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**ENGINE Project Social and Behavior Change Communication Strategy**

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**June, 2013**

Produced by Empowering the New Generations to Improve Nutrition and Economic opportunities, a program of the US Global Health and Feed the Future initiatives

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## LIST OF ACRONYMS

|  |  |
| --- | --- |
| ADA  AEW | Agricultural Development Agent (Kebele level)  Agricultural Extension Worker (Woreda level) |
| ANC | Antenatal care |
| A&T | Alive and Thrive |
| BMI | Body Mass Index |
| CC | Community conversation |
| CF | Complementary feeding |
| CHD | Community health ADAy |
| EDHS | Ethiopia Demographic and Health Survey |
| EHNRI | Ethiopian Health and Nutrition Research Institute |
| ENA | Essential nutrition actions |
| ENGINE | Empowering the New Generations to Improve Nutrition and Economic opportunities |
| ESHE | Essential Service for Health in Ethiopia |
| FAO | Food and Agriculture Organization |
| HEP | Health Extension Program |
| HEW | Health Extension Worker |
| IFHP | Integrated Family Health Program |
| IU | International unit |
| IPC | Interpersonal communication |
| IYCF | Infant and young child feeding |
| IYCN | Infant and young child nutrition |
| JHU.CCP | Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs |
| MI | Micronutrient Initiative |
| MIYCF | Maternal, infant and young child feeding |
| MIYCN | Maternal, infant and young child nutrition |
| MOH  NAP | Ministry of Health  National Advocacy Plan |
| NGO | Nongovernmental organization |
| NNP | National Nutrition Program |
| PEPFAR | President’s Emergency Plan for AIDS Relief |
| PLW | Pregnant and lactating women |
| PMTCT | Prevention of mother to child transmission |
| PSA | Public service announcement |
| SBCC | Social and behavior change communication |
| SMS | Short message service |
| SNNPR | Southern Nations, Nationalities, and Peoples’ Region |
| USAID | United States Agency for International Development |
| WASH | Water and Sanitation for Health |
| WDA | Women’s Development Army |

# INTRODUCTION

ENGINE (Empowering the New Generations to Improve Nutrition and Economic opportunities) is a five-year (2011-2016) USAID-funded integrated nutrition project in Ethiopia managed by Save the Children Federation, Inc. (SC) in partnership with Land of Lakes, Tufts University, The Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU.CCP), VALID International and Jhpiego. Inaugurated in October 2011, ENGINE assists the Government of Ethiopia(GoE) to implement a five-year integrated nutrition project to decrease maternal, neonatal and child morality through a comprehensive approach addressing the Ethiopian nutrition policy environment, the improvement of nutrition services, and the introduction and reinforcement of evidence-based preventive nutrition and care practices in four regions of Ethiopia: Amhara, Tigray, Oromiya, and the Southern Nations, Nationalities, and Peoples’ Region (SNNPR). ENGINE works closely with the federal, regional and local government offices in these regions, strengthening capacity for nutrition, livelihood and agricultural services, directly providing nutrition services, strengthening multi-sectoral coordination and partnerships, and influencing household nutrition practices.

One major component of the ENGINE project is social and behavior change communication (SBCC) to improve maternal, infant and young child feeding practices, increase demand for nutrition and health services, and improve hygiene and sanitation practices among households. This is carried out following the Implementation Framework described on page 33, using a combination of approaches to communicate a strategically identified set of nutrition and hygiene messages. At community level, ENGINE provides technical assistance and supports community-based nutrition interventions including cooking demonstrations, demonstration gardens, facilitated group discussions and “Community Conversations”, as well as counseling and nutrition services provided by Health Workers, Health Extension Workers (HEW), Agriculture Development Agents (ADA), and other community members. ENGINE reinforces these efforts through print and radio communication.

This document presents a preliminary SBCC strategy to guide the development of SBCC activities, pending analysis of formative research to provide additional details. Many of the activities in this strategy have already been underway since the project’s inception. Others are planned for future implementation.

**SBCC Strategy Design Process**

To inform the SBCC Strategy, the ENGINE SBCC team conducted a review of literature concerning the current nutrition landscape in Ethiopia, focusing on the behavioral, knowledge and attitudinal barriers and facilitators to improve nutrition. Sources included, but were not limited to, the 2011 Ethiopia Demographic and Health Survey (EDHS) and formative research from the Gates-funded Alive & Thrive and USAID-funded AED LINKAGES projects. The team also conducted a review of existing nutrition materials, followed by a workshop with various stakeholders to identify the gaps and map out recommendations for updating these materials.

Building on these efforts, the ENGINE Project held a four-day Social and Behavior Change Communication (SBCC) Strategy Workshop in November, 2012, designed to explore the structural, service delivery, knowledge, attitudinal and social normative factors influencing health and nutrition seeking behaviors in the four regions where ENGINE works. Attendees included representatives from the Ministry of Health, Ministry of Women, Youth and Children Affairs, health and agricultural extension workers, Jimma University, the Food and Agriculture Organization (FAO), and other NGOs and stakeholders working in nutrition in Ethiopia.

Drawing on these efforts, the SBCC Team drafted a strategy document for review and refinement with input from the larger ENGINE team. The strategy was subsequently revised to incorporate these comments and findings from the ENGINE Baseline Survey (2012) which became available after the design workshop.

The result of these efforts is this SBCC strategy document, which is designed to guide social and behavior change communication activities intended to reach 83 food-secure woreda targeted by ENGINE in four regions (Amhara, Oromia, SNNPR and Tigray). This strategy is designed to standardize messages, coordinate implementation and ultimately increase impact of nutrition communication efforts designed and implemented in food-secure areas of Ethiopia by:

* ENGINE Project staff and partners,
* Government officials,
* Feed the Future (FtF) partners,
* Organizations and institutions supporting nutrition programs, and
* Community leaders, health workers, extension workers and other community resource persons.

This strategy focuses on **maternal nutrition, infant and young child feeding and household dietary diversification**. Additional formative research is in progress under ENGINE to further explore practices related to nutrition during the first 1,000 days of life, as well as additional linkages between agriculture and household dietary diversity, micronutrient supplementation and fortification, and adolescent nutrition. The SBCC Strategy will be revised based on findings from this formative research.

This document contains:

* An overview of the current nutrition landscape in Ethiopia
* The social and behaviour change theory underpinning this strategy
* Behavioral analysis, key strategies and interventions at four levels: socio-political, service delivery, communities, households and individuals
* The ENGINE SBCC Strategy platform for coordinated nutrition communication
* Implementation framework
* Message content for priority audiences and behaviors
* Monitoring and evaluation plan

# NUTRITION LANDSCAPE IN ETHIOPIA

Malnutrition remains a major child survival and maternal health challenge in Ethiopia, despite improving trends in recent years. Poor nutritional status among women and children compromises children’s overall health, leading to poor cognitive and physical development, increased susceptibility to disease and early death.

According to the 2012 ENGINE Baseline Survey, there was a high prevalence of underweight (16% - 34%) and stunted (30% - 45%) children 6 – 24 months of age in 16 surveyed woredas. The 2011 Ethiopia Demographic and Health Survey (EDHS) found only slightly higher rates of stunting nationally at 44.4%, and comparable underweight rates (26%). In addition, about 54% of children were anemic, according to the EDHS.

The prevalence of underweight mothers in ENGINE regions was also remarkably high, with consistently high scores in the woredas ENGINE surveyed in Amhara. [[1]](#footnote-1) Nationally, 27 percent of women in Ethiopia were undernourished with a BMI of less than the 18.5 cutoff, according to the EDHS. Nationally, 17% of women are anaemic.

## INFANT AND YOUNG CHILD NUTRITION PRACTICES

### Breastfeeding

Breastfeeding is nearly universal in Ethiopia with over 98% of children being breastfed. However, only 52% of children under 6 months (aged 0-5 months) are *exclusively* breastfed for the first 6 months of life (EDHS, 2011). In addition to breast milk, mothers give infants plain water, goat or cow milk, or other liquids; some introduce complementary foods before infants reach 6 months of age (EDHS, 2011).

According to Alive and Thrive’s 2011 formative research in SNNPR and Tigray, mothers, fathers and grandmothers introduced water, milk, thin gruels and other foods at 2 to 4 months. While many mothers said they were aware of the recommendation to breastfeed exclusively, the most common reasons for introducing liquids and foods are: traditions and advice from mothers, mothers-in-law and village elders; the belief that breast milk is not enough to sustain a child for the first 6 months or is not easily digestible; concerns that the child would be hungry and cry without other fluids or foods (Alive & Thrive, 2010a, 2010b).

