. - Be patient and actively encourage your baby to eat. - Don't force your baby to eat. - Give your baby his/her own dish so that you can tell how much he or she is eating.	
Fathers are involved in feeding the baby	Caring for a child is a taboo for the father Perception of losing the leadership role if the father is taking care of the child Fathers are off the house for most of the days to earn income and looking after the livestock in the pastoral community The perception of the father fed child is considered as an outlier from the community (pastoral community) Gender based variations in child care (in some communities boys are favored and in other communities girls) Fathers feel mothers are for child production and therefore child spacing is not adhered to. **Enablers** The fathers are the breadwinners of the household and can allocate budget for complementary feeding.	A good father shares equal responsibility for his children's health and well being. Caring for the girl child's feeding increases the love and respect for the father Caring for a child does not make a man less of a man The father fed child is responsible for his community Father fed children are also part of the community and we must treat them equally Parents and caregivers must give equal care for girls and boys During rainy season, take advantage of the product that are available to feed your child with fish, meat, and other food you can get. To help you continue to breastfeed, drink plenty of water during the day to stay hydrated. You also need energy to breastfeed (e.g. add 1 snack in the day) and eat a diverse diet.	banners, guide for sessions, pictorials (local language) FM radio drama Posters Materials for Mentor fathers (young fathers group)
Mothers continue breastfeeding along with complementary feeding at least till the child is 2 years old.	The mother is having a chronic condition such as HIV. Breastfeeding mother cannot engage in sex with the husband. Desire to have many children. Pressure at the workplace especially for relocatable staffs and positions within the organizations. The child's health condition.	A sick mother can safely breastfeed her baby and can still produce enough and healthy breast milk. (refer to the message above on recommendations for breastfeeding if the mother is HIV positive) Spacing childbirth for at least three years is essential and lifesaving for both mother and child. The mother will get the time to regain her health and the next child will also be healthier. Spacing birth does not prevent you to have the number of children that you want and it will make your family stronger and healthier. **Message for Employers:** Creating an enabling environment for mothers to breastfeed their babies, will ensure that their babies are healthier and the mother will be able to better focus on her work.	-Counselling cards -Materials with linkage to FP services

		NGOs employers: For NGOs staff to be able to promote optimal health and nutrition practices, they need to practice and model these behaviors. NGOs who promote breastfeeding should champion breastfeeding internally, and start by creating an enabling environment for their own staff. Work place policies need to incorporate consideration for women to be able to breastfeed their children	

Action Plan

The activities included in the behavior change framework have been further detailed in action plan to assess other ongoing program activities within nutrition programs as well as other sectors that can be leveraged for each activity, the timeline or frequency of each activity, how would they be monitored and the internal or external support required (other than budgets). The timeline for activities has currently been presented as a frequency, which would subsequently need to be converted to a timeline when integrated with specific projects. The frequency of activities will also help in drawing up the budgets required to implement this strategy. As an overall timeline, as mentioned earlier, this SBCC strategy will be aligned to the Country Strategy for 2022-2025. The broader action plan is placed at Annexure V. In order to clarify the next steps, a potential implementation plan for the short, medium and long term has been developed based on the action plan, which is included below. The timelines and responsibilities are suggestive as of now, these will need to be finalized by the team to take it forward.

Implementation Plan

Sl. No.	**Activities**	**Sub-Activities**	**Timeline**	**Budget Required**	**Person Responsible**	**Supported By**
Short Term: Strengthening ongoing activities in the first 6 months						
1	Orientation on SBCC Strategy for key staff	Develop presentation on the SBCC strategy for orientation of staff	Month 1	None	MIYCN Technical Manager	Nutrition Managers/Coordinators
		Orientation sessions for key staff in each region	Month 1	None	MIYCN Technical Manager	Nutrition Managers/Coordinators
2	Sensitization sessions with the priority groups (separate with pregnant women, grandmothers and husbands) on the benefits of early initiation of breastfeeding.	Develop interactive sessions and schedule (suggested as bi-weekly or monthly at different platforms), with key messages/behaviors to be discussed in each session. Identify materials to be used. Include identification of locations for the sessions - such as GFD points, water points, Mosque, and other common gathering places	Month 2	Internal - no costs	MIYCN Technical Manager	Nutrition Manager/Coordinator
		Orientation of facilitators for the sessions (practice the interactive aspects) - Lead Mothers, CHWs, Community Nutrition Volunteers, Mentor Fathers	Month 2	Training costs - travel, venue, equipment, stationery, refreshments	Nutrition Manager/Coordinator	Nutrition Officers
		Implementation as per schedule planned	Month 3 onwards	Event costs - travel, refreshments	Nutrition officers	CNVs
3	Training of Community Nutrition Volunteers and Lead Mothers on basic counselling/information for breastfeeding and risk assessment for breastfeeding complications, including tips for emotional support and empathy (reference on basic psychosocial skill: WHO (2020). Basic Psychosocial Skills: A Guide for COVID-19 Responders. Available from: https://www.who.int/news/item/01-06-2020-basic-	Review existing training modules for CNVs and Lead Mothers and modify to include/strengthen basic counselling skills on breastfeeding and risk assessment for complications in breastfeeding (to be able to identify and refer). Include key messages and barriers to address as mentioned in the strategy document	Month 1	Internal - no cost	MIYCN Technical Manager	MIYCN Counsellors

