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SPRING
Strengthening Partnerships, Results,
and Innovations in Nutrition Globally

When a King Has Good Counsellors, His Reign is Peaceful

Viewer Discussion and Action Planning

Documentary Video Facilitator's Guide



July 2016

About SPRING

The Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by JSI Research & Training Institute, Inc., with partners Helen Keller International, The Manoff Group, Save the Children, and the International Food Policy Research Institute.

Disclaimer

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Contents

- Acronymsv**
- Introduction to the Documentary Video and Discussion Guide..... vii**
- The First 1,000 Days Community Advocacy Video1**
- How to Use This Guide.....3**
- Group Discussion Step-by-Step Guidelines5**
 - Step 1: Introductions. 5
 - Step 2: Introduce and Play the Documentary..... 5
 - Step 3: Ask for Initial Reactions to the Film..... 5
 - Step 4: Begin to Discuss Each Part of the Documentary, One Part at a Time..... 5
 - Step 5: Action Planning and Making Commitments..... 9
 - Step 6: Wrap-Up and Close.....10
- Annex 1: Discussion Group Agenda Template 11**
- Annex 2: Video Discussion Group Reporting Tools and Instructions..... 13**
- Annex 3: Community Leaders’ Action Plan 19**
- Annex 4: Basic Facts on the SPRING/Ghana Program 21**
- Annex 5: Background on Child Nutrition in Ghana..... 23**

Acronyms

GHS	Ghana Health Services
GSS	Ghana Statistical Services
JSI	JSI Research & Training Institute, Inc.
SPRING	Strengthening Partnerships, Results, and Innovations in Nutrition Globally
USAID	United States Agency for International Development
WASH	water, sanitation, and hygiene

Introduction to the Documentary Video and Discussion Guide

Undernutrition is a key cause of poor child growth and development, including early mental development. Early child growth, beginning during the mother’s pregnancy and continuing until the child is two years old, sets the stage for later life. Losses in physical and cognitive development resulting from undernutrition during this period, the first 1,000 days, cannot be recovered later on. Children who suffer from abnormally slow growth do not perform well in school and are at risk of becoming less productive as adults, which affects their lifetime earnings. Slow economic development in northern Ghana can be attributed in part to child undernutrition.

Preventing child undernutrition must begin during the mother’s pregnancy. It is a responsibility that should fall not solely to female caregivers and male heads of households. Traditional and community leaders also must play a role. Overall, community leadership can serve as a driving force to protect the welfare of all its citizens, including children under two years of age.

Recognizing an opportunity to cultivate the community’s role in addressing undernutrition and to illustrate what can be done when leaders of all kinds do their part to improve nutrition during the first 1,000 days, the SPRING project in Ghana created the video documentary, *“When a King Has Good Counsellors, His Reign is Peaceful.”*

This accompanying discussion guide was designed to spark conversation about child undernutrition among community leaders and to help them develop community action plans to enable households, especially male heads of households, to make changes. After first sensitizing traditional and community leaders on the state of child nutrition, the video offers ideas on how leaders can take specific actions: speak out, model positive behaviors, and influence policies and resource allocation around high-impact nutritional practices that will change the course of health, development, and economic success among households and communities.

The First 1,000 Days Community Advocacy Video

This 24-minute documentary, filmed in the Northern and Upper East Regions of Ghana, summarizes the current status of child undernutrition and the role key local leaders and “their counsellors” play in their communities to encourage households, particularly male heads of households, to ensure adequate nutrition for their families.

