 

SPRING Kyrgyz Republic

Behavior Change Strategy

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**Acronyms**

|  |  |
| --- | --- |
| AHOP | AgroHorizons Project of USAID (Feed the Future) |
| AVHC | Association of Village Health Committees |
| CtC | Child-to-Child approach |
| DHS | Demographic and Health Survey |
| HPU | Health Promotion Units (within district level health administration) |
| IFA | Iron Folic Acid supplements |
| IPC | Interpersonal Communication |
| IYCF | Infant and Young Child Feeding |
| MOH | Ministry of Health |
| PHC | Public Health Committee |
| PSA | Public service announcement (television) |
| RCHP | Republican Center for Health Promotion |
| SBC | Social and Behavior Change |
| SPRING | Strengthening Partnerships, Results, and Innovations in Nutrition Globally |
| VHC | Village Health Committee |

# Background

Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year cooperative agreement funded by the United States Agency for International Development (USAID). SPRING’s overarching vision is to reduce undernutrition, prevent stunting, and work with women and children on reducing anemia. By providing state-of-the-art technical support, SPRING aims to strengthen country efforts to scale up high-impact nutrition practices and policies to improve maternal and child nutrition outcomes. SPRING's experienced implementation team consists of experts from JSI Research and Training Institute, Inc., Helen Keller International, The International Food Policy Research Institute, Save the Children, and The Manoff Group.

USAID in the Kyrgyz Republic has provided funding to SPRING through September, 2016 to improve the nutritional status of women and children within the Feed the Future zone of influence by improving nutrition-related behaviors, enhancing the quality and diversity of diets, and supporting evidence-based nutrition policy. SPRING’s geographic focus includes ten jurisdictions in Jalalabad and Jungal district in Naryn Oblast.

Objective: Increased uptake of 11 evidence-based practices and services which have potential to reduce stunting and anemia among women and children in the Kyrgyz Republic.

The objective will be accomplished through three intermediate results:

• IR 1 Increased access to quality nutrition services;

• IR 2 Increased demand for priority nutrition practices and services; and,

• IR 3 Enhanced access to a diversified diet.

Outputs to date include the baseline survey, a health facility assessment, and formative research on anemia and use of iron supplements, on Infant and Young Child Feeding Practices (IYCF) and on Dietary Diversity.

In addition, project staff have conducted a rapid assessment of local resource persons, population data, health service conditions, and existing social networks and information channels. SPRING has also discussed synergy and collaboration with the Feed the Future project AgroHorizons with targets Jalalabad, Naryn, Osh and Batken oblasts.

The following Social and Behavior Change (SBC) strategy is a culmination of the work to date and is intended only to be a guide for SPRING staff. It is a working document, subject to revisions as project activities are rolled out and monitoring reveals new opportunities or needed mid-course corrections in the strategy.

# Process of Strategy Development

The process of developing the behavior change strategy started with the project design. Using secondary data from the recent Demographic and Health Survey (DHS), the behaviors to target were initially identified as shown in the box below. The data analysis ruled out non-behavioral factors such as income or education level, and place of residence. In the Kyrgyz Republic, neither stunting nor anemia is associated with income, education level of the woman, nor place of residence (rural vs. urban). Child feeding practices varied some by geographic region, but not by the factors mentioned above.

**Initially Selected Behaviors to Target**

1. Consumption of iron supplements by pregnant women;
2. Dietary diversity for women with emphasis on food sources of iron and foods that enhance iron absorption;
3. Dietary diversity for children 6 to 23 months with emphasis on food sources of iron and vitamin A, and foods that enhance iron absorption;
4. Optimal meal frequency for children 6 to 23 months of age;
5. Early initiation of breastfeeding;
6. Exclusive breastfeeding from birth through the first six months;
7. Timely introduction of appropriate complementary foods;
8. Reduction in the consumption of foods of low nutrient value (junk food);
9. Presumptive treatment for helminthes for pregnant women and young children;
10. Hand washing at four critical times and,
11. Adoption of methods for safe and prolonged storage of nutrient-dense produce for the winter.

The baseline survey was planned around the initial list of behaviors and related practices, as well as, including questions on demographics and other household information. Review of the survey results made it apparent that, for the most part, the behaviors selected based on the secondary data of the DHS, are also problematic in the SPRING target areas.

SPRING staff conducted formative research under guidance of an international consultant to learn more about existing practices in different parts of the target area, to understand the facilitating factors and barriers to improving practices, and to identify target audiences. The formative research also delved into food availability and access, roles related to food and nutrition in the household, and about water and sanitation.

Reaching consensus with stakeholders on key messages was a process involving a series of four structured meetings with representatives of different divisions of the Ministry of Health, UNICEF, WFP, and NGOs working in nutrition. SPRING facilitated this process in partnership with the Republican Center for Health Promotion, (RCHP) which is responsible for coordinating and approving development of materials and training curricula.

During the design and start-up phase, SPRING identified possible channels for communication with the target population and fine-tuned this list during the first months of the project. Formative research investigated specific channels for reaching men and the baseline survey documented TV viewing preferences.

# Key Behaviors

As a result of the steps in the process for developing the SBC strategy, the list of targeted behaviors was revised and sub-divided. As a result of the baseline data, improving disposal of children’s feces was added to the list. Review of the DHS data with USAID led to addition of maintenance of a healthy weight. Early initiation of breastfeeding was de-prioritized because as a practice to be promoted through community volunteers and mass media, but retained as a training and policy issue within hospitals and maternity centers. Presumptive de-worming was also moved to the realm of national-level policy work rather than behavior change.

SPRING working within the national level meetings to reach consensus or key nutrition messages defined the following behavior statements:

Anemia

1. Women of reproductive age, particularly pregnant women, need to eat more iron rich foods.
2. Families will eat some Vitamin C – rich foods at every meal.
3. Pregnant women and children will drink something other than tea at meals, waiting 1 ½ to 2 hours after a meal before drinking green or black tea.
4. Pregnant women will take iron (or iron folic acid) supplements as recommended by their doctor.

Stunting or chronic malnutrition

1. Mothers will give only breast milk for the first six months (5.9 months).
2. Mothers or person caring for the child will start complementary feeding at about six months. The foods will be given two times a day, 250 ml, from four or more food groups, and thick enough to stay in the spoon. (Frequency and amount increases with age of child.)
3. Families will limit feeding sugary and snack foods to children.
4. Mothers and others feeding the child will use patience and follow responsive feeding principles.

Overweight

1. All able adults will be active with at least 30 minutes of exercise every day.
2. Women of reproductive age will reduce the amount of extra food they eat except when pregnant or lactating. This includes reducing the amount of fat, oil, sugar, and snack foods.

In addition to these nutrition-specific behaviors, SPRING has included the following related practices:

Hygiene and Sanitation

1. Mothers will wash their hands with soap at five critical times: 1) before preparing food, 2) before feeding a child, 3) after changing diapers or toileting a child, 4) after using the toilet, and 5) after touching animals.
2. Mothers will wash the child’s hands and face before feeding the child.
3. Families will use latrines carefully to avoid getting fecal matter on the slab and will keep the latrines clean.
4. Mothers will dispose of children’s feces in the toilet or latrine.

Food Production, Preservation and Storage

1. Families will adopt season extending and improved gardening technologies to increase production for home consumption during winter and early spring months.
2. Families will adopt improved storage and food preservation methods to increase availability of vitamin-rich fruits and vegetables in winter and early spring.

# Creating Enabling Environments

As the formative research showed (see Findings column in the SBC Strategy table in Annex A), more than information and messages are necessary to bring about the desired nutrition behaviors because other determinants are large barriers. Other project actions are required to create an environment that makes it possible for the target population to adopt new or improved practices. These actions primarily involve changes in policy, protocols, and access. Specifically, the following must be addressed to create enabling environments:

* Training and policy changes to support immediate breastfeeding with no pre-lacteal feeds at maternity centers.
* Ready access to iron folic acid supplements (IFA).
* Increased access to affordable vitamin-rich food in winter and early to improve dietary diversity for women and children.

To reduce the use of pre-lacteal feeds in the maternity centers and promote immediate breastfeeding, SPRING is including the maternity nurses in the IYCF training. SPRING will introduce the Baby Friendly Hospital Initiative (BFHI) at each maternity center and follow through to achieve BFHI certification by the MOH and UNICEF. At the same time, SPRING will engage in discussion with the MOH on revising the current protocols for low birth weight infants and other complications of the delivery or newborn which now result in infants being given formula or glucose water.

SPRING is providing technical support to the MOH to revise the national anemia protocol to include free distribution of IFA supplements to all pregnant women. The revision will be accompanied by guidelines for distribution, and training for all family doctors in the target areas, as well as, developing a training curriculum which can be used for physician training nationwide.

SPRING will collaborate closely with the USAID AgroHorizons (AHOP) project to increase access to vitamin-rich foods during all seasons, by improving food preservation and storage, increasing yields from family plots through better gardening practices, and by promotion of season-extending technologies. The latter will enable families to access fresh vegetables earlier in spring.

# Communication Channels

Research shows that a combination of communication channels is useful to effectively promote changes in individual behaviors and social norms including interpersonal communication (IPC) and mass media. SPRING’s goal with the communication strategy is to reach the large majority of adults and all households within the target areas with the key messages of the project. The collaboration with AgroHorizons will make it possible to reach additional population in the oblasts of Naryn, Osh, and Batken with messages related to their indicators of hygiene and dietary diversity while use of television spots on specific topics will be aired on national TV and thus reach much of the republic. Health workers and community activists will be the channels for intensive interpersonal communication throughout the SPRING target areas.

## Interpersonal Communication at the Health Facilities

Due to the good access to health services and, policies conducive to frequent contact with women of reproductive age, the health facilities provide an excellent opportunity to provide counseling and information to women who have or are about to have children. For example, the policy recommends six antenatal consultations and many women have more out of habit from the old Soviet recommendation for nine antenatal visits. Children are seen at least once a month during their first year.

All family nurses and family doctors at the health facilities attend to pregnant women and child health services, therefore, SPRING is training all 750 family nurses and doctors in the target area in counseling, in Infant and Young Child Feeding (IYCF), and in anemia. The UNICEF IYCF counseling cards are being adapted and distributed to each health facility to enhance counseling. SPRING will support Family Medical Center staff to provide follow-on supportive supervision to those personnel trained to reinforce counseling skills. A monitoring system will be developed to assess quality of counseling, identify additional training needs, and track supervision frequency. Key contact points for counseling include antenatal care, newborn care, and both well and sick-child consultations. The required 5-day confinement in a maternity center after delivery is a good opportunity to support breastfeeding.

A previous USAID health care project introduced “mothers’ schools” and “fathers’ schools” for child birth preparation and self-care during pregnancy. Couples are supposed to attend four sessions and topical outlines have been approved for each session, which include some information on nutrition. Some of these “schools” exist in Jalalabad and need SPRING support only to improve facilitation skills. SPRING will establish the “schools” at Family Practice Centers where they don’t exist, and make some adjustments to session content about nutrition during pregnancy and lactation and exclusive breastfeeding. SPRING will make print materials available for participants to take home and, as mentioned previously, will be providing the adapted IYCF counseling cards, which the facilitators can selectively use for these topics.

## Interpersonal Communication in the Communities

To reach into the communities with social and behavior change activities, SPRING is collaborating with the Health Promotion Units (HPU) which correspond to the Republican Center for Health Promotion of the MOH. Each Family Medicine Center (district-level administration of health services) has a Health Promotion Unit staffed by one or two nurses who do extensive outreach to all communities within their jurisdiction. The HPU staff are responsible for training and supporting the Village Health Communities, coordinating health education through other government entities, and the schools. SPRING staff, the mentors, will work in partnership with HPU staff, sharing office space in most districts.

