SPRING/Bangladesh Social and Behavior Change Communication Strategy

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# Abbreviations and Acronyms

AIS Agriculture Information Service

ASF Animal Source Foods

BDHS Bangladesh Demographic and Health Survey

ENA Essential Nutrition Actions

ENHA Essential Nutrition and Hygiene Actions

FFS Farmer Field School

FTF Feed the Future

GOB Government of the People's Republic of Bangladesh

HFP Homestead Food Production

IP NGOs Implementing Partner Nongovernmental Organizations

IYCF Infant and Young Child Feeding

MOA Ministry of Agriculture

MOHFW Ministry of Health and Family Welfare

MOU Memorandum of Understanding

NGO Nongovernmental Organization

NNS National Nutrition Services

PLW Pregnant and Lactating Women

RFLDC Regional Fisheries and Livestock Development Component

SBCC Social and Behavior Change Communication

SPRING Strengthening Partnerships, Results and Innovations in Nutrition Globally

THP The Hunger Project

USAID United States Agency for International Development

# Part 1: SBCC Strategic Planning Process

## Introduction

A Social and Behavior Change Communication (SBCC) strategy is the bridge between the situation analysis and the actual implementation of the SBCC program, and guides the creation and rollout of materials, products, and activities. This strategy is intended to serve as a roadmap to guide SPRING activities by providing direction and ensuring that the different products, materials, and activities all ultimately work well together and support each other toward a clear vision for change. This strategy and corresponding operational framework are based on SPRING/Bangladesh’s original objectives and activity portfolio with the assumption that this is a working document that will adapt to the on-the-ground realities and respond to donor and national priorities as they evolve.

## Strategic Planning Process

SBCC is an integral element in the adoption of high impact nutrition practices and prevention of undernutrition especially during the critical first 1,000 days. SPRING places a heightened focus on SBCC, as a key and fundamental, cross-cutting strategy to address both stunting and anemia globally. SBCC is a critical element of SPRING's overall strategy and interventions in Bangladesh. This document articulates the ways in which SPRING/Bangladesh uses SBCC strategies in current programming fit into the overall goal of the country program.

### SBCC Strategic Planning Workshop

Towards the end of FY13, a SBCC strategic planning workshop, facilitated by SBCC technical staff from Bangladesh and SPRING headquarters in Washington, D.C., was conducted with the goal of revising and updating the existing project strategy related to the SBCC work and identifying opportunities to further engage community level stakeholders for nutrition in SPRING's target areas.

The specific objectives of the workshop were to:

1. Develop social and behavioral objectives to inform current and future programming
2. Draft an outline of our SBCC strategic approach and operational framework based on SPRING/Bangladesh’s current activities and partnerships to:
	1. Inform the FY14 work planning process
	2. Guide SPRING’s future and current activities with clear objectives and
	3. Guide development of future partnerships.

The two-day workshop took place in June 2013 in Dhaka with 14 participants comprised exclusively of SPRING/Bangladesh project staff including the SPRING Country Manager, Deputy Country Manager, Senior Technical Officers for Nutrition and Agriculture and other divisional project managers. It was critical that staff from Barisal and Khulna divisions traveled to attend the workshop to ensure inputs from all levels of project administration.

Key components of the workshop were:

* Understanding the current nutritional situation in Bangladesh – data from national studies, presentations on formative research around similar target audiences and nutritional practices by the Nobo Jibon project, results from prior Alive & Thrive formative research, and preliminary results from research conducted for SPRING/Bangladesh by The Manoff Group;
* Prioritization of key behaviors from the broader ENA/EHA framework to focus on for individual behavior and social change;
* Identification of target and influencing/secondary audiences, determinants of behaviors, potential communication channels;
* Defining behavior and social change objectives for SPRING programming;
* Conceptual mapping exercise to outline key players/partners, and opportunities and how they interact with the primary and secondary audiences for individual behavior change and broader social change; and
* Identification of gaps within SBCC activities and partnerships, suggestions for additional opportunities given SPRING's current interventions and partnerships, and identification of additional avenues for collaboration on SBCC where feasible.

### Strategy Development

Following the workshop, a SBCC strategy was drafted for the project to guide programming decisions and ensure a focus on social and behavior change strategies within program activities. The planning process served to foster better understanding and buy-in for SBCC activities among all project staff and provided a more clearly defined project strategy related to the SBCC work.

### **Limitations**

This strategy development planning process was limited by a few key elements which have been acknowledged by the project management team. Ideally, the SBCC strategic planning process would have been initiated at the beginning of implementation; however, given the focus on quickly starting and expanding activities in project year one, this was not possible. This development process built on formative research conducted by other implementing organizations within the project area as well as formative research conducted by SPRING activities. Like any program strategy, this SBCC strategy relies to some extent on staff assumptions based on their experience working with the target communities. To the extent possible, these assumptions will be tested through ongoing program activities and future research as new activities are rolled out. Part 2: SPRING Program Background

## Situational Analysis

The prevalence of malnutrition in Bangladesh is among the highest in the world. Nearly 50% of children under five and three out of every ten women of childbearing age suffer from malnutrition, regardless of socio-economic status[[1]](#footnote-1). Millions of children and women in Bangladesh suffer from malnutrition, demonstrated by indicators such as low birth weight, wasting, stunting, underweight, vitamin A deficiency, iodine deficiency disorders, and anemia. Although Bangladesh has recorded some improvement in child nutritional status over the last decade, the rate of improvement has been slow and variable. The prevalence of stunting for children under five declined from 51% in 2004, to 41% in 2011. The percentage of underweight children under five also declined from 43% in 2004, to 36% in 2011; while the indicator for wasting of children in the same age range remained almost unchanged at 15% in 2004, and 16% in 2011[[2]](#footnote-2). Reducing the prevalence of underweight children by half by 2015 is an explicit target under Millennium Development Goal (MDG) 1 and improved nutrition is essential to achieving MDGs 2, 4, 5, and 6.

Figure 1: Trends in nutritional status of children under age 5: 2004-2011

Analysis of the Bangladesh Demographic and Health Survey (BDHS) from 2011 shows that initiation of breastfeeding within one hour of birth is low at 47% . The exclusive breastfeeding rate decreases exponentially from 84% at <2 months to 36% at <6 months and rates of exclusive breastfeeding seem to drop sharply after four months specifically. While rates of continued breastfeeding to at least two years are high at 90%, introduction of complementary foods between 6 and 8 months is 62%, and complementary feeding is sub-optimal as rates of adequate dietary diversity for children under two (indicated as 4 or more food groups) is only at 22%. Additionally, less than five percent of caregivers wash their hands before feeding children under two[[3]](#footnote-3).