Only 52% of mothers reported breastfeeding within one hour of birth; 80% reporting breastfeeding within one day of birth (EDHS 2011). Researchers have identified three key **barriers** to early initiation of breastfeeding:

1. **Health system factors**. Women who deliver with attendance by a health worker are more likely to delay initiation of breastfeeding than those delivered by a traditional birth attendant or family/friends.
2. **Socio-economic factors**. Early initiation of breastfeeding is more common in urban areas and increases with higher education and wealth levels of the mother (EDHS, 2011). It is also less common among young mothers and mothers having their first child (Horii, Guyon& Quinn, 2011).
3. **Cultural beliefs and traditional practices.** Many Ethiopians believe mothers need to rest after birth and that babies do not need to eat for the first nine hours, to allow the stomach to cleanse (IYCN, 2011). Focus group discussions in rural Sidama, SNNP region, revealed that most mothers discarded colostrum (Gibson et al., 2009).

In short, while breastfeeding is widely practiced, many women do not exclusively breastfeed for the first six months or provide colostrum, and breastfeeding is often initiated several hours to days after birth.

### Complementary Feeding

Mothers in Ethiopia breastfeed their babies for an average of 25 months, however, a significant proportion of children also start complementary feeding before they reach their fourth month (2011 EDHS). According to the ENGINE baseline report (2013), about 70% of mothers fed their infants the recommended 3 to 4 times per day; however, less than 20% of children received complementary foods from the four food groups. Most mothers in Ethiopia prepare thin porridge from grains and water or milk, making it insufficient to meet the growing nutritional needs of infants (Alive & Thrive, 2010a, 2010b). Moreover, most complementary food preparation, feeding and storage were not done hygienically, according to the ENGINE Baseline Survey 2013.

While mothers in SNNPR suggested they are aware of the need to feed a variety of foods to their child, when asked what they fed their child yesterday, the majority said gruel or porridge made with cereals and legumes (Alive & Thrive, 2010a). While in some cases eggs are given to children, meat is not easily available and rarely given. The majority of study participants stated that they are willing to enrich a child’s porridge by using different food items but cannot because of either economic reasons or lack of knowledge on how to prepare nutritionally rich porridge. (Alive & Thrive, 2010a, 2010b).

### Feeding Sick Children

According to the ENGINE Baseline Survey, awareness among mothers about the need to provide extra food during and after illness is low. People often do not give extra meals during child illnesses, or if they do, they stop the extra effort as soon as the child is better, rather than continuing for an extra two weeks to build up the child’s strength.

### Safe Preparation and Storage of Food

Studies show that maldigestion and malabsorption of food caused by diarrhoea increase the likelihood of stunting, and the long-term cognitive deficits caused by stunting (Langford, Lung, Panter-Brick, 2011). According to these studies, poor hygiene and unsafe water are the key causes of frequent diarrhea and sub clinical infections (Adelekan et al., 2003).

Diarrhoea is common among children in the regions supported by ENGINE. According to the 2012 ENGINE Baseline Survey, between 17% and 40% of children between 6 and 36 months of age had diarrhea during the two weeks prior to the survey. Sanitary disposal of human waste was particularly poor, with only about 1% of households having access to improved sanitation facilities. Lack of clean potable water is also a significant barrier to improved hygiene and sanitation in many project areas; according to the baseline survey between 16 % and 76% of households in the study woredas had access to improved water sources, and less than 6% had access to adequate treated water. Water given to children in most communities is drawn from unprotected sources and is not boiled before use (IYCN, 2011).

According to observations of household feeding practices conducted in 2009 and 2010, children were given unboiled water, mothers did not wash their hands before cooking or feeding their infants, and did not store food in places unexposed to contamination from insects or animals (Gibson et al., 2009). Observations in SNNP and Tigray regions found that most mothers washed their hands but did not use soap and children did not wash their hands before eating. Furthermore, environments where food was stored and prepared were not sanitary (A&T, 2010a; 2010b).

### Aspirations Regarding Infant and Child Feeding

According to qualitative studies in Ethiopia, parents want their children to have good health [Amare, 2003, Alive & Thrive, 2010a, 2010b]. Specifically, they wanted their children to interact with other children and gain weight, height and knowledge, hoping they will receive a good education and succeed in their lives. Parents strove to take their children to school and provide them the best food and care they could afford. They believed that their children would succeed better if breastfed, ate a balanced diet, lived in a clean environment and had God’s blessings.

Some of the difficulties in achieving optimal child care included the heavy workload of mothers, frequent sicknesses of children, children’s vulnerability to accidents, scarcity of food, frequent pregnancies, and lack of vaccinations. In the Tigray and SNNPR research findings, almost all of the mothers interviewed expressed their willingness to learn more about child feeding because they want their children to grow healthy and strong (Alive & Thrive, 2010a, 2010b).

## MATERNAL NUTRITION

According to the 2012 ENGINE Baseline Survey, the mean number of food groups consumed by mothers was below 4 (out of a possible 9), with the majority of mothers in the low dietary diversity category. Though the consumption of Vitamin A-rich food varied by woreda and region, the proportion of mothers who consumed any meat product was very low across any woredas.

According to one of the few studies to look at barriers to good nutrition practices among pregnant and lactating women, communities recognized that pregnant and lactating women had increased nutritional needs, but women continued to eat the same diet as the rest of the family (Amare, 2004). Their diet was deficient in animal products, fruits, vegetables, fat and oils. Their diet was deficient either because the required ingredients for an adequate diet were difficult to obtain locally, or were too expensive to afford. Religious fasting—practiced by both Christians and Muslims—also contributed to under nutrition among pregnant and lactating women.

Additionally, pregnant women often ate sparingly to avoid delivering a big baby that could potentially be difficult to deliver. Most respondents—including health providers—believed that the amount of breast milk a lactating mother produced depended on the nutritional adequacy of the food eaten, and thought that a malnourished woman could not produce enough milk to support exclusive breastfeeding for six months. Nonetheless, most pregnant and lactating women did not increase their nutritional intake.

Despite high prevalence of maternal anaemia (33.2%) the coverage of prenatal iron supplementation is low (EHNRI and MI). The coverage among women who gave birth in the preceding year and among women who were pregnant at the time of the survey was 40.1% and 38.5%, respectively. Contrary to the NNS recommendation that lactating mothers take iron supplements for more than 90 days, only 3.6% of the women took the supplement for that period (EDHS 2011).

A micronutrient study conducted in Tigray and SNNPR found that information provided to local women pertaining to iron and folate is substandard. For instance HEWs did not consistently know the guidelines for universal targeting and supplementation through antenatal care (ANC) visits, and several HEWs reported that they provided iron supplements only to pregnant women with physical symptoms of anaemia (Saldanha, Buback, White, et. Al. 2012).Non-adherence occurs due to forgetfulness, fear or experience of side effects, fear of drug intake during pregnancy, inadequacy of drug supply and lack of awareness on the benefits of the supplement.

## ADOLESCENT NUTRITION

Adolescent girls are a critical target group for nutrition programs. Their nutritional status has long-lasting effects on both their own health and the health of their children since studies show that a mother’s nutritional status prior to her becoming pregnant can have effects on stunting. Mothers are also at greater risk of haemorrhaging and delivering a low birth weight baby if they become pregnant at a very young age. Furthermore, given that 58% of women in Ethiopia have become mothers by age 20 (EDHS, 2011), understanding the beliefs, attitudes and behaviors of adolescent girls is essential for improving infant and young child feeding practices.

Undernutrition is more prevalent among adolescent girls, age 15-19 years, who are more likely to be below 145cm in height and less than 18.5 in Body Mass Index (BMI) compared to older women. Twenty-one percent of 15-19 year old girls are mildly thin, and 16% are moderately and severely thin. Women under the age of 20 are also more likely to deliver babies who are very small (26%) compared to older women (19% to 21%). The consequences of adolescent motherhood and poor nutritional status has a generational effect as children of thin mothers (BMI <18.5) are more likely to be stunted (47%) and infant mortality and under-five mortality rates are higher for births to mothers under age 20 than for mothers in older age groups (EDHS, 2011).

Maternal micronutrient intake is also lower among adolescent girls. Among women 15-49 with a child born in the last five years, adolescent girls aged 15-19 are less likely to take iron tablets and deworming medication during pregnancy or receive postpartum vitamin A supplementation compared to older mothers. However, they are more likely to live in households with iodized salt (EDHS, 2011).

