

Tales from an At-scale Nutrition SBCC Intervention in Nepal



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Suaahara Basics

- Integrated nutrition program to improve nutritional status of women and children <2 years
- Suaahara is expected to contribute in reducing national stunting from 41% to 27% in pursuit of the Nepal Government's multi-sectoral nutrition plan

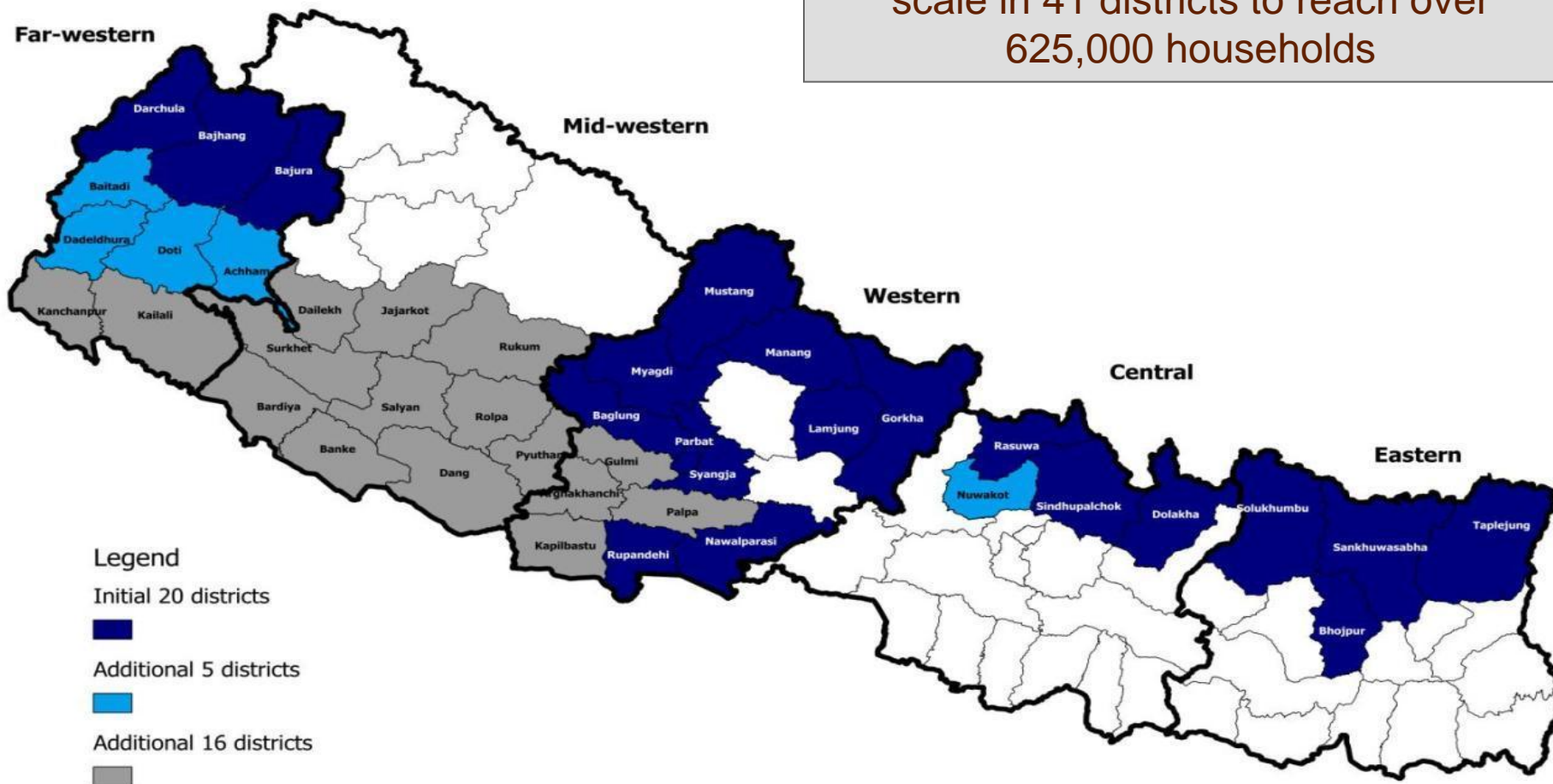
Save the Children (SAVE) - *Prime*

- Johns Hopkins Center for Communication Programs (JHU-CCP)
- Helen Keller International (HKI)
- Jhpiego
- Nepali Technical Assistance Group (NTAG)
- Nepal Water for Health (NEWAH)
- Nutrition Promotion and Consultancy Service (NPCS)