Anemia is a widespread issue across different age groups, 51% of children aged 0-59 months and 31% of preschool children are shown to be anemic. According to WHO criteria, the rate of anemia in Bangladesh’s children is considered a severe public health problem as it is above the 40% threshold. In women aged 15-49, 42% suffer from some form of anemia[[4]](#footnote-4). Additionally, 42% of women have iodine deficiency. Although goiter is the most visible form of iodine deficiency, insufficient iodine at conception, during pregnancy and early childhood period is a critical issue and can cause varying degrees of irreversible brain damage in children.

In Bangladesh, the consumption of vitamin A rich foods is relatively high at 64%, but still falls short of the recommended dietary allowances for women and children. Postpartum supplementation of vitamin A is low at 27% and the burden of disease is high, therefore supplementation remains an important method for increasing vitamin A reserves[[5]](#footnote-5).

Though Bangladesh has made commendable progress in health indicators related to maternal and infant mortality in the past few decades, malnutrition, specifically undernutrition, remains a critical area of slow and variable progress.

## SPRING/Bangladesh Program

### Program Goal and Objectives

The goal of SPRING/Bangladesh is to improve the nutritional status of pregnant and lactating women (PLW) and children under the age of two years in Barisal and Khulna divisions between 2011 and 2016 by promoting and supporting the adoption of essential nutrition and hygiene actions (ENHA) and the consumption of nutritious and diverse diets.

SPRING Primary Targets: Pregnant and lactating women and children under two

SPRING/Bangladesh's three primary objectives for FY13 were to:

1. Integrate and scale up ENHA within MOHFW, MOA and health and agriculture projects in Barisal and Khulna divisions;
2. Enhance the capacity of frontline health and agriculture workers within the MOHFW, MOA, field facilitators, peer facilitators and community groups to deliver quality counseling on ENHA for PLW and children under 2 years in Khulna and Barisal;
3. Increase household access and utilization of diversified foods through homestead food production.

### Implementation Approach

The project’s multi-platform approach uses nine-month Farmer Field Schools (FFS) for Nutrition to promote streamlined ENHA alongside the production and consumption of local, diverse nutritious foods at home. SPRING also conducts master, cascade, and direct trainings for community agents from government ministries and technical collaborative partners. SPRING is currently active in 40 *upazilas* in the Khulna and Barisal divisions of Bangladesh (**Figure 1**), which are characterized by high poverty and food insecurity.

Figure 2: Map of southern Bangladesh, showing 40 *upazilas* in Khulna and Barisal divisions where SPRING is active as of April 2014.

####

#### **ENA and EHA Cross-Training**

SPRING provides streamlined ENHA trainings to its government and project partners that are leading to increased dissemination of, and community emphasis on, key maternal and child health practices. Drawing on experience from the USAID BASICS and LINKAGES projects in Madagascar, proper breastfeeding, complementary feeding, supplementary feeding for PLW, and hand washing were identified as ‘small do-able’ actions[[6]](#footnote-6). Strong emphasis is given to linking messages with practical activities such as homestead vegetable, fish and poultry production and hand washing. Widespread acceptance of the SPRING trainings by both agricultural and health agents and supervisors appears to be the result of this practical approach. Trainings include SBCC counseling tools for adopting ENHA, information on homestead vegetable, fish and poultry production, and instruction on a popular, low-cost hand-washing technology (Tippy Tap).

Within the Ministry of Health and Family Welfare (MOHFW), SPRING conducts 4-day master trainings with supervisory level health and family planning workers, who in turn lead cascade trainings for frontline health and family planning workers. Within the Ministry of Agriculture, SPRING trainers conduct 2-day trainings for Sub-Assistant Agricultural Officers, who include nutrition and hygiene messaging within their normal extension work. All trainees report using SPRING messages during routine household and community visits, and say the additional workload associated with the new nutrition and hygiene content is acceptable and even welcome. Trainings complement ongoing government initiatives, such as exclusive breastfeeding campaigns, vitamin A campaigns, farmer field days and other community events. In FY12 and FY13, these capacity building activities were responsible for training 4,249 Government of Bangladesh (GOB) frontline health workers on ENHA. The GOB health workers reported reaching an estimated 938,622 pregnant women and caregivers of children under two (SPRING monitoring system FY13) through their counseling sessions.

#### **Farmer Field Schools**

A core part of the SPRING/Bangladesh program is the establishment of FFS attended exclusively by poor, landless, food insecure PLW, and represents an innovative method[[7]](#footnote-7) for linking homestead food production to home consumption for vulnerable populations. SPRING developed its FFS training module based on previous work by DANIDA in Bangladesh. Participants report increased self-efficacy for growing and harvesting local nutritious foods, such as amaranth, vine gourd leaves, spinach, poultry, and fish, as well as complementary ENHA behaviors. FFS attendees benefit from the ‘learning by doing’ agricultural teaching method, and practical FFS sessions conducted on demonstration plots located in participant households.

FFS facilitators include both men and women chosen from local ‘Implementing Partner NGOs’ (IPNGOs), who receive a 6-day intensive training which includes needs-based refreshers on SPRING’s FFS and ENHA approach. They are currently assigned eight FFS groups of 20-25 participants each, conduct regular household follow-up, and receive supportive supervision from SPRING *upazila* coordinators and local government counterparts. In FY12 and FY13, SPRING established 1,301 FFS groups reaching 29,217 PLW in the two lowest socio-economic quintiles in the 40 target upazilas. Each of these 29,217 targeted women established a home garden with nutrient-dense seasonal vegetables and was trained on nutrition, hygiene, vegetable production, poultry rearing and fish production (where appropriate).

#### **Partnerships**

An essential component of SPRING’s implementation approach is through the strategic use of partnerships to expand reach and reinforce behavior change efforts through multiple and complementary platforms. In FY12 and FY13, SPRING initiated 11 major partnerships including: the GOB's National Nutrition Services (NNS), the Revitalization of Community Clinic Health Care Initiative in Bangladesh (RCHCIB), the Directorate General of Health Services (DGHS), the Directorate General of Family Planning (DGFP), the Department of Agricultural Extension (DAE), the Agricultural Information Services (AIS), the USAID Aquaculture Project, the USAID Agriculture Project, Alive & Thrive, IAHBI and SHIKHA. Descriptions of each of SPRING’s partners can be found in Appendix A.