Parts of the Documentary

- **Part 1** presents the case of chronic undernutrition in young children, particularly those under the age of two. It describes the extent of the problem in northern Ghana and stresses the need for urgent action among local leaders.
- **Part 2** introduces the variety of leaders working in the Northern and Upper East regions, including traditional and religious leaders; members of the regional and district health directorates and environmental health teams; community health workers; the leader of a mothers’ support group; and male heads of households. The video demonstrates how each individual regularly champions and models good nutrition and hygiene practices to improve conditions for young children in their community. These practices include: exclusive breastfeeding during the first six months of the baby’s life; giving the child healthy foods, such as animal source foods; taking children for growth monitoring and health assessments; using a latrine and hand washing; and helping women with household chores.
- **Part 3** is a call to action targeting other influential leaders and male heads of households. As leaders, viewers are *encouraged* to take specific action to enable their communities and households to adopt and maintain good nutrition and hygiene practices in order to improve young children’s health and ultimately, the health and development of the communities in which they all live.

Primary Messages of the Film

- Chronic undernutrition, which develops during the first 1,000 days after birth, has serious consequences throughout the child’s life and ultimately for the community as a whole.
- Chronic undernutrition is preventable when key actions are taken to protect pregnant women and to ensure that young children are raised in a healthy environment and given a nutritious diet.
- Child nutrition is not only the responsibility of women. Leaders and male heads of households have important roles to play and the power to change the situation. Their involvement costs nothing—and the results benefit everyone.
- Now is the time to act: It is up to leaders to make a difference and to take action to help every child experience healthy growth.

Who Should Use This Guide

The documentary and discussion guide are designed to be used by community advocates working with leaders to improve nutritional outcomes for children during their first 1,000 days. Although SPRING has designated facilitators through district area councils, the materials can be used by anyone who gathers an audience of influential community, traditional, religious, and/or government leaders committed to improving Ghana’s future.

How to Use This Guide

Preparing for the Video Showing and Discussion

Before showing the video and facilitating a viewer discussion session, make sure you are properly prepared and organized. To do so, consider:

- **Identify and mobilize the right participants for each session:** Ideally, groups should include between 20 and 30 participants, either a homogeneous audience (e.g., religious leaders) or a mixed group (e.g., comprising traditional leaders, opinion leaders, and assembly members). The SPRING district coordinator and officers and the Area Council can help you identify and mobilize the right participants.
- **Gather permissions and permits:** Find out which will be necessary to show the video and obtain them.
- **View the documentary before each session and read through the discussion guide:** Familiarize yourself with the content in advance and think about changes that should be made based on who is in the audience for the showing.
- **Identify a suitable location for the discussion:** You can host your session anywhere that is quiet, with good lighting that will allow participants to watch the video in relative darkness but that can be illuminated during the ensuing discussion. Look for a place (e.g., classroom, health center, available office space within the district) where the group will be able to sit down and where it will be easy to hear the video.
- **Schedule the meeting and communicate to participants:** Set a date and time convenient for participants. Review the template agenda in Annex 1, and plan for a session of approximately 4½ hours, to allow for the viewing, discussion, action planning, and wrap-up.
- **Have the SPRING reporting tools ready to capture attendance and contact details.** This guide provides two template reporting tools. The first is to be used with identifiable groups—that is, groups with an existing structure. The second is to be used to collect information on the number of individuals who may come together as a large unidentifiable group, such as at a community gathering or other event, during which the video is shown. It is important that this information is collected so that participation can be tracked.
- Gather materials/resources for the session:
 - Laptop, projector, connecting cables, speaker(s)
 - Documentary video on a memory card or flash disc provided by SPRING
 - Facilitation guide
 - Reporting tools (Annex 2)
 - Action planning forms (Annex 3)
 - Refreshments (*optional*)

Important! The primary audiences for this video are local leaders and male heads of households. Make sure that you consider all local customs when inviting participants and that you have the right facilitator (e.g., as to level of authority, age, language skills). For instance, if your group is mostly imams or pastors, make sure your facilitator is someone who occupies a similar position of respect.

Facilitator Note

Your role as facilitator is to ensure that group members discuss and learn from one another. The following are some tips that may help your sessions go well.