There is a lack of information about the behavioural determinants of adolescent-related nutrition in Ethiopia. ENGINE will wait for the results of its formative research in this area before developing an adolescent-focused SBCC strategy.

## HOME FOOD PRODUCTION

Most households in the four project regions support themselves through mixed farming of both livestock and crop, and their main crops are legumes, grains, root crops or cash crops like coffee and chat for sale. Likewise, cattle are mainly raised for draft power, income source and milk consumption, whilst sheep and goats are raised mainly for sale. In most households, the man of the family is responsible for planting and cultivating these crops. The majority of the foods produced on these farms are used for home consumption, and are supplemented with foods grown in “homestead gardens” which are usually managed by women. The most popular vegetables grown in homestead gardens are kale, onions, Irish potatoes, and tomatoes, and these are only harvested a couple of times a year during the rainy seasons (Tefesse, 2013).

In addition, most households keep chickens. This accounts for nearly 99% of the poultry population in Ethiopia; 97.8% of the chicken population comprises indigenous birds while 2.2% are exotic breeds. Chicken management and earnings from the sales of chickens and eggs is female dominated. Most households have 2-3 heads of local chickens, which are free ranging, and produce on average about 40 eggs per year per chicken; chicken mortality is as high as 60% as they are susceptible to disease and predators and there are very few veterinary services for them. Though chicken meat and eggs are the only affordable animal source food for most rural poor in Ethiopia, the per capita egg and chicken meat consumption is estimated at 57 eggs and about 2.85 kg per year respectively; which is far less than what the Food and Agriculture Organization recommends. In most of the project areas, eggs are not considered everyday foods, and are only cooked for visitors or during special occasions. Usually, eggs are sold and the money used to purchase other household necessities; farmers directly sell to consumers, local restaurant owners, or small retail traders who take eggs and chickens to large urban markets (Gizaw, 2013).

Based on a household’s choice and capacity, ENGINE provides selected vulnerable households with goats or sheep. These are mainly for income generation; except in Tigray and some pocket areas in Arsi, Bale Zone of East Oromia, goat and sheep milk is not traditionally consumed (Gizaw, 2013).

Farmer Training Centers (FTCs) provide training and information to improve productivity, mostly focused on cereals and, to some extent, on legumes. This training is primarily accessed by farmers who are predominantly men. ENGINE has been working with AEWs and ADAs to encourage farmers to produce a wider variety of fruits and vegetables, with a particular focus on nutrient-dense produce, including kale, Swiss chard, cabbage, carrots, pumpkin, orange fleshy sweet potatoes, papaya, avocado, mango and apples (in highland pocket areas only). Unfortunately, it is usually the women who take the lead to grow these vegetables and fruits with the support of family labour when needed, yet they are unlikely to participate in FTC training or demonstrations. ENGINE is also educating farmers to use some of the eggs and chickens they produce for home consumption, yet it is the women who tend the chickens and sell eggs.

## FINDINGS FROM THE SBCC MATERIALS MAPPING EXERCISE

In order to scale up SBCC and enhance the national effort to advance Maternal and Infant and Young Child Nutrition (MIYCN), the ENGINE SBCC team conducted an inventory of MIYCF materials in Ethiopia. The aim of this exercise was to gain a better understanding of the SBCC nutrition materials and activities that currently exist in Ethiopia. This in turn helped guide ENGINE’s SBCC strategy design exercise, helping to identify gaps and avoid duplication of efforts.

Through the inventory process, the ENGINE Project collected nutrition communication materials from the Ethiopia Ministry of Health, UNICEF, Save the Children–Food by Prescription, Alive and Thrive, IYCN, LINKAGES, Food for Hungry, Catholic Relief Services, IFHP, and Ethiopian Interfaith Forum Development Dialogue and Action (EIFDDA). An analysis identified gaps at all levels including job aids for health workers, health extension workers and agriculture extension workers as well as appropriate materials for family members who influence nutritional choices in the home, such as fathers and mothers-in-law. Also insufficient were materials covering adolescent and maternal nutrition, micronutrients and diversified feeding and those dealing with gender inequities and how to meaningfully engage men in nutrition related issues within the household. A detailed report of findings is available under separate cover.

# SBCC PROBLEM STATEMENT

This SBCC strategy is designed to address sub-optimal maternal, infant and young child nutrition (MIYCN) behaviors and underlying factors, using nutrition communication. Based on the available research, the key behavioral problems are categorized under five thematic areas and summarized as follows.

1. Infant and young child feeding: The most frequent problems begin with breastfeeding, when infants often initiate breastfeeding late, are rarely fed colostrum, and are often given pre-lacteal feeds. Complementary foods are often introduced earlier or later than the recommended 6 months of age, rarely contain a diversity of foods, are often watery, and prepared in an unhygienic manner. Special dietary needs of sick infants are often poorly met
2. Maternal nutrition: Most women do not increase their food intake during pregnancy, and continue to eat a diet deficient in animal source foods, leafy green and yellow/orange vegetables. Many women (about half) do not attend antenatal care and even fewer take iron and folate supplements during pregnancy or lactation.
3. Household food production: Most households produce primarily grains and legumes for home consumption, supplemented by homestead gardens. Other than kale, most of the vegetables grown in these gardens are not nutrient-rich. Many households rear chickens or other small livestock but rarely consume the eggs, milk or meat produced.
4. Micronutrients: Iodized salt is not used by many families. Vitamin A and Iron/Folate supplements are frequently out of stock in health facilities. Many households do not cook with Iodized salt.
5. Adolescent nutrition: Most adolescent girls do not consume enough food from a diversity of food groups, eat a diet low in iron, Vitamin A, and Iodine.

# GOALS AND OBJECTIVES OF ENGINE SBCC

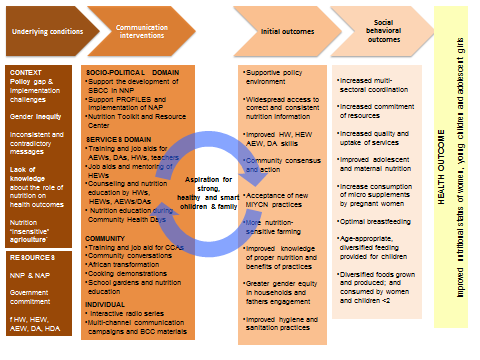
The overall goal of the ENGINE integrated nutrition project is the improved nutritional status of women and young children through sustainable, comprehensive, coordinated, and evidence-based interventions.

In support of this overall goal, the SBCC strategy aims to:

1. Motivate and empower families and communities with the knowledge and support they need to adopt improved nutrition practices and create environments supportive of these practices.
2. Promote the improvement of hygiene and sanitation practices especially related to care during the first 1,000 days of life.
3. Improve the capacity of health workers and agricultural extension workers at all levels to support community members in achieving better nutrition, especially during the first 1,000 days of life.
4. Increase use of health and agricultural services among mothers, fathers, and adolescent girls.
5. Advocate at national, regional, and community levels for greater attention to nutrition issues facing Ethiopia and to garner greater financial and policy support for nutrition interventions and services.

# THEORETICAL MODEL FOR NUTRITION BEHAVIOR CHANGE

The ENGINE SBCC strategy is based on a socio-ecological model for behavior change. According to this model, individuals and households can only change their nutrition practices if these practices are supported by changes in their communities, in the health and agricultural services they access, and in the broader socio-political policy and media environment. Based on this theory and on the nutrition landscape in Ethiopia, the socio-ecological model below shows the pathways through which ENGINE SBCC interventions can affect nutrition outcomes, and the engine of change that will drive this process.



The engine of change is the motivation that will inspire change at each level. It is centered on family aspirations—specifically, that children will grow strong, do well in school and prosper in life. ENGINE’s communication will draw linkages between nutrition behaviors and practices and a better life. This will underlie and permeate interventions at the socio-political, service delivery, community and household levels.

# ENGINE SBCC STRATEGY PLATFORM FOR COORDINATED NUTRITION COMMUNICATION

This SBCC strategy serves to integrate the program’s multifaceted nutrition communication activities, creating a greater whole out of the sum of the parts. Through a comprehensive, integrated strategy, individual program components and partners work in synergy, communicating harmonized messages, building on and reinforcing each other, to achieve greater impact. The outward expression of the strategy is the brand, which also serves as the overarching platform for ENGINE nutrition communication, including community based SBC interventions, person-to-person counseling and education, as well a radio and print communication.