# Part 3: SBCC Strategic Plan

## Behavioral Analysis

High impact nutrition practices are not adopted and sustained by a given population simply as a result of increasing knowledge or awareness alone. Social science has in fact shown that many complex and contextual factors influence everyday decisions to actually consider, test (try), adopt and/or reject, and ultimately internalize and sustain a given behavior. Therefore, a sustained change in a nutrition-related behavior is unlikely to be achieved through a single activity targeting a single subset of the population, introduced in a single period in time. Similarly, the decisions and steps surrounding the adoption of behaviors are often non-linear, involving multiple feedback loops across time, necessitating interventions, often multi-faceted in nature, that help to either support and reinforce an individual’s adoption of a behavior, or promote a social change that makes testing or sustaining a behavior possible.

ENHA includes a comprehensive list of macro-level nutrition and hygiene related behaviors that, when adopted and sustained, have been shown to improve nutrition practices and outcomes[[8]](#footnote-8)[[9]](#footnote-9)[[10]](#footnote-10). However, each of these actions includes many more micro-level behaviors within them. Social science research has shown that people very seldom make drastic, instantaneous and lasting behavioral changes; but rather, try small and easily achievable changes first, one step at a time. Therefore, it is critical that SPRING prioritize specific and focused behaviors that are important, feasible and doable. SPRING recognizes that one project cannot do everything, for everyone, everywhere, all the time. While all of the ENHA behaviors, with the addition of Homestead Food Production related behaviors, are important for improved nutrition and wellbeing, in order to focus efforts on effective social and behavior change, a selection of behaviors must be prioritized. This prioritization is the difference between what people *should* do and what they *will* do.

The following criteria were used to guide the prioritization process:

* Behavior change potential – high/medium/low, how difficult is this behavior to change? Feasible?
* Access/Market supply – are the necessary resources to adopt the behavior available?
* Organizational match – is anyone else doing similar work in the same areas? Do we have the right resources to work in this area? Are we best positioned to have an effect here?
* Potential impact on problem – does this have a big impact on stunting and anemia?
* Cultural factors/barriers to success – what are some cultural determinants of the behavior? How entrenched are these behavioral factors and how might they be influenced through programming?

#### **Table 1: Essential Nutrition and Hygiene Actions + Homestead Food Production**

|  |
| --- |
| **Essential Nutrition and Hygiene Actions + Homestead Food Production** |
| 1. Optimal nutrition for pregnant and lactating women |
| 2. Adequate intake of iron and folic acid and prevention and control of anemia for women and children |
| 3. Adequate intake of iodine by all members of the household |
| 4. Optimal breastfeeding during the first six months |
| 5. Optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond |
| 6. Optimal nutritional care of sick and severely malnourished children |
| 7. Prevention of vitamin A deficiency in women and children |
| 8. Handwashing at critical times |
| 9. Homestead Food Production |

Using Table 1, which outlines the ENHA with the integration of homestead food production behaviors, along with the criteria for prioritization, the SPRING/Bangladesh team conducted an extensive review of each of these behaviors currently promoted under the project through ongoing ENHA training and FFS activities. The prioritization of certain behaviors reflects a strategic analysis of the complementary efforts of partners and other stakeholders working in the region, the efforts led by the GOB, and the intention of focusing SPRING activities, complementing ongoing external programs and not duplicating efforts. This prioritization takes into account the multiple actors working in the region on similar nutrition-related behaviors and is an attempt at reducing redundancies and focusing efforts to stimulate lasting and effective change. This prioritization in no way suggests that SPRING will not be involved in activities around the promotion of the entire package of recommended nutrition and hygiene behaviors, simply that SPRING will focus efforts around the priority behaviors as strategically aligned with our program activities, organizational advantage and to complement other organizational efforts. Specifically, SPRING will continue to train on and promote the entire ENHA package of practices but will place additional emphasis and design activities focusing on the prioritized behaviors to achieve better nutrition in the first 1,000 days.

### Priority Behaviors

Through the process outlined above, SPRING has prioritized the following four key behaviors categorized in Table 2:

## ****Table 2: Priority Behavior Matrix****

|  |  |  |  |
| --- | --- | --- | --- |
| **Behavior** | **Primary Audience** | **Secondary Audience** | **Determinants of Behavior** |
| Optimal Nutrition for PLW• Consuming one handful of extra food •Consuming diverse & animal source foods•Taking adequate Rest | PLW | Husbands, mother/mother-in-law, frontline workers | Knowledge, access to quality, diverse and ASF foods, food taboos, family power structure (food distribution), perceptions of nutritious foods |
| Optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond•Frequency, Quality, Quantity, and Consistency of appropriate complementary food •Consuming diverse & animal source foods •Continued Breastfeeding | Mothers and caregivers of children under 2 years | Husbands, mother-in-law/mother, frontline workers | Knowledge; access to quality, diverse and animal source foods; food taboos; family power structure (food distribution); attraction to processed and sweet foods; influence of commercially marketed foods; cultural norms/tradition; perceived milk insufficiencies, perceptions of nutritious foods, time constraints of mothers for preparing food |
| Handwashing•Washing hands at critical times (after defecation, before cooking, before eating, and before feeding) | Mothers and caregivers of children under 2 years of age | All other household members, frontline workers | Knowledge, self-efficacy (belief in one's own ability – having the knowledge and skills), access to clean and running water, perceived risk of not washing hands, perceived severity of consequences of not washing hands, time constraints/convenience, unwillingness to adopt new technology |
| Homestead Food •Production Consumption of diverse and animal source foods | PLW | Husband, mother/mother-in-law, father/father-in-law | Access to resources and production inputs (land, seeds), knowledge & skills, perceived consequences, time investment, natural disasters/conditions, empowerment, social praise, family happiness |

## Target Audiences

SPRING/Bangladesh is focused on the 1,000 day ‘Window of Opportunity” which targets PLW and children under two years of age. However, project activities must focus on multiple audiences in order to stimulate effective social and behavior change around the priority behaviors outlined above.

The following is a free list of identified target and influencing audiences for ENHA behaviors which was initially created during the SBCC strategic planning workshop. The priority target audiences are listed in bold and were identified as groups that have a direct impact on the prioritized ENHA behaviors as well as being accessible through ongoing and future project activities.