- State the objectives and discussion topic at the beginning of the session.
- Do not lecture. Ask open-ended questions to allow participants to discuss among themselves.
- Allow everyone to speak.
- Encourage those who are quiet to contribute by saying, “What do you think about what X just said?” or “Would you like to say something about this topic?”
- Keep the group on the main topic of discussion.
- Ask each group to clarify plans and commitments and to sign their small group commitment sheet.
- Let each group present their action plans in plenary and collect the sheets.
- Wrap up the session by repeating the key messages and confirming commitments and collaborations that were agreed to during the discussion.

Group Discussion Step-by-Step Guidelines

Step 1: Introductions.

- Introduce yourself and ask participants to introduce themselves.
- Set ground rules (e.g., put cell phones on silent, respect one another's views).
- Provide a brief overview of SPRING/Ghana (Annex 5).
- Explain the session objectives: to spark conversation about child undernutrition and to encourage leaders to develop action plans for change that will help children grow healthy and achieve their full potential.

Step 2: Introduce and Play the Documentary.

- Introduce the video. Briefly describe what viewers will see and how the video is organized. Tell participants that the discussion will be structured around the three parts of the video and that they should take notes if they need to (*see "Parts of the Document," above*).
- Let participants know that the video lasts approximately 24 minutes.
- Start the video and make sure everyone can see and hear it.
- If there are audiovisual problems, make adjustments to the video, and then start it over at the beginning.
- Consider alternative methods for playing the documentary. Some audiences may prefer to see the video more than once to best understand key concepts. If so, consider these options:
 - Hold the discussion session after you have shown the video all the way through *twice*.
 - Show the video all the way through, then replay it in three sections: Part 1, Introducing the Case for Child Nutrition; Part 2: Introducing Local Leaders and Their Roles in Improving Child Nutrition; and Part 3, Call to Action. Allow time between segments for the group to discuss each topic.

Step 3: Ask for Initial Reactions to the Film.

Ask your audience: "What is your general impression of the video? Do you think it reflects the situation you face in this region generally, and in your community in particular? Why? Why not?"

Step 4: Begin to Discuss Each Part of the Documentary, One Part at a Time.



Dr. Joseph Opare Laarbi, deputy regional director of Health Services, Upper East Region

Discussing Part 1: What to Say

Now, I would like to discuss each part of the documentary. The first part is about the general situation of undernutrition in northern Ghana and some statistics.

- In the film, it is said that many people believe if a child is short, it is natural, and that the child must come from a family of short people. Do members of your community believe this? What other things do people say in your community about child growth?

Dr. Joseph Opare Laarbi, Deputy Regional Director of Public Health, Upper East Region, describes stunting as “a chronic condition whereby the child does not receive adequate nutrients for a certain period.” What do you think about this statement?



Dr. Jacob Mahama, Acting Director, Northern Regional Director of Health Services

- Do you believe that with good nutrition a child can overcome extreme shortness, even if other family members are very short?
- What do you remember about the statistics related to child undernutrition? What surprised you? What alarmed you? What meaning do you take away from this?
- What are some of the consequences of undernutrition for children, families, and communities mentioned by Dr. Jacob Mahama, acting regional director of health services, Northern Region?
- After hearing this information, has anything changed for you that will make you think differently about young children and their families in your community?
- Do you have any questions about what you have seen up to this point?

Key Statistics By their second birthday, all children should be at least a certain height: boys, 81.7 centimeters; girls, 80 centimeters. These are the global standards.

- Only 8 percent of children in Ghana under six months of age are stunted, but by the time they reach the age of two, 25 percent are stunted.
- An estimated 720 million Ghana cedis (US\$504 million) will be lost in Ghana due to stunting and poor child growth in Ghana between 2011 and 2020.

Facilitator Note

After participants respond, mention any of the following consequences of undernutrition they may have missed:

- Children do not grow well physically or mentally.
- Children do not perform well in school and leave school early.
- Children become adults who do not have the skills to advance in their jobs.
- Families continue to suffer from lack of productivity and income.