Intervention Districts

Multi-sector nutrition project operating at scale in 41 districts to reach over 625,000 households



Suaahara: Overview

Goal: Improve the nutritional status of women and children < 2 years

Result 1:

Household nutrition, health and hygiene behaviors improved

Result 2:

Use of quality nutrition and health services by women and children increased

Result 3:

Consumption of diverse and nutritious food by women and their families increased

Result 4:

Coordination on nutrition between government and other actors strengthened

Themes to Support SBCC At Scale

- Evidence-based SBCC approaches with theoretical underpinning
- Harmonized, Big Tent campaign approach with entertainment education
- Guided by audience feedback



Theories Behind the Approach

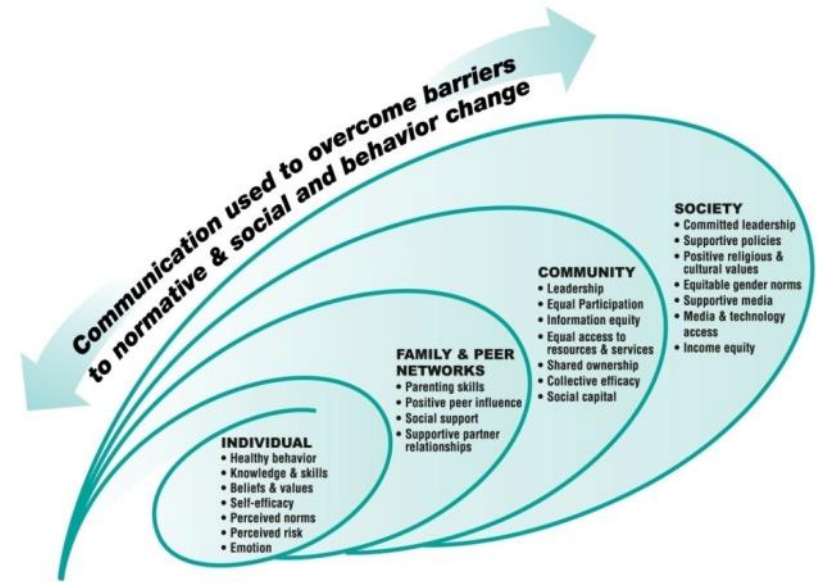
Socio-Ecological Model

- Individuals influenced by families, peers, community

Theory of Reasoned Action

- People make change based on what the benefits will be to themselves
- People consider **what others (close to them) will think of them** making the change

Positive Deviance



Opportunities from Formative

Aspirations

Families have aspirations for the children to be

- Successful in school
- Successful in life (go abroad or financially sound)

Mothers-in-law

- Important role in 1,000 days household decision-making
- Can be the catalyst to change social norms on 1,000 days women and child care



Seven Key Behaviors

1. Give an extra meal each day to pregnant women and two extra meals to those who are breast feeding.
2. After six months along with breastfeeding and milk based foods add animal source food such as eggs, fish and meat, orange-fleshy fruits and greens to baby's food.
3. Wash hands with soap and water before feeding the baby.
4. When baby is sick, continue to breastfeed and give extra nutritious food. After baby is better, give an extra meal each day for 2 weeks.
5. Create physical barriers between children and floor, particularly separate from animals (including chickens), dirt and all feces.
6. After a baby is born a couple will use an appropriate family planning method within 45 days.
7. If your child has diarrhoea, give the child ORS with Zinc tablet.

Central character for communication - *Bhanchhin Aama (Mother Knows Best)*

- **One face:** Mother-in-law, an important figure to stimulate behavior change at the household level **who is a local person available easily and relatable.**
- **One umbrella:** A brand that linked multiple channels (mass media, community, interpersonal) and issues (nutrition, WASH, health, agriculture)



Bhanchhin Aama Campaign



Mass Media
Radio programs
Community Theater
Billboards

Interaction

Interpersonal communication
Discussion cards
Feeding wheel
Print materials



**1000
day family**

Feedback

Participation

Community

Radio discussion Groups
Key Life Events
Ideal Family
Cooking Demonstrations
Cooking Competitions
Songs