## BRANDING AND POSITIONING

A brand is essentially a promise. In the case of ENGINE, the brand[[2]](#footnote-2) is *based on the promise* that investment in the first 1,000 days of a child’s life will bring about a fruitful “harvest” where children are healthy physically and mentally and able to thrive. *The foundation for the promise* is the aspiration that all parents have to see their children grow up healthy physically and mentally and thrive in life. *Driven by the concept* that “it takes a village to raise a child” the brand will speak to everyone who has a role to play in supporting healthy mothers and enabling children to have a happy, healthy life.

The ENGINE Project will develop a slogan and logo that will appear on all nutrition communication materials. ENGINE will popularize the brand and give it meaning through all its SBCC activities and media. The brand will tie all interventions together and make them easily recognizable.



**“*Shih Qenatleshihfre”* (One Thousand Days; One Thousand Harvests)** is an illustrative name for ENGINE SBCC. It highlights that the first 1,000 days are the most crucial time for a young child’s life--starting from when a woman becomes pregnant and continuing over the next two years – and that investment in this critical time will yield good “harvests” including: good health/lack of illness, ability to do well in school and get a good education, the foundation for breaking the cycle of under nutrition. This name allows analogies to be made to harvesting seeds and caring for young crops in order to produce an excellent yield; good nutritional practices will be positioned as the essential component of that early investment.

A possible tagline for ENGINE nutrition SBCC, **“*Niqat – Beqat – Fekat*” (Aware - Able - Blossom)** has a double meaning in Amharic. The first meaning shows the process of change and serves as a call to action – *become aware* of what needs to be done for your children to thrive, *become able* by eating the right foods (mothers), learning to grow them in your garden, feeding your children correctly, and *see your child blossom* and grow. The second meaning of the tag line reflects the overall vision – to see children bright, able and blossoming. The call to action serves as a reminder to parents, extended family members, community members, service providers and extension workers, and leaders and decision makers that everyone has a role to play in investing in a child’s first 1,000 days to give them the best start in life.

The ENGINE project will test this name and slogan, as well as other alternatives, among stakeholders and audience members. Based on pre-test results, a final name, slogan and symbol will be refined and introduced through media, print materials, and all project SBCC activities. All communication will carry the SBCC strategy branding, will direct audiences to extension workers and health workers for counseling and advice, will promote specific behaviors among key audiences. For additional information, please see Appendix B: Creative Brief for Brand Communication.

While the themes, key branding and SBCC materials and media will be developed at the national level, communication materials and products will be regionalized to tailor them to their specific contexts and languages (See Implementation Arrangements below). Different styles of dress, housing, customs and, above all, available foods will be shown to ensure audiences feel the messages are relevant to them.

## GENDER EQUITABLE AND TRANSFORMING MESSAGING

Socially constructed gender roles of men and women interact with their biological roles to affect the nutrition status of the entire family. In Ethiopia, women and children are most vulnerable to malnutrition because of poor dietary intake, infectious diseases, lack of appropriate care, and inequitable distribution of food within the household.[[3]](#footnote-3) This is further compounded by inequitable decision making in the home that favors the man, and early marriages to older men, which undermines a woman’s confidence to voice her needs or the needs of her children.

Gender norms and dynamics in Ethiopia are deep rooted and vary across regions, according to the Gender Analysis and Audit recently conducted by ENGINE. Interventions across all levels, particularly at community, need to be undertaken to transform long held beliefs and challenge gender based inequities. It is essential that nutrition communication does not reinforce existing stereotypes that undermine good nutrition, and contributes to addressing and changing harmful gender norms by presenting alternative options for decision making and resource sharing.

ENGINE is developing a Gender Strategy which will guide all its programming, including SBCC interventions. In support of this strategy, ENGINE’s communication interventions will address gender inequities and seek to transform gender norms in several ways. ENGINE radio dramas and other media materials will showcase women and men working together to achieve their family’s optimal nutritional status. This may include fathers ensuring sufficient, diverse foods are available for family meals, taking an interest in what their children eat, helping to do household chores so his wife has adequate time for breastfeeding, or women and men working side by side in their garden to cultivate nutrient-rich vegetables and fruits for home consumption. Radio spots and other media outputs will role model conversations between wives and husbands discussing resource allocation, family planning, and what to feed their children to ensure they will have “1,000 harvests.” Community Conversations will spark discussions among men and women about gender norms that affect their nutrition decisions and actions and how they can break out of the mold. Using “positive deviant” men and women, ENGINE will pilot video testimonies that challenge men and women to see how gender dynamics can change for the better, and inspire them to change the ways they relate to one another.

Importantly, nutrition communication messages will target and reach men as well as women. In the past, most nutrition programs only targeted women and children[[4]](#footnote-4) and missed crucial opportunities to address men, who may be barriers to uptake of new behaviors, and to changing the intra household dynamics that make it difficult for women to adopt good nutrition practices.

# BEHAVIORAL ANALYSIS, KEY STRATEGIES, AND INTERVENTIONS BY LEVEL OF INFLUENCE

The ENGINE SBCC strategy supports regional, zonal, woreda and kebele level government and non-governmental partners to implement activities at socio-political, service delivery, community and household levels. All of ENGINE’s SBCC interventions will employ a set of behavior change approaches and ensure consistency of messages and materials. In this section, we describe nutrition SBCC interventions at each level of influence: socio-political, service delivery, community, and households/individuals.

## SOCIO-POLITICAL ENVIRONMENT—INFLUENCING NUTRITION POLICY AND RESOURCES

Although nutrition is a serious issue in Ethiopia, affecting the health, education and economic potential of men, women and children, it does not receive adequate attention or resources at the National, Regional, Woreda, and Kebele levels to develop, fund, and implement effective nutrition interventions. Currently, nutrition is integrated across health, agriculture, and education sectors, and has no single coordinating body. Thus, it has not received the attention or earmarked funding it requires.

In 2011, the Federal Ministry of Health (FMOH), in collaboration with several key stakeholders, began the process of revising the National Nutrition Program (NNP), which will be officially launched in June, 2013.

Also in 2011, a Core Working Group (CWG) was formed to develop a Nutrition Advocacy Plan (NAP) to address structural and resource issues in a coordinated fashion. ENGINE is a member of the CWG. Other members include FMOH, USAID, REACH (a partnership between WFP, UNICEF, WHO, and FAO), and FANTA. The NAP has been drafted and will be made public after the new NNP has been launched.

ENGINE will support implementation of the NAP in its areas of operation to galvanise support for effective implementation of the NNP. Details of how this strategy will be implemented are described in the NAP.

ENGINE will also support nutrition advocacy, research, and communication efforts by establishing a resource center in an Ethiopian university, and an electronic “toolkit” of nutrition resources for academics, policy makers, program managers and others. The toolkit will include research reports, documents, educational materials and job aids on nutrition from Ethiopia and elsewhere in the world. It will be housed in the FMOH or an Ethiopian institute of higher learning, and will be regularly updated and promoted.

## HEALTH, AGRICULTURE AND LIVELIHOOD SERVICES—STRENGTHENING NUTRITION COUNSELING AND INTERPERSONAL COMMUNICATION

Health, agricultural and livelihood services are available in almost every community in Ethiopia, and are utilized by many people. Ideally, these services provide an excellent opportunity to promote farming, business, and dietary practices that lead to well-nourished women and children.

**Nutrition education and counselling through health services.** Although nutrition education and counselling are an integral part of health services for women and children, health workers and HEWs have lacked training, job aids and supportive supervision to do it effectively. As a result, content of nutrition education and counselling has been inconsistent or lacking all together. In addition, utilization of antenatal, postnatal, labour and delivery, and well child services is poor among women and almost non-existent among men (according to the ENGINE Baseline Survey 2012, less than 50% of pregnant women in Amhara and Oromiya attended at least one antenatal visit during their last pregnancy). Thus, the number of women and men reached with accurate and well-delivered nutrition information and advice through the health system has been limited.

ENGINE provides training for health workers in Maternal Infant and Young Child Feeding, including nutrition education and counselling, and support for HEWs to conduct nutrition education and counselling, and community conversations on nutrition and other health issues. ENGINE also supports Integrated Refresher Training for HEWs in these skills; and has adapted a job aid from the Alive and Thrive Project that focuses on maternal, infant and young child feeding for used during nutrition counseling. ENGINE also supports supportive supervision of health workers and HEWs through the government system, and provides on-job support for nutrition counselling at health centers and health posts.