Discussing Part 2: What to Say

The second part of the video shows the roles that families, leaders, professionals, and community members can play to address child undernutrition. The segment opens at 10:33 minutes into the video, with the drummer and men gathering at the chief’s house.

- The video made a point to say that not all of the burden for children’s nutrition should be placed on women and mothers. Is this usually the way people in your community think of this topic? Why or why

not? If so, what do you think it would take to change the belief that women and mothers are solely responsible for child nutrition?

- What are some of the things leaders in the documentary are encouraging mothers and caregivers to do to ensure a healthy environment and diet for young children?



Community demonstration of proper breastfeeding

Facilitator Note

After participants respond, mention any of the key actions they may have missed:

- Ensure that babies are breastfed immediately after birth (within 30 minutes) and that they are given only breast milk for the first six months. After six months, continue breastfeeding while introducing complementary foods until the age of two, when the child should be fully incorporated into family meals.
 - Take the child to the community health planning services/health facility for regular weighing and advice.
 - Provide the child with a healthy diet that is more than just grains. Children need vegetables and foods that come from animal sources (e.g., eggs, pieces of liver or other meats and fish).
 - Help mothers in the care of their children.
 - Create a healthy environment for children. Construct and use latrines and ensure hand washing at critical times.
-
- Among the actions mentioned in the video that improve child nutrition, which do you think are some of the biggest concerns in this community? Why?
 - A number of traditional and religious leaders are playing strong roles to address undernutrition in their communities. What types of things are they doing here?
 - Was there anything about leaders and men generally taking a greater role in providing for children that was surprising to you?
 - How do you think these actions, which involve men taking a more active role, would be received in your community?

Facilitator Note

After asking for examples of the actions of traditional leaders, remind participants of the actions some leaders in the video are taking. If necessary, remind them of:

- **The First Elder of Nayiri:** Visits local health centers and observes growth monitoring activities to make sure that household members, including men, actively participate.
- **The Chief of Atampintin:** Reminds fathers to use some of their money to purchase liver, fish, and eggs for young children over six months of age and to take meat home to their families.
- **The Chief Imam:** Encourages men to take an active role in caring for children, including making sure that there is food other than grain for their young children.
- **The Sanitation Officer:** Helps men and other family members build latrines and hand-washing stations and use them properly.

After the discussion, inform participants that if they do not regularly see the actions depicted in the documentary in their communities, it is important that they begin thinking of the problems they may want to address. These will be discussed further in the Action Planning session.

Discussing Part 3: What to Say

The final part of the video calls on leaders to take action. This section starts at 18:51 and opens with the sun rising.



Chief of Atampintin, Awumbilla Ayaa

- The Chief of Atampintin, Awumbilla Ayaa, calls for households, especially husbands, to do what is needed to help their wives and newborns obtain the nutrients required to prevent stunting. What is needed in your own community to encourage men to take this action?

- What actions can traditional and community leaders take immediately to reduce the poor growth of young children in this community?

- What specific roles can male heads of households take in your community to address child undernutrition?

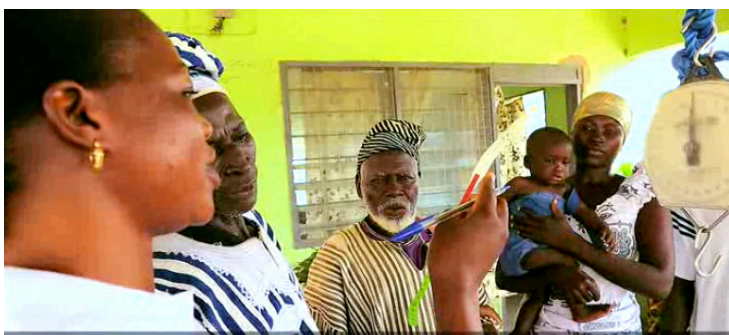
- What are the biggest barriers preventing men and leaders in your community from taking action to improve child nutrition?