* Influential community members
* Teachers
* Students
* **Pregnant and lactating women**
* **Mothers/caregivers of children under 2**
* **Mothers/mothers-in-law**
* **Fathers/fathers-in-law**
* **Husbands/fathers**
* Aunts/sisters-in-laws
* Siblings
* Peers and/or neighbors
* Justice committee members
* Market committee members
* Religious leaders
* Union council
* Local administrators
* Local government persons
* **Frontline workers**
* Healthcare providers (public and private)
* Private sector companies

### Primary Audience

Pregnant and lactating women with children under two are the primary SPRING target audience. These women are direct participants of the FFS as well as indirect and/or direct participants of other community outreach efforts.

### Secondary Audiences

The husbands of PLWs with children under two and mother/mothers-in-law are both considered secondary audiences for SPRING. Both groups play a key role in decision-making for household activities and have influence on purchasing food, selection of meals, division of labor in the household, etc. Frontline workers, including health workers and other community extension agents, also play an important role as a secondary audience given the extensive role of training these cadres in the SPRING/Bangladesh program.

### Audience Profiles

An important component of an SBCC strategy is a thorough understanding and analysis of the target audiences. One widely recommended tool for this analysis is an audience profile. An audience profile is a document that creates a living image of the target audiences that will guide decisions throughout the program. The audience profile tells a story and is representative of key features of the target audiences. The process of thinking through audience profiles is critical to developing activities and related tools that are ‘audience centered’. Understanding the target audience helps develop programs and market interventions that truly meet the needs of the program beneficiaries (and not what the project thinks they need), which is essential to influencing their behavior. The development of audience profiles was an important component of the SBCC strategic planning workshop. Participants in the workshop drafted audience profiles based on the presentations of formative research by partner organizations and their own familiarity with the villages, communities and target populations SPRING works with. Many of the participants are local to the communities in which they work and therefore were able to provide extensive details regarding characteristics and daily routines of the target population. Audience profiles for the primary and secondary target audiences can be found in Appendix B.

**Gender Approach**

As part of SPRING’s global framework and its approach in-country, SPRING’s work in Bangladesh incorporates a gender approach into its work through its involvement with other members of the household, specifically mothers-in-law and husbands, in order to encourage change in behavior and to foster a conducive environment for improved nutrition at the household level. Taking into consideration the traditional role of women in Bangladeshi households, it is important to involve mothers-in-law and husbands as these two groups often have considerable influence over the mothers’ workload in response to household responsibilities as well as the feeding practices of both the mothers and children. Their support is critical to the household’s ability to show positive changes in nutrition behavior, both for the women and the children.

In FY13, SPRING conducted qualitative research in Bangladesh to assess men’s marketing behaviors and decision-making dynamics at the household level. These two pieces of research reinforced the observations that husbands in particular have a strong influence over the foods that are consumed at the household. Accordingly, SPRING has used the findings from this research to improve its implementation approach and is now seeking to more overtly involve men’s participation at various stages throughout its farmer field school work in the communities. The hope is that this gender approach will transform behaviors and will lead to better informed decision-making at the household level that emphasizes the nutrition and health of the mother and child.

## Behavior Change Objectives

*Note: The following behavioral objectives will undergo a review process with the SPRING/Bangladesh and SPRING/Headquarters staff to ensure consistency with FY14 revisions of the Project Monitoring Plan and ongoing monitoring and evaluation activities for the project.*

|  |  |  |
| --- | --- | --- |
| **Objective** | **Operational Definition** | **FY14 Project Monitoring Plan Indicator/Monitoring sources** |
| **Optimal Nutrition for PLW** |
| 1. Increase in the % of PLW consuming diversified diet.
 | Proportion of PLW who consume foods from 4 or more food groups daily. | Percentage of beneficiaries (PLW) consuming animal sourced foods (ASF) (Indicator 4e) |
| 1. Increase in the % of PLW consuming at least one extra serving of staple food (285kcal) a day.
 | Proportion of PLW who consume at least one extra serving of staple food (285kcal). | SPRING Household Register |
| **Optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond** |
| 1. Increase in the % of children 6-23 months who receive the minimum acceptable diet (based on WHO recommendations).
 | The indicator is calculated from the following two fractions:Breastfed children 6–23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day. | Percentage of children 6-23 months receiving a minimum acceptable diet (Indicator 15) |
| 1. Increase in the % of children 6-23 months who continue to be breastfed.
 | Proportion of children 6–23 months of age who continue to be breastfed. | SPRING Household Register |
| 1. Increase in the % of children starting complementary feeding after 6 months of age.
 | Proportion of infants 6–9 months of age who receive solid, semi-solid or soft foods. | SPRING Household Register |
| 1. Increase in the % of children exclusively breastfeeding at 0-6 months.
 | Proportion of infants exclusively breastfeeding 0-6 months of age.  | Prevalence of exclusive breastfeeding among children under 6 months (Indicator 14 ) |
| **Hygiene – Handwashing** |
| 1. To increase their practice on hand washing at critical times
 | Percentage of respondents who have installed Tippy Taps next to the kitchen and the latrine both (self-reported and observations) | Percent of households in SPRING-supported *upazilas* with “tippy taps” installed near toilet, and next to kitchen (Indicator 1) |
| 1. Increase in the % of mothers and caregivers that wash their hands with soap during critical times
 | Percentage of respondents who know and act on (self-reported and can observe washing area) critical moments for hand washing with focus on the following two actions (aggregated and disaggregated): - after defecation (self and child)- before handling food (raw, cooked, processed) | SPRING Household Register |
| **Homestead Food Production** |
| 1. Increase diversified food consumption
 | Percentage of households in SPRING-supported upazilas that have household gardens that produce at least 4 fruits or vegetables. | Percentage of households growing at least four types of vegetables through HFP (Indicator 4d) |
| 1. Increase animal source food consumption
 | Percentage of households in SPRING-supported *upazilas* that to raise poultry or fish, by type of plants/animals | Percentage of beneficiaries (PLW) consuming ASF (Indicator 4e) |
| 1. Enhance the adoption of advanced agricultural techniques to increase homestead food production
 |  | Number of farmers and others who have applied new technologies or management practices as a result of USG assistance (Indicator 9) |
| **SBCC activities** |
| 1. Promote ENHA to the policy level and mainstream with other ministries
 |  | SPRING Policy Tracking Sheet and PTS |
| 1. Make a supportive environment to change behavior
 |  | Percentage of supportive supervision visits made to FFS beneficiaries, CCs, Sub-Assistant Agriculture Officers (Indicator 2a)Percentage of observations of ENA/EHA messages being provided by health care workers and FFS facilitators through supportive supervision visits deemed to be of an acceptable quality (Indicator 11) SPRING Household Register |
| 1. Increase the capacity of HW for counseling mothers
 |  | Number and percentage of trained health workers who report providing ENA/EHA services or messages (Indicator 7a )Number of pregnant women and women with children <2 years reached with nutritional/hygiene messages through the health system (Indicator 7d)Percentage of observations of ENA/EHA messages being provided by health care workers and FFS facilitators through supportive supervision deemed to be of an acceptable quality (Indicator 11 ) |
| **Materials and messages** |
| 1. Increase knowledge through message dissemination by using different media
 |  | Percentage of pregnant women and women with children <2 years reached with nutritional and hygiene messages (Indicator 7b ) |

## Social Change Themes

SPRING is currently finalizing the analysis of formative research conducted in early 2013, by The Manoff Group, around intra-household decision-making and men’s market purchasing decisions. Preliminary findings indicate that men’s behaviors at the household level are important determinants of the four priority macro-level behaviors articulated this strategy. The results of this formative research will help to better understand how market purchasing decisions are being made, overall household decision-making, men’s and community’s perceptions of nutrition, and men’s motivations within the family.