In order to strengthen nutrition counselling through health services, ENGINE SBCC has a dual purpose: 1) to increase utilization of maternal and child health services by adolescents, women, men, and young children, and 2) to improve the quality of nutrition education and counselling services provided by health workers and HEWs.

**Nutrition education through agricultural and livelihood services**

Agricultural and livelihood services have traditionally focused on improving agricultural productivity, income generation, and economic development. Their interventions have targeted men primarily. Nutrition education and promotion of nutrition-sensitive farming are not part of the Ministry of Agriculture’s program, and are not included in the training for AEWs or ADAs.

ENGINE has been training AEWs and ADAs about nutrition and nutrition-sensitive farming, and supporting cooking demonstrations at FTCs. AEWs and ADAs have no job aids to use during nutrition education, and the training materials need review to ensure consistency with other ENGINE SBCC interventions and materials.

In order to strengthen education about nutrition and nutrition-sensitive farming through agricultural and livelihood services, ENGINE SBCC has two purposes: 1) to improve the quality of nutrition education provided by AEWs and ADAs, and 2) increase participation of men and women in cooking demonstrations and nutrition education taking place at FTCs.

**Services domain interventions and support materials**

* Training and supportive supervision for health workers in nutrition counselling during ANC, PNC, well-baby, and labour and delivery services.
* Support Integrated Refresher Training for HEWs that includes nutrition counselling and conducting Community Conversations.
* Support mentoring and supervision of HEWs by trained health workers to encourage better quality nutrition counselling.
* Train AEWs and ADAs to promote nutrition-sensitive farming, teach farmers about nutrition, and conduct cooking demonstrations.
* Link ADAs and HEWs so they integrate nutrition education and information about nutrition-sensitive farming during cooking demonstrations.
* Through Community Conversations, radio programs, and other SBCC materials and interventions, direct men and women to health centers, health posts, and FTCs for nutrition information and counselling.
* Promote ANC, PNC, well-baby visits, and labour and delivery services through radio programs, and other SBCC materials and interventions.
* Demonstrate through radio drama the benefits of attending health services and FTCs.
* Job aids and support materials required:
  + User-friendly guides for cooking demonstrations, nutrition education, nutrition-sensitive farming and business
  + Counselling cards
  + Training materials
  + Supervision checklists/tools.

## COMMUNITIES AND KEBELES—ENABLING NUTRITION BEHAVIOR CHANGE

In Ethiopia, men and women are often prevented from changing their nutritional practices by prevailing community norms and values. For example, most women and men believe that a wife and mother should cook the food for the family, and that she should feed her husband first and give him the best food. After her husband is fed, she should feed her baby and sons, then her daughters. The woman should eat last, and she should never eat unless her husband has also eaten. When she is pregnant or lactating, this norm makes it very difficult for women to eat extra meals as recommended. A variety of other community norms and traditions stand in the way of optimal nutrition practices; many are unique to particular communities while others are more widespread.

Families and individuals are more likely to change such norms and traditions when their leaders, neighbours, peers, and family members support and make such changes themselves. Changing norms begins with recognition that there is a need to change, and realization that change will not result in ostracism by the wider community.

In order to challenge prevailing norms and traditions that prevent families and individuals from adopting healthier nutritional practices, ENGINE SBCC will have three objectives: 1) to stimulate discussion and dialogue at community level about recommended nutrition practices and the factors that influence it, 2) to demonstrate through real life examples families and individuals who have benefited from adopting recommended nutrition practices, nutrition-sensitive farming and business, and 3) to get official and unofficial community leaders to endorse improved nutrition practices, nutrition-sensitive farming, and business.

**Community domain interventions and support materials**

* Community Conversations: ENGINE will continue supporting training and supportive supervision for HEWs to conduct Community Conversations on health issues including nutrition. In addition, ENGINE will train Community Change Agents through non-governmental organisations and vulnerable women’s groups to facilitate a series of 10 discussions among men and women living in 300 kebeles in the four ENGINE regions about optimal nutrition, nutrition-sensitive farming and business, gender and community norms. Through the process, groups will identify barriers to improved nutrition in their communities and make plans to address them. Community Conversation training and tools may also be used by WDAs, HEWs, ADAs and AEWs.
* Radio drama series and discussion groups: ENGINE will design a SBCC radio drama series that features a fictional HEW as the main character. Through its characters, the series will dramatize the stories of men and women changing their behaviour to adopt better nutrition practices. Community Change Agents will be trained to facilitate structured discussions among groups who listen to the programmes each week.
* School based activities: ENGINE will train teachers to educate students in primary and secondary schools about nutrition, to form nutrition clubs, and to establish school gardens, with the assistance of HEWs and ADAs.
* Videotaped role models and discussions: ENGINE will work in close collaboration with Digital Green to build the capacity of FTCs to produce videotaped testimonies from community members who have adopted new agricultural and nutrition practices. These videos will be shown during group discussions to trigger structured discussions about nutrition and agricultural issues.
* Job aids, training and support materials required:
  + Community Conversation training materials and job aids
  + Digital Green videotaped testimonies and guides for discussions
  + Radio drama series discussion guides
  + Guidelines for school nutrition programme
  + Referral cards for Community Change Agents, ADAs, HEWs, AEWs

## HOUSEHOLD AND INDIVIDUAL DOMAIN—CHANGING KNOWLEDGE AND PRACTICES

Ultimately, it is the mothers, fathers, and adolescents who influence what mothers, adolescents and children eat, how much they eat, when and how frequently they eat, and how food is prepared. Unfortunately, as described in the Nutrition Landscape presented earlier, in many cases, they are not making the best decisions concerning dietary diversity, infant and young child feeding, maternal nutrition, micronutrient intake (iron, Vitamin A, and iodine), and adolescent nutrition. There are four key reasons for this: lack of information about optimal nutrition practices, gender roles that affect household dietary decisions, traditional beliefs and habits, and lack of awareness of the need to change.

Many in Ethiopia do not know about the nutrition needs of mothers, infants, young children and adolescents. Even among health workers, there is some confusion about the proper age at which to introduce complementary foods, for example. Mothers learn how to cook meals from their mothers, who most likely have little nutrition knowledge themselves. Because men do not traditionally concern themselves with food preparation, they also know little about nutrition.

In many cases, gender roles negatively influence a family’s nutrition. In many families, food preparation and child care are the woman’s responsibility; the man of the family pays little attention to what his wife and children eat. At the same time, the man is responsible for providing the foods that his wife cooks; the woman has little say about what foods are grown and provided. As a result, there is a disconnect between the foods available for household consumption and the family’s nutritional needs. In addition, most nutrition education is provided to women through the health system, yet they have little control over what the family eats.

For families, the food they eat is an expression of their tradition and culture. Often traditional meals are not prepared from diversified foods. Cultural beliefs and customs also dictate what foods some people are allowed to eat. For example, in some cultures, pregnant women and young children cannot eat eggs.

Finally, most families do not think that their children and women are poorly nourished. Because so many children and women are undernourished in their communities, it has become normal. They do not connect illness, neonatal and maternal deaths with the diet they eat. Consequently, they see no reason to change.

ENGINE SBCC will be designed to address these issues by: 1) making nutrition information more widely available to women and men through mass media combined with interpersonal communication through community resource persons (AEWs, ADAs, HEWs, HWs, teachers, CCAs), 2) making men and women aware of the poor nutrition status of Ethiopian women and children and its connection to poor nutrition and health outcomes, 3) challenging household gender roles that negatively influence nutrition decisions, and 4) through positive role models, demonstrate how families benefit when they change their nutrition practices.

**Household and individual domain interventions and support materials**

* Media messages for priority nutrition issues (maternal nutrition and dietary diversity, infant and young child feeding, adolescent nutrition)
* Livelihoods program for poor households combined with training in nutrition, vegetable and fruit production, animal husbandry and household economics.
* Interactive radio drama and talk show series
* Referrals to HEW, ADA, health workers for individual nutrition counseling through all SBCC media and materials
* Pilot community-produced videos of community members who have adopted nutrition-sensitive farming and business, or improve household nutrition practices.

# FRAMEWORK FOR ENGINE SBCC STRATEGY IMPLEMENTATION

The ENGINE SBCC strategy implementation framework is shown on the next page. This framework is based on the ENGINE Implementation Framework and the Project Impact Pathways (PIP) documentation.