From the beginning, USAID stipulated that SPRING should work through existing structures rather than create a new cadre of community volunteers or new community groups. SPRING has identified several channels for face-to-face communication in the villages. These “**community activists”** include the following:

Local government Social Workers and Home Nurses are responsible for social welfare programs in the communities and, under that mandate, make regular home visits to many vulnerable households and also work with groups of active women. The social workers work in schools with special-needs youth.

The local governments in some communities still support libraries and the librarians present educational sessions to visiting school children and give out information to adults who come to read. The libraries may be a means of distributing print materials to an adult audience not reached through other channels.

Village Health Committees (VHC) were started by Swiss Red Cross many years ago and have spread throughout the republic in rural villages. Their success in addressing health issues has been well documented and they seem to be quite sustainable now that they are linked to the government through the Health Promotion Units. They are organized into regional networks under a national entity known as the Association of Village Health Committees (AVHC). AVHC is now forming committees called Public Health Committees (PHC) in towns and cities. SPRING will assist with the organization of the new PHCs in target towns and the city of Jalalabad, providing nutrition as their first technical training. The VHCs and PHCs receive training in one technical topic per month and disseminate the topic to their community by contacting every household. The established VHCs are scheduled to receive the nutrition training in October, 2015.

Education through secondary school is universal in Kyrgyzstan and schools exist in all settlements. At each school there are staff known as School Organizer and there are Social Teachers with whom the Health Promotion Unit staff have been working to introduce health topics into the schools. Each secondary school has a school parliament and the HPU staff have introduced the child-to-child (CtC) approach of having these older students teach their peers and younger students. SPRING will build on this, introducing modules for hygiene and nutrition. In addition, each school and pre-school (called kindergarten) has a parents committee which meets at least monthly. The school principals and organizers have indicated strong interest in working with SPRING.

Kindergartens are re-opening in many communities across the target area after some years of hiatus. They are really pre-schools since they take in children from two to six years of age all day for five or six days a week. They provide 2 meals and 2 snacks a day in a structured environment which includes early child development activities. All kindergartens have a parents committee which meets once a month and will provide a good avenue for reaching parents of young children. Kindergarten teachers can also provide advice to mothers on feeding recommendations for children under two and can instill hygiene practices in the children as part of their routine.

Religious Leaders at the community level have influence with those who go to the mosques and participate in the men’s and women’s groups at the mosques. In addition, there is a woman leader for all of Kyrgyzstan who is interested in health and family issues.

Together SPRING staff and HPU staff will train the community activists in one topic per month (see Annex B) in a half-day session and provide a training module with key messages (Annex D) for the community activists to disseminate in the community. SPRING will also develop job aids and other print materials for the use of the activists and for them to distribute to the population. The following diagram illustrates the activists and the contact points through which they will reach every community member.

**Community Activists and Key Contact Points**

Vocational School Students

Home Visits to all Households

Older Adults

(in-laws)

Women’s Group

Parents Committee

Peers

Younger Children

Classes

School Parliament

Village Health Committees

School Organizers

Social Teachers

Village government

Family Nurses

Feldshers

Kindergartens

Religious Leaders

Nurse workers, staff

Mosque

Mothers and Fathers “Schools”

Parents Committee

Men’s Group

Librarian

Home visits to Vulnerable Families

Social worker

Home Nurses

Counseling during

Antenatal Care

Pediatric Care

Home Visits

Active women

Existing Women’s Groups

## Mass Media

SPRING will use television in local languages to reinforce the interpersonal communication and to influence social norms. Because of the limited air time available over the remaining months of the project, SPRING has selected priority topics for the television spots: exclusive breastfeeding for six months (which will touch on appropriate timing of complementary feeding), taking IFA during pregnancy and dietary diversity, with clean latrines as a fourth priority. As time and resources allow, SPRING may assist AgroHorizon with hygiene spots and more spots on dietary diversity, and assist the Republican Center for Health Promotion with developing spots on maintaining a healthy weight and nutrition during pregnancy.

The baseline survey has clearly identified which television channels and which times of day the target population watches programs. Television channels are under obligation to air public service announcements (PSA), but say they lack enough content to fulfill that obligation. SPRING may also investigate the potential for publishing short articles on the topic of the month in local district newspapers, although readership is not high.

# Target Audiences

Formative research findings show that women are responsible for purchasing and preparing food, and deciding what is served although that may be influenced by the particular tastes of one or more family members. Young mothers usually decide when, what, and how to feed a child, although they may be influenced by their mothers, or by mothers-in-law in the minority of cases where young couples live with the husband’s parents. Women decide for themselves to seek medical care for themselves or their children. Men generally hold the family money and become involved in decisions on spending larger sums, but women are given discretionary funds for daily expenses. Religious leaders and health care personnel are considered credible sources of advice on health-related topics.

The primary audiences are those individuals expected to adopt the new or improved behaviors. The secondary audience or group can either encourage the change or stand in the way of the change by insisting that the status quo or traditions are maintained. Since social norms are very important to families in their perceived relationships with their community, it is critical to reach a very wide audience to bring about changes in the social norms that will facilitate the desired behavior change. Supportive groups are those who indirectly support change through provision or mobilization of resources or skills.

When this information was correlated with the specific behaviors SPRING intends to promote, the following target groups emerged:

**Target Groups**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Practices** | **Primary** | **Secondary** | **Normative** | **Supportive** |
| IYCF behaviors | Pregnant women and mothers of children under two | Grandmothers | All women | Husbands  Fathers-in-law  Health workers |
| Maternal nutrition | Pregnant women | Grandmothers  Husbands  Fathers-in-law | All women | Health workers |
| IFA consumption during pregnancy | Pregnant women | Husbands | All women | Health workers |
| Family dietary diversity | Women who plan and prepare food | Men  School children | All community members | Agriculture programs |
| Healthy weight for adults | Women of reproductive age | Men  School children | All community members, social models | Health workers |
| Hygiene | Mothers of young children,  School children | All family members | All community members | Health workers  VHCs |
| Clean latrines | Families of young children | School children  Teachers, health workers | All community members  Former residents who are now urban dwellers | VHCs  Local Government |

# Materials

With the Republican Center for Health Promotion, SPRING reviewed the existing approved materials related to the key nutrition messages above. These include a recently-produced pamphlet from UNICEF that covers breastfeeding and complementary feeding recommendations as well as growth monitoring, developmental stages and use of *gulyazek* micronutrient powder. Since UNICEF plans to produce very large quantities of these, SPRING will be able to distribute them through maternity centers to all mothers and through community contacts. It will be important for family nurses to review these fliers periodically with the mothers when they return for child health services.

Swiss Red Cross produced modules for VHCs comprised of a booklet for the volunteers to use in counseling and another smaller booklet for family distribution. There are three sets, one for breastfeeding, one for complementary feeding, and another for anemia prevention. SPRING and RCHP identified minor modifications of these publications but the larger MOH working group is developing a new version of the breastfeeding material for mothers to take home.

SPRING is adapting selected IYCF counseling cards from UNICEF, having chosen those appropriate for the context from the complete set. An artist is making Kyrgyz drawings and wording is being added to the cards to emphasize the messages to be discussed with the card. SPRING will put each set in a spiral binder on A5 paper and provide one set per community and one set per health facility on the initial printing. If more funds are available, more copies will be distributed to the health facilities and HPUs.

With a working group comprised of SPRING, RCHP, and the MOH division of MCH, additional materials will be developed, pre-tested and the templates made available for any organization to publish with their own logo beside that of the MOH. SPRING will reproduce enough for the target areas. The table in Annex C lists the materials under revision and ideas for additional materials.

Some materials will be jointly produced with AHOP, for example, fliers on hand washing, key nutrients, and dietary diversity. Foremost among the jointly produced materials will be a cookbook. This cookbook will be organized around growth of the child and include information about exclusive breastfeeding, timing of complementary feeding, and more. Recipes will include simple ways of improving the traditional first food by adding pureed vegetables, and recipes shared across regions for preparing nutrient-dense food such as pumpkin that is currently under-utilized in some areas of the country, including Jumgal.