Based on the pending results of the formative research, social change objectives and corresponding activities are currently being explored based around the following themes:

* **Intra-household decision-making**
* **Community perceptions around nutritious and cheap foods**
* **Motivating factors for men’s purchasing choices**
	+ **Perception of being a good father**
	+ **Perceptions around nutritious and cheap foods**

# Part 4: Plan Implementation

## SBCC Strategic Approaches

SBCC is a behavior-centered process to facilitate individuals, households, groups, and communities in adopting and sustaining evidence-based practices. To achieve this, SBCC involves using the following three strategic approaches in coordination with each other to accomplish the behavioral and social objectives:

* Advocacy informs and motivates leadership to create a supportive environment to achieve program objectives and development goals. This means not just creating awareness but promoting leaders to take specific action.
* Community/social mobilization engages and supports participation of institutions, community networks, social/civic and religious groups to raise demand for or sustain progress toward a development objective.
* Behavior change communication/interpersonal communication involves face-to-face dialogue with individuals or groups to inform, motivate, problem-solve or plan, with the objective to promote and sustain behavior change.

It is important to note that this SBCC strategy and implementation plan is intended to build on and strengthen the existing, well-designed country implementation plan. The following lists ongoing, planning and suggested project activities that correspond to the three SBCC strategic approaches noted above in order to achieve the prioritized behavioral and social objectives.

### Project activities for strategic approaches: Ongoing, planned and suggested activities

**Advocacy, policy, systems strengthening:**

* Participate in Nutrition Working Group, Sclaling Up Nutrition civil society group, RCHCIB NGO coordination meeting as a means of sharing experiences and collaborating with different nutrition actors and stakeholders
* Coordination with National Nutrition Services to ensure consistency with national nutrition strategy and messages
* Participate in division, upazila, and union level advocacy events for mainstreaming nutrition into health and agriculture activities (DGHS, DGFP, DAE, local government officials, local partners, etc.)
* Training of health and agriculture workers to effectively deliver messages and services on optimal nutrition and hygiene practices
* Improving the availability of nutrition SBCC materials at the facility level and the linkage to obtain additional materials/support through support to the GoB, as needed and appropriate

**Community/Social Mobilization:**

* Nutrition promotion in community-led events and campaigns (e.g.: Safe Motherhood Day, World Breastfeeding Day, Handwashing Day, immunization and vitamin A campaigns)
	+ Highlighting community champions who are engaged in the motivation of old FFS members as well as providing counseling for community members (including newly PLW women)
	+ Dramas or games on nutrition themes
	+ Counseling opportunity on nutrition
	+ Distribution of health communication materials
	+ Screening of nutrition videos
* Community meetings, in particular around community clinics
* Dialogue with community leaders
* Leveraging existing community groups for nutrition promotion – training of partner frontline workers
* Coordination with health providers for referrals and promotion of the use of services
* Dissemination of nutrition content in SMS messaging, newsletters, community radio
* Sisimpur: Produce Audio-Visual material for school children and their caregivers disseminated through TV, mobile van, and distributed for screening in other facilities
* Establishment of Farmer Field Days which highlights the graduation of the FFS participants and creates additional advocacy for ENHA topics

**Interpersonal Communication/Behavior Change Communication:**

* Group counseling at village and/or facility
	+ Facility-based counseling
	+ Community-based group session/non-formal training session
* One-to-one counseling at home and/or facility
	+ Facility-based counseling
	+ Home visits by frontline workers
* Community courtyard sessions
* Training on household food production and essential nutrition and hygiene actions for farmer field school participants
* Supportive supervision to assess knowledge and services/counseling of providers and support, as needed and appropriate, to the GoB for access to and use of BCC materials.

## ****Table 4: Materials and Activity Matrix****

|  |  |  |
| --- | --- | --- |
| **Materials** | **Target Audience** | **Related Activity**  |
| Farmer Field School Guide | FFS Facilitators and Participants | Training on HFP and ENHA for FFS participants |
| ENHA Community Worker training guide and handbook | Community workers (not health focused) from GOB agriculture staff, staff of FTF partner organizations, and staff from other collaborative partner organizations | Training of partner frontline workers, nutrition counseling and negotiation, community courtyard sessions, home visits, leveraging existing community groups for nutrition promotion, coordination with health providers for referrals and promotion of the use of services |
| ENHA Facility Health and Family Planning Workers training guide and handbook | Health and Family Planning workers (facility level) from the MoHFW and partners | Nutrition Counseling and Negotiation, Community courtyard sessions, Home visits, Training of health and family planning workers at request of the MOHFW |
| Tippy Tap How-to Poster | All community workers and other stakeholders who are working in nutrition and hygiene | Nutrition counseling and negotiation, community courtyard sessions, Home visits, leveraging existing community groups for nutrition promotion |
| Complementary Feeding Poster | Health and Family Planning workers (facility level) from the MoHFW | Nutrition Counseling and Negotiation, Community courtyard sessions, Home visits, Training of health and family planning workers at request of the MOHFW |
| AIS SMS messages | Fathers/fathers-in-law, Farmers (men & women) | Dissemination of nutrition content in SMS messaging, newsletters, community radio |
| Audio-Visual material for school children and their caregivers disseminated through TV, mobile van  | Caregivers, PLW, children 1-5 years old | Sisimpur: Produce Audio-Visual material for school children and their caregivers disseminated through TV, mobile van, and distributed for screening in other facilities like AICC, CCP |

## BCC Framework

The BCC framework found in Figure 3 below illustrates the strategic approach to social and behavior change that SPRING is undertaking to improve the nutrition of pregnant and lactating women and children under two. The framework outlines the activities and partnerships planned and currently being leveraged to promote the prioritized nutrition behaviors to specific target audiences to achieve desired changes in behavior and social norms and follows the national guidelines[[11]](#footnote-11) and format of the Government of Bangladesh.