	psychosocial-skills-a-guide-for-covid-19-responders)					
		Develop reference booklet with key messages from the strategy document	Month 2	Design/Consultant costs	MIYCN Technical Manager	MIYCN Counsellors
		Organize trainings of CNVs and Lead Mothers	Month 2	Training costs - travel, venue, equipment, stationery, refreshments	MIYCN Counsellor	Nutrition Officers
4	One on one Counselling (Pregnant mothers in the last trimester)	Coordinate with health providers/health sector officials to link pregnant women coming for ANC at the facility, with the MIYCN Counsellor and CNWs	Month 1	Local travel costs for meetings	MIYCN Technical Manager	Nutrition Manager
		Plan a coordinated schedule for outreach sessions (home visits) by MIYCN Counsellors, CNWs and CNVs and Lead Mothers	Month 2	Internal - no cost	Nutrition Manager/Coordinator	Nutrition Officers
		Implementation as per schedule	Month 2	Monitoring costs - local travel	MIYCN Counsellors/Nutrition Officers	CNWs
5	Group sensitization sessions at facility or institution level with targeted groups	Develop training content on conducting interactive group sessions to train CNWs and health workers. Identify and include in oingoing training	Month 3	Internal - no cost or Consultant costs	MIYCN Counsellor	Nutrition Managers/Coordinators
		Coordinate with the health and education sectors for organizing sessions on key nutrition behaviors identified	Month 3	Local travel costs for meetings	Nutrition Managers	Nutrition Officers
		Conduct sessions as per schedule	Month 4 onwards	Event costs - travel, refreshments	Nutrition Officers	CNVs

6	MTMSG weekly meetings	Review training module for Lead mothers to include understanding the barriers, bridges to activities and key messages from the strategy	Month 1	None	MIYCN Technical Manager	Nutrition Manager/Coordinator
		Review and develop interactive sessions for weekly meetings based on the activity description and key messages in the strategy	Month 2	None	MIYCN Technical Manager	Nutrition Manager/Coordinator
		Developing and printing harmonized tally sheets for MTMSG	Months 2 and 3	Printing costs	MIYCN Technical Manager	Nutrition Manager/Coordinator
		Review existing materials being used by MTMSG based on key messages and checklist. Revise as required.	Month 2 and 3	Cost for revisions in designs, printing costs	MIYCN Counsellor	Nutrition Manager/Coordinator
		Training of Lead Mothers on the revised module (including basics of social and behavior change) and interactive sessions	Months 4 and 5	Training costs: venue, travel, equipment, food & beverages, facilitator travel	MIYCN Counsellor	Nutrition Coordinator/Officer
		Weekly meetings of MTMSG continue	Month 6 onwards	Incentives to Lead mothers	Nutrition Coordinators	Nutrition Officers
7	Group sessions to promote vegetables and fruits gardening	Coordination with FSL sector colleagues to develop training content for Lead Mothers	Month 2	None	Nutrition Manager	Nutrition Coordinator/Officer
		Include content in training module for Lead Mothers	Month 2	Travel costs	Nutrition Manager	Nutrition Coordinator/Officer
		Develop plan to integrate sessions into MTMSG weekly meetings (every week during the rainy season)	Month 3	Internal - no cost	MIYCN Counsellor	Nutrition Officers
		Conduct sessions as per schedule	During rainy season	Session facilitation costs: travel, equipment (if any), food & beverages	Nutrition Officers	
8	Messaging through Megaphones	Coordinate with health sector and GFD to develop a plan for the activity (once a month)	Month 1	local travel for meeting	Nutrition Manager	Nutrition Coordinator

		Identify Key messages from the strategy document to be used in each round of messaging through megaphones (synchronize with topics being promoted through other activities)	Month 1	Internal - no cost	Nutrition Manager	Nutrition Coordinator
		Contracting vendor and audio recording of messages	Month 2	Audio production cost	Admin	
		Implement as per schedule	Month 3 onwards	Equipment and running costs for vehicles carrying megaphones	Nutrition Coordinators	Nutrition Officers
9	SBCC material development	Review of existing materials based on key messages, bridges to activities in the strategy and using a checklist	Month 2	Internal workshop costs	MIYCN Technical Manager	Nutrition Manager/Coordinators
		Revision of existing materials	Month 3	Design costs	Nutrition Manager	
		Development of new materials as per strategy document	Month 3	Design costs	MIYCN Technical Manager	MIYCN Counsellors
		Pre-test of all materials	Month 4	Consultant costs or FGDs/IDIs to be conducted by field staff - in which case, it would basically be the travel costs	Nutrition Manager	Nutrition Coordinators/Officers
		Revision and printing of materials	Month 5	Printing costs	Nutrition Manager	Admin
		Orientation on use of materials and distribution	Month 6	Transportation costs	Nutrition Coordinators	Nutrition officers
Medium Term: New Activities (months 7 to 12)						
10	Cooking demonstrations with parents	Develop criteria and identify Positive Deviants in each area (Hearth Model)	Month 7	Local travel costs		
		Collate and verify recipes with Nutrition experts	Month 7	None		
		Organize demonstrations followed by discussions with support from MTMSG members	Month 8 onwards (once in 2 months)	Event costs: ingredients, utensils/equipment, refreshments		
11	Cooking competitions among MTMSG,	Develop plan for competitions: criteria for awards, panel of judges, venue, awards etc.	Month 7	Internal: no cost		