# Annex A. Strategy for Each Key Behavior

| **Desired Practice** | **Actual Practice from baseline survey** | **Findings from formative research: barriers and facilitating factors** | **Project Actions** | **Messages** | **Communication Channels** |
| --- | --- | --- | --- | --- | --- |
| All women will take IFA supplements for at least 90 days during pregnancy | 16% took iron for at least 90 days | * Cost of IFA is a major barrier. * Prescriptions from medical centers are incomplete and erratically issued. * No client follow-up and no counseling on side effects * Taste and side effects are lesser barriers than cost * Women do not know risks or effects of anemia | 1. Support MOH to develop new anemia protocol and orient national staff to the evidence base.  2. Participate in developing and rolling out cascade training in anemia protocol, including counseling, for all health workers in target area.  3. Raise awareness in the general population about anemia and the need for IFA | a. When women have anemia during pregnancy, the child’s mental capacity can be lower.  b. Women with anemia are at greater risk of delivery complications.  c. Symptoms of anemia affect women’s productivity. | 1. Mass media – TV spots aired for one year.  2. Counseling by medical center staff.  3. Home visits to pregnant women  4. Pamphlets given to all pregnant women. |
| Women will consume 5 or more of nine food groups, including iron-rich foods and foods to enhance iron absorption  Children 6-23 mos. will eat 4 or more food groups including iron, Vit. A and C foods  Women of reproductive age and children will drink something other than tea with meals | **Women**  42% Jumgal  73% Jalalabad  **Children 6-23 mos**.  Breastfed – 69%  Non-breastfed – 60%  Vit. A food – 56%  Iron rich food – 78%  **Women**  100% drink tea  **Children <2 yrs.**  58.5% drink tea | * Fruits and vegetables are seldom consumed in winter due to scarcity and price. * Family gardens do not currently produce a large surplus for preservation. * Storage methods for vegetables are primitive. * Some locally available vegetables are under-utilized, including pumpkin and green leaves from beets, radish, and turnips. * Families and professionals have little knowledge about nutrient content of different foods. * Egg production of rural households is low. | 1. Collaboration with AgroHorizons to increase availability and demand.  2. Document and disseminate technology for increasing production, preservation and storage of fruits and vegetables.  3. Educate families about nutritional value of foods  4. Collaborate with AHOP on care and vaccination of poultry. | a. Fruits and vegetables, particularly those with Vitamins A and C must be consumed all year.  b. Relative nutrient content of local foods.  c. Increasing home production of vegetables and eggs and improving vegetable preservation and storage will reduce the need to purchase.  d. Try new ways of preparing infant and family foods to incorporate more Vitamin A-rich vegetables.  e. Tea at meals interferes with iron absorption. Drink something else with meals and wait 2 hours to drink tea.  e. Junk foods displace nutritious foods and can lead to overweight. | 1. Posters and flyers for mass distribution.  2. Home visits by activists and sessions with groups  3. VHCs, activists and ag programs promote improved gardening, storage and food preservation.  3. Food preparation and preservation demonstrations by activists to maximize use of available foods  4. Produce and distribute a cookbook with recipes for improved first foods, child-friendly foods, and nutrient-dense family foods.  5. Child-to-child and 6th grade course in nutrition in schools.  6. Distribute fliers with AHOP with the food pyramid  to explain dietary diversity. |
| Children 6-23 mos. will be offered food the no. of times per day for their age and BF status | About 50% of children with recommended feeding frequency | * Lack of awareness among mothers about frequency of feeding and why. * Mothers feel this would take too much of their time. | 1. IYCF training for all health staff and provision of job aids for counseling.  2. Training of activists in complementary feeding messages and rationale. | a. Your child has a very small stomach. All the food he/she needs won’t fit in just 3 meals.  b. Between meals, give snacks of healthy foods that don’t require preparation. | 1. Counseling by medical workers.  2. Home visits by VHCs and activists.  3. Distribution of UNICEF pamphlets on IYCF. |
| Infants will receive only breast milk from birth to about six months. | 32% practice exclusive breastfeeding from 0-5.9 months | * Overall, women lack knowledge about exclusive breast feeding or receive false information. * General belief that infants need additional liquids and food because breast milk is not sufficient. Some believe that infant formula is superior. * Mothers say they don’t produce enough milk. | 1. IYCF training for all health staff, including counseling methods to promote EBF.  2. Saturation of communities with messages on the need for exclusive breast feeding.  3. Training on breastfeeding for maternity nurses and BFHI certification for all maternity centers in target area. | a. Infants need only breast milk for about six months.  b. Breast milk contains all the liquid and food necessary for 6 months.  c. Mother’s milk production is reliant on frequent suckling and proper attachment.  d. Infant formula is not superior to breast milk. | 1, Counseling by medical staff during pregnancy and afterwards with pamphlets on breast feeding given to all pregnant women.  2. Mass media/TV campaign  3. Home visits by VHCs or activists to new mothers, and to older women to persuade them about EBF for six months  4. Religious leaders to present correct interpretation of Quron. |
| Children will receive semi-solid or solid foods starting at about six months. | 48% of Jumgal and 27% of Jalalabad children 0-5 months are eating porridge  12% of children 6-8 mos. are not eating food | * Generally children start receiving food at 3 months. This is a thin porridge of fat, flour, and either milk or water, sometimes sugar. | 1. IYCF training for all health staff, including counseling methods to promote EBF and timing of complementary feeding.  2. Training VHCs including new ones in towns.  3. Training of other community activists | a. Wait to give your child food until about six months.  b. First foods foods should be thick enough to stay in the spoon and from at least 4 different food groups each day. | 1. Counseling by medical workers who will distribute pamphlets.  2. Activist home visits and feeding demonstrations  3. The cookbook with improved first foods recipes |
| Families will give food with high sugar content less often to children 6-23 mos. | Ate sugary foods yesterday:  0-5 mos. 12%  6-23 mos. 43% | * There is widespread use of sweet biscuits as weaning food and children are also given cake, pastries, and candy at very early ages. | 1. Training VHCs including new ones in towns.  2. Production of pamphlets and jingles. | a. Giving children sweets takes away their appetite for nutritious food.  b. Sweet foods have little or no nutrition in them.  c. A fat child is not a healthy child. | 1. VHC learning sessions and home visits.  2. Distribution of pamphlets.  3. Counseling by medical workers.  4. Posters |
| Adults will maintain a healthy weight | DHS found that 33% of women are overweight and 73% of women 40-49 are overweight | * Women are not conscious of how much they eat at meals.      * There is high consumption of oil or fat and sugar. * Women eat extra between meals and while preparing food. | 1. Train community activists in relationship of overweight to heart disease, hypertension, and diabetes and in weight control concepts.  2. Produce materials to promote weight management with practical tips.  3. Mobilize community leaders to change social norms. | a. Eat only the recommended portions and portion size unless pregnant or breast feeding.  b. Reduce the amount of sugar, and oil or fat eaten.  c. Try to get at least 30 minutes of exercise per day. | 1. Community activists demonstrate portion size and have women track their intake for several weeks.  2. Fliers, posters, possible TV spot on healthy eating plus tips in the cookbook.  3. Activists organize walking groups and competitions.  4. Religious leaders |
| Families will maintain and use clean latrines. |  | * There is no shame associated with having a dirty latrine.      * No one takes responsibility for cleaning latrines at home or in public places (schools, clinics). * People keep indoor flush toilets clean but only prioritize getting these installed for the elderly and disabled. | 1. Train VHCs and community activists to use the “disgust” element of CLTS for promoting latrine maintenance.  2. With other donor-funded programs, initiate discussion of sanitation marketing to give people the option of affordable flush toilets. | a. Having an unclean latrine is unacceptable because it spreads disease.  b. Latrines with slabs or toilets are easier to clean. | 1. Social mobilization (skits, child-to-child, home visits for monitoring) led by activists  2. Young family members who have lived in the cities  3. Posters  4. If funding available, TV |
| Mothers will dispose of children’s feces by putting them in a toilet or latrine. | 40% of mothers in Jumgal and 25% in Jalalabad put the child’s feces in a toilet or latrine. | * Children’s feces (and feces in general) are not perceived as very harmful. * Many mothers have not heard this message before. * Almost all households have a latrine or toilet. | 1. Train activists and community leaders about the bacteria content of children’s feces and the need for proper disposal.  2. Train kindergarten teachers and social teachers about proper disposal. | a. Children’s feces contain far more bacteria that adult feces. If left exposed, these bacteria can be transmitted by dust, flies and hands to other people and make them sick.  b. Children’s feces and the water used to clean them have to go in the toilet or latrine. | 1. Activities through home visits and learning sessions with groups.  2. Teachers and nurses at schools and kindergartens to parents’ committees.  3. Posters in health facilities. |
| Mothers will wash hands at 5 critical times | 19% of Jumgal women and 28% of Jalalabad mothers wash their hands at all five critical times. | * Almost all households have access to water within their yard or within a10 minute walk. * Hand washing stations near latrines are rare. * Schools do not always have hand washing stations at toilets or elsewhere. * Adults report they simply don’t have a habit of washing hands at all times. | 1. Train activists to promote hand washing by stressing the link between bacteria, viruses and illness.  2. Promote construction of simple hand washing stations at latrines.  3. Apply Child-to-Child for school parliaments to teach hand washing to younger children and monitor their practices. Have younger children teach younger siblings at home.  4. Mobilize parent committees to construct and maintain simple hand washing stations at schools and kindergartens. | 1. Bacteria and viruses get on our hands and are transferred to our food or eyes, nose and mouth making us sick.  2. Five critical times to wash hands for both adults and children. | Schools and parents committees  Community activists home visits and learning sessions with existing groups  Posters, fliers, possible TV spot with AHOP  AHOP will teach farmer’s groups |
| Specific practices for IR.3, on improving food storage and preservation for winter will be defined and developed with STTA from SPRING HQ. | Note: An improved home storage manual was developed in Year 3 for commonly available fruits, vegetables, and pulses rich in iron, protein, zinc, Vit A, and Vit C. It was disseminated through SPRING and AgroHorizon community networks and implementing partners. | | | | |

# Annex B. Monthly Topics for Community Activists and Schools

|  |  |  |
| --- | --- | --- |
| Month | Community | Schools |
| April, 2015 | Hand washing to prevent diarrhea and other illness | Hand washing  Parent’s committee – hand washing stations |
| May | Breastfeeding – only breast milk for 6 months | Hygiene during summer |
| June | Nutrients in food and what they do | - |
| July | Food pyramid – dietary diversity | - |
| August | Drying fruits and vegetables | - |
| September | Food storage and preservation | Hand washing |
| October | Complementary feeding - timing, frequency | Eat a variety of food |
| November | Complementary feeding – variety (better bulymak), consistency, responsive feeding - demonstrations | Vitamin A foods |
| December | Nutrition for pregnant and lactating women | Vitamin C foods |
| January, 2016 | Anemia | Iron rich foods |
| February | Junk food | Junk food and healthy snacks |
| March | Sanitation – clean latrines | Keeping latrines clean |
| April | Hand washing and diarrhea and Growing Vegetables | Growing food |
| May | Breastfeeding | Keeping food safe |
| June | Complementary Feeding | - |
| July | Food Pyramid - Dietary Diversity | - |
| August | Food Storage and Preservation | - |

# Annex C. Tentatively Planned Materials

Materials development and adaptation is being closely coordinated with the Ministry of Health. Two departments are actively involved in decided which materials to revise and which materials to create. These discussions began on February 27 with meetings scheduled every two weeks. This annex is subject to up-dating over the next weeks and months.

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Existing** | **New** | **Needed** |
| Exclusive Breastfeeding | Swiss Red Cross booklet which might be reproduced for our staff | A pocket sized take-home for mothers is being developed with MOH | * Posters for health facilities * Fliers for older women and others in the community to explain that breast milk is sufficient for 6 months. |
| Complementary Feeding | Recently published UNICEF pocket size take home to be distributed at maternity centers. |  | * Recipes in the cookbook |
| Infant and Young Child Feeding |  | Adaptation of the IYCF counseling cards for HPUs, health staff, and mentors |  |
| Anemia | Swiss Red Cross booklet should be distributed after up-dating | Guidance on IFA distribution for family doctors |  |
| Dietary Diversity |  |  | * Fliers on Vitamin A, Vitamin C, Iron, using the Pyramid * Cookbook with AHOP * Posters with pyramid |
| Hygiene |  |  | * Fliers for community distribution with AHOP * Posters for schools |
| Materials for other behaviors have not yet been discussed. Materials for food storage and preservation, gardening, etc. will be co-produced with AHOP. | | | |

# Annex D. Key Messages for SBC in Communities

| **Messages** |
| --- |
| **a. When women have anemia during pregnancy, the child’s mental capacity can be lower.**  **b. Women with anemia are at greater risk of delivery complications.**  **c. Symptoms of anemia affect women’s productivity.** |
| **a. Fruits and vegetables, particularly those with Vitamins A and C must be consumed all year.**  **b. Some foods have more nutrients or vitamins than others. Learn to recognize the most nutrient-dense foods.**  **c. Increasing home production of vegetables and eggs and improving vegetable preservation and storage will reduce the need to purchase.** |
| **a. Your child has a very small stomach. All the food he/she needs won’t fit in just 2 or 3 meals. Add two snacks during the day.** |
| **b. Infants need only breast milk for about six months. Breast milk provides sufficient food and water.**  **c. Mother’s milk production is reliant on frequent suckling and proper attachment.**  **d. Infant formula is not superior to breast milk. Children who have breast milk are more intelligent.**  **e. Continuing to breast feed until the child is at least two years old keeps the child healthy and** |
| **a. Wait to give your child food until about six months. Giving food before then can cause illness and harm the child’s digestive system.**  **b. Starting at six months, every child needs a variety of foods include fruits, vegetables, egg yolk, meat and dairy every day. These foods can be easily added to *bulymak* or porridge.**  **c. The first foods should be thick enough to stay in a spoon.**  **d. Giving children tea may cause anemia.** |
| **a. Giving children sweets, biscuits, and pastries takes away their appetite for nutritious food.**  **b. Junk foods, particularly sweet foods have little or no nutrition in them.**  **c. A fat child is not a healthy child.** |
| **a. Children’s feces contain many bacteria which can spread to other people if feces are left in the open.**  **b. All feces and any water containing feces should be put down the latrine or toilet.** |
| **a. Having an unclean latrine is unacceptable because it spreads disease.**  **b. Latrines with cement slabs or toilets are easier to clean.** |

# Annex E. SBC Strategy Detailed Implementation Plan (DIP) June 2015

**SBC Strategy Detailed Implementation Plan (DIP)**

**June 2015**

This DIP is intended to complement the SPRING Kyrgyzstan SBCC Strategy document, adding details about topics and materials, updating the schedule of topics, and elaborating on the role of activists, along with a new group of workers to support Mentors in their training and supportive supervision of Activists, who will be called Activist Coordinators. The DIP is a useful reference document, and can be updated by the team occasionally to document decision-making and the evolution of activities over the course of implementation.

The SBCC Strategy and DIP focus mostly on activities to be carried out under IR 2 in the workplan, but IR 2 activities complement and support IR 1 activities as well. For example, some of the SBCC materials developed, such as posters on breastfeeding, complementary feeding, and danger signs for seeking treatment, are appropriate to display at health facilities, and health workers can be trained on their use during the IYCF trainings or follow ups. Similarly, Activists should generate demand for the services of health workers, and should refer community members to health workers for preventive care and treatment.