**At the Federal, Regional, Zonal and Woreda levels**, ENGINE will work with policy makers, district and zonal mangers, and other Feed the Future partners to design and implement SBCC interventions. At the Federal level, implementation of the strategy will be guided by the National Communication and Advocacy Working Group. ENGINE will work closely with this group to assist in the implementation of the NAP. The ENGINE Project will form an internal SBCC Working Group comprised of representatives from each project component and partner: livelihoods, agriculture, health services, SBCC, Gender and RM&E. These working groups will provide technical guidance on strategies, materials, design documents, and training



curricula. The SBCC Working Group will be chaired by the ENGINE Deputy Chief of Party, and will meet regularly to monitor implementation and make future plans.

**At regional level**, ENGINE Regional BCC Coordinators will work with Technical BCC Working Groups formed by the Regional Health Bureaus, where these are active, and will form multi-sectoral BCC Working Groups where none exist, to implement advocacy activities and to review media materials developed centrally, adapt them to regional realities, and translate to local languages. All communication materials will be pretested among their intended audiences by ENGINE Regional BCC Coordinators.

**At health facilities**, ENGINE will work with health workers, providing formal training, supporting supervision, and supporting production of nutrition job aids.

**At community level,** ENGINE will work with HEWs, ADAs, FTCs, schools, and community leaders, supporting training and supervision, cooking demonstrations and livelihood interventions with vulnerable households. ENGINE will also support Community Conversations by non-governmental organizations, HEWs, and women’s groups benefiting from ENGINE’s livelihood program.

**At household level,** ENGINE will reach mothers of young children, pregnant and lactating women, adolescents, fathers/husbands, and other family members with nutrition information through a variety of interpersonal activities reinforced with radio programming.

# MONITORING AND EVALUATION

Monitoring progress and measuring effects of this SBCC strategy will involve four methodologies: 1) routine monitoring and supervision of program activities and outputs to inform ongoing project management, 2) conducting interviews with HWs, HEWs, ADAs and AEWs, and their clients, 3) measuring changes in nutrition behaviour and status through the project end evaluation survey, and 4) measuring reach and effects of SBCC efforts not measured through the end evaluation survey through special SBCC assessment studies. As one component in an integrated nutrition intervention, SBCC monitoring and evaluation will be integrated with the overall project monitoring and evaluation plan. In addition to standard monitoring data, ENGINE will document success stories and case studies in the various kebeles and woredas. See APPENDIX B for a list of key output and outcome indicators for each SBCC objective and domain.

# MESSAGE CONTENT FOR PRIORITY AUDIENCES AND BEHAVIORS

The table below summarizes the barriers, audiences, objectives, key benefits, and support points for key audiences under each program area. Gender, sanitation and hygiene are cross-cutting themes woven throughout program areas. Food diversification will be integrated into communication on maternal nutrition, adolescent nutrition and complementary feeding. The content for adolescent nutrition communication will be designed and the table will be refined as formative research becomes available. ENGINE has prepared a separate document with more detailed message briefs.

| **Topic** | **Audience** | **Communication Objective** | **Behavioral Barriers** | **Key Benefit** |
| --- | --- | --- | --- | --- |
| Maternal Nutrition and Dietary Diversity | Primary:  Pregnant Women & Lactating Women  Secondary:  Husbands and Mothers-in-Law, HEWs, AEWs,ADAs | Understand the importance of eating additional food while pregnant and lactating, that meals need to include diverse foods, and that supplements are needed to ensure the health of the mother and the baby. | * Poverty and lack of access to a variety of foods * Cultural practice that women eat last in the family * Cultural belief to eat sparingly to avoid a big baby and difficult delivery * Lack of knowledge about sources of iron and benefits of iron supplementation | If you eat 4 meals a day during pregnancy that include green, orange and yellow vegetables and fruits, eggs or meat, and cereals and legumes, you will give your baby a good start in life.  If you eat 4 or 5 times a day from each of the 4 food groups while breastfeeding until the baby is 2 years old, it will help the baby’s brain develop to the fullest.  If you take iron supplements while pregnant and breastfeeding, you will protect your health and support the development of the baby’s brain. |
| Complementary Feeding | Primary:  Mothers with Children 6-24 months old  Secondary: Husbands, Grandmothers, Other caregivers  Secondary:  HEWs  Secondary:  AEWs | Know the benefits and how to provide age-appropriate complementary food for children 6 to 24 months.  Use active feeding skills to encourage babies to eat even when they are uninterested.  Know how to prepare complementary foods in a sanitary environment.  Know how to teach mothers and inform the local community about optimal complementary feeding practices.  Be able to inform farmers and the community about growing nutrient-rich foods for the family and prepare them in a hygienic environment. | * Lack of knowledge of the types and benefits of nutritious foods and complementary feeding * Cultural belief that children can choke on thick porridge and cannot digest animal products * Burdened by household chores and work, lack of time to prepare food and feed the baby * HEWs lack the knowledge and skills to train parents on complementary feeding * AEWs lack the knowledge to promote nutritious foods | If you practice and support optimal and clean complimentary feeding practices for children between 6 and 24 months of age, you will be helping to produce strong, healthy children who can concentrate better in school, are less likely to become sick, and have better education and economic opportunities in future. |
| Feeding Sick Children | Primary: Mothers and other caregivers  Secondary:  Fathers, Grandmothers, HEWs | Know and feel motivated to continue breastfeeding and provide additional food to sick children while they are sick and for 2 weeks after they have recovered. | * Burdened by household chores and work, lack time to care for sick children * Lack of knowledge about caring for and feeding a sick child * Cultural beliefs that some foods have negative effects during illness   . | If you continue to breastfeed and give additional food when the baby is sick, and during the 2 weeks after the baby recovers, will help your baby recover faster, and grow healthier, and stronger. |
| Breastfeeding – Initiating within one hour of birth | Primary:  Pregnant Women  Secondary: Grandparents, HEWs, Birth Attendants, Other  Caregivers | Understand the benefits of early initiation of breastfeeding and initiate breastfeeding within the first hour after delivery and feed colostrum to their infants right after birth.  Support mothers to breastfeed within one hour of birth. | * Cultural belief that mother needs rest after birth and that babies shouldn’t eat in the first hours after birth * Cultural belief that colostrum causes stomach cramps in infants | If you initiate breastfeeding immediately after childbirth, you will help your baby fight infections, cleanse their stomach and aid in digestion, and give your baby a healthy start in life. |
| Breastfeeding – Exclusive breastfeeding for a full 6 months after delivery | Primary: Lactating Mothers and Pregnant Women  Secondary: Grandparents, Fathers, Other caregivers  Secondary: HEWs | Understand the key benefits of exclusive breastfeeding, and will be motivated to exclusively breastfeed until the baby reaches 6 months of age.  Other family members to support and encourage the mother to exclusively breastfeed until the baby reaches 6 months of age. | * Burdened by household chores and work, lack of time to breastfeed baby * Cultural belief that breast milk is inadequate for baby and causes diarrhea * Lack of understanding about sustained production of adequate milk during exclusive breastfeeding | If you exclusive breastfeed your baby for the first 6 months of life, you will give your child a healthy start in life; it will enable the baby to be healthy, smart and strong. |
| Home Production of Nutrient-rich Foods for Consumption | Primary:  Farmers who have children under-2 years old, mothers of children under 2 years old, and vulnerable women who head households and are participants in the ENGINE livelihood program.  Secondary: Development Agents and AEWs | Understand the importance of producing more diversified foods for home consumption in order to improve the health and future success of their children  Participate in training/education sessions conducted by ADAs  Provide eggs for children, pregnant and lactating women to eat. | * Cultural practice to consume eggs only at special occasions and not regularly * Lack of knowledge/skills to prepare some vegetables * Lack of ADA/AEW knowledge about dietary diversity * Lack of adequate funds to maintain livestock and poultry * Lack of knowledge that eggs can improve children’s nutritional status | If you produce more diversified foods for home consumption, including eggs, your children will be better nourished, less likely to get sick, and perform better in school. |