Bhanchhin Aama: Mass media

Bhanchhin Aama
Entertainment Education
radio magazine :

Hello! Bhanchhin Aama
Phone In :



भन्छिन् आमा

समयमै स्वास्थ्य शुरुवात

बच्चा बिरामी हुँदा बढी शक्ति चाहिने भएकोले
६ महिना पूरा नभएका बच्चालाई सधैं खाइरहेको भन्दा
बढी पटक आमाको दूध खुवाऔं र निको भएपछि
पनि २ हप्तासम्म यसरी नै खुवाइरहौं ।



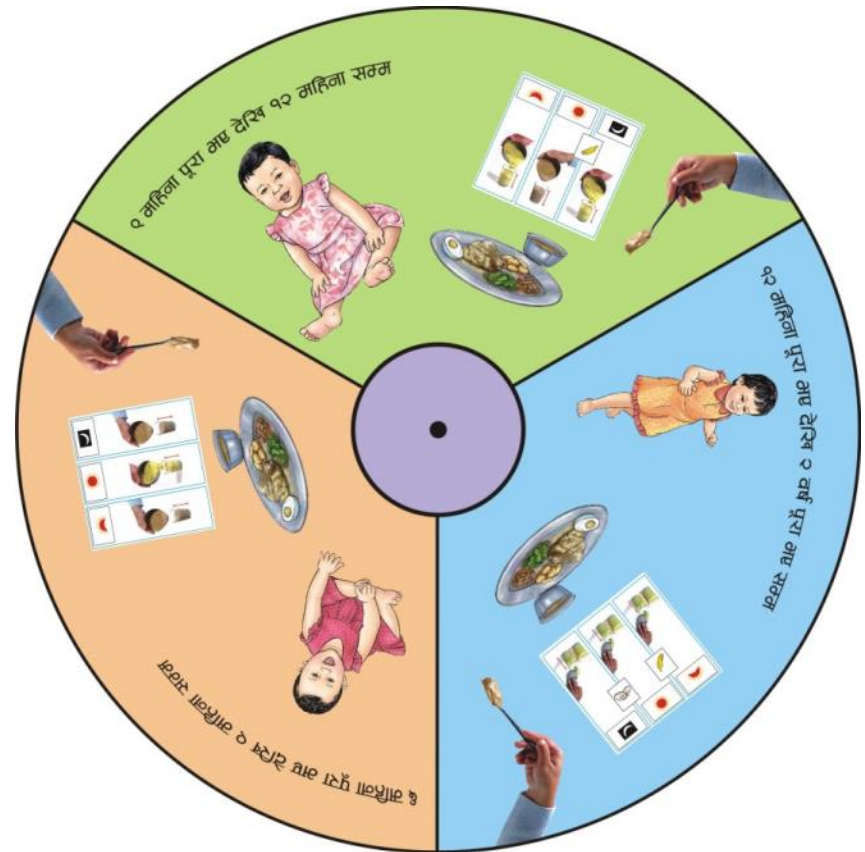
शुआहार
आमाको दूधको साथै



संघीय सरकार
स्वास्थ्य तथा जनसंख्या विभाग
पोखरा, नेपाल



Interpersonal Communication Example – Complementary Feeding Wheel



मन्मिन् आमा
समयमै सल्लाह सुक्याता

**बच्चाहरुको लागि
मिटो खाना बनाउने प्रदर्शनी**

मिति : जेष्ठ १८, २०७२
स्थान : खराङ्ग, संखुवासभा

USAID
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सुआहारा
सुखी जीवनको लागि

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पूरक तथा बचप आहार (Complementary and Child Feeding)

बच्चाको उमेर (Age in Months)

उमेर (Age)	पूरक (Complementary)	बचप (Child Feeding)
६-११ महिना	सुखी, चिउरी, दही, आलु, चने, आदि	सुखी, चिउरी, दही, आलु, चने, आदि
१२-२३ महिना	सुखी, चिउरी, दही, आलु, चने, आदि	सुखी, चिउरी, दही, आलु, चने, आदि
२४-३६ महिना	सुखी, चिउरी, दही, आलु, चने, आदि	सुखी, चिउरी, दही, आलु, चने, आदि

USAID

बट्टा र आमाको स्वास्थ्यको लागि के के व्यवहारहरू गर्नु पर्छ ?