1. **Role of Activists**

The Activists are volunteers who usually have other community-leadership commitments as well as those related to SPRING. The intervention with Activists is relatively “light touch”, consisting of a short training session each month on the monthly topic, followed by occasional support visits as they conduct household visits or community meetings. Occasionally they may participate in community campaign events related to the priority topics in the SBCC strategy, with additional support from SPRING Mentors and Activist Coordinators. Therefore, they will not be doing in-depth counseling on the priority topics with mothers, family members, and community members. Rather, the role of the Activists is to raise awareness and promote a few simple key messages and behaviors within each Mentor module; and to generate demand for the services of health workers, promoting the facility-level workers as an important source of information and health care for mothers and children up to two years of age. This should be reinforced at each contact with Activists, and the tone and contents of Mentor modules and job aids should also reflect this role of general awareness raising, focused promotion of a few simple behaviors, and generating demand for the services of health workers. Within SPRING’s interventions, it is the role of health workers to provide in-depth, personalized counseling to mothers and their families about maternal and child nutrition, hence the importance of Activists encouraging mothers and families to seek regular information, preventive services, and care from health workers.

An updated list of the monthly priority topics is in DIP Supplement A. Both DIP Supplements A and B describe the training modules, job aids, and other SBCC materials that will be developed related to each priority topic. DIP Supplement C. contains a sample pre-testing guide, and DIP Supplement D. contains a sample creative brief. These are tools that can be adapted and used by the SPRING team to ensure that the SBCC materials being developed are appropriate to SPRING’s audiences, and effective in promoting change.

1. **Targeting strategy**

SPRING is aiming for a 1 Activist to 40 household ratio; with Activist Coordinators and Mentors dividing the tasks of training, coordinating, and supervising the Activists in their areas. The primary target group for Community topics is 1,000 day households (households with one or more pregnant and/or lactating women and one or more children from 0-23 months of age). Activists will only make household visits to the 1,000 day households in their coverage areas. General community members will also be reached by media spots, posters in health facilities, and by Activists through community meetings and special campaigns/events. Messages in the Mentor modules and job aids used by Activists will be targeted to the whole family in 1,000 day households, not just mothers and caregivers. Activists should discuss with husbands and mothers-in-law in 1,000 day households that it is important for them to support the recommended behaviors, including directly helping with the work needed to practice them.

This strategy is represented in the figure below:



**Activists' – Coordinator**



SPRING Менторы



**Activists**



**Neighbors**



1000 Day HH





 

  

The table below shows the number of Activists needed per target area to achieve coverage of 1 Activist per 40 households.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Target areas** | **Population** | **Number of HH** | **1000 Day HH** | **Number of Activists** |
| Jalalabad +6 towns | 208422 | 47657 | 11960 | 405 |
| Ala-Buka | 91929 | 17688 | 3731 | 600 |
| Toktogul | 91200 | 14990 | 4370 | 440 |
| Chatkal | 24721 | 5581 | 2150 | 300 |
| Toguz-Toro | 23643 | 5769 | 1225 | 280 |
| Jumgal | 47271 | 10439 | 2404 | 300 |

Data from the table taken from Family group practices of target areas

**Note about Schools:** The strategy for reaching out to schools is still under development. Some Activists are Social Pedagogics or members of Parent’s or Kindergarten Committees and can speak about the Monthly topic at related meetings. SPRING would like to target some materials and messages to adolescents (see table), and to provide support to UNICEF’s national school handwashing campaign, and discussions with RCHP will need to continue to work out if that is feasible, and what the appropriate channel would be to reach adolescents through.

1. **Training strategy**

Mentors and Activist Coordinators will be trained together as trainers and supervisors for the Activists, using the Mentor modules being developed for each monthly topic. SPRING staff who are training Mentors and Activists should model the training methods that the Mentors and Activist Coordinators will use to train Activists. Mentors and Activists will in turn work together to train the Activists within their coverage area, again modeling the methods that Activists will be using during household visits and community meetings. In other words, all of the trainings should be:

* limited in content to priority messages and promoted behaviors, so that Activists are not overwhelmed and can feel confident in promoting the behaviors with different groups in different settings
* interactive and participatory, respecting the learners as adults who bring their own knowledge and experience to the training
* focused on skills, allowing time for role plays to practice listening and talking to community members, to practice using job aids to strengthen promotion, and to practice dealing with questions or objections from community members
* allowing for experience sharing among trainees, so that they can learn from each other and find solutions to challenges together

1. **Supportive Supervision and Quality Assurance**

In addition to training Activists each month, Mentors and Activist Coordinators will plan and implement a rotation system so that they can observe each Activist periodically as they conduct their activities. Supportive Supervision—observing someone at work and providing positive feedback, with constructive suggestions for improvement—is a way of ensuring that the interventions are being implemented with quality, as well as helping workers or volunteers to feel valued and motivated to do well. DIP Supplement E. contains a sample supportive supervision guide which can be adapted and used to help Mentors and Activist Coordinators to provide effective supportive supervision.

As the program continues, SPRING should continue working with Activists, Mentors, and Activist Coordinators to find simple and low cost methods for maintaining motivation, and recognizing and rewarding excellent performance and innovative ideas, allowing for input and creativity of Activists within their local areas. These methods can be documented as part of SPRING’s program learning.

1. **Monitoring and Reporting**

SPRING has developed monthly planning and reporting forms for Activists to use, with the support of Activist Coordinators and Mentors. Mentors will collate information from Activists and share it with the M&E team. SPRING should make opportunities to share Activist data back to Activists, families, and communities to build awareness of the investments in nutrition going on by SPRING and the government of Kyrgyzstan. This can help to keep Activists motivated, and build community ownership of their own health and nutrition.

**List of DIP Supplements**

1. Updated Table of Monthly Topics, Channels, and Materials for Activists
2. Updated List of Training and SBCC Materials
3. Sample pre-testing tool for adaptation
4. Sample creative brief for adaptation

**DIP Supplement A. Updated Table of Monthly Topics, Channels, and Materials for Activists**

This table was modified in June 2015 after meetings with RCHP MCH, WASH, and Anemia teams; AHOP; Ergene; AVHC; and Judiann McNulty, who developed the initial SBCC Strategy.

| **Month** | **Topic--Community** | **Topic--School** | **Related Material**  **(Date of Draft/Finalization Date)** | **Related Activity if any** |
| --- | --- | --- | --- | --- |
| **Every month** | Role of SPRING, government, schools, and activists in fighting malnutrition  Survey results revealed that in the Kyrgyz Republic every fifth child suffers from malnutrition, in result these kids are stunted. In addition, every third woman of reproductive age suffers from anemia. (DHS- 2012)  Stunting is caused when children do not get the proper care and feeding during their first 1,000 days, including pregnancy until they reach age 2. Child growth and development are critical during the first 1,000 days, and problems during this time can’t be reversed later on.    Anemia reduces immunity to disease, reduces productivity, and increases the risks involved with pregnancy and childbirth. Anemia rates are high in Kyrgyzstan and this is a national burden which affects the development of the country. | NA | Mentor modules |  |
| **June 2015** | Exclusive Breastfeeding | NA | Media Spot (June 15/July 15)  Poster for health facilities (April/June 15)  Mother’s brochure (April/June 15)  Mentor module (March/June 8) | Commitment cards and/or feeding buddies? |
| **July** | Handwashing and Clean Latrines | NA | 2 Posters/Job aids—Handwashing and Clean Latrines (including disposal of children’s feces)—to be pretested in one AHOP area to help with any adaptations needed for AHOP (June 1/July 1)  Mother’s brochure (see above)  Mentor module (March/June 20) | Handwashing Technique demonstrations?  Specific recommendations and increased access to HW stations (in fields/pastures, schools, gov’t and health centers, homes)?  How to share work of latrine cleaning in hh’s and schools? |
| **August** | Complementary Feeding including reducing junk food  Food Storage and Preservation including Drying Fruit and Veg (This will need to be a separate channel and approach if we are doing an actual canning/preservation /storage training—perhaps through the Activist Coordinators as well as through AHOP) | NA | Poster (health facility only)  Mother’s brochure (see above)  Mentor module  TBD for storage/ preservation | World Breastfeeding Day August 5—Global theme is Breastfeeding and Work  http://worldbreastfeedingweek.org/  What should we do to support? |
| **September** | Handwashing and Clean Latrines (suggest repeating this topic again to link with National Campaign) | Handwashing and Clean Latrines—UNICEF is covering schools—can we support them this month somehow? | See above for HW and Clean Latrines materials | National Hygiene Campaign  UNICEF is covering schools—can we support them this month somehow? |
| **October** | Dietary Diversity including reducing junk food | Dietary Diversity including reducing junk food | Mother’s brochure (see above)  Wall calendar with Seasonal Availability of Iron-rich, Vit A rich, Vit C rich foods, Portions, and IFA reminders  Cookbook  Mentor module | Nutrition month campaign events—VHC’s are doing this program  Peace Corps women’s club TOT |
| **November** | IFA for pregnant women  Deworming—Link if possible in these materials | Nutrition for Adolescent girls (IFA, healthy nutrition, promoting healthy movement) | Media spot  Wall calendar  SMS reminders?  Mentor module  Nutrition for Adolescent girls module | Commitment cards? |
| **December** | Exclusive Breastfeeding |  | See above |  |
| **January 2016** | Handwashing and Clean Latrines | Handwashing and Clean Latrines (in support of UNICEF school program?) | See above |  |
| **February** | Complementary Feeding, including reducing junk food | NA | See above |  |
| **March** | Dietary Diversity, including reducing junk food | Dietary Diversity including reducing junk food | See above |  |
| **April** | IFA for pregnant women  Deworming—Link if possible in these materials | Nutrition for Adolescent girls (IFA, healthy nutrition, promoting healthy movement) | See above |  |
| **May** | Exclusive Breastfeeding | NA | See above |  |
| **June** | Handwashing and Clean Latrines | NA | See above |  |
| **July** | Dietary Diversity, including reducing junk food | NA | See above |  |
| **August** | Food Storage and Preservation including Drying Fruit and Veg | NA | TBD |  |

**DIP Supplement B. Updated List of Training and SBCC Materials**

**Materials to pre-test and share with AgroHorizon**

In meetings with AgroHorizon, the agreement was that SPRING would develop the following materials:

* handwashing and latrine posters;
* cookbook focusing on maternal diet and complementary feeding;
* food storage, preservation, drying fruit and veg materials.

SPRING agreed to give AgroHorizon TA to pre-test materials in at least one of their areas so they can see if any adaptations need to be made based on pre-test results. In this way any adaptations that AgroHorizon would like to make to the materials for their audiences will be evidence-based. Whether AgroHorizon will share costs for production/printing needs to be clarified.

**List of materials of SPRING project for IR 2 as of June 2015:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Month** | **Topic** | **Materials** | **Format** | **Current status** |
|  | June | Exclusive Breastfeeding | Nutrition and development of children under two  Series of posters on IYCF | Booklets for mom, 12 pages  Posters – consisting of 4 A2 posters with: EBF, Comp. feeding, Growth of child and dangerous signs – (two of last posters are requirements of MoH to support our messages) | Distribution in process  Printed. Distribution in process. |
|  | July | Handwashing and clean latrines | 2 Posters: 1: handwashing, 5 critical times  2: Use of clean latrines | Posters of A2 format | Images pending approval. Not printed |
|  | August | Complementary feeding including reducing junk food  Judiann’s canning training: Food Storage and Preservation including Drying Fruit and Veg (This will need to be a separate channel and approach if we are doing an actual canning/preservation/storage training—perhaps through the Activist Coordinators as well as through AHOP) | Booklets for mom, which has a section on complementary feeding.  No any materials for junk food | Booklets for mom, 12 pages | Distribution underway. |
|  | September | Food storage and preservation including drying fruit and veg | TBD | TBD | TBD |
|  | October | Dietary Diversity including reducing junk food | Cookbook  Wall calendar | Cookbook – a book with different recipes and listed nutrients of dishes  Wall calendar with food pyramid or seasonal availability portions | Cookbook – in process of development  Wall calendar – to be developed after cookbook. |
|  | November | IFA for pregnant women | Leaflets | One page leaflets – with calendar remaining to take IFA | Idea of Leaflet was discussed with RCHP-TBD |

**DIP Supplement C. Sample pre-testing tool for adaptation**

In each interview (or test), we put the participants at ease and let them know that we wanted their honest responses to the pictures and words. We explicitly told them that they would not hurt our feelings if they had something negative to say.