The National Framework for Effective HPN (Health, Population and Nutrition) SBCC assists all stakeholders to deliver consistent, reinforcing messages to priority audiences addressing key behaviors in support of the HPNSDP. SPRING participates in the BCC Working Group and was a member of the technical committee that reviewed and finalized this Framework. The Framework facilitates coordination between and among stakeholders, and will align all stakeholders’ activities with government policies and strategies. The Framework supports the planning, design and implementation of effective communication in support of favorable health outcomes.

The Framework consists of strategies and approaches that can be used align communication activities with GoB policies, strategies and plans. It identifies initial and long-term results of effective and coordinated SBCC. The Framework is a flexible and adaptable tool that can be used by any stakeholder harmonize their SBCC strategies and activities with national priorities. To achieve this purpose, political commitment is critical.

##

Figure 3: SPRING BCC Framework

##

## Community Engagement

To ensure the acceptability and appropriateness of activities and partnership plans, beneficiaries and partners should be included in the planning processes whenever possible. In order to do this, SPRING plans to use existing and additional forums to engage the communities that it works with to validate assumptions based on the determinants of the prioritized behaviors listed above. This engagement will be an iterative process that provides the communities an opportunity to give input into the activities that SPRING conducts.

In order to facilitate a two-way dialogue with the communities that SPRING serves, SPRING plans to initiate new and continue existing community engagement activities in the coming years. This is an important step in the strategy development process in order to test assumptions, facilitate community buy-in and continually improve and enhance programs to meet the needs of the target audiences.

### Activities for SPRING’s community engagement:

* Hold community meetings, including SPRING beneficiaries and family members
* Facilitate meetings with community stakeholders (community groups, local government, support groups) with district and upazila level government partners
* Facilitate meetings with local public representatives under *union parishad*
* Facilitate meetings with collaborating partner staff
* Observe community events
* Observe farmer field days
* Conduct supportive supervision visits with frontline workers of all cadres

A basic feedback cycle will be used to facilitate community engagement and ensure that feedback is gathered routinely and reported so that it can be used to guide decision-making. The cycle begins with field staff receiving feedback from the community, the feedback is then documented and shared routinely with program managers in a regular forum, the program is adjusted as appropriate and staff is informed of any programmatic changes, the program response based on feedback is then communicated to the community, and the cycle continues with further feedback from the community[[12]](#footnote-12).

The following questions can be used to guide the solicitation of community feedback***[[13]](#footnote-13)***:

1. How do you currently find out about SPRING program activities in your community?

2. Which groups of people in the community are generally more informed about what is happening? Which groups are normally less informed? Why?

3. What communication methods would you prefer that we use to keep you informed about this program?

4. Who might be excluded if we use the communication methods that you have selected?

5. What would you like to know about the program right now? What would you like us to keep you updated about?

6. How would you like to provide feedback to us about the program?

# Appendix A: SPRING Partnerships

### Department of Agriculture of GOB

The Department of Agricultural Extension (DAE) is the largest extension service provider in Bangladesh. It is therefore important to ensure that the DAE employ resources strategically to offer the best opportunities for facilitating agricultural growth and development.

The Strategic Plan is designed to support the entire policy framework of the Government of Bangladesh, including the National Agriculture Policy, the National Rural Development Policy, the National Strategy for Economic Growth, Poverty Reduction and Social Development (i-PRSP) and the New Agricultural Extension Policy (NAEP).

**Purpose:** One of the principles of SPRING is to be multisectoral and coordinated across agriculture, health, nutrition and community mobilization projects to maximize synergies, where appropriate, with GOB ministries. Therefore, the objective of collaboration with DAE is to:

* Integrate and scale-up ENHA with the Ministry of Agriculture in Barisal and Khulna divisions;
* Enhance the capacity of frontline agriculture workers by providing ENHA training within the MOA, field facilitators, and community groups to deliver quality counseling on ENHA for pregnant and lactating women and children under 2 years in Khulna and Barisal divisions.

### Agriculture Information Services

AIS has the capacity to reach over 50,000 farmers directly through SMS messaging, published newsletters, community radio programming, an agriculture extension television program on a national television station and their agriculture information and communication center (AICC) which has electronic resource materials, Skyping and internet capabilities.

**Purpose:** SPRING will work on developing suitable nutrition messages appropriate for SMS and short slots for television, radio and print and will explore the learning opportunities from using AIS media to identify appropriate messaging for male members (farmers) of the households and their receptiveness to nutrition messaging. Besides this, SPRING provided training to the AIS community club members on ENHA training so that those members can counsel other community members on ENHA on their regular activities, like meetings, courtyard sessions, and household visits.

### Ministry of Health and Family Welfare

The Ministry of Health & Family Welfare seeks to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health. The main objective of this ministry is policy making regarding health and family planning; managing medical facilities; education, training and research on medical nursing, dental, pharmaceutical, paramedical and allied subjects; and to address all public health issues.

**Purpose:** By mainstreaming do-able ENHA into the health ministry, SPRING has aimed to increase the capacity for counseling pregnant and lactating mothers in the community. SPRING is also monitoring and following up through supportive supervision with supervisory staff within this ministry. SPRING completed training for supervisory level health workers (i.e. health inspectors (HI), assistant health inspectors (AHI) and family planning inspectors (FPI)) as master trainers on ENHA actions in all upazilas within the MOHFW in order to institutionalize and ensure the sustainability of nutrition interventions. SPRING/Bangladesh also commenced jointly facilitated (SPRING/MOHFW) cascade trainings for frontline health workers within the MOHFW in the same upazilas.

### Community Clinic and National Nutrition Services:

Community Clinics were established in 1998 as a significant sector-wide reform in the Health Sector of Bangladesh and were revitalized in 2009 with the vision to provide high quality primary health care services to vast populations within rural communities. Under the current sector program of the MOHFW, the Ministry has started to accelerate the reduction of maternal and child undernutrition by mainstreaming the implementation of high impact, evidence-based nutrition services into the health and family planning services, along with scaling up the provision of community-based nutrition services throughout the country.