- Thinking of your community, and your role as a leader, name some groups you think your community should prioritize? What are some platforms leaders could use to do this work (e.g., types of community meetings, religious gatherings, radio)?

- What are key organized groups that you could work with in your community? Can you think of opportunities to reach community members in large groups (e.g., gatherings of community members that are not formally organized, community events)?



Community health nurse counseling caregiver, husband, and mother-in-law



Community leaders in Atampintin showing interest in community growth monitoring

Step 5: Action Planning and Making Commitments

In this section, you will divide participants into small discussion groups to develop action plans.

Guidance for Organizing Action Planning Discussion Groups

- Keep the groups small—no more than six to eight people per group.
- If participants have come to the meeting with members of a group they belong to, try to keep those individuals together, if possible. It is likely that they will eventually develop and implement their own community action plans together.
- If participants represent different organizations and/or religious groups, organize the groups in a way that makes sense given local norms—whether by position in the community, geographical location, institution represented (e.g., church, mosque, district management team), or the like.
- Ensure that different levels of authority are respected and that the groups are structured so that it is easy for all members to participate. For example, would everyone participate if you combined a group of senior imams or pastors with leaders of mother-to-mother groups?
- Organize groups in a way that facilitates natural collaboration to achieve goals. For example, all of a group’s participants should be working in the same geographic location (i.e., the same community), with the same types of organizations (i.e., religious groups), or with the same community groups.

The small groups you form will be tasked with developing an action plan to address child undernutrition, an action plan that the groups can implement in the course of their everyday activities.

Facilitator Note

Make sure to tell groups that SPRING and district facilitators will follow up with them on their action plan. The group should be able to work together to implement their plan.

Group Work Instructions

- After participants have gathered in their groups, distribute the Action Plan Form (Annex 3).
- Ask each group to assign a facilitator and a recorder.
- Ask groups to think about the video and group discussion and complete the Action Plan Form by first identifying a *key problem* related to child undernutrition that they want to address in their community. The group needs to focus on one or two problems—no more—specifically, problems that can be addressed within the team’s day-to-day activities and given that group’s resources. For example, religious leaders could decide to use worship services, their own platform, to make public statements about child nutrition and the problems associated with stunting and poor growth. Activities chosen should not require a budget to implement or require a technical skill from outside of the group (and thus can be integrated into the group’s ongoing activities).
- Record the selected problem on the Action Plan Form.
- Have groups discuss and complete the rest of the worksheet, answering *how* their group will implement the strategy; *where* in the community will it be implemented; *when*, on a realistic timeline for completion;

and with *whom* (e.g., fathers, mothers, other religious leaders, and health personnel as well as potential collaborators like district health officers and district environmental officers).

- Identify the team member who will be the contact person for each group and record his or her name, phone number, and location on the form.
- Invite one member from each group to quickly share the group's action plan. Instruct groups to take no more than five minutes to present. Allow other participants to ask questions.
- Record each group's action plan for SPRING, and leave a copy with each team.

Step 6: Wrap-Up and Close

- Restate the key messages and remind participants that SPRING representatives will conduct follow-up visits with those who have made commitments to progress.
- Tell the group that the SPRING team and community health workers are available to assist in implementation and to follow up on the action plans.
- Thank participants for their time and commitment.