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## APPENDIX A: SBCC MONITORING AND EVALUTION INDICATORS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OBJECTIVE 1 - Motivate and empower families with the knowledge and support they need to adopt improved nutrition practices among adolescent girls, mothers, fathers, and children under two years of age.** | | | | | | |
| **Desired behavior** | | Indicator | | | Source of ADAta | |
| Media messages promote improved nutrition practices for adolescent girls, mothers, and children under two years of age. | | Number of radio talk shows about nutrition broadcast  Number of ENGINE radio serial drama programs broadcast  Estimated number of men and women reached through ENGINE radio programs  Number of ENGINE nutrition radio spots broadcast | | | Media monitoring reports | |
| Adolescent girls, mothers and fathers of children under two years of age recall nutrition messages through radio programming | | Percent of mothers and fathers of under two year olds and adolescent girls who have listened to ENGINE radio programs and recall nutrition messages. | | | Special SBCC Study | |
| **MATERNAL NUTRITION** | | | | | | |
| **Domain 1 – Individuals and households** | | | | | | |
| **Pregnant women** | | | | | | |
| Learn about the connection between a proper healthy diet while you are pregnant and its effects on the health of the baby | | | % of pregnant women with comprehensive knowledge on proper nutrition during pregnancy | | | Special SBCC Study |
| Consume four meals each ADAy during pregnancy | | | % of pregnant women who consume four meals a day | | | Special SBCC Study |
| Ensure that the meals they eat include foods from each of the four food groups | | | % of pregnant women who consume diversified meal (at least four food groups) | | | Project end evaluation |
| Use iodized salt | | | % of pregnant women consuming iodized salt | | | Project end evaluation |
| **Lactating mothers** | | | | | | |
| Believe that it is necessary to eat more foods from all 4 food groups each day to remain healthy and ensure adequate milk production for their babies | | | % of pregnant women who state that it is important to eat more foods from all 4 food groups when lactating. | | | Special SBCC Study |
| Consume 4 – 5 meals a day while lactating | | | % of breast feeding women who consumed 4 – 5 meals a day | | | Special SBCC Study |
| Can name foods in each of the 4 food groups | | | % of breastfeeding and pregnant women who can correctly name foods from each of the 4 food groups | | | Special SBCC Study |
| Ensure that each meal includes foods from each of the four food groups | | | % of lactating women who consume diversified meal (the four food groups) | | | Special SBCC Study |
| Use iodized salt | | | % of lactating mothers consuming iodized salt | | | Special SBCC Study |
| **Husbands and Mothers-in-law of Pregnant and Lactating Women** | | | | | | |
| Encourage pregnant and breastfeeding women to eat more often than usual when they are pregnant and lactating; ensure that they get sufficient food at meal time. | | | % of husbands who actively encourage their pregnant or breastfeeding spouse to eat 4 and 5 meals a day | | | Special SBCC Study |
| Can name foods in each of the 4 food groups | | | % of husbands and mothers in law of pregnant and lactating women who can correctly name foods in each of the 4 food groups (disaggregated by husband and mother-in-law) | | | Special SBCC Study |
| Provide food from each of the four food groups for family consumption each day. | | | % of husbands of pregnant or lactating wives who provide their spouse food from each of the four food groups everyday | | | Special SBCC Study |
| **Domain 2 – Service** | | | | | | |
| **Health Workers and HEWs** | | | | | | |
| Believe it is important for pregnant and lactating women to eat more food each day from all 4 food groups. | | | % of HEWs and HWs who state that it is important for pregnant and lactating women to eat more food each day from the 4 food groups. | | | Interviews with HWs and HEWs |
| Encourage pregnant and lactating women to eat more food and more diverse foods | | | % of HEWs and HWs who counsel and educate pregnant and lactating women to eat more meals each day that include foods from all 4 food groups  Number of nutrition education sessions conducted during ANC, PNC, well-baby clinic. | | | Client exit interviews  Supervision checklists |
| Can name the four food groups and common foods in each group | | | % of HW and HEW who can name the 4 food groups and common foods in each group. | | | Interviews with HWs and HEWs |
| Educate pregnant and lactating women about the importance and safety of taking iron supplements. | | | Number of HWs and HEWs who educate pregnant and lactating women about the importance of iron supplementation | | | Supervision checklists |
| **AEWs/ADAs** | | | | | | |
| Conduct cooking demonstrations and nutrition education sessions | | | Number of nutrition education sessions conducted by ADAs/AEWs | | | Activity reports/FTC records |
| Can name the four food groups and common foods in each group | | | % of ADAs and AEWs who can name the 4 food groups and common foods in each group. | | | Interviews with AEWs and ADAs |
| **INFANT AND YOUNG CHILDREN NUTRITION** | | | | | | |
| **Domain 1 – Individuals and households** | | | | | | |
| **Mothers with children 0 – 24 months old** | | | | | | |
| Initiate breast-feeding within the first hour after delivery and feed the first yellow milk/colostrum to the newborn. | | | % of children born to mothers in the past year who initiated breastfeeding within the first hour after delivery and fed colostrum to the new born | | | Project end evaluation |
| Feed the baby only breast milk after delivery until the baby reaches six months of age – do not give the baby any other liquids or food. | | | % of children between 6 and 24 months of age who were exclusively breastfeed for the first six months after delivery | | | Project end evaluation |
| Know the age at which to begin complementary feeding and how to prepare nutritious complementary foods | | | % of mothers who can state the correct age at which to begin complementary feeding  % of mothers who can identify complementary foods that are the proper consistency and contain foods from all 4 food groups. | | | Special SBCC Study |
| Initiate complementary food in the form of soft foods when the baby is 6 months old, while continuing to breast feed | | | % of mothers who initiate complementary food at 180 days after birth  Mean number of food groups consumed by children between 6 and 36 months of age | | | Project end evaluation |
| Use iodized salt when preparing the baby’s food | | | % of mothers who prepare food using iodized salt | | | Project end evaluation |
| Know that a sick child needs to continue breastfeeding and eating complementary foods. | | | % of mothers who state that a sick child needs to continue breastfeeding, and if 6 months or older, continue eating complementary foods. | | | Special SBCC Study |
| **Grandmothers and Fathers of children 0 – 24 months old** | | | | | | |
| Encourage and support the mother to breastfeed the infant within the first hour after delivery and feed the colostrum to the newly born baby. | | | % of grandmothers who encouraged mothers to initiate breast feeding in the first hour after delivery and feed colostrum to the newly born baby. | | | Special SBCC Study |
| Take on some of the mother’s work so she has more time to rest and breastfeed her baby at least 10 times per ADAy. | | | % of fathers and grandmothers who reportedly took on some of the mother’s workload so she had more time to rest and feed the baby 10 times a day. | | | Special SBCC Study |
| Know the correct consistency, content and frequency of complementary feeding for babies 6 to 24 months. | | | % of grandmothers who can state the age at which to begin complementary feeding.  % of grandmothers who can identify complementary foods that are the proper consistency and contain foods from the 4 food groups. | | | Special SBCC Study |
| Know that it is important to continue feeding children when they are sick. | | | % of grandmothers and fathers who state that a sick child needs to continue breastfeeding and, if 6 months or older, continue eating complementary foods. | | | Special SBCC Study |
| **Domain 2 – Health and Agricultural Services** | | | | | | |
| **HWs, HEWs, ADAs, AEWs** | | | | | | |
| Promote age appropriate complementary feeding to parents which children 6 – 24 months | | | % of HEWs promoting age appropriate complementary feeding to parents with children 6 – 24 months of age  % of HEWs promoting the use of iodized salt  % of HEWs promoting hygienic preparation, feeding and storage of complementary food | | | HEW observations and interviews |
| Encourage mothers to initiate breastfeeding within the first hour after delivery and feed the colostrum to the newly born. | | | % of HW who promote initiation of breast feeding in the first hour after delivery and colostrum feeding among mothers in the labour and delivery wards. | | | Exit interviews with clients |
| Educate pregnant and lactating women about the importance and benefits of exclusive breastfeeding until the baby reaches 6 months. | | | % of HWs who educate pregnant and lactating women about exclusive breastfeeding for the first six months during ANC and PNC  Number of nutrition education sessions conducted by ADAs, AEWs, and HEWs that include information about exclusive breastfeeding for the first 6 months. | | | Exit interviews with clients  Supervision checklists |
| Use job aids provided by ENGINE during nutrition education | | | % of HWs, HEWs, ADAs and AEWs who use job aids provided by ENGINE during nutrition education sessions.  Number of job aids distributed to HWs, HEWs, ADAs and AEWs | | | Supervision checklists  Project records |
| Encourage nutrition-sensitive agriculture in their communities, and encourage farmers to grow diversified nutritional foods based on local options for home consumption | | | % of ADAs and AEWs who promote nutrition sensitive agriculture to farmers during educational sessions. | | | Supervision checklists |
| Motivate farmers to provide foods from all four food groups to their families | | | % of AEWs who motivate farmers to produce and provide diversified food for household consumption during educational sessions. | | | Supervision checklists |
| Provide information about or demonstrate to the mother how to feed babies who lose their appetite when sick | | | % of HWs and HEWs providing appropriate guidance for feeding sick children. | | | Client exit interviews |
| Train HWs, ADAs and AEWs to conduct cooking demonstrations and nutrition education sessions. | | | Number of HWs, ADAs and AEWs trained to conduct cooking demonstrations and nutrition education | | | Activity reports |
| **Domain 3 – Community** | | | | | | |
| Community change agents trained to conduct community conversations about maternal, infant and young child feeding | | | Number of change agents trained in CC | | | Activity reports |
| Organize community conversation groups and conduct a series of 10 community conversation sessions. | | | Number of CC groups organized  Number of CC sessions conducted  Number of CC groups that “graduate” | | | Activity reports |
| CC groups implement action plans to improve nutritional status of women and children in their communities | | | Number of community action plans implemented | | | Activity reports |
| Train teachers to educate students about nutrition and establish school gardens | | | Number of teachers trained to conduct nutrition education and school gardening  Number of students (by age and sex) who participate in school nutrition programmes | | | Activity reports |
| **OBJECTIVE 2 - Improve hygiene and sanitation practices among households with mothers and young children.** | | | | | | |
| **Domain 1 – Individuals and households** | | | | | | |
| **Mothers and other caregivers of Children 6 – 24 months old** | | | | | | |
| Wash their hands and utensils with soap before preparing food and feeding children | | | % of mothers and other caregivers who wash their hands with soap prior to preparation of complementary foods and feeding the baby. | | | WASH Study |
| Hygienic preparation of complementary food | | | % of mothers and other caregivers who use clean water for food preparation and washing cooking utensils | | | WASH Study |
| **Domain 2 – Health and Agricultural Services** | | | | | | |
| **HW, HEW, AEW, ADA** | | | | | | |
| Educate mothers and other caregivers of young children about the importance of washing hands with soap before preparing food and feeding young children | | | Number of HW, HEW, AEW, ADA who educate mothers and other caregivers about hygienic preparation and feeding of young children during nutrition education | | | Supervision checklists |
| **Domain 3 - Community** | | | | | | |
| **CCAs, Schools** | | | | | | |
| Facilitate discussions on sanitation and hygiene and its importance for health. | | | Number of students and community members educated about hygiene and sanitation and its relation to health during CCs and nutrition education in schools | | | Activity reports |
| **OBJECTIVE 3: Increase demand for health, nutrition and nutrition-sensitive agricultural services among mothers, fathers, and adolescent girls.** | | | | | | |
| **Domain 1 – Individuals and households** | | | | | | |
| **Pregnant and Lactation Women** | | | | | | |
| Go for antenatal care and take the iron supplements provided every day | | | % of pregnant women (15-49 years) who take iron/foliate supplementation  % of pregnant women (15-49 years) who took iron/foliate supplementation for 90 days | | | Project end evaluation |
| Seek nutrition guidance from HW/HEWs | | | % of pregnant women who seek nutrition guidance from HW/HEWs | | | Special SBCC Study |
| Attend PNC after delivery and talk to a HEW or health worker about how to care for themselves and their babies while breastfeeding | | | Number of PNC clients at health posts and health facilities in the project areas | | | Health post and health facility records |
| Continue to take iron supplementation as prescribed by a Health Worker or HEW for 90 days postpartum. | | | % mothers who took iron supplements for 90 days postpartum | | | Project end evaluation |
| **Husbands and Mothers-in-law** | | | | | | |
| Believe it is important for pregnant or lactating women to attend ANC and PNC. | | | % of husbands and mothers-in-law of pregnant and lactating women who state that ANC and PNC are important to ensure the health of the mother and baby. | | | Special SBCC Study |
| **Domain 2 – Health and Agricultural Domain** | | | | | | |
| **HEW, AEW, ADA** | | | | | | |
| Refer pregnant women for ANC | | | Number of ANC clients referred for ANC services by HEW, ADA, or AEW | | | Health facility records |
| Refer ANC and labour and delivery clients for post natal care | | | Number of ANC and labour and delivery clients referred for PNC | | | Client exit interviews |
| **Domain 3 – Community** | | | | | | |
| **CCA** | | | | | | |
| Refer pregnant and postpartum women for ANC and PNC | | | Number of ANC and PNC clients referred by CCAs | | | Health facility records |
| **OBJECTIVE 4: Advocate for national, regional, and community level attention to improve nutrition among adolescent girls, mothers and young children in order to create a smarter and stronger next generation.** | | | | | | |
| **Domain 4 – Socio-Political** | | | | | | |
| **Leader at Regional, Woreda, and Kebele Levels** | | | | | | |
| Oriented to the NNP and NAP | Number of leaders in each of the 4 regions, 100 woreda, and kebeles oriented to NNP and NAP | | | Activity Reports | | |
| Regional Nutrition Coordinating Boards formed and active | Number of Regional Nutrition Coordinating Boards formed in the 4 regions  Number of meetings of Regional Nutrition Coordinating Boards in Tigray, Amhara, SNNPR, and Oromia | | | Meeting minutes and activity reports | | |