Under the National Nutrition Services’ (NNS) operational plan, which is housed in the Institute of Public Health Nutrition (IPHN), both DGHS and DGFP are streamlining and strengthening nutrition services by using regular service providers. The NNS aims to scale-up and mainstream critical nutrition interventions into services provided through the all service delivery points of the Director General of Health Services (DGHS) and the Director General of Family Planning (DGFP) under the MOHFW.

**Purpose:** As a country-owned program, all of SPRING’s activities are aligned with the GOB through the National Nutrition Strategy (NNS), RCHCIB under the DGHS, and the Directorate General of Family Planning (DGFP) for sustainability so the changes are institutionalized (all stakeholders will actively participate in planning, implementing, monitoring and evaluating).

The trained frontline health workers include community health care providers (CHCPs) and health assistants (HAs) within the DGHS, family welfare assistants (FWAs) within the DGFP. SPRING has collaborated with master trainers within the MOHFW and in so doing has completed cascade trainings in 40 upazilas in Khulna and Barisal divisions. The network of frontline health workers will interact with households at satellite clinics, community clinics, family welfare centers, *upazila* health complexes and during already established home visits (i.e. family planning and immunization visits). The MOHFW works to ensure quality program delivery and sustained interaction to lead to behavior change. SPRING and the trained master trainers within the MOHFW are conducting monthly supportive supervision meetings and joint home visits with trained frontline health workers.

### Alive & Thrive and SHIKHA:

The Alive & Thrive Project is a six-year initiative (2009-2014) and SHIKHA is a three-year initiative (2013-2016) to improve infant and young child nutrition by increasing rates of exclusive breastfeeding and improving complementary feeding practices in Bangladesh, Ethiopia, and Vietnam. In Bangladesh, Alive &Thrive and SHIKHA draw upon scientific evidence, assessments of IYCF practices, and programmatic experience globally to inform its strategy and programmatic approach. The comprehensive program strategy includes these elements: policy dialogue, community-based media activities, promotion of anemia interventions and handwashing before feeding young children, and rigorous monitoring and evaluation. The programs are implemented by a consortium of partners including: BRAC, GMMB, International Food Policy Research Institute, Save the Children, University of California-Davis and World Vision.

**Purpose:** SPRING, Alive & Thrive and SHIKHA share a common vision and bring complementary resources to support the scaled-up improvement of nutrition in Bangladesh. SPRING therefore seeks to collaborate with Alive & Thrive and SHIKHA to ensure efficient use of resources, securing technical assistance as needed, materials, and training facilitation support on ENHA and other complementary activities.

### The USAID Aquaculture Project/AIN

SPRING and the USAID Aquaculture Project share common goals and bring complementary resources to support the improvement of nutrition in Bangladesh. SPRING therefore seeks to collaborate with the USAID Aquaculture Project to ensure efficient use of resources and effective program implementation.

This collaborative program will be implemented in several upazilas in Barisal and Khulna divisions. On average 6,500 households will be covered from each *upazila*.

**Purpose:** The objectives of the USAID Aquaculture Project and SPRING complement each other by addressing malnutrition through food security and nutrition education. The purpose of this collaboration is therefore to incorporate more essential nutrition and hygiene action sessions into the current training curriculum used by the USAID Aquaculture Project by getting technical assistance and training from SPRING. The two projects will also jointly adapt quality improvement tools used in routine monitoring to assess the effectiveness of job aids, training and levels of uptake of nutrition, hygiene and homestead food production messages among SPRING beneficiaries and USAID Aquaculture Project volunteers. The two projects have planned to support each other by providing technical assistance as needed.

### WASHplus:

The WASHplus project supports healthy households and communities by creating and delivering interventions that lead to improvements in water supply, sanitation, and hygiene (WASH) and indoor air pollution (IAP). This five-year project (2010-2015), funded through USAID’s Bureau for Global Health and led by FHI360, in partnership with CARE and Winrock International, uses at-scale programming approaches to reduce diarrheal diseases and acute respiratory infections, the two top killers of children under age five globally. WASHplus can integrate WASH and IAP activities into existing education, HIV/AIDS, maternal and child health and nutrition programs and build strong in-country partnerships to increase impact. In addition, WASHplus is charged with promoting innovations in the WASH and IAP sectors.

SPRING and WASHplus Project share common goals and bring complementary resources to support the improvement of overall health including nutrition by improving hygiene and reducing diarrheal diseases

**Purpose**: The WASHplus Project will provide technical support to SPRING staff to build capacity on WASH-related modules, including the maintenance of sanitation hardware and ensuring water quality. Where feasible, beneficiaries will be co-targeted with SPRING, providing households with better sanitation and higher water quality. WASHplus will also provide technical support on WASH-related content upon request and as mutually agreed with SPRING staff for farmer field schools programs.

### Sisimpur (Sesame Workshop)

Sesame Workshop, known as Sisimpur in Bangladesh, is the nonprofit educational organization behind Sesame Street. The international programs are tailored to the unique needs of children, their country, and culture, created with local educators, advisors, and puppeteers and often results in a fully local Sesame Street with its own name, language, curriculum, and Muppets; as is the case in Bangladesh.

The mission of Sesame Workshop is to use the educational power of media to help children everywhere reach their highest potential; it has grown into a worldwide educational phenomenon, reaching millions of children in more than 150 countries. Sisimpur programs deliver crucial lessons about health, emotional well-being, and respect and understanding to help kids grow up healthy, happy, and at home in their world.

**Purpose**:

SPRING is currently in discussions with Sisimpur and Sesame Workshop headquarters in New York about partnering on the production of national educational segments based on the SPRING ENHA.

# Appendix B: Primary and Secondary Audience Profiles

## Lactating Woman: Fatema Nawal

**Summary:** Fatema Nawal is 23 years old and a SPRING FFS participant. She has 2 children, one is 3 years and the other one is 4 months old. Recently she started to give food to her 4 month old baby because she thinks her baby likes foods better than breast milk. Fatema is also beginning to think that her baby does not get enough breast milk from her and requires additional food.

She is a housewife and has completed primary education. She lives in Narail district under Khulna division. Her husband is a farmer and they live with her husband’s parents.

**Daily Routine:** Fatema does all the household activities including cooking, washing, caring for the children, and gardening. She is busy all day long; her mother-in-law helps her sometimes on rearing poultry, or taking care of her grandchild.

**Lifestyle:** She works hard to maintain all of the household chores so that her in-laws and her husband are pleased. She also works hard for the betterment of her two children. Fatema gets very little time to have her meals and only eats after her husband and father-in-law have done so.