We showed the participant the first concept (or print material), briefly describing the characters, the action, and the emotion in the story.

Then we asked: “How do you like it? What do you think?” We noted their responses.

We then showed each of the other op­tions for that theme.

About the behavior, we asked:

• Do you think this is possible? Can you do it?

• Why? or Why not?

For each of the facts in a concept, we asked:

• What does the character (material) mean when she (or he) says that?

• Do you believe that?

• Why? or Why not?

About the benefits, we asked:

• What do you think?

• What did this character (material) mean by saying that?

• Do you believe it?

• Why? or Why not?

After we had gone through all three concepts for a single theme, we asked, “Which one did you like best?”

For the preferred concept, we asked “How can we improve it?”

**DIP Supplement D. Sample creative brief for an Agency Developing Media and Materials**

|  |  |
| --- | --- |
| **The Creative Brief** | |
| 1. Background | *What is the background of this intervention? Why are you doing it?* |
| 2. Target Audiences | *Who do you want to reach with your communication? Be specific.* |
| 3. Objectives | *What do you want your target audience to do after they hear, watch, or experience this communication?* |
| 4. Obstacles | *What beliefs, cultural practices, pressures, and misinformation stand between your audience and the desired objectives?* |
| 5. Key Benefit | ***Select one single benefit*** *that the audience will experience upon doing the objective(s) you have set* |
| 6.Support Statement, Reasons Why | *These are the reasons why the key benefit outweighs the obstacles and the reasons that what you are promoting is beneficial. These reasons often become messages.* |
| 7. Tone | *What feeling should your communication have? Should it be authoritative, light, or emotional? Pick a tone.* |
| 8.Media | *What channel(s) or form will the communication take? Television? Radio? Newspaper? Poster?, Point-of-purchase? Flyer? All of the above?* |
| 9. Creative Considerations | *Is there anything else the creative people should know? Will it be in more than one language? Should they make sure that all nationalities are represented?* |

Adapted from The CHANGE Project, Academy of Educational Development

# Annex F: Social and Behavior Change Communication Strategy Supplement for Urban Intervention Areas: June 2016

## Summary

The SPRING project has developed this supplementary Social and Behavior Change Communication (SBCC) strategy for urban intervention areas because the SBCC interventions which have been working well in rural areas have not been as effective in city neighborhoods. These interventions include working with Community Activists to engage 1,000 day households and their wider communities, to promote priority nutrition and hygiene behaviors, and to generate demand for nutrition services at health facilities.

In urban areas, SPRING has found that the community leaders who are working well as Activists in rural areas are not able to perform as well, for multiple reasons. These people tend to be working more hours in their existing roles, and/or are not as willing to volunteer enough time to participate in Activist trainings, conduct visits for 1,000 households in their assigned areas, and to organize or participate in community meetings. In addition, urban households are not as likely as rural households to perceive Activists as credible sources of information on nutrition and hygiene, and feel too busy to participate in community meetings around health issues generally.

The urban SBCC strategy consists of two categories of interventions:

1. Engaging with staff of Health Promotion Units to build their capacity to effectively promote nutrition and hygiene behaviors with clients who come to their facility and in the community generally; and
2. Engaging with and orienting regional TV, radio, and print media personnel to increase the quantity and quality of coverage of issues relating to nutrition during the 1,000 days.

These interventions will be carried out, as all of SPRING’s Objective 2 activities, in partnership with the Republican Center for Health Promotion (RCHP) and the Kyrgyz Village Health Committee (KVCH) Association.

The strategy focuses on three areas of high priority nutrition behaviors. Kyrgyzstan is not making progress or is actually moving backwards in terms of the prevalence of these behaviors:

1. Exclusive breastfeeding—including family support
2. Women’s care and diet during pregnancy and lactation including increasing dietary diversity and reducing junk food
3. Anemia control—through improved WASH, presumptive deworming, and IFA supplementation

SPRING will reach the following primary urban audiences with SBCC activities and materials:

1. newly married couples, which may include older adolescents
2. pregnant women
3. mothers with children under age 2, including some messages tailored to female heads of households

Influencing urban audiences to reach with SBCC activities include:

1. older women (including but not limited to grandmothers)
2. health providers (doctors & nurses who currently provide facility-based counseling)
3. HPU staff
4. community activists
5. media personnel including television news and talk show personnel, print media, radio (to a lesser extent), and social media.
6. localauthorities including village state administration (ayil okmot)/ town state administration (mayor’s office) and rural/urban community council

Different channels and materials aren’t needed for each audience for each practice, but materials should be tested with these different audiences and tailored to each as much as possible.

Activities under this strategy complement the activities being implemented in rural areas under Objective 2, as well as a newly developed National Social Media Strategy. In addition, they complement activities under Objective 1 which are implemented in urban and rural areas.

## Background

Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) project is a five-year cooperative agreement funded by the United States Agency for International Development (USAID). SPRING’s overarching vision is to reduce undernutrition, prevent stunting, and work with women and children on reducing anemia. By providing state-of-the-art technical support, SPRING aims to strengthen country efforts to scale up high-impact nutrition practices and policies to improve maternal and child nutrition outcomes. SPRING's experienced implementation team consists of experts from JSI Research and Training Institute, Inc., Helen Keller International, The International Food Policy Research Institute, Save the Children, and The Manoff Group.

The United States Agency for International Development (USAID) in the Kyrgyz Republic asked the SPRING project to support programming aimed at improving the nutritional status of women and children within its Feed the Future zone of influence. Since the Mission’s buy-in late in FY14, the program has addressed stunting and anemia among women and children in the country through the uptake of 11 evidence-based practices. These practices, tailored to the Kyrgyz context, relate to optimal breastfeeding, appropriate complementary feeding of children, dietary diversity throughout the year, reduced consumption of junk food, handwashing, and other household-level behaviors that target women and children in the first 1,000-day window of opportunity. These practices are promoted through direct communication, mass media, routine health services, and other appropriate channels, such as agriculture projects and relevant national platforms. Our overall goal is to improve the nutritional status of children less than 2 years of age and women of reproductive age in the Kyrgyz Republic through the uptake of 11 evidence-based practices and services, which have the potential to reduce stunting and anemia among women and children. SPRING’s objectives are to—

1. Increase access to quality nutrition services.
2. Increase demand for priority nutrition practices and services.
3. Enhance access to a diverse diet.

Outputs to date include the SBCC Strategy which incorporated findings from the baseline survey, a health facility assessment, and formative research on anemia and use of iron supplements, on Infant and Young Child Feeding Practices (IYCF) and on Dietary Diversity, hygiene and sanitation as well as secondary data from the DHS. A Detailed Implementation Plan was developed for the SBCC Strategy and is currently being implemented. Several training modules have been developed to train Community Activists to conduct household and community-level SBCC activities, along with supporting SBCC materials, a supportive supervision checklist, and monthly work planning and monitoring forms. Table 1 shows the modules by topic and the associated SBCC materials developed for each module.

**Table 1. Modules with developed SBCC materials**

|  |  |  |
| --- | --- | --- |
| Modules | Status | Materials |
| Social mobilization | Complete | Developing community maps with activists for covering with key messages from modules |
| Exclusive Breastfeeding | Complete | Brochures for mothers |
| Complementary Feeding including reducing feeding of junk food and sugary drinks | Complete | Brochures for mothers  Cookbook |
| Handwashing and Clean Latrines | Complete | Leaflets of 5 critical times of handwashing and maintaining clean latrines |
| Dietary Diversity | Complete | Food Pyramid leaflets with 10 steps from WHO  Cookbook |
| Anemia prevention and IFA supplementation | Drafted | Poster promoting iron-rich and Vitamin C rich foods; IFA commitment and reminder card |
| Maternal Nutrition during the 1,000 days | Drafted | Cookbook |
| Household Preservation and Storage of Nutrient-dense foods | Not started | Safety booklet |

This urban-focused SBCC strategy is intended to complement the overall SBCC strategy, addressing the different characteristics of available services and infrastructure, community activists, health service providers, and urban audiences. Like the overall SBCC strategy it will continue to evolve as SPRING and partners learn through monitoring activities which interventions are effective and which need to be strengthened.

**Urban areas SPRING is covering**

SPRING is currently working in Jalal-Abad *oblas*t and Naryn *oblast*. Table 2 below includes basic demographic data for the urban areas in each *oblast.*

**Table 2. Characteristics of the Urban Areas SPRING is covering[[1]](#footnote-1)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Maily-Suu** | **Tash-Kumyr** | **Kochkor-Ata** | **Kara-Kul** | **Kok-Jangak** | **Jalal-Abad City** | **Naryn city** | **Total** |
| Oblast | Jalal-Abad | Jalal-Abad | Jalal-Abad | Jalal-Abad | Jalal-Abad | Jalal-Abad | Naryn |  |
| Total Population | 24,617 | 39,653 | 15,643 | 24,634 | 11,168 | 111,083 | 37,384 | 226,798 |
| Male | 11,759 | 19,591 | 7,461 | 12,270 | 5,472 | 52,707 |  | 109,260 |
| Female | 12,858 | 20,062 | 8,182 | 12,364 | 5,696 | 58,376 |  | 117,538 |
| Number of HH | 6,445 | 8,333 | 4,315 | 5,584 | 1,928 | 14,380 |  | 40,985 |
| Rural population | 6,693 | 3,856 | 5,946 | 1,737 |  | 9,169 | 1,861 | 27,401 |
| Urban population | 17,924 | 35,797 | 15,643 | 22,897 | 11,168 | 101,914 | 37,384 | 205,343 |
| 1000 Day HH | 1,467 | 1,925 | 1,409 | 800 | 625 | 9,790 |  | 16,016 |
| Number of Activists | 30 | 30 | 30 | 30 | 30 | 105 |  | 255 |
| Number of apartment blocks | 75 | 80 | 96 | 155 | 14 | 214 |  | 420 |
| Number of functioning PHCs | 1 | 1 | 1 | 1 | 4 | 1 |  | 9 |
| Number of HPU staff | 2 | 2 | 2 | 2 | 1 | 3 | 3 | 12 |

Table 2 shows that coverage of Public Health Committees (PHCs) and Health Promotion Unit staff is low. This is one reason that interventions with HPU staff will focus on strengthening their capacity to plan and carry out community-level events where they can reach multiple 1,000 day households at once, and on strengthening their capacity to promote priority nutrition and hygiene behaviors with the clients who come to them in facilities. In order to achieve any significant coverage of 1,000 day households in urban areas it is essential to reach them through traditional and social media channels with compelling and memorable media to change knowledge, attitudes, and practices on a broader scale.

