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USAID Advancing Nutrition Niger

Social and Behavior Change Strategy to Increase the Use of Iron-Folic Acid Supplementation, Vitamin A Supplementation, and Improve Dietary Practices in Niger



About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

Disclaimer

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Acronyms

DN	Direction de la Nutrition (Directorate of Nutrition)
CHV	community health volunteer
DRSP	Direction régionale de la santé publique (Regional Directorate of Public Health)
DSAJ	Direction de la Santé des Adolescents et des Jeunes (Directorate of Adolescent and Youth Health)
DSME	Direction de la Santé Mère-Enfant (Directorate of Mother and Child Health)
HP+	Health Policy Plus project
IFA	iron-folic acid
IPC	interpersonal communication
IR	intermediate result
JSI	John Snow, Inc.
LNS-SQ	small -quantity lipid-based nutrient supplement
LNS-MQ	medium-quantity lipid-based nutrient supplement
MEL	monitoring, evaluation and learning
MIHR	MOMENTUM Integrated Health Resilience
MoPH	Ministry of Public Health, Population, and Social Affairs
MPHD	MOMENTUM Private Healthcare Delivery
NNSP	National Multisectoral Nutrition Security Policy
RFSA	Resilience Food Security Activity
RISE	Resilience in the Sahel Enhanced
SBC	social and behavior change
SCOFI	schooling of young girls
UN	United Nations
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VAD	vitamin A deficiency
VAS	vitamin A supplementation
WFP	World Food Program
WHO	World Health Organization

Glossary

Audience segmentation: To tailor messages to the target audience (Breakthrough ACTION 2019), a strategy based on identifying subgroups within the target audience to deliver more personalized messages with the strategic definition of participant groups based on certain demographic characteristics, such as age, gender, place of residence, ethnicity, religion, marital status, or occupation.

Behavior: Actions done by people, whether habitual or periodic. Behavioral outcomes are the focus of social and behavior change (SBC) approaches because behavioral outcomes are the closest element to nutrition outcomes that can be changed (ThinkBIG 2020).

Interpersonal communication (IPC) refers to the interaction between at least two or more people, which allows a two-way communication tailored to a specific challenge or issue.

SBC: SBC is a systematic, iterative, evidence-driven approach to improve and sustain changes in behaviors, norms, and the enabling environment. SBC interventions aim to affect key behaviors and social norms by addressing their individual, social, and structural determinants or factors. In other words—SBC puts people and their behaviors at the heart of problem solving. SBC helps us define a problem from the perspective of “the user”/client/participant. SBC also focuses attention on how to support the user to solve problems.

SBC is grounded in several disciplines, including systems thinking, strategic communication, marketing, psychology, anthropology, and behavioral economics. There are many ways and disciplines to understand behavior. The key is to understand it, not to necessarily use one way (theory, process, approach) over another. An SBC approach is based on behavioral science and entails assessment of the situation, building an understanding of participant groups’ perspectives, creating a focused strategy through a social and behavioral analysis, delivering and facilitating strategic actions, and evaluating and adjusting. The process allows partners, communities, and key stakeholders to approach a problem from various angles to define key determinants or drivers of behaviors and to plan and implement a well-planned, comprehensive set of interventions that focus on these drivers at multiple levels to achieve the objectives (USAID Advancing Nutrition 2022b).

SBC communication: A multi-pronged strategy is usually needed to facilitate and support social and behavior change (e.g., services, policy, and training and coaching as well as communication). Social and behavior change communication (SBC communication) is a core part of a comprehensive strategy. SBC communication is the strategic, interactive process using communication to promote and facilitate social and behavior change for improved health outcomes. SBC communication has the best impact when it is designed alongside other non-communication interventions as part of an overall strategy (The Manoff Group 2015).

Social and behavior change pathways: These linked pathways are between priority behaviors, factors, and the activities based on formative research and the experiences of partners and stakeholders. These pathways show what needs to be done to remove barriers and motivate change for the primary actor (i.e., the caregiver, adolescent, or health worker) (ThinkBIG 2020).

Executive Summary

From fiscal year 2021, USAID Advancing Nutrition is undertaking an activity to reduce the prevalence of anemia caused by iron deficiency among women of reproductive age and adolescents and vitamin A deficiency (VAD) among children under five in the Resilience in the Sahel Enhanced (RISE) II zones of intervention. To achieve this goal, the project will support existing USAID nutrition investments, Government of Niger, and United Nations (UN) partners with technical assistance to strengthen systems for delivery of quality iron-folic acid (IFA) and VAD prevention and treatment services. Activities aim to support both health facility and community-level platforms and actors, and supplementation coverage and dietary practices.