**Personal Characteristics:** Fatema is religious, soft spoken, a good cook and home keeper. She does not go far from her home regularly, but she likes to chat with neighbors in her leisure time in the afternoons. During this free time she and her friends talk mainly about their children and family. Some of her peers have advised her to start complementary feeding her child at around 4 months.

**Aspirations:** She desires her children to be healthy, strong, and well educated and strives to raise her children with these priorities in mind.

**Worries:** One of Fatema’s biggest worries is that her infant will be unhealthy and get sick if not fed enough food. Sometimes she feels sick and weak and it is hard to care for her children but she ignores it most of the time.

**Determinants of Behavior**

* She started complementary feeding her 4 month old child as she thinks the baby does not get enough breast milk.
* Her in-laws started to give snacks like chips and chocolate to her child when she cries. Fatema does not stop this practice because she does not want to go against her in-laws and depends on their help and support to take care of her child. This may be why her baby is less interested in breastfeeding since starting this food.

**Media habits:** The family does not have a television. Her father-in-law has a radio but she does not listen to it. She does not go far outside her home except to her parents’ house occasionally and does not seek out any kind of local drama or community entertainment.

## Husband: Aminul Sharma

**Summary:** Aminul Sharma is a 30 year old man who is a seasonal agricultural day laborer. He has two children, one is five years old and the other is 15 months old. He completed his education up to class two and he can only sign his own name. He earns more during the cultivation and harvesting period, and during other parts of the year he is unemployed and the family suffers from food scarcity. He usually does not handle meal or specific feeding decisions for the household but does handle the food and household goods purchasing decisions for his family.

**Daily Routine:** During harvesting season, Aminul stays busy in the field all day long. He comes home in the afternoon to eat his lunch and rest before going back to the field or post-harvest activities. In the evening, he goes to the market, and there he chats with friends until 7 o’clock. After coming back from the market he eats his dinner with his wife and children. Sometimes he discusses various issues with his wife, but mainly about household chores.

**Lifestyle:** He has three brothers and two sisters. His parents have died so his family only depends on his income. They have a small amount of land but it is not used for any cultivation. The family has to live hand-to-mouth and he sometimes feels he has difficulty fulfilling all of his family’s need.

**Personal Characteristics:** Aminul is greatly influenced by his friends and sometimes by religious leaders. For instance, he purchases food that other people are buying often even if it is more expensive.

**Aspirations:** He wants his children to be healthy, strong, and well-educated and also to have property to leave for his children’s future.

**Worries:** He is worried about being employed consistently throughout the year and being able to provide sufficient food for his family.

**Determinants of Behavior**

* He does not seek advice from his wife about food purchases.
* He thinks costly food like meat, big fish, and apples are more nutritious foods and are better for his children but he can’t afford these foods.
* He is more influenced by his peers than the opinions of his wife.

**Media habits**

He usually watches television in the tea stalls. He watches news, dramas and political talk shows. Besides this, he owns a radio and sometimes he listen to news and songs. He also has a mobile phone. He attends several meetings at the *union parishad* and community levels as a listener but does not actively participate in the discussion.

## Mother-in-law: Rahima Begum

**Summary:** Rahima Begum is 50 years old with two sons and three daughters. She is living with her elder son since her husband passed away a few years ago. She lives in Barisal. Her elder son has 3 children; two of them go to school and the third is a 7 month old daughter. She is very fond of her grandchildren and also helps to take care of them. Though she does not earn money, she is treated as the head of the household in the family.

**Daily Routine:** Everyday Rahima Begum does a few household activities. She takes care of the goats and chickens but usually does not cook the meals. She also takes care of her younger granddaughter while her mother is busy with work. In the afternoon she goes to her neighbor’s house to visit and chat.

**Lifestyle:** She makes time in her day for religious activities. She also makes decisions on household activities like cooking, food selection, and other chores.

**Personal Characteristics:** She is a superstitious lady who believes in certain food taboos and thinks her 7 month old daughter should not be given any food other than milk at this early age because it will not be digested by the baby. She also plays an important role to her peers as they respect her as an elder in the community. When she was younger she used to be a birth attendant and helped deliver many babies in her community.

**Worries**: She plays an important role in the family and household and is one of the primary decision makers. She is very rigid in her beliefs and worries that her grandchildren will not be healthy if they don’t follow the diet she suggests.

**Determinants of Behavior**

* She has strong food beliefs and thinks that vegetables, eggs, and fish can be harmful for the health of a 7 month baby.
* She is a primary decision-maker in the family and supersedes her daughter in-law on household decisions.
* She believes that her children grew up healthy and therefore her method of child feeding should be followed for her grandchildren also.

**Media habits:** She does not listen to radio or television but likes to watch community/folk dramas.

## Health worker: Rebeca Yasmin

**Summary:** Rebeca Yasmin is 35 years old and has been a health worker in Barisal district for more than 6 years. She enjoys her job, but she sometimes feels overloaded in her work. She has three children and lives close to her duty station. Her younger son is 18 months old and is looked after by a neighbor while she is at work. She has become concerned because her youngest son does not want to eat rice, vegetables or other healthy foods. She knows that this is not good for the health of her child but she feels helpless because she spends most of the day at work and leaves the responsibility of feeding her children to the neighbor. She stopped breastfeeding her son when he was 1 year old because she thought it would become a habit in his older age which she felt would not be appropriate for a young boy.

**Daily Routine:** Rebeca is very busy as a health worker. She sits in the facility three days a week and the other days she makes home visits. After coming back from work in the evening she teaches and takes care of her children.

**Lifestyle:** She is moderately religious and focuses most of her energy on her work. Her husband is very supportive and helpful. He helps the neighbor to look after the children when his wife is at work. Rebeca tries to spend time with her children during the weekend and takes care to keep them healthy.

**Personal Characteristics:** Rebeca is a very soft spoken woman and her colleges can depend on her. As a result sometimes she helps them by doing their work. Her supervisors think of her as a reliable person.

**Worries:** Rebeca is worried about her children’s health. Specifically, her younger son gets sick frequently.

**Determinants of Behavior**

* She is a good counselor and has the ability to motivate others, but is not able to focus as much as she’d like on her family’s health due to her demanding job responsibilities.
* She has misconceptions surrounding breastfeeding, in particular with regards to how long she should and how long the baby wants to breastfeed.

**Media Habits**

* Radio: She listens to radio often.
* Print: She reads local newspapers.
* Television: She watches mostly Indian channels.

#

**Appendix C: Operational SBCC Framework**



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12. Catholic Relief Services Communication Toolkit [↑](#footnote-ref-12)
13. Catholic Relief Services Communication Toolkit [↑](#footnote-ref-13)