There is an urban population which lives in “unofficial” apartment blocks which are not connected to water and sanitation services. SPRING wasn’t able to find data about what proportion of this population might live in 1,000 day households, and considered in developing this strategy whether special outreach is needed for 1,000 day households among this population. In a workshop with the Republican Center for Health Promotion (RCHP) in May 2016, participants from RCHP informed SPRING that many of those living in the unofficial settlements are internal migrants, and that the UNDP and some NGOs implement some social protection services for these people. People are eligible for health services based on where they stay physically—not based on legal residence, so people living in unofficial settlements can seek health care without fear of being penalized. Some of the unofficial settlements around Bishkek have established PHC’s. SPRING should consider reaching out through Health Promotion Unit staff to generate demand for services among these groups.

**Characteristics of urban audiences**

**Urban children are just as likely as rural to be stunted. Urban households are wealthier than rural, but in Kyrgyzstan wealthy children are almost as likely as poor children to be stunted.**

According to the 2012 DHS, the prevalence of stunting is 17.6% in urban areas and 17.7 in rural areas, so essentially the same. Stunting is not strongly associated with wealth, but is spread across wealth quintiles. For example it is 26% in the lowest quintile, and 24.3% in the highest. 90% of urban households fall in the top 2 wealth quintiles, as opposed to 54.4% rural households in the lowest 2 quintiles, and 83.4% in the lowest 3. Child (< 5) mortality is similar in urban and rural areas, but mortality correlates more to wealth quintiles. There is slightly more anemia among women and children in urban areas, and women are more likely to be thin in urban areas. There’s no association of child’s anemia with mother’s wealth or education. Iron supplementation and deworming is universally low.

**Access to water, access to services, child feeding practices, and health care seeking are similar, except for post-natal checkups and completed child vaccinations—both lower in urban areas.**

Child feeding practices are not significantly different between rural and urban areas. Access to water and handwashing practices are also similar across rural and urban audiences. 40% of urban households use flush toilets, while 49% use a pit latrine/slab. Prevalence of diarrhea is less in urban areas, but the knowledge about proper care and feeding and not to use antibiotics is not as high as in rural areas.

The median age of women at first birth is a little older than rural women, births are a little more spaced, and total fertility rate is 3 in urban areas as opposed to 4 in rural areas. Post-natal checkups—which are essential for psychosocial support to the mother, support for exclusive breastfeeding, and early identification of infections or post-natal depression-- are much lower for urban women and babies, 11.2% vs 20.1% in rural areas. Even in rural areas, 20.1% is very low for support to recent moms and newborns. During the RCHP workshop we clarified that family nurses should go on the 3rd day and 10th day to see mother and baby and that a phone call must not replace a home visit.

**Urban women are more highly educated, more likely to work outside the home and more likely to be head of household. Time poverty may be a barrier to change.**

Almost half (48%) of urban women have professional primary, middle, or higher education, compared to 24% rural. 40% of urban women are employed vs 20% of rural women. Urban households are more crowded than rural, and 80% cook in the house. Urban household members tend to be older on average, and 36% of urban households are female headed vs 21% in rural areas. This is relevant because female headed households have different challenges and enabling factors for nutrition and hygiene during the 1,000 days than male headed households do.

SPRING’s formative research indicated that time is a barrier to shopping and preparing food for urban women, for example, “the professional working women interviewed as key informants in Jumgal mentioned lack of time is a barrier to purchasing food, particularly to seeking out diverse foods, in their local market and shops”. This indicates that time poverty may be a barrier to seeking out nutrition information, accessing health and nutrition services, and practicing optimal feeding, WASH, and care practices.

**Media access and use among urban audiences**

Men and women in urban areas both access media frequently, and have access to phones, mobile phones, and computers (DHS 2012 data). 29% or households have a radio but 99% have a television. 85% of households have a refrigerator, with 99.8% having electricity. 98% of households have phones, 95% of which are mobile phones.

According to M-Vector survey on media consumption and customer perception as of 2012, among 95% of cell phone owners, 60% use mobile Internet. Percentage of users of mobile Internet in rural areas (71.1%) is higher than in urban areas (57.1%). Mobile Internet is most popular in Naryn (58.5%), Talas (57.0%) and Jalalabad (44.9%) regions.

The penetration level of radio throughout republic is 60%. The most active listeners are residents of Bishkek city (98.3%) and Batken oblast (82.6%). In Jalal-Abad Oblast the percentage of radio listeners is 50.9%, in Naryn Oblast – 54.7%. The number of listeners among the citizens exceeds the number of listeners among the rural population by 25%.

98% of the country’s population watch TV. The level of penetration of television in urban areas (97.2%) is almost the same as in the countryside (98.5%). In Jalal Abad Oblast 99% of the population watches TV, in Naryn Oblast – 97.2%. The priority among television programs is given to the news segment (compared to movies, talk shows, comedy and sports programs) - 59% in Jalal Abad Oblast, 51% - in Naryn Oblast.

Although print media is not the main source of information for the population, it still occupies important position. In urban area 56.7% of population read newspapers and 38.4% - in the rural area. In Jalal Abad Oblast newspaper is read by 24.5% of residents (the lowest percentage over the country), in Naryn Oblast – 57.8%.

Media and computer use are high, almost everyone watches television—both Kyrgyz channels and Russian and other content via satellite. More people in urban areas regularly read newspapers and listen to the radio than in rural areas. Table 3 includes media consumption and computer use data from the 2012 DHS. Urban women use computers more than urban men, and read newspapers more, while urban men listen to the radio more.

**Table 3 Exposure to mass media and computer use (percent of women or men age 15-49)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Background characteristic | Reads a newspaper at least once a week | Watches television at least once a week | Listens to radio at least once a week | Accesses all three media at least once a week | Accesses none of the three media at least once a week |
| Urban women | 49.8 | 95.1 | 29.4 | 37.4 | 3.6 |
| Urban men | 37.0 | 94.3 | 40.6 | 23.0 | 2.9 |
|  | Uses a computer daily | Uses a computer weekly | Uses a computer less than weekly |  |  |
| Urban women | 35 | 37 | 24 |  |  |
| Urban men | 29 | 36 | 36 |  |  |

SPRING’s SBCC Strategy states that, “The baseline survey has clearly identified which television channels and which times of day the target population watches programs. Television channels are under obligation to play public service announcements (PSA), but say they lack enough content to fulfill that obligation. SPRING may also investigate the potential for publishing short articles on the topic of the month in local district newspapers, although readership is not high.” Table 4 summarizes the data on Television channels from the baseline report.

**Table 4. Television channels and viewership in SPRING’s intervention areas (% of respondents who watched the channel the day before the survey)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Channel** | **Region** | | | **Total** |
| **Jumgal** | **Jalalabad** | **Uzgen** |
| **OTRK** | 71% | 77% | 80% | 76% |
| **1-st channel** | 59% | 44% | 78% | 60% |
| **ELTR** | 20% | 41% | 70% | 43% |
| **5-th channel** | 12% | 8% | 28% | 16% |
| **7-th channel--Jalalabad** | 0% | 17% | 31% | 15% |
| **RTR-Russia** | 6% | 25% | 17% | 15% |
| **Osh TV--Osh** | 0% | 2% | 40% | 14% |
| **Oshlar--Osh** | 0% | 27% | 11% | 12% |
| **Mobjective** | 1% | 5% | 30% | 12% |
| **Pobjectiveamida** | 0% | 2% | 31% | 11% |
| **NTS+NTV** | 9% | 9% | 12% | 10% |
| **Echo Manasa** | 0% | 1% | 28% | 9% |
| **KTK** | 4% | 12% | 11% | 9% |
| **Other** | 10% | 22% | 65% | 32% |
| **Total** | **193%** | **291%** | **531%** | **334%** |

**What is Unique about Urban Audiences Generally?[[2]](#footnote-2)**

The urban environment can have both advantages and disadvantages for nutrition, health care and health seeking behaviors.

**Advantages**: Urban areas have more infrastructure and services, such as health clinics, than rural areas. Education levels tend to be higher and basic health knowledge may also be higher. Urban audiences may have more exposure to media outlets which can be channels for SBCC messages and information.

**Disadvantages:** Some media sources may provide unreliable information that can expose audiences, especially youth, to greater risk. In Kyrgyzstan there seems to be quite a few nutrition myths in circulation—especially via social media and email—that SPRING may need to counter. *SPRING could explore whether any of these myths are harmful during the 1,000 days.* Traditional family structures—for example, a child living with one or both parents—may be less common for urban audiences, particularly those who travel to the cities from rural areas. Poor urban audiences may be especially vulnerable as they may have less access to the services offered by cities and may live in poor, inadequate housing with limited resources or support.

## Priority and Influencing Audiences for SPRING’s Urban SBCC Activities

SPRING’s formative research findings show that women are responsible for purchasing and preparing food, and deciding what is served although that may be influenced by the particular tastes of one or more family members. Young mothers usually decide when, what, and how to feed a child, although they may be influenced by their mothers, or by mothers-in-law in the minority of cases where young couples live with the husband’s parents. Women decide for themselves to seek medical care for themselves or their children. Men generally hold the family money and become involved in decisions on spending larger sums, but women are given discretionary funds for daily expenses. Health care personnel are considered credible sources of advice on health-related topics.

Most newly married couples live with the husbands’ parents (until they can afford a house of their own). In urban areas there may be more newly married couples living on their own, but SPRING has not found good data on this. Thus, older women including mothers-in-law influence many homemaking decisions including food and childcare. Except in some very conservative families, Kyrgyz women make independent decisions about health care for themselves and their children – and often jointly make financial decisions with their husbands.

SPRING should consider the following primary urban audiences when planning communication activities and materials:

1. newly married couples, which may include older adolescents
2. pregnant women
3. mothers with children under age 2, including some messages tailored to female heads of households

Influencing audiences to reach with SBCC activities include:

1. older women (including but not limited to grandmothers)
2. health providers (doctors & nurses who currently provide facility-based counseling)
3. HPU staff
4. community activists
5. media personnel including television news and talk show personnel, print media, radio (to a lesser extent), and social media.
6. localauthorities including village state administration (ayil okmot)/ town state administration (mayor’s office) and rural/urban community council

Different channels and materials aren’t needed for each audience for each practice, but materials should be tested with these different audiences and tailored to each as much as possible.

It has been difficult to identify community-based organizations or community leaders to work with as influencing audiences in urban areas. It seems that households are more isolated, and people working as apartment block leaders, for example, are quite busy, and don’t see mobilization around health issues as part of the objective role. SPRING will de-prioritize working with Community Activists in urban areas. Mentors and Activist Coordinators will work with HPU staff to jointly plan community events around the priority behavior areas, when possible linking them to national or global issue days/weeks like World Breastfeeding Week. SPRING will continue working to identify other community resources and leaders to reach through this strategy even as SPRING starts implementing the strategy.

## Focus on Key Practices

According to the UN Children's Fund (UNICEF) the period from conception until a child reaches age two is an important window that ensures good health, growth, and optimal cognitive development. Maternal nutrition, critical for both mother and unborn child, and infant and young child optimal feeding (IYCF), as well as hygiene and care seeking practices are crucial during this 1000-day period.

As stated in the 2012 Demographic and Health Survey (DHS), 18 % of Kyrgyz children under the age of five are stunted, and almost half of them, along with 35% of women of reproductive age, have anemia. In addition, the DHS reports that only 2% of women took iron supplements for 90 days during pregnancy. Hopefully with the new national policy to provide IFA free of charge to women of reproductive age and pregnant women, usage will increase. Although nearly all mothers in Kyrgyzstan initiate breastfeeding, according to the DHS the median duration of exclusive breastfeeding is just slightly over3 months. There's also a general belief that infants need additional liquids and food because breast milk isn't enough and infants get thirsty without water.