To design activities based on context-specific needs and opportunities in Niger, USAID Advancing Nutrition collaborated with the government of Niger, UN stakeholders including United Nations Children's Fund and World Food Programme (WFP), and USAID implementing partners to review policies and strategies, and conduct two research studies: a supply chain assessment of IFA and vitamin A supplements and a formative research study with women, family members, community leaders, health providers, and stakeholders at national and district levels. To validate the findings and design the strategy, including the social and behavior change (SBC) strategy, USAID Advancing Nutrition convened the government of Niger, UN stakeholders, and USAID implementing partners.

SBC is at the heart of the USAID Advancing Nutrition's work to improve uptake and adherence of supplements and diets of pregnant and lactating women, adolescent girls, and children under five years. The SBC objectives aim to address the individual, social, and structural factors that prevent or support these behaviors by engaging key actors at each of these levels. This document presents an overarching strategy for implementing USAID Advancing Nutrition's programming.

USAID Advancing Nutrition has two primary implementation modalities. SBC will support each of these modalities by designing content and solutions with the user's perspective and through behavior change pathways to achieve change.

1. **Direct implementation** through coordination and capacity strengthening activities with the Government of Niger Ministry of Public Health, Population, and Social Affairs (MoPH) staff and volunteers from the national down to community level, and with UN stakeholders. This includes rolling out the vitamin A and deworming operational plan and developing the national IFA module and training package. This will occur only in Maradi and Zinder regions, while Advancing Nutrition will work through the MIHR project in Dosso and Tahoua.
2. **Technical assistance** to USAID implementing partners to integrate or layer activities to existing platforms to increase the use of supplementation and improve dietary practices for women, girls, and young children. Within this overarching strategy, the technical assistance will use a co-creation process to develop solutions for partners' specific opportunities and needs.

The strategy aims to—

- Propose and guide activities to achieve priority behaviors through a collaborative framework with multiple levels of the enabling environments, health systems and services, and demand and timely use of supplements and nutritious foods.
- Help to operationalize the national health and nutrition SBC communication strategy by identifying opportunities to integrate activities into partner efforts to achieve priority

behaviors by addressing the factors that promote and inhibit the adoption of these behaviors.

- Provide a framework and behavioral measures to evaluate the success of the aligned partner efforts.

Priority Behaviors

1	Pregnant women take iron and folic acid during pregnancy and 90 days after delivery or abortion.
2	Mothers/caregivers of children 6–59 months old bring their children to health services for vitamin A supplementation.
3	Pregnant and breastfeeding women consume foods rich in iron and vitamin A, every day, year round.
4	Adolescent girls aged 9–14 years consume foods rich in iron and vitamin A, year round.
5	Mothers/caregivers of children 6–59 months old provide them with a diet rich in iron and vitamin A, year round.
6	Health workers provide respectful communication and care when delivering quality nutrition services for supplementation, and counseling on healthy diets.

Participant groups

Primary participant groups are mothers-to-be and mothers of young children, adolescent girls, and health providers. Supporting participant groups are fathers, female family members, community leaders, and policymakers.

Factors

The two research studies highlighted five factors that prevent and support priority behaviors: access to supplements and nutrient-rich food year round, the quality of services in health facilities, family support, and social and gender norms.

Strategic activities

These factors need to be addressed to achieve change in the priority behaviors through activities at multiple levels. Based on the analysis of behaviors, and the potential role of USAID Advancing Nutrition, the project will **directly implement**:

- Convene national and district partners to identify solutions for timely ordering and budgeting for supplements
- institutional capacity strengthening activities by documenting the process, breakdowns, roles, and responsibilities for budgeting, procuring, and managing the supply of IFA; development and roll out of modules on supplementation
- health provider capacity strengthening activities by developing and rolling out training packages on supplementation, including counseling and interpersonal communication to promote uptake and adherence.

USAID Advancing Nutrition will also **offer technical assistance to implementing partners** to integrate key content into existing platforms. Based on what implementing partners identify as potential, this technical assistance may be specific to each activity to integrate supplementation and improved diets into existing platforms, such as content for community and social

mobilization activities to complement food production activities and existing platforms. The technical assistance will also work with the Ministry of Public Health, Population, and Social Affairs (MoPH) to develop clear and consistent media and materials for use by all the USAID implementing partners.