		Oreintation of Lead Mothers to facilitate the competitions	Month 8	Training costs, travel costs		
		Conducting competitions in each area	Month 9 onwards (once in 3 months)	Event costs: ingredients, utensils/equipment, refreshments, awards		
12	Healthy baby competitions	Develop plan for competitions: criteria for awards, panel of judges, venue, awards etc.	Month 8	Internal		
		Oreintation of Lead Mothers to facilitate the competitions	Month 9	Training costs, travel costs		
		Conducting competitions in each area	Month 10 onwards (once in 3 months)	Event costs: ingredients, utensils/equipment, refreshments, awards		
13	Radio Talk Show	Planning: identify radio channel, number of talk shows, type of panelists, topics to be covered, schedule	Month 7	Internal: no cost		
		Finalize and sign contract with radio channel selected	Month 8	Advance costs as per contract		
		Develop broad talking points (refer to key messages, behavior change framework and action plan) for each talk show	Month 8	Internal: no cost		
		Disseminate information on program timings to the community	Month 9	Internal: no cost		
		Group discussions with communities after each talk show	Month 9 onwards (based on schedule)	Travel costs, refreshments		
14	Radio Spots	Planning: number of spots, topics for each, selection of radio channels for airing, developing schedule for airing, coordination with approving body/committee	Month 8	Internal		
		Production of radio spots (identification of producer, developing scripts)	Month 9	Production costs for vendor		
		Airing as per finalized schedule	Month 10 onwards	Airing costs for radio channel		

			(as per schedule)			
		Monitoring of spots during field visits	Month 10 onwards (as per schedule)	Travel costs		
15	Voice messages on mobiles	Quick assessment with CNVs to check how many people among the priority groups and influencers use mobiles in the area (even if 25-30% use, it will be worth the investment)	Month 7	Local travel costs		
		Identify key messages from the strategy document to be disseminated through mobile (synchronize with topics being promoted through other activities), could use the same ones as the radio spots or the megaphone messages	Month 7	Internal - no cost		
		Coordination with MoH and phone service providers for collaboration	Month 8	Local travel costs		
		Identify and contract vendors, develop schedule for broadcast	Month 8 - 9	Internal		
		Broadcast messages as per schedule	Month 10 onwards	SMS costs as agreed with the vendor		
16	Community mobilization activities engaging role models and testimonies - Once in year for world breastfeeding week, twice a year for vitamin A and deworming campaigns, twice a month for distribution of nutrition supplies	Develop plan in advance for the mobilization activities - identify key messages and bridges to activities for each activity and coordinate with Health Sector for Vit A and deworming campaigns	Month 7	Local travel for meeting with MoH		
		Develop/modify existing materials with messages from the strategy	Month 8	Internal - no cost		
		Organize events as per plan	As per scheduled days	Event costs - travel, promotion materials, refreshments		

17	Mentor Fathers Groups	Development of training module and plan for Mentor Fathers	Month 7	Internal: no cost		
		Identification and training of Mentor Fathers	Month 8	Training costs, travel costs		
		Individual and group sensitization sessions by Mentor Fathers	Month 9 onwards (once a month)	Activity costs: incentives and refreshment		
18	Group discussions with Community project committees (WASH committees, Boma Health Committees)	Develop plan: schedule, topics to be covered for each event (align with other activities), special guests to invite - religious leaders, community leaders, Medical staff etc.	Month 9	Internal: no cost		
		Orientation of field staff on conducting effective community group discussions (end with commitment and follow up through home visits)	Month 9	Training costs, travel costs		
		Conduct Group discussions with Committees	Month 10 onwards (once a month)	Activity costs: incentives and refreshment		
19	Design and print SBCC materials (Banners for cooking demonstrations, Healthy Baby Competitions Recipe booklet for complementary feeding, Specific materials for male forums, e.g. picture cards on locally available nutritious food)	Review of existing materials (from other projects/organizations) based on key messages, bridges to activities in the strategy and using a checklist and develop list of materials to be produced	Month 7	Internal: no cost		
		Develop content for new materials	Month 7	Internal: no cost		
		Design and pre-test of materials	Month 8	Consultant cost for designing and pre-test		
		Finalize and print materials	Month 9	Printing costs		
Long Term: New Activities (Year 2)						
20	Radio drama series	Positive deviance inquiry to feed into storyline	Month 12	Research costs: IDIs, travel		
		Planning: identification of channel, costs, scriptwriter, producer, contracting formalities	Month 12	Internal: no cost		

		Development of a design document (content for messaging and storyline) - ideally through a workshop	Month 13	Workshop costs: venue, travel, equipment, stationery, refreshments (usually a 3 day workshop)		
		Pre-test of storyline	Month 13	Data collections costs: FGD, IDI, travel		
		Development of scripts	Month 14 onwards	Scriptwriter costs		
		Production of episodes	Month 14 onwards	Production costs for vendor		
		Airing of episodes	Month 15 onwards (based on schedule)	Airing costs for radio channel		
		Setting up listener clubs (MTMSGs, WASH committees, Fathers groups etc. and new groups)	Month 13	Local Travel costs		
		Training of Lead Mothers, Lead Fathers to facilitate listener groups	Month 14	Training costs, travel costs		
		Monitoring of episodes and listener group activities	Month 15 onwards (based on schedule)	Travel costs		
21	Advocating for Breastfeeding corners at work (creating a demo/model corner if feasible)	Landscaping to understand the different institutions/organizations/places that women work in and proportion of women working in organizations/institutions	Month 14	Internal: no cost		
		Organizing sensitization sessions for Key stakeholders - may need to be separate for different types of employers	Month 15	Meeting costs - local travel, refreshments		
		Get buy-in for demo/model corner to be created in each type of institution (starting with NGOs and government?)	Month 15	Local travel for meetings		

		Setting up demo corners	Month 15 and 16	Costs for sign boards, display material and other costs based on the design of the demo corners		
		Promoting with other institutions/organizations for setting up breastfeeding corners	Month 17	meeting costs - local travel, refreshments		
		Support in sensitization sessions for employees on breastfeeding	Month 18 onwards	Activity costs: local travel and refreshment		
22	Rapid Assessment of activities implemented in year 1	Develop research design (qualitative) and plan	Month 13	Internal: no cost		
		Identify and engage external consultant/agency to conduct the assessment	Month 13	Consultant costs		
		Review SBCC strategy based on findings and modify as required (workshop)	Month 14	Workshop costs: venue, travel, equipment, stationery, refreshments (2 day workshop)		