बच्चाको जन्म भएपछि १० दिन भित्रै माताले बच्चाको स्तनपान सुरु गर्नुपर्छ।

६ महिना सम्म मात्रै स्तनपान गर्नुपर्छ। ६ महिना पछि बच्चाको लागि अरु खाना दिनुपर्छ।

स्तनपान गर्दा माताले आफ्नो स्तनलाई राम्ररी सफा राख्नुपर्छ।

स्तनपान गर्दा माताले आफ्नो स्तनलाई राम्ररी सफा राख्नुपर्छ।

USAID

सुआहारा
सुखी जीवनको लागि

USAID
अमेरिकी सहायक

सामग्रीहरू सुदृढीकरण गर्नुपर्छ
एक विधि उपलब्ध

सामग्रीहरू सुदृढीकरण गर्नुपर्छ। एक विधि उपलब्ध।

आमाको स्वास्थ्यको लागि
सुआहारा

आमाको स्वास्थ्यको लागि सुआहारा।

बच्चाको स्वास्थ्यको लागि
सुआहारा

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Guided by Feedback

'How to' Videos

1. Easy-to-use and easy-to-download videos
 - How to implement campaign activities
 - How to cook complementary food recipes
 - Key behaviors (ie sick child)
2. For front line workers or field supervisors to watch or show on their mobile phone or other accessible screen



Grand parents: watching recipe video in a mobile

Aama Answers Questions on your Mobile Phone - Pilot

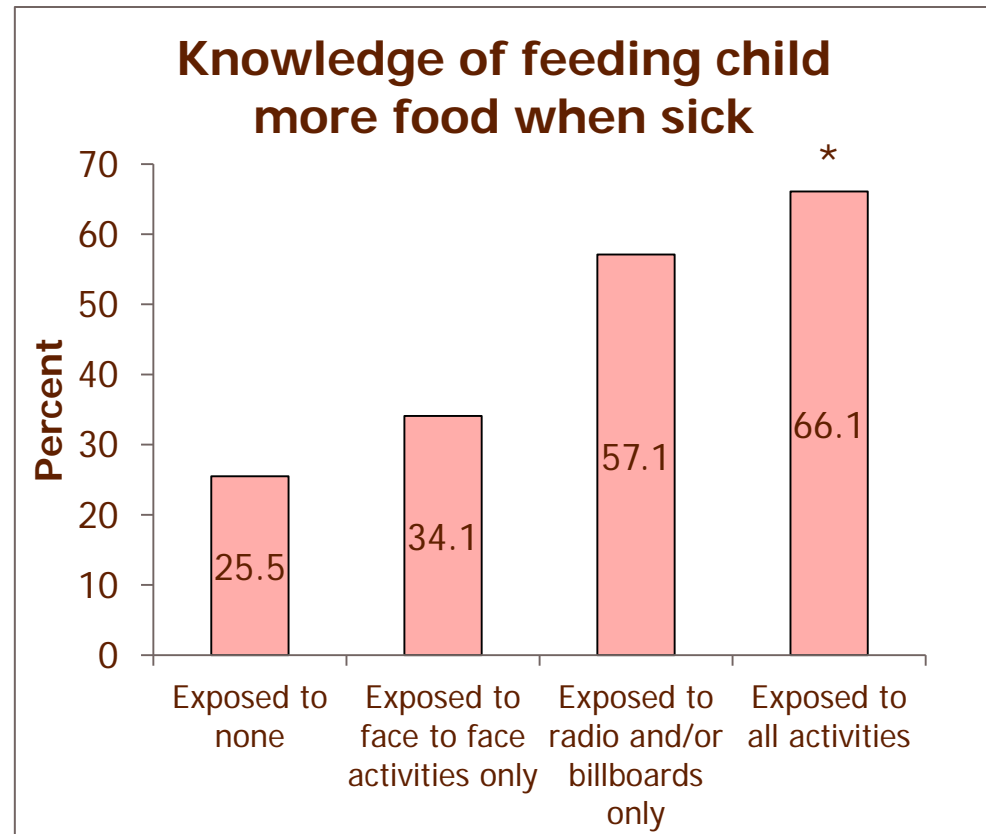
"I can't remember things correctly about feeding my baby; asking with FCHVs every time isn't possible. I can't write well to note those things down. With my phone (IVR), now I have access to the correct information whenever I need."