A formative assessment conducted in 2014 by the SPRING Project in Kyrgyzstan revealed that parents’ knowledge levels of good nutrition during the first 1,000 days is low, with several misperceptions and potentially harmful traditional practices in place. There is little to no family knowledge about nutrient content of different foods and little understanding of the concept of malnutrition or anemia and their consequences. Fruits and vegetables are rarely consumed in winter due to scarcity and price. While most households consume meat, milk, eggs, fish, and poultry—which are key for child growth and development and reducing anemia—traditional eating patterns result in unequal access to these foods by women and children during the 1,000 days. In addition, most households do not eat more affordable protein-rich foods like beans and pulses on a regular basis, though they are available in local markets.

Given the remaining implementation time of just over a year, SPRING’s urban SBCC activities will focus on a few high priority practices to maximize change in those areas most likely contributing to malnutrition in urban areas, and in Kygryzstan generally, based on the 2015 Global Nutrition report[[3]](#footnote-3). This is also in line with stronger and stronger evidence that SBCC interventions which focus on a few key practices at a time are more effective at actually changing practices—not just knowledge. Table 5 below, from the Global Nutrition Report 2015 for Kyrgyzstan, reports Kyrgyzstan’s progress against key global nutrition targets.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 5. World Health Assembly Indicators: Progress Against Global WHA Targets[[4]](#footnote-4)** | | | | |
| |  | | --- | | **Under-5 stunting, 2014a** | | On course, good progress | | |  | | --- | | **Under-5 wasting, 2014b** | | On course | | |  | | --- | | **Under-5 overweight, 2014a** | | Off course, some progress | | |  | | --- | | **WRA anemia, 2011b** | | Off course | | |  | | --- | | **EBF, 2014a** | | Off course, reversal | |

Recommended focus areas for urban audiences are:

1. Exclusive BF—including family support
2. Women’s care and diet during pregnancy and lactation including household dietary diversity and reducing junk food
3. Anemia control—through improved WASH, presumptive deworming, and IFA supplementation

Within the evidence-based practices that SPRING is promoting in its general SBCC strategy, this translates to the following practices:

1. Consumption of iron and folic acid supplements by pregnant women;
2. Dietary diversity for women with emphasis on food sources of iron and foods that enhance iron absorption;
3. Exclusive breastfeeding from birth through the first six months;
4. Reduction in the consumption of foods of low nutrient value (junk food);
5. Presumptive treatment for helminthes for pregnant women and young children;
6. Handwashing at five critical times (after using the latrine, after contact with animals, after changing a baby’s diaper/cleaning a child, before preparing food, and before feeding a child)

There is another practice which has been added to the initial ones based on formative research findings and a growing evidence base linking sanitation to stunting, which is:

1. Keeping latrines clean

As SPRING consults on this strategy with stakeholders including the RCHP and other MOH staff, HPU staff, media personnel, and community members, it is possible that the list of priority practices will be narrowed down further based on stakeholder priorities and timing. It should not be expanded.

## Broad Approaches

The urban SBCC strategy will focus on two broad approaches:

1. Engaging with and orienting regional personnel from television, print, radio, and social media to increase the quantity and quality of coverage on nutrition during the 1,000 days, particularly the focus areas: EBF; maternal nutrition; and anemia prevention. See Urban Strategy Supplement B for a detailed concept note for media engagement and orientation.
2. Engaging with and building the capacity of HPU staff to promote key nutrition and hygiene practices and to plan and carry out community events related to nutrition during the 1,000 days.

**Regional Media Engagement and Orientation**

To increase understanding and urgency among opinion leaders to take action in support of nutrition during the 1,000 days, SPRING will develop and execute a media engagement program with the following objectives:

* Build the capacity of journalists and media gatekeepers to report on nutrition during the 1,000 days using effective data, messages, and storytelling techniques
* Increase the visibility of technical experts and credible spokespeople in media reports on nutrition during the 1,000 days nutrition
* Increase news editors’, news directors’, television producers and other “media gatekeepers’” commitment to covering nutrition

The use of media can broadcast high priority messages quickly and effectively. It can increase understanding, generate buzz, build momentum, and unify voices at different levels behind an important issue. Media coverage can change perceptions and influence leaders who are making decisions that affect families and children throughout Kyrgyzstan.

Some of the unique benefits of engaging journalists or earned media[[5]](#footnote-5) include:

* Credibility – Information presented by the media often has a higher degree of credibility because it is likely to be perceived as coming from an independent and respected source
* Reach – The media can reach large audiences at one time, and is less constrained by geographic limits or administrative levels
* Targeting – A news story can reach target audiences through different channels, including specific news outlets and programs

The media engagement activities will be implemented from June to September 2016, and will include, in each region where SPRING operates in urban areas, a journalist training, and journalist site visits with HPU staff, Mentors, and/or Activist Coordinators. In addition, at the national level, SPRING will work with RCHP to identify technical experts who are willing to be interviewed by media personnel, to appear on regional talk shows, or even write blog posts. These technical experts will participate in a training to help them engage effectively with traditional and social media by focusing on key practices and messages, supporting them with compelling data, and bringing in human interest and the economic development benefits of improving nutrition during the 1,000 days.

SPRING’s capacity building for members of the media and technical experts who speak with media on nutrition will focus on a few high priority practices to maximize change. These practices have been prioritized based on strong contributing causes for malnutrition in urban areas, and in Kyrgyzstan generally, based on the 2015 Global Nutrition report[[6]](#footnote-6). This is due both to the strong evidence that SBCC interventions which focus on a few key practices at a time are more effective at actually changing practices—not just knowledge; and due to the limited time frame for the media engagement.

Recommended categories of key practices to focus on for urban audiences are:

1. Exclusive Breastfeeding, including family support to breastfeeding mothers
2. Women’s care and diet during pregnancy and lactation including household dietary diversity and reducing junk food
3. Anemia control—through improved WASH, presumptive deworming, and IFA supplementation

**Activities within the Media Engagement and Orientation Approach**

1. **Journalist training with print, television, radio, social media**

This day-long training, repeated in each region, will increase journalist knowledge on nutrition issues by providing key messaging, research, and materials, and connecting journalists with technical experts. Key activities will include a presentation of the latest nutrition research; recommendations for effective reporting and troubleshooting obstacles; a mock interview session with issue experts; and a group work session to identify in-depth story topics. Part or all of this training will include media gatekeepers and decision makers such as newsroom editors.

• Outcome: 40 media personnel trained with a strong foundation in nutrition; dissemination of reference materials to support story development

1. **Site visits**

Trained journalists will be offered opportunities to participate in site visits to experience first-hand the impact of nutrition issues and programs at the community level. Journalists will be expected to identify specific story topics to explore at the community level in advance of the site visit.

• Outcome: 10 journalists introduced to nutrition issues and programs at the community level.

1. **Technical expert media training**

One half-day issue expert media training will be held with medical professionals and key nutrition actors to increase their comfort level with media interviews and facilitate relationships with reporters. Key activities will include sharing messaging and materials; reviewing tips for effective media engagement; and conducting an on-camera interview session with journalists to practice tough questions.

• Outcome: minimum of 20 medical/nutrition professionals trained on effective media engagement; more experts willing to speak with the media.

**Schedule of Activities for Media Engagement Work**

* JULY: Draft RFP to engage and contract creative partners (videographer & graphic designer); Draft and solicit stakeholder approval of Creative Brief; Discuss program partnerships & air time with local broadcast partners and begin drafting MOUs; Agree upon list of ToT & cascade training participants; Ask regional SPRING mentors to recommend success stories to be considered for featuring in digital stories
* Drafting MOUs with broadcast partners
* SEPTEMBER 16-17: Conduct media engagement-'messenger' ToT
* SEPTEMBER 19-30: Cascade trainings in Jalalabad & Naryn oblasts
* Work with creative partners to develop campaign umbrella brand & materials; Digital story pre-production: Video partner scouts locations & pre-interviews storyteller candidates ; Finalize MOU's/media buy with broadcast media partners; Invite participants to ToT and regional cascade trainings
* Technical and KM approvals at Home Office (including Carolyn)
* Finalize production of campaign materials/broadcast programming as needed
* Disseminate materials & final preparation campaign activities
* Launch campaign
* NOVEMBER 15-APRIL15: Implementation & on-going campaign monitoring

**Engaging with and building the capacity of HPU staff to promote key nutrition and hygiene practices at facilities and to plan and carry out community events related to nutrition during the 1,000 days.**

SPRING has been strengthening partnerships with HPU staff in rural and urban areas. This document will focus on urban implementation areas, but the SBCC activities conducted with HPU staff will be similar in rural areas. The roles of HPU staff include informing different community stakeholders—including neighborhood leaders and schools—about issues and campaigns, disseminating SBCC materials and messages, and supporting health service provision at Family Medical Centers—including “Mothers’ classes” during pregnancy. Official job responsibilities of HPU at rayon level include:

Coordination of activities on health promotion;

Planning and introducing activities in health promotion;

Support in methodological and counselling to health providers;

Interrelation with health facilities, arrangement of public health activities at rayon level;

Delivery of monitoring and evaluation of health promotion programs;

Planning of activities of FAP and FGP on health promotion;

Planning of activities of rayon HPU;

Development and review of reports.

Working with HPU staff is very strategic for SPRING. For example, SPRING has explored ways to reach adolescents, especially because of the growing problem of overweight and obesity along with the continuing problem of anemia, but due to the difficulty of working in schools, the project hasn’t been able to develop activities specifically for adolescents. Engaging with primary and secondary schools around health issues is within the HPU mandate, giving SPRING the opportunity to reach this essential audience with nutrition and hygiene SBCC activities.

The work with HPUs will focus on two aspects;

1. **Training HPU staff on key issues related to the three priority behavioral areas: EBF, Women’s nutrition, and anemia control.** SPRING has begun adapting training materials to match the capacity and role of HPU staff, taking source materials from the modules developed for Activists, and the training packages developed for health facililty workers through Objective 1. A two-day training on Exclusive Breastfeeding and one on Handwashing and Clean Latrines have been developed already.
   1. In addition to the SBCC materials and job aids which SPRING has developed for Activists, SPRING will consider developing materials for priority audiences which just HPU staff are reaching, for example, adolescents through schools.
2. **Working with HPU staff to develop and implement action plans** which integrate promoting nutrition and hygiene during the 1,000 days into their existing roles and tasks. Activities under these plans could include community mobilization events which follow the model of the SPRING gender event—aligned with special international or MOH “days” or “weeks”. In addition to mobilizing communities around nutrition, these events can be used to promote specific household level practices, and to generate demand among 1,000 day households for nutrition services at health facilities. This activity will start with a rapid assessment of current roles, tasks, and planning and budgeting processes for HPUs in SPRING’s urban areas. After that assessment, SPRING will develop a template for planning, monitoring, and reporting HPU activities related to nutrition and hygiene during the 1,000 days. Regional staff can develop different plans with HPUs in different areas, using the common template.

This approach will be led by the SBCC Specialist in Bishkek with support from the Regional Mentors in Jalalabad and Naryn. Mentors and Activist Coordinators may also participate in activities. The Training Specialist from the Objective 1 team will support the development of the remaining training packages.

With capacity building and technical support from SPRING, possible activities of HPU staff to mobilize communities and promote priority nutrition and hygiene behaviors include:

* Working with individual clients and groups at Family Medical Centers
* Holding events to promote practices in primary and secondary schools and colleges
* Leading PHCs or helping them to conduct nutrition-related activities
* Applying for funding for discrete events or activities, which could possibly last beyond the life of SPRING
* Planning and implementing Community Gatherings, parades, and events
* Disseminating SBCC materials through pharmacies, supermarkets, civil registration offices, especially print media placement—posters and flyers

## Themes and tone of SBCC media and materials

**Themes**

Using the GNR 2015 regional and country report as a guide, SBCC activities with media as well as HPUs in urban areas will leverage themes of **national/sub-national pride, social proof, and self-efficacy.** For example a blog or TV intro could be: “X% of women in Kyrgyzstan EBF their babies to six months. They know that (something about benefits for mom and baby). But this traditional healthy practice is under threat. Unlike the other countries in this region, rates of EBF are declining. This will result in a generation of Kyrgyz children who are less healthy, less intelligent, and less productive. Let’s work together to protect this important part of family life. Here’s what you can do…” SPRING can develop similar messages for WASH, for dietary diversity, and for anemia prevention.