Annexure I – SBCC Workshop Agenda

SBCC Strategy Development Workshop

March 18, 19 and 22, 2021

Timing	Session	Method/Facilitation
9:00 - 9:20 am	Participant introductions and Objectives of the session	
9.20 - 9:30 am	Introduction to the SBC Strategy and Action Plan Development Process	Presentation and discussion
9:30 - 9:55 am	Formative research summary: Findings from existing and additional research conducted	Presentation and Q&A
9:55 - 10:35 am	Identification and prioritization of key behaviors	Prioritization exercise on a google doc
10:35 - 10:40 am	Break	
10:40 – 11:15 am	Defining Behavior Change Objectives	Presentation and group work
11:15 – 12:00 am	Introduction to the Behavior Change Framework: Identifying audiences, barriers and enablers for the prioritized behaviors	Small groupwork in breakout rooms
Day 2, March 19, 2021		
9:00 - 9:15 am	Recap of Day 1	
9:15 – 10:15 am	Behavior Change Framework: identifying bridges to behavior change and potential activities	Group work in breakout rooms
10.15 - 11:00 am	Compiled Behavior Change Framework	Presentation by groups andfeedback
11:00 -11:05 am	Break	
11:00 - 11:40 am	Key messages	Presentation followed by group work
11:05 - 11:55 am	SBCC Action Plan Development : introduction and start of group work	Group work and large group discussion
11:55am - 12:00	Next steps and closing	
Day 3, March 22, 2021		
9:00 – 9:15 am	Introduction and objectives	
9.15 – 10:00 am	SBCC action plan development	Completion of group work
10:00 – 10:45 am	SBCC Framework presentation	Presentation to external participants for their inputs
10: 45 – 11:15 am	Message matrix presentation	For inputs from external participants
11:15 – 11:55 am	Action plan presentation	For inputs especially on collaboration
11:55 – 12:00	Closing and next steps	

Annexure II – SBCC Workshop Participants

Participants: SBCC Strategy Development Workshop

Save The Children, South Sudan

18, 19 and 22 March 2021

Sl No	Name	Title	Organization & Base
1	Israel Sango	Nutrition Programme Manager	SCI; Bor
2	Dawit Hagos	Emergency Nutrition Technical Specialist	SCI, Juba
3	Yengi Emmanuel	Roving Nutrition Survey Coordinator	SCI-Juba
4	Cizarine Keji	MIYCN technical Manager	Juba
5	Char Bang	Nutrition Coordinator	SCI, Akobo West
6	Jol Chol	Nutrition Coordinator	SCI, Abyei
7	Jacob Makur	Nutrition Coordinator	SCI, Juba
8	Justine Taban	Nutrition Coordinator	SCI, Lopa Lafon
9	Celina Beda	MIYCN officer	SCI, Torit
10	Andrew Khamis Laku	Nutrition Program Manager	SCI, EEQ
11	Steven Kitara	MIYCN officer	SCI, Lopa Lafon
12	Tut Mun	Nutrition Officer	SCI, Nyirol
13	Kennedy Rocha		SCI
14	Mbaya Caroline	Nutrition Programme Manager	UNIDOR - Juba
15	Bernard Wafula Musungu	WASH Program Manager	UNIDOR - Juba
16	Samuel Chor Alier	National Coordinator	CRC, Juba
1 7	Sam Olara		CIDO, Juba
18	Robert Sochi		CIDO, Juba

Annexure III - Prioritizing Behaviors: Groupwork

Behaviors	How critical is this behavior to improve health/well-being among target groups? (High, Medium, Low)	To what extent is it affecting program outcomes? (High, Medium, Low)	Are most people not adopting this behavior currently?	What are the main determinants for this behavior?	Can the issue be addressed through SBC intervention?	Overall Level of Priority (High, Medium, Low)
Mothers initiate breastfeeding within one hour of birth	Medium	Medium	Yes (50% initiating breastfeeding within the first hour of birth in Nyirol and Akobo West)	Social Norms Action efficacy because of community births	Yes	High
Mothers exclusively breastfeed their babies from 0 – 6 months	High	High	No (80% in Lopa and 70% in Northern Jonglei are exclusively feeding their babies 0-6 months)	Self/Action efficacy Social Norms Perceived negative consequences	Yes	High
Parents/caregivers initiate complementary feeding for their child at 6 months	Medium	Medium	Yes	Action efficacy, Risk perception, Social norms	Yes	High
Parents, caregivers continue feeding their babies in appropriate frequency, diversity and quantities, based on the age specific requirements for their	High	High	Yes (90% of the OTP admissions in Abyei are in the age group of 6-23 months)	Action efficacy, social norms, risk perception, cues for actions/reminders, negative consequence	Yes	High

children 6 – 23 months of age						
Mothers/caregivers use a clean cup and spoon for feeding their child instead of bottle feeding	High	High	Yes (prevalence of diarrhea among the crowling children 36%)	Self efficacy, risk perception, cues for actions, perceived negative consequences	Yes	High
Mothers continue breastfeeding along with complementary feeding at least till the child is 2 years old.	High	High	Yes	Self-efficacy, perceived negative consequences	Yes	High
Caregivers continue feeding in appropriate quantity and frequency even when the child is sick	Medium	Medium	Yes	Lack of adequate knowledge, practical barriers (distance to health facility)	Yes	Medium
Fathers are involved in feeding the child	High	High	Yes	Social norms, perceived negative consequences	Yes	High
Parents/caregivers take their children for the full recommended course of vaccinations	Medium	Medium	No(around 85-90% from Lopa - Lafon Northern Jonglei is 70- 80%	Risk perception social norm	yes	Medium