## APPENDIX B: Creative Brief for the ENGINE Communication to Introduce “1,000 Days; 1,000 Harvests” Brand

The “1,000 Days, 1,000 harvests” brand will be introduced through introductory communication that sets the stage for more focused communication promoting specific nutrition practices at different stages of life. All SBCC communication materials and interventions will carry the “1,000 Days, 1,000 harvests” brand.

**Audience:** Pregnant and lactating women and their husbands

Grandmothers, HEW,ADA, and adolescent girls

Everyone who influences the nutrition of a mother and child

**Communication Objective:** As a result of the introductory campaign, the audience will:

* Know that there needs to be a change in the way we feed women and children—to break the cycle of poor nutrition in Ethiopia
* Feel empowered/believe that they can break the cycle of under nutrition, if they all work together.
* Seek more information about what they can do, practice their role, and discuss with others.

**Key Promise:** If we do our part to break the cycle of under-nutrition, we will build a strong foundation for success.

**Key Content:**

* There is a serious problem of under-nutrition among children in Ethiopia
* There are small changes that we can make to break this cycle of under-nutrition. (Key nutrition actions for each audience).
* Everyone has a part to play.
* With improved nutrition of mothers and children (first 1,000 days):
  + Mothers are more likely to survive childbirth and give birth to healthy babies
  + Children will be healthier and do better in school
  + Your family will be more productive
  + Mothers will be healthier
  + You will spend less time and money on health care
  + Future generations will be more healthy.
* Get more information about how you can change things:
  + Visit a health post or FTC
  + Talk with a HEW or other health worker
  + Listen to the ENGINE radio programs (talk show and drama)
  + Get involved in community discussions and cooking demonstrations
* Discuss nutrition issues with others.
* Write in or call in to this number(s)

**Campaign Personality:**

* Trustworthy and reliable
* Knowledgeable
* Presents information in simple, understandable language and steps
* Caring, approachable and friendly
* Helpful (supporting people’s efforts to improve their lives)
* Committed to better health and future
* Unique and interesting

**Campaign Tone:** engaging, approachable and helpful.

**Creative Considerations:** Media messages should employ a HEW (Sara from radio drama?) as its spokesperson

**Channels/Approaches:**

* Radio talk shows for 4 months in 3 languages and 3-year drama series in 3 languages
* Flyers/brochures summarizing nutrition actions for each stage of life.
* Radio spots in 3 main languages plus SNNPR languages
* Community Conversations
* Rebranded and updated flipchart for client education at health posts and health centres
* Flipchart forADA’s and AEWs
* Posters for health posts and FTCs
* Orientations for ENGINE Partners, National Nutrition Technical Working Group, RHBs, ENGINE Regional Offices, Regional Agriculture Office, Media Representatives nationally and regionally. (Could do through regional launches with partners). This will require a briefing package.

1. Empowering New Generations to Improve Nutrition and Economic Opportunities (ENGINE):Impact Evaluation Study Interim Results Year 1, March 2013, pp. 30 [↑](#footnote-ref-1)
2. This was developed during a campaign strategy design workshop conducted by ENGINE and further refined by input from a creative team. Participants reviewed available research, reflected on their field experience and reviewed other campaign approaches to come up with the key concept. [↑](#footnote-ref-2)
3. Gender Audit, Gender Analysis and Gender Strategy Development for Save the Children Federation, USAID/ ENGINE Project, (Draft) March 2012 [↑](#footnote-ref-3)
4. Ibid. [↑](#footnote-ref-4)