- A 1000-days mother from Kapaleki, Doti



Result: Knowledge

- Exposure to all program activities (vs. no exposure) had a 4.6 times greater likelihood of reporting knowledge of the importance of feeding children more food when sick



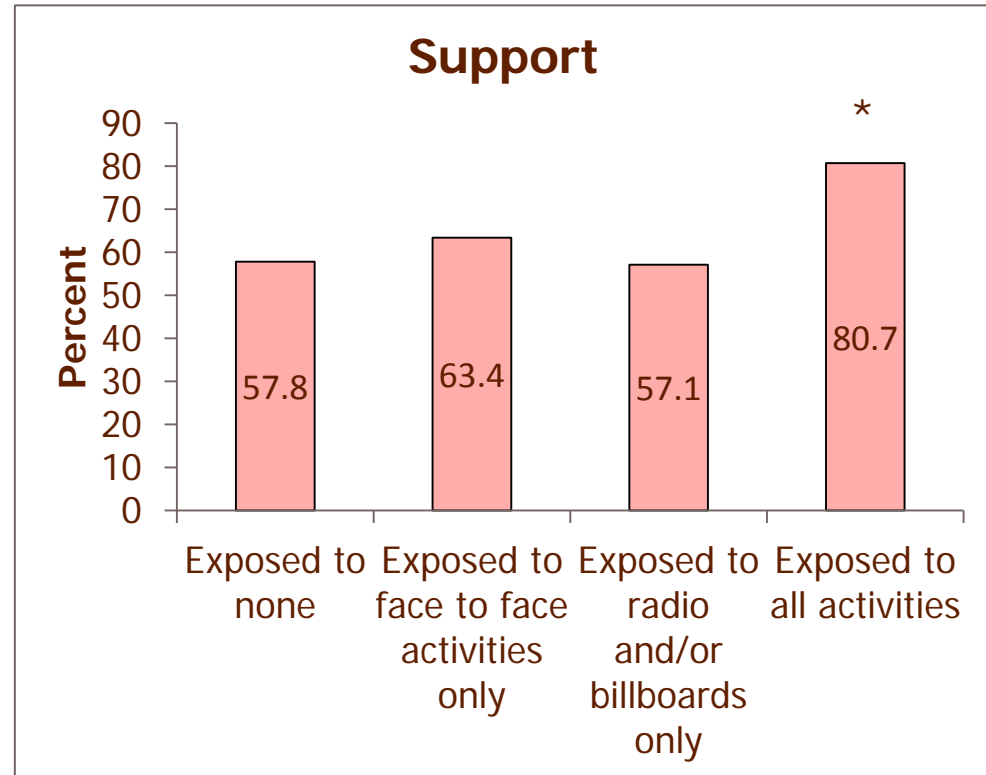
* Significant ($p < 0.01$) compared to women exposed to no activities (reference group)

Result: Behaviors

- Exposure to all activities associated with feeding children dark leafy greens in the past 24 hours (exposed to all activities: 77.1%; not exposed: 56.4%; OR: 2.0; $p < 0.10$)
- Exposure to all activities associated with exclusively breastfeeding until 6 months (exposed to all activities: 76.4%; not exposed: 57.8%; OR: 2.7; $p < 0.01$)

Results: Relationship between exposure and gender dynamics

- Exposure to all program activities (vs. no exposure) had a **2.5** times greater likelihood of receiving support from one's husband or other family member for work often assigned to women



* Significant ($p < 0.01$) compared to women exposed to no activities (reference group)

Case Study – Lal Kumari

“I saw two children who were malnourished in my own village. I quickly advised their families about proper child feeding practices. Once their children grew bigger and healthier, they said, ‘you were right. Your advice really benefitted my child. You are just like Mana Aama from that radio program Bhanchhin Aama.’

When they said that, I was so ecstatic!” Lal Kumari voiced.



*Lal Kumari Rai,
Disadvantaged Group
Member, Grandmother*

Case Study – Kalpana

“Of course there are others who want to win this prestigious award and raise their children like ours – healthy,” says mother in law Suryakumari. “They come and ask me what I feed my grandchildren and how I keep them so healthy and happy all the time!”



Kalpana Bhujel's family was designated an ideal family for practicing at least 4 key Suaahara behaviors.

After the Earthquake

- Coordination with government and partners
- Emergency Radio spots (mostly on WASH)
- Special Bhanchhin Aama Radio program
- Posters