Annex 1: Discussion Group Agenda Template

Agenda: Advocacy Video and Discussion Group, Community-Level Sessions for Leaders

Date:

Time	Activity
8:30–9:00 a.m.	Setting the Stage: Welcome, self-introduction, logistics, ground rules.
9:00–9:30 a.m.	<ul style="list-style-type: none">• Overview of SPRING/Ghana Project.• Meeting objectives.
9:30–10:00 a.m.	Explain stunting and its effects.
10:00–10:20 a.m.	Snack
10:20 am–1:00 p.m.	<ul style="list-style-type: none">• Show the documentary video (<i>twice</i>).• Documentary video discussion about the three parts. Part 1: Discuss the general situation of undernutrition in northern Ghana and some statistics presented in the video. Part 2: Discuss the roles families, leaders, professionals, and community members in addressing child undernutrition, as depicted in the video. Part 3: Identify steps that leaders can take to address child undernutrition.• Identify priority problems in the community.• Identify the primary audience and channels to reach it.• Identify specific activities to be implemented as individuals and/or groups.
1:00–2:00 p.m.	Lunch
2:00–3:00 p.m.	Action Planning <ul style="list-style-type: none">• Action Plan.• Reporting tools.• Follow-up plans.
3:00 p.m.	Wrap-Up and Close

Note: Use this template for planning purposes. The entire activity will take most of the day but specific times may vary.

Annex 2: Video Discussion Group Reporting Tools and Instructions

Reporting tools are designed to collect information about participants who attend either a video discussion group or who are reached by a community leader during the implementation of an action plan. At the end of an activity, the forms should be completed by the group or meeting facilitator, either a SPRING-designated district facilitator, a leader, or his or her representative, assistant, or collaborator. Forms should be completed during the meeting. It is important that it be done correctly and completely to enable SPRING to track the number of people reached.

Reporting tools will be collected from community leaders or their representatives during SPRING follow-up visits and presented to the SPRING district team monthly or as agreed upon at district level.

There are two different data reporting tools. Use the one that is most appropriate for the group:

- Reporting Tool for Identifiable and Organized Groups.
- Reporting Tool for Large Unidentifiable Groups.

Reporting Tool for Identifiable Groups

Use this form when the Advocacy Discussion session is held with “identifiable and organized groups.” Identifiable groups are those that have:

- Formalized membership.
- Formalized organizational structure (e.g., board, chairperson, group leader).
- A formal group description (e.g., youth group, men’s or women’s group, religious affiliation).
- Possibly local registration or a requirement that members pay dues. *This is not required.*

Background Information

- **Region:** Write name of the region where the community is located (e.g., Upper East or Northern Region).
- **District:** Write name of its district (e.g., Garu or Zabzugu).
- **Area Council:** Write the official name of the Area Council (e.g., Kugri or Nakpali/Kwoli).
- **Group Name:** Write the name of your group (e.g., Asungtaaba Women’s Association, Zion Baptist Men’s Group).
- **Date:** Note the day the activity took place (e.g., 14 July 2016).

Details of Participants

- **“No.”:** Write numbers in ascending order (i.e., 1,2,3,4).
- **Name:** Write the participant’s official name next to one number.
- **Sex (M/F):** Indicate whether that participant is male (**M**) or female (**F**).
- **House Name/Contact Number:** Note the name of the house where the participant lives, the name that community members use to refer to that house, or other name by which the house can be easily located

(e.g., Adongo yire, Nakuhina Yilli). Also note the mobile phone number of the participant and his or her relative or neighbor.

- **Total Male:** Count the number of M's and put the total number here.
- **Total Female:** Count the number of F's and put the total number here.
- **Overall Total:** Add the total number of males the total number of females.

Remarks/Outcome

- **Summarize the Identifiable Group Discussion Session.** Indicate any specific comments or issues for further action (e.g. the group members were excited because they asked a lot of questions and actively participated in the discussions).
- **Details of Implementer of Implementation Team Members:** For the form to be authentic, the names, organizations/designation, date, and signatures of the implementer or implementation team must be indicated in the section designed for that purpose.