Annexure IV – Behavior Change Framework

Behavior	Priority Group	Barriers & Enablers - Key Determinants	Other Significant findings	Bridge to activities	Activities & Techniques
Initiation of breastfeeding within one hour of birth	-Pregnant mothers -TBAs -Health workers -Grand mothers -Husbands	-Belief that colostrum is not safe for the baby so it has to be milked out first. -Belief that Mothers do not produce milk within the first 1 week of delivery. -The mother is sick(e.g HIV) and has a fear of transmitting the disease to the baby. -skin to skin contact enabled by TBAs -rooming in. -Belief that thin and mother with small size breath mothers can not produce enough breast milk	-Most of the deliveries are taking place in the communities by TBAs. -TBA are trained and equipped with ANC /MAMA kit and MIYCN counselling cards.	-Increase the perception that colostrum is safe and beneficial/healthy for the baby -Increase perception that immediately attaching the baby to the breast increases milk production. -Reinforcing the perception of skin to skin contact and rooming in stimulates the baby to start demanding for breast feed. -Increase the perception that even if the mother is sick, she can safely breastfeed the baby	-Giving awareness to the priority groups on the benefits of early initiation of breastfeeding. -Early risk assessment(breast conditions) -engaging role models and testimonies. -One on one Counselling(Pregnant mothers in the last trimester
Mothers feed their babies (0-6 months) only breast milk	Mothers of children 0-6 months old **Influencers:** Fathers of children 0-6 months Grandmothers TBAs CHWs	Belief that the baby needs water Belief that mother's milk is not sufficient and the baby will go hungry Self efficacy: Mothers (non-doers) do not feel confident of being able to exclusively breastfeed their child	Mothers are engaged in household work and have to work outside to get money - no time to breastfeed No support from family members in household work	Increase perception that mother's milk is all that a baby 0-6 months needs to be healthy Increase the perception that with correct positioning and attachment, every mother produces sufficient milk for her baby	Positive deviant mothers to share their experience of exclusive breastfeeding in Mother to mother support groups, group sensitization sessions

Mothers initiate feeding their babies with solid/semi-solid foods in the recommended quantity and diversity (at least four food groups) from 6 months onwards	Mothers with children 6-8 months Influencers: Fathers Grandparents Babysitters Cultural leaders	-Belief that semi solid foods are heavy for the child and thus feeding animal milk in addition to the breast milk -Belief that cow milk be given to a child at 4 months. -Belief that protein rich food are not to be fed to girls -Inadequate support in terms of cooking demonstrations -Limited availability of fruits and vegetables Enablers Availability of livestock, fish during the rainy season, cereals, awareness and messaging	Half of the children were initiated timely to complementary foods in Kapoeta and Abyei (Dinka Ngok) MDD is about 40% in Kapoeta whereas in Abyei, it was 14.5%	Reduce the perception that semi-solid foods are heavy for the child Reduce the perception that protein affects the behavior of the girl when she grows up Increase awareness in the importance of vegetables and fruits in the child's diet	Continue messaging on appropriate complementary feeding practices through the weekly sessions of the MtMSG and in nutrition facilities One on one counselling for mothers who have difficulties in complementary feeding Cooking demonstrations using the locally available foods Support on practical complementary foods preparation using the positive deviant mothers (hearth model) Continuous sensitization on influentials on gender based food provision Promoting vegetables and fruits gardening
Mothers continue breastfeeding along with complementary feeding at least till the child is 2 years old.	-caregivers of the children 6-23 months -Husbands -grand mothers -Employers -Authorities/policies makers -NGO, -Companies	-The mother is having a chronic condition such as HIV. -breastfeeding mother cannot engage sex with the husband. - Desire to have many children. -Pressure at the workplace especially relocatable staffs and positions within the organisations. -The child's health condition.	-Mothers are engaged in domestic work so there will be no time for breastfeeding. -In most workplaces, there is no provision for breastfeeding corners.	-Increase the perception that even if the mother is having a chronic condition, she can safely continue breastfeeding -Increase the peception that it is safe to have sex while breastfeeding /there is no harm to the baby	-awareness raising(-role models /testimonials -integrating family planning services and messages -peer counselling groups. -Creating a conducive environment(breasting corners at work) -Policy advocacy of breastfeeding at work places. create father /father support groups.

Fathers are involved in feeding the baby	Fathers having children under two years Influencers Peer groups of the target fathers Mothers Grand parents Cultural leaders	Barriers Caring a child is a taboo for the father Perception of losing the leadership role if the father is taking care of the child Fathers are off the house for most of the days to earn income and looking after the livestock in the pastoral community The perception of the father fed child is considered as an outlier from the community (pastoral community) Gender based variations in child care (in some communities boys are favored and in other communities boys) Enablers The fathers are the breadwinners of the household and can allocate budget for complementary feeding.	Observed that only mothers are taking the responsibility of childcare in our operation areas Fathers give less attention on awareness raising discussion Fathers feel mothers are for child production and therefore child spacing is not adhered to.	Increase awareness of fathers not losing leadership role at the household	Community dialogue or discussion. FM radio drama Posters Megaphones Mentor fathers (young fathers' groups) Community project committees (WASH committees, Boma Health Committees)