Messages, graphics and other components of the urban materials will be coordinated with other Objective 1 and Objective 2 materials and activities. Within the media mix, the relative advantages of regional TV and social media are considered to be: reaching all audiences consistently with a common tested key message; lending credibility to health workers’ messages and making mothers more receptive; modeling or showing “a mother like me” to shift social norms; directly promoting and motivating mothers to practice these behaviors, and their families to support the new practices.

**Tone**

The tone of messages, regardless of channel will be:

* Credible
* Loving, intimate
* Supportive and Empowering, never Critical

**Obstacles**

Lack of knowledge, misperceptions, cultural beliefs and norms about exclusive breastfeeding and which family members need to consume nutrient-rich foods like meat and milk, lack of access to diverse food sources especially in winter, lack of nutrition counseling capacity, lack of communal space/access to urban apartment block residents

**Positioning**

The first 1000 days (best health/nutrition practices) will be positioned as a gift from mother to newborn. Support for best health/nutrition practices will be positioned as a gift from husbands and grandmothers to mothers and newborns which benefits the whole family now and for the future.

**Branding “The 1,000 Days”**

The campaign will begin with an 'image' phase to introduce the *1000 days* brand and make an emotional connection with the target audience(s.) Introduced in this component will be a visual identity (1000 day logo) as well as a slogan/call to action. This introductory image phase will then become an 'umbrella' to brand all tactical (behavioral/practice-based) messaging that follows. It is recommended that the image phase and all behavioral phases that follow each run for 6 weeks. See Work Plan & Timeline at the end of this document for more details.

Phased approach to Branding

* Image (brand)-The IMAGE phase will introduce the urban campaign by positioning the 1000 day s' and communicating the important role that pregnant women, new mothers, and the people who support them play in the 1000 days during pregnancy and up to age 2
* Tactical (behaviors/practices)- Under the 1000 days 'umbrella' image brand, key nutritional practices will be promoted, including (1) IFA supplementation, dietary diversity, and anemia prevention (2) exclusive breastfeeding (3) handwashing and clean latrines (practiced by everyone in the family) .

Communication channels for Branded Materials and Events

* Mass media (TV:JTR & Channel 7 Jalalabad; KTRK for national coverage/RADIO: Kascat & El Tamak/Freedom radio & Maral radio for national coverage/Naryn media channelsTBD)
* Earned media (Newspapers-Akbinkat & Aumak Jalalabad; Broadcast media news & information)
* Community-based events-In addition to health fairs sponsored by FMCs, the following dates within the campaign implementation timeline represent opportunities for organizing 'branded' community events: October-Market fair at harvest time, October 15-Global Hand Washing Day, November 15-National Agriculture Workers Day, November 20-UN Universal Childrens' Day, February 14-Valentine Day (to promote paternal & maternal love), February 23-Motherhood Protector's Day, March 8-Womens' (Mothers') Day, March 21-Navruz, the Muslim Spring Equinox celebration
* Social media-Facebook; Kloop Foundation posted stories
* Facility-based Family Medical Centers (FMC) Mother's Schools
* Rayon (community) Centers
* Workplace (through PHC's)

Messengers/'Brand Ambassadors'

* Mothers with success stories
* Media
* Health Providers (Nurses & MDs)
* Public Health Committee (PHC) members
* Local authorities

Branded Materials\*

* Digital video/audio stories in long (5-7 minutes)and short (60 second) formats. The long format will run as an on-going segment (1 per month) of existing TV programs (e.g. Morning Talk Show) with short format stories being run as paid TV spots in prime time at discounted 'social' advertising rate; Six (6) stories will be produced-(3 in each region)-and rotated every 6 weeks for 6 months
* (Possible 30 minute TV special edition in partnership with TV Channel 7 Jalalabad)
* Campaign lullaby :*The first 1000 days: A love song from you to your unborn/ newborn baby* for radio (radio spot), facility waiting rooms, mother's school, community events
* Campaign banners for community based events
* Facility signage
* Messenger badges (Ask me about the first 1000 days)
* Giveaway items: Branded measuring cups and other branded items for activists and other messengers
* Media/Messenger Kit with press release, campaign messages, digital stories, news footage A & B-roll, Campaign lullaby for audio news releases, etc..
  + Digital stories Facilitator's Guide for use of digital stories as catalysts for discussion in group or individual discussions
* Facebook page

*\*Note that branding will include MOH/RCHP logos and SPRING/USAID logos only on regional media materials. Newly developed 'first 1000 day' materials will complement existing SPRING materials, including brochure, posters, and cookbook currently being distributed by community activists in rural districts.*

## Monitoring and Reporting

**Outcomes of Media Orientation and Engagement Activities:**

* 40 media personnel trained with a strong foundation in nutrition; dissemination of reference materials to support story development
* 10 journalists introduced to nutrition issues and programs at the community level.
* Minimum of 20 medical/nutrition professionals trained on effective media engagement; more experts willing to speak with the media.
* Documented increase in quantity and quality of media coverage of nutrition during the 1,000 days by those participating in media orientations.
* A report by sharing lessons learned for future media engagement around MCHN issues.

**Knowledge Outcomes among Audiences**

As a result of Phase 1 (image) the target audience will know:

* What the 1000 days is and why it is important to the future of their child/children
* That anemia and stunting are big problems in Kyrgyzstan but are completely preventable
* Where to find additional information

As a result of Phase 2 (tactical) the target audience will know:

* The importance of IFA and good maternal nutrition for anemia prevention, for the health of her unborn child, and to prevent complications during childbirth
* Why exclusive breastfeeding is the best option for her baby/How to maintain breastfeeding as long as possible
* The role that handwashing and clean latrines play in preventing disease and how/when to wash hands

**Belief Outcomes among Audiences**

As a result of Phase 1 (image) the target audience will believe:

* That they and/or their unborn/newborn babies could be at risk
* That they play a crucial role in the first 1000 days

As a result of Phase 2 (tactical) the target audience will believe:

* That they have the ability to prevent anemia and stunting, breastfeed (or support breastfeeding)exclusively (for six months), continue breastfeeding (or support breastfeeding) for at least 1 year, and prevent disease through good hygiene in those first 1000 days

**Behavioral Outcomes among Audiences**

As a result of Phase 1 (image) the target audience will:

* Visit the campaign Facebook page and ask for additional information as needed
* Seek additional nutrition information with health providers

As a result of Phase 2 (tactical) the target audience will:

* Access/ask for IFA supplements from providers/facilities
* Form intentions to and discuss plans with family members to:
  + Take IFA supplements and practice good nutrition when planning a pregnancy and while pregnant and lactating
  + Exclusively breastfeed their child at least until 6 months and then introduce complementary foods
  + Maintain clean latrines and and good hand washing practices to prevent maternal and child disease

# Urban Strategy Supplement A. Adapted Strategy Matrix for Urban Audiences

| **Desired Practice** | **Actual Practice from baseline survey** | **Findings from formative research: barriers and facilitating factors** | **Messages** | **Communication Channels** |
| --- | --- | --- | --- | --- |
| All women will take IFA supplements for at least 180 days during pregnancy | 16% took iron for at least 90 days | * Cost of IFA is a major barrier. * Prescriptions from medical centers are incomplete and erratically issued. * No client follow-up and no counseling on side effects * Taste and side effects are lesser barriers than cost * Women do not know risks or effects of anemia | Key messages from Mentor module plus additional media talking points  Re-purpose mass media spot?  Tie in IFA reminder card and anemia poster | Regional TV  Newspapers  Social media sites (accessed via computer and mobile phones)  Health Facilities  Neighborhood events |
| Women will consume 5 or more of nine food groups, including iron-rich foods and foods to enhance iron absorption | **Women**  42% Jumgal  73% Jalalabad | * Fruits and vegetables are seldom consumed in winter due to scarcity and price. * Some locally available vegetables are under-utilized, including pumpkin and green leaves from beets, radish, and turnips. * Families and professionals have little knowledge about nutrient content of different foods | Key messages from women’s nutrition and HH dietary diversity modules  Tie in the cookbook with media orientation and talking points  Tie in food pyramid flyer and anemia poster | Regional TV  Newspapers  Social media sites (accessed via computer and mobile phones)  Health Facilities  Neighborhood events |
| Infants will receive only breast milk from birth to about six months. | 32% practice exclusive breastfeeding from 0-5.9 months | * Overall, women lack knowledge about exclusive breast feeding or receive false information. * General belief that infants need additional liquids and food because breast milk is not sufficient. Some believe that infant formula is superior. * Mothers say they don’t produce enough milk. | Key messages from Mentor module plus additional media talking points  Re-purpose mass media spot?  Tie in Moms’ brochure and EBF poster (in facilities) | Regional TV  Newspapers  Social media sites (accessed via computer and mobile phones)  Health Facilities  Neighborhood events |
| Families will maintain and use clean latrines. |  | * There is no shame associated with having a dirty latrine. * No one takes responsibility for cleaning latrines at home or in public places (schools, clinics). * People keep indoor flush toilets clean but only prioritize getting these installed for the elderly and disabled. | Key messages from module plus additional media talking points  Tie in WASH flyer | Regional TV  Newspapers  Social media sites (accessed via computer and mobile phones)  Health Facilities  Neighborhood events |
| Mothers will dispose of children’s feces by putting them in a toilet or latrine. | 40% of mothers in Jumgal and 25% in Jalalabad put the child’s feces in a toilet or latrine. | * Children’s feces (and feces in general) are not perceived as very harmful. * Many mothers have not heard this message before. * Almost all households have a latrine or toilet. | Key messages from module plus additional media talking points  Tie in WASH flyer |  |
| Mothers will wash hands at 5 critical times | 19% of Jumgal women and 28% of Jalalabad mothers wash their hands at all five critical times. | * Almost all households have access to water within their yard or within a 10 minute walk. * Hand washing stations near latrines are rare. * Schools do not always have hand washing stations at toilets or elsewhere. * Adults report they simply don’t have a habit of washing hands at all times. | Key messages from module plus additional media talking points  Tie in WASH flyer | Regional TV  Newspapers  Social media sites (accessed via computer and mobile phones)  Health Facilities  Neighborhood events |

1. All data provided from city administrations as of 2014-2015 [↑](#footnote-ref-1)
2. Adapted from *Essential Elements of SBCC Programs for Urban Adolescents*. Health Communication Capacity Collective. <http://sbccimplementationkits.org/urban-youth/> [↑](#footnote-ref-2)
3. For complete source information: http://globalnutritionreport.org/the-report/technical-notes. [↑](#footnote-ref-3)
4. Sources: a Definitions of progress developed by GNR’s Independent Expert Group with guidance from WHO/UNICEF; b WHO 2014. Notes: Currently it is only possible to determine whether a country is on or off course for five of the six WHA targets. The year refers to the most recent data available; on/off-course calculation is based on trend data. WRA = women of reproductive age. EBF = exclusive breastfeeding. [↑](#footnote-ref-4)
5. Earned media is publicity gained free of charge or at low cost through news and editorial coverage in newspapers and on television, radio and online. It may include articles, broadcast interviews, TV talk shows, letters to the editor, or editorials. [↑](#footnote-ref-5)
6. *Global Nutrition Report: 2015 Country Nutrition Profile, Kyrgyzstan*. IFPRI, 2015. [↑](#footnote-ref-6)