Table 1: Summary Framework for SBC Strategic Activities to Increase Use of Supplementation and Improved Dietary Practices in Niger

	Policy	Facility	Community	Household
Factors	Access to supplements	Service quality	Access to food; social and gender norms	Family support; attitudes
Influencers/ supporting actors	Government, UN, implementing partners	Facility and community-based health workers and CHV	Community leaders, elders, peers, teachers	Husbands/ fathers, elder women
Strategic activities	Partnerships, collaboration and coordination; institutional capacity strengthening	Health provider capacity strengthening. Including CHV	Technical assistance by USAID AN options: Community and social mobilization, interpersonal communication, media, marketing	Technical assistance by USAID AN options: Mass media; interpersonal communication
Illustrative outputs	Documentation of the process and roles for budgeting, procuring, and managing the supply of IFA; agreement/ commitments by stakeholders; identify financing solutions	Vitamin A operational plan roll out; CHV trained (FY21) IFA module with training with counseling and supervision materials	Illustrative outputs: Prioritized list of micronutrient-rich foods; modules for peer groups; branding /marketing processed/ fortified nutrient-rich foods	Illustrative outputs: Radio spots; home visit job aids; IFA adherence partner materials; family dialogue and decision-making reminders
Outcomes	Government and partner identify and agree/make commitments to act on solutions to systematize ordering and budgeting	Supplements are available through routine facility- and community services with quality counseling and interpersonal communication	Implementing partners integrate supplements and improved dietary practices for women, girls, and children into existing community platforms	Implementing partners integrate supplements and improved dietary practices for women, girls, and children into media; family activities

This document is intended to be a living document and continually updated through collaboration with partners following the collaboration framework described.

I. Introduction

Basis for the Strategy

USAID Advancing Nutrition, USAID’s global flagship nutrition project, aims to increase the use of iron-folic acid (IFA) supplementation by pregnant and postpartum women, vitamin A supplementation for children 6–59 months, and improve dietary practices among women, adolescent girls, and young children.

To understand context-specific factors why the current behaviors are low, USAID Advancing Nutrition collaborated with the Government of Niger, Breakthrough ACTION and RESEARCH projects, and stakeholders to conduct two formative studies (USAID Advancing Nutrition 2022a, USAID Advancing Nutrition 2022b). A supply chain assessment explored IFA and vitamin A supply to pinpoint bottlenecks. A formative research study explored the factors that prevent and support the use of IFA, vitamin A supplementation, and improved diets with pregnant and lactating women and adolescent girls 9–14 years of age, family members, community influencers, and health workers. In addition, government officials, United Nations (UN) stakeholders, and USAID implementing partners shared reflections and recommendations to address factors related to the supply and demand for supplements and healthy diets. The research specifically explored six priority behaviors, selected based on the potential to impact outcomes:

1. Pregnant women take iron and folic acid during pregnancy and 90 days after delivery or abortion.
2. Mothers/caregivers of children 6–59 months old take their children to health services for vitamin A supplementation.
3. Pregnant and breastfeeding women consume foods rich in iron and vitamin A, every day, year-round.
4. Adolescent girls aged 9–14 years consume foods rich in iron and vitamin A, year-round.
5. Mothers/caregivers of children 6–59 months old provide them with a diet rich in iron and vitamin A, year-round.
6. Health workers provide respectful communication and care when delivering quality nutrition services.

Process of Developing the Strategy

Stakeholders convened in March 2022 to validate the findings from two studies—the supply chain assessment and formative research—to prepare behavior change pathways. The central executives of three directorates of the Ministry of Public Health, Population and Social Affairs led the workshop: the Directorate of Mother and Child Health, the Directorate of Adolescent Health, and the Directorate of Archives and Information and Public Relations through the Regional Directorate of Public Health (DRSP) of Zinder and Maradi, and the health districts of Magaria, Damagaram Takaya, and Guidan Roumdji. Representatives of technical services (agents of the regional and departmental directorates of community development of the two regions and departments concerned, schooling of young girls of Maradi, and USAID implementing partners participated. USAID implementing partners were represented by the Global Health Supply Chain, Health Policy Plus (HP+), and Resilience in the Sahel Enhanced (RISE) II partners, namely USAID Girma, USAID Hamzari, USAID Kulawa, USAID Wadata, and USAID Yalwa. Breakthrough ACTION and Breakthrough RESEARCH remained engaged

throughout the process by reviewing the research plans and instruments and contributing to the plans.

Based on the Government of Niger's National Multisectoral Nutrition Security Policy and the national social and behavior change (SBC) communication strategy for health and nutrition, and the research findings, USAID Advancing Nutrition initiated a collaborative framework of stakeholders to design an SBC strategy that aligns with and operationalizes existing national strategic frameworks and strategies. This SBC strategy aims to operationalize, complement, and add value to existing service and program packages of the MoPH, USAID implementing partners, and other stakeholders in Niger.