Annexure V – SBCC Action Plan

Sl. No.	Priority group (Audiences)	Activities	Existing Program/Project and area (within which the activity will be implemented)	Integration with other sectors (specify the sector and integration platform/activity)	Timeline	Monitoring	Support
I. Initiation of breastfeeding within one hour of birth							
1	Pregnant mothers, TBAs, Health workers, Grandmothers, Husbands	Sensitization sessions with the priority groups (separate with pregnant women, grandmothers and husbands) on the benefits of early initiation of breastfeeding.	Mother to mother support group, TSFP screening, distribution of supplies	FSL (Biometric food distribution, food for assets), WASH (Boreholes, distribution of WASH kits), ANC and Growth monitoring visits (Health sector), VSL (Village Saving and Lending groups)	Bi-weekly for MTMSG, once a month for platforms from other sectors, Once other opportunites such biometric food distribution/general food distribution come up, those are to be used	Regular program monitoring visits by Nutrition Officers, Joint monitoring visits with State MoH and County Health Department	Support from other sectors through Agency Coordination Committee meetings
2		Training of frontline workers on counselling for early initiation and early risk assessment (breast conditions)	MIYCN counselors at the facility level to train the frontline workers	Explore integration with other sectors like health	Once in six month's training for the frontline workers	Regular program monitoring by the MICYN technical manager	Support from MoH, UNICEF and other actors on ground
3		Community mobilization activities engaging role models and testimonies.	World breastfeeding week, screening, distribution of nutrition supplies	Health sector (Vitamin A and deworming campaigns),	Once in year for world breastfeeding week, twice a year for vitamin A and deworming campaigns, twice a month for distribution of nutrition supplies	Monitoring visit by the MIYCN Technical manager for the world breastfeeding week, twice a year for vitamin A and deworming campaign by the nutrition officers	Support from the community leaders, County Health Department (CHD),
		Training of Community Nutrition Volunteers and Lead Mothers on basic counselling/information for breastfeeding and risk assessment for breastfeeding complications	Community Nutrition/MIYCN Officer, at the facility level to train the frontline workers	Explore integration with other sectors like health	Once in six month's training for the CNVs and lead mothers (ideally it should be budgeted for quarterly basis given the high turnover of CNVs)	Regular program monitoring Nutrition Coordinators/Nutrition Managers, at least two visits per year by the MICYN technical manager	Support from MoH at all levels, UNICEF, and other actors on ground
4		One on one Counselling(Pregnant mothers in the last trimester	Facility based CNWs and MIYCN counsellers, outreach by the MIYCN counsellers, use of Community Nutrition Workers at the facility	ANC visits (Health sector), include in trainings for mid-wives and doctors	Regularly during ANC visits (4 visits), on a weekly basis at the community level	Weekly monitoring visits by Nutrition Officers, Reviewing MIYCN Registers by Nutrition Officers	Support from Community Leaders at the community level, State MoH and CHD support for facility level

			level, Community Nutrition Volunteers (CNVs) and mother to mother support group lead mothers				
5		Development and printing of materials (counselling cards, banners, posters, guidelines/reference booklet for service providers)	Mother to mother support group materials, MIYCN counselling cards, printing of world breastfeeding week celebration materials, NIPP circles materials	Media and communications department (branding as well as disseminating through social media, radio talk show etc.)	Based on project specific requirement	Regular review of materials to be printed by the Nutrition technical person in collaboration with the Media and Communications team. Nutrition technical person also monitors appropriate utilization of the materials	Support from MoH for review and approvals and from local partners for inputs during development of materials
6		Radio talk shows	Some projects have been including but in limited numbers based on budget availability. It is a successful activity that needs to be increased in frequency	MoH free air time for talk shows (mostly on COVID-19 these days)	Once in a month. Key messages - prerecorded/radio spots 2-3 times per week	Assigning field staff to listen to recorded messages being aired as per schedule. Monitoring on site with the recording of the data - asking community if they have heard. Including community feedback in ongoing monitoring/KAP surveys/FGDs etc.	Support from MoH on the airtime, approval from authorities to organize the talk show (approving committee), support from internal media and communication team, radio sets for Lead mothers
II. Mothers feed their babies (0-6 months) only breast milk							
7	Mothers of children 0-6 months old Influencers: Fathers of children 0-6 months Grandmothers TBAs CHWs	Weekly meetings of Mother to mother support group including positive deviant mothers	Weekly meetings with mother to mother support group	WASH (Water management committees to engage with the fathers), Health sector (Post natal visits, child's immunization)	Weekly meetings with the mother to mother support group	Weekly monitoring visits by the nutrition officers to the mother to mother support group meetings	Support from community leaders and the county health department
8		Group sensitization sessions at community or facility level with targeted groups	Group counselling at OTP facilities, with the mother to mother support group, at GFD points, water points, mosque/common gathering places	Health sector (TBAs session with pregnant mothers, ANC at facility level , FSL (GFD and other components), Education (in school, teachers PTA meetings)	Daily at facility level (3 times), Once a month for MTMSG, GFD - depending on distribution once a month, PTA meetings on an average twice in a term (3 months)	Reporting system - report and pictures, audio or video clips, Technical person to visit once in quarter for monitoring, FGD at the community level	Atleast every facility should have an MIYCN counsellor (budgets for position, graduate Lead Mothers as Counsellors), regular refresher trainings of MTMSG. adequate compensation in kind to the Lead Mothers