SPRING/Ghana Project			
SOCIAL AND BEHAVIOR CHANGE COMMUNICATION			
DOCUMENTARY VIDEO DATA REPORTING TOOL			
IDENTIFIABLE GROUPS			
BACKGROUND INFORMATION			
Region:		District:	
Area Council:		Community:	
Group Name:		Date:	
DETAILS OF PARTICIPANTS			
No.	Name	Sex (M/F)	House Name/Contact No.
Total Male:		Total Female:	Overall Total:
REMARKS/OUTCOME			
DETAILS OF IMPLEMENTER OR IMPLEMENTATION TEAM			
NAME	ORGANIZATION/DESIGNATION	DATE	SIGNATURE/DATE

Reporting Tool for Large Unidentifiable Groups

Use this form to gather information about participants in the advocacy video discussion who are in groups that would be classified as “unidentifiable”—that is, groups that are:

- Groups of individuals who come together for a specific purpose or reason and disperse after the activity (e.g., a naming ceremony, wedding ceremony, festival, communal labor activity).
- Gatherings where the number of individual participants cannot be easily counted.

Background Information

- **Region:** Write the name of the region (e.g., Upper East or Northern Region).
- **District:** Write the name of the district (e.g., Garu or Zabzugu).
- **Area Council:** Write the official name of the Area Council (e.g., Kugri or Nakpali/Kwoli).
- **Type of Social Gathering:** Very briefly note the type of event that brought people together. (e.g., naming, outdooring, wedding ceremony, festival, communal labor).
- **Date:** Note the day the activity took place (e.g., 24 June 2016).

Estimated Number of People

- **Number of Males:** Estimate the number of males attending and record the figure here.
- **Number of Females:** Estimate the number of females attending and record the figure here.
- **Overall Total Estimated Number:** Add the estimated number of males to the estimated number of females, and put the figure here.

Facilitator Note

Ask two or three people to estimate the number of people present so that your estimate can be close to the reality.

Remarks/Outcome

- Summarize the activity and indicate some specific issues for follow-up or for further action. E.g. the group members were excited because they asked a lot of questions and actively participated in the discussions etc.
- **Details of Implementer of Implementation Team Members:** For the form to be authentic, the names, organizations/designation, date, and signatures of the implementer or implementation team must be indicated at the portion designed for that purpose

SPRING/Ghana project			
SOCIAL AND BEHAVIOR CHANGE COMMUNICATION			
DOCUMENTARY VIDEO—DATA REPORTING TOOL			
UNIDENTIFIABLE GROUPS			
BACKGROUND INFORMATION			
Region:		District:	
Area Council:		Community:	
Type of Social Gathering:		Date:	
ESTIMATED NUMBER OF PEOPLE			
Number of Males	Number of Females	Overall Total Estimate	
REMARKS/OUTCOME			
DETAILS OF IMPLEMENTER OR IMPLEMENTATION TEAM MEMBERS			
Name	Organization/Designation	Date	Signature

Annex 3: Community Leaders' Action Plan

Name of Contact Person:

Mobile Phone Number:

Name of Area Council:

Name of Community

Name of Implementer (Individual or Group):

The Problem(s):

Activity or Action: What To Do?	Objectives: What Do You Want To Achieve?	Implementation Strategy: How Will It Be Done?	Location: Where Will The Activity Take Place?	Target Audience: Whom Do You Want To Reach?	Timeline: When Will You Begin The Activity?	Collaborators

Annex 4: Basic Facts on the SPRING/Ghana Program

Overview of the SPRING/Ghana project

The SPRING project is a five-year USAID-funded program to strengthen global and country efforts to scale up high-impact nutrition practices and policies and improve maternal and child nutrition outcomes.

In Ghana, SPRING has been working in Northern and Upper East Regions where rates of child undernutrition are among the highest in the country. Currently, SPRING's activities cover 15 districts and in about 300 communities, but they are expanding through partnerships with the Ghana Health Services and other agencies. Although the SPRING program addresses the entire community, the focus is on what are known as *First 1,000 Days Households*, households with either a pregnant woman or a child under the age of two. The focus is here because the first 1,000 days of a child's life is the time to prevent undernutrition and ensure healthy growth. Nutrition and growth losses during this period cannot be recovered as the child develops.