10		Radio talk shows, radio spots	Some projects have been including but in limited numbers based on budget availability. It is a successful activity that needs to be increased in frequency	MoH free air time for talk shows (mostly on COVID-19 these days)	Once in a month. Key messages - prerecorded/radio spots 2-3 times per week	Assigning field staff to listen to recorded messages being aired as per schedule. Monitoring on site with the recording of the data - asking community if they have heard. Including community feedback in ongoing monitoring/KAP surveys/FGDs etc.	Support from MoH on the airtime, approval from authorities to organize the talk show (approving committee), support from internal media and communication team, radio sets for Lead mothers
11		Voice messages on mobile (in collaboration with the Ministry of Health)	New activity	Radio voice messages, Media & communication team, COVID-19 messaging (Health sector)	Quarterly for different sets of messages, once in a day	Assigning field staff to listen to recorded messages being aired as per schedule. Monitoring on site with the recording of the data - asking community if they have heard. Including community feedback in ongoing monitoring/KAP surveys/FGDs etc.	Budget, MoH support, technical support for accurate messaging
12		Development and printing of materials (counselling cards, key messages for counsellors, harmonized tally sheets, banners, pictorials, posters)	Mother to mother support group materials, MIYCN sounselling cards, printing of world brestfeeding week celebration materials, NIPP circles materials	Media and communications department (branding as well as disseminating through social media, radio talk show etc.)	Based on project specific requirement	Regular review of materials to be printed by the Nutrition technical person in collaboration with the Media and Communications team. Nutrition technical person also monitors appropriate utilization of the materials	Support from MoH for review and approvals and from local partners for inputs during development of materials
III. Mothers initiate feeding their babies with solid/semi-solid foods at 6 months							
13	Mothers with children 4 -6 months Influencers: Fathers Grandparent s Babysitters Cultural leaders	weekly sessions of the MtMSG and in nutrition facilities	Weekly meetings with mother to mother support group	WASH (Water management committees to engage with the fathers), Health sector (Post natal visits, child's immunization)	Weekly meetings with the mother to mother support group	Weekly monitoring visits by the nutrition officers to the mother to mother support group meetings	Support from community leaders and the county health department

14		One on one counselling for mothers who have difficulties in complementary feeding	Facility based CNWs and MIYCN counsellers, outreach by the MIYCN counsellers, use of Community Nutrition Workers at the facility level, Community Nutrition Volunteers (CNVs) and mother to mother support group lead mothers	ANC visits (Health sector), include in trainings for mid-wives and doctors	Regularly during ANC visits (4 visits), on a weekly basis at the community level	Weekly monitoring visits by Nutrition Officers, Reviewing MIYCN Registers by Nutrition Officers	Support from Community Leaders at the community level, State MoH and CHD support for facility level
15		Cooking demonstrations using the locally available foods and complementary foods preparation using the positive deviant mothers (hearth model)	Ongoing activity in programs, involve MTMSG members, also invite mothers who have issues/challenges, NIPP, encourage kitchen gardens	Integration with FSL (vegetable gardening, kitchen gardening)	Quarterly basis per MTMSG (depending on budget availability)	MIYCN counsellors visit homes during lunch time, Fix scheduled visits by CNVs or Nutrition oficers conduct home visits at times when mothers are cooking, Pictures/attendance/minutes compilation and analysis	Access to cooking demonstration manual and recipe book; Recruitment of staff with nutrition background or support from MIYCN technical person to train the available staff, exchange visits to other areas, adquate budgets for the activity
16		Continuous sensitization sessions with influentials on adequate complementary feeding and gender based food provision (dramas, composing songs, playing key messages on speakers)	Group counselling at OTP facilities, with the mother to mother support group, at GFD points, water points, mosque/common gathering places	Health sector (TBAs session with pregnant mothers, ANC at facility level , FSL (GFD and other components), Education (in school, teachers PTA meetings)	Daily at facility level (3 times), Once a month for MTMSG, GFD - depending on distribution once a month, PTA meetings on an average twice in a term (3 months)	Reporting system - report and pictures, audio or video clips, Technical person to visit once in quarter for monitoring, FGD at the community level	Atleast every facility should have an MIYCN counsellor (budgets for position, graduate Lead Mothers as Counsellors), regular refresher trainings of MTMSG. adequate compensation in kind to the Lead Mothers
17		Group sessions to promote vegetables and fruits gardening	Ongoing activity in programs, involve MTMSG members, NIPP, encourage kitchen gardens	Integration with FSL (vegetable gardening, kitchen gardening)	Every week during the rainy season (approx 5 months)	Field visit reports for joint monitoring visits with partners, minutes of the meetings, (monthly and quarterly visits)	Support from FAO/UN agencies for seeds and technical support for agriculture practices and other FSL partners
18		Development and printing of materials (Counselling cards, Banners, posters)	Mother to mother support group materials, MIYCN counselling cards, printing of world breastfeeding week celebration	Media and communications department (branding as well as disseminating through social media, radio talk show etc.)	Based on project specific requirement	Regular review of materials to be printed by the Nutrition technical person in collaboration with the Media and Communications team. Nutrition technical person also	Support from MoH for review and approvals and from local partners for inputs during

			materials, NIPP circles materials			monitors appropriate utilization of the materials	development of materials
IV. Fathers are involved in feeding the baby							
19	Fathers having children under two years **Influencers:** Peer group of the target fathers, mothers, grandparents, Cultural Leaders	Community dialogue or discussion.	Group counselling at OTP facilities, with the mother to mother support group, at GFD points, water points, mosque/common gathering places	Health sector (TBAs session with pregnant mothers, ANC at facility level , FSL (GFD and other components), Education (in school, teachers PTA meetings)	Daily at facility level (3 times), Once a month for MTMSG, GFD - depending on distribution once a month, PTA meetings on an average twice in a term (3 months)	Reporting system - report and pictures, audio or video clips, Technical person to visit once in quarter for monitoring, FGD at the community level	Atleast every facility should have an MIYCN counsellor (budgets for position, graduate Lead Mothers as Counsellors), regular refresher trainings of MTMSG. adequate compensation in kind to the Lead Mothers
20		Development and airing of FM radio drama series	New activity	Media and communications department, Health sector (for integration of messages and sharing information on the programme to the communities), FSL (integrate messages for farmers) WASH (integration of messages) and Education (integration of messages as well as spreading the word on the show)	Initial series of 26 episodes, aired twice/thrice a week, Subsequently design further seasons	Listener groups formed at the community level, field staff to tune in and report, FGD at the community level	Support from the Media and communications team in developing the series, technical vetting of messages/scripts, approval from broadcasting channels/committees, approval from MoH
21		Design and printing of posters, banners, guide for sessions, pictorials	Mother to mother support group materials, MIYCN sounselling cards, printing of world brestfeeding week celebration materials, NIPP circles materials	Media and communications department (branding as well as disseminating through social media, radio talk show etc.)	Based on project specific requirement	Regular review of materials to be printed by the Nutrition technical person in collaboration with the Media and Communications team. Nutrition technical person also monitors appropriate utilization of the materials	Support from MoH for review and approvals and from local partners for inputs during development of materials
22		Messaging through Megaphones	Happens occasionally, new for this behavior	Health sector (Vitamin A campaigns), GFD programmes,	Monthly, GFD (six monthly)	Monitoring by field staff, community members, report from the vendor	Permission from MoH, technical support on message to be delivered, budget availability
23		Training of Mentor fathers (young fathers' groups)	New activity: Technical staff along with MIYCN	Explore integration with other sectors like health	Once in six month's training for the frontline workers	Regular program monitoring by the MICYN technical manager	Support from MoH, UNICEF and other actors on ground

			counsellers to train the Mentor Fathers				
24		Sensitization sessions by Mentor Fathers	New activity,	WASH (Distribution of NFI), GFD,	Monthly	Regular program monitoring by the MICYN technical manager	Permission from local stakeholders/community leaders, UNICEF technical support on training
25		Group discussions with Community project committees (WASH committees, Boma Health Committees)	Group counselling at OTP facilities, with the mother to mother support group, at GFD points, water points, mosque/common gathering places	Health sector (TBAs session with pregnant mothers, ANC at facility level , FSL (GFD and other components), Education (in school, teachers PTA meetings)	Daily at facility level (3 times), Once a month for MTMSG, GFD - depending on distribution once a month, PTA meetings on an average twice in a term (3 months)	Reporting system - report and pictures, audio or video clips, Technical person to visit once in quarter for monitoring, FGD at the community level	Atleast every facility should have an MIYCN counsellor (budgets for position, graduate Lead Mothers as Counsellors), regular refresher trainings of MTMSG. adequate compensation in kind to the Lead Mothers
V. Mothers continue breastfeeding along with complementary feeding at least till the child is 2 years old.							
26	Parents/care givers of the children 6-23 months -Husbands -grand mothers -Employers -Authorities/policies makers (NGO, Companies & Government)	Weekly meetings of mother to mother support groups	Weekly meetings with mother to mother support group	WASH (Water management committees to engage with the fathers), Health sector (Post natal visits, child's immunization)	Weekly meetings with the mother to mother support group	Weekly monitoring visits by the nutrition officers to the mother to mother support group meetings	Support from community leaders and the county health department
27		Sensitization sessions with influencers	Ongoing activity through MTMSG, MIYCN counsellors, Community leaders	Health sector (sensitization sessions, ANC, PNC and EPI), WASH activities	Weekly sessions or monthly depending on budget availability	Weekly monitoring visits by the nutrition officers to the mother to mother support group meetings, Analysis of facility HMIS	Support from community leaders and the county health department
28		Training of frontline staff on conducting group sensitization sessions including integration of family planning services and messages	MIYCN counsellers at the facility level to train the frontline workers	Explore integration with other sectors like health	Once in six month's training for the frontline workers	Regular program monitoring by the MICYN technical manager	Support from MoH, UNICEF and other actors on ground
29		Formation and meetings of Peer counselling groups at the workplace	Lead mothers in MTMSG to support formation of groups	Livelihood sector – to be explored	Peer groups to meet once a month	To be monitored through MTMSG monitoring	Support from MOH and through them from other departments such as chamber of commerce
30		Support for breastfeeding corners at work (creating a demo/model corner?)	New activity	To be explored	Once, in five insitutions/companies/organizations	Monitoring visits by Nutrition Officers and MIYCN officers	Support from MoH and through them from other departments such as

							chamber of commerce, revenue authority etc.
31		Sensitization sessions with employers and authorities for policy advocacy of breastfeeding at work places.	Could combine with other policy advocacy activities as part of the nutrition program. Engage with the Nutrition Cluster partners to conduct this activity	Gender/Protection activities – to be explored	Once in three months	Regular program monitoring by the MICYN technical manager	As above
32		Mentor fathers' group sensitization sessions	New activity,	WASH (Distribution of NFI), GFD,	Monthly	Regular program monitoring by the MICYN technical manager	Permission from local stakeholders/community leaders, UNICEF technical support on training
33		Design and printing of counselling cards, infographs (for policy makers), posters	Mother to mother support group materials, MIYCN sounselling cards, printing of world brestfeeding week celebration materials, NIPP circles materials	Media and communications department (branding as well as disseminating through social media, radio talk show etc.)	Based on project specific requirement	Regular review of materials to be printed by the Nutrition technical person in collaboration with the Media and Communications team. Nutrition technical person also monitors appropriate utilization of the materials	Support from MoH for review and approvals and from local partners for inputs during development of materials