SPRING collaborates with local district assemblies and such institutions as the Ghana Health Services, Ministry of Food and Agriculture, and Environmental Health Unit, among others, in three broad areas:

- **Nutrition with a Focus on Improving Infant and Young Child Feeding:** SPRING works to improve capacity of health facility-based staff and community-based health volunteers to promote and improve practices around infant and young child feeding, including early and exclusive breastfeeding; timely and appropriate complementary feeding, and effective decision making through growth chart monitoring.
- **Water, Sanitation, and Hygiene (WASH):** SPRING encourages proper hygiene via promotion of four key behaviors associated with WASH: safe disposal of human and animal feces, especially those of children under two years of age; clean and safe play spaces for children; safe water consumption through appropriate water treatment, including boiling; and hand washing with soap at critical times.
- **Agriculture:** SPRING's agriculture focus is limited to reducing aflatoxin exposure primarily from groundnuts. Program activities include capacity building for agriculture extension agents to engage farmers through farmer field schools, aflatoxin awareness campaigns, and promoting good agronomic practices to ensure the production of aflatoxin-free groundnuts to increase household income and reduce consumption.

Social and behavioral change communication cuts across all SPRING activities. SPRING uses a variety of communications channels, including mass media; interpersonal communication; and community-based platforms to improve access to critical information and to motivate health providers and families to adopt key nutritional practices.

Annex 5: Background on Child Nutrition in Ghana¹

A country's ability to break the cycle of poverty is closely tied to rates of undernutrition among young children in communities. Preventing undernutrition and reducing poor child growth is possible, and the time to do so is the period from the beginning of a woman's pregnancy until the child turns two, also known as the First 1,000 Days or the "Window of Opportunity."

The irreversible damage to young children caused by chronic undernutrition during the first 1,000 days has been linked to lower levels of productivity and lower income in adulthood, making it hard for communities to escape poverty. It is projected that in the 10-year period between 2011 and 2020, 720 million Ghana cedis (US\$504 million) will be lost in decreased worker productivity resulting from the current rates of stunting.

General Facts on Undernutrition among Children

- 25 percent of children in Ghana under age two are undernourished.
- 33 percent of children in northern Ghana are chronically undernourished or stunted.
- 22 percent of children in Upper West are chronically undernourished or stunted.
- 14.4 percent of children in the Upper East are chronically undernourished or stunted.
- Although only 8 percent of children in Ghana less than six months old are stunted, about one in every four is stunted by the time he or she turns two.

Basic Facts on Early and Exclusive Breastfeeding in Ghana

- The percent of children who are exclusively breastfed between birth and five months of age dropped between 2008 and 2014, from 63 to 52 percent, resulting in an *increase* in the proportion of children from birth to age five who are bottle-fed. This is a negative trend.
- Mothers in Northern and Upper East are most likely to initiate breastfeeding within the first hour of birth (65 percent each). Those in Upper West are least likely, at 41 percent.
- 52 percent of children under six months of age are exclusively breastfed.
- The duration of exclusive breastfeeding varies: In the Upper East, the duration of exclusive breastfeeding is 3.9 months; it is 5.9 months in Upper West and 2.7 months in Northern.

Basic Facts on Hygiene in Ghana

- The proportion of households with a place to wash hands varies by region but is relatively low: 31 percent in Northern; 27.1 percent in Upper East; and 57.6 percent in Upper West.
- Among households with a place to wash hands, even fewer have soap and water for hand washing: 38.1 percent in Northern; 40.6 percent in Upper East; and 18.3 percent in Upper West.

¹ All data from the Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International, *Ghana Demographic and Health Survey 2014* (Rockville, MD: GSS, GHS, and ICF International; 2015).

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