Social and Behavior Change Theory

USAID Advancing Nutrition uses the socio-ecological model as the theoretical framework that recognizes influences on human behavior from multiple levels must be considered to ensure a robust strategy. This ensures that considerations encompass multiple levels of influence, namely:

Internal level	knowledge, attitudes, skills, and agency that impact the priority behaviors
Social and family level	social norms, gender dynamics, and family and community support around priority behaviors; this can include traditional, religious, and cultural norms
Structural level	access, affordability, and service quality that influence the priority behaviors; this can include the supplementation supply chains, food value chains, and financing schemes

The SBC strategy considers the need for strategic activities at the household, community, and policy levels to convene leaders at the policy level to advocate for needed change, to strengthen the health system, and to shift norms and strengthen supportive relationships among extended family members and peers.

2. Strategy

Objectives of the SBC Strategy

An SBC strategy is a “road map” for activities. This map ensures that needed activities to address critical factors are coordinated to achieve SBC outcomes and impact. A strong SBC strategy is tailored to the local sociocultural context and based on the research findings, describes the linked pathways between priority behaviors, factors which prevent or support the behaviors (also called barriers and enablers), and describes the approach to each common factor to show how the program will create change. The strategy aims to—

- Propose and guide activities to achieve priority behaviors through a collaborative framework with multiple levels of the enabling environments, health systems and services, and demand and timely use of supplements and nutritious foods.
- Help to operationalize the national health and nutrition SBC communication strategy by identifying opportunities to integrate activities into partner efforts to achieve priority behaviors by addressing the factors that promote and inhibit the adoption of these behaviors.
- Provide a framework and behavioral measures to evaluate the success of the aligned partner efforts.

This strategy aims to support the interventions of government and health and nutrition partners in the Maradi and Zinder zones, with plans for expansion to Dosso and Tahoua in collaboration with MOMENTUM Integrated Health Resilience (MIHR), by creating overarching collaboration and coordination approaches, as well as propose specific options for partners to integrate into existing strategies and platforms.

Priority Behaviors

The table below shows the six priority behaviors:

1	Pregnant women take iron and folic acid during pregnancy and 90 days after delivery or abortion.
2	Mothers/caregivers of children 6–59 months old bring their children to health services for vitamin A supplementation.
3	Pregnant and breastfeeding women consume foods rich in iron and vitamin A, every day, year round.
4	Adolescent girls aged 9–14 years consume foods rich in iron and vitamin A, year round.
5	Mothers/caregivers of children 6–59 months old provide them with a diet rich in iron and vitamin A, year round.
6	Health workers provide respectful communication and care when delivering quality nutrition services for supplementation, and counseling on healthy diets.

Stakeholders prioritized the behaviors according to two fundamental criteria:

- The potential impact of the behavior (i.e., its capacity to solve the identified health problem)

- The feasibility of the behavior (i.e., the ease with which the priority group could adopt the proposed behavior).

Audience Profiles

Mothers

These are pregnant and breastfeeding women living in rural areas of the health districts of Maradi and Zinder, the zones of RISE II. Mothers' ages range between 15 and 49 years old. Mothers live in large, often polygamous households, along with their husbands' parents and brothers and their wives as well as their own co-wives. Mothers have busy schedules, as they are responsible for cleaning, childcare, and food preparation. Much of the foods that women grow and collect is rich in nutrients, but these are shared by all members of the household. Women also face constraints to produce more food, especially access to land, water, and time. Women eat last in the whole household and are left with only the leftovers. Most mothers know the importance of good nutrition for themselves and their young children, yet they do not make decisions about using financial resources which impacts the purchase of food and use of services. During pregnancy, many pregnant women fear reactions of others to their pregnancy and have concerns about the delivery and development of the child. They want more attention to satisfy food cravings, and relief from heavy household chores, but few get these supports.

Adolescent Girls 9–14 years

Adolescent girls aged 9 to 14, both in and out of school, live in extended families that survive on subsistence farming. Girls are beginning to experience mental, emotional, and physical changes due to adolescence during these years. Girls who are in school fear disruption of education due to menstruation. Girls are expected to perform many chores for the household each day including childcare. Yet, adolescent girls are not prioritized in the household for care or food. Girls are seen as getting ready for marriage and going to another household. Adolescent girls say that it is their fathers' responsibility to provide food, but some fathers see this as a burden. They eat later than other family members, except mothers, and often make do with scraps. They can and do gather their own wild foods, such as *katchala*, a grass that grows in water holes (ponds and lakes).

Many girls know the importance of a rich and varied diet for good health and want to learn more to look and feel beautiful and get appreciation from others. They are also interested in discovering the outside world. Most want to have their opinions and needs considered.

Health Providers

Health workers are men and women, 18 years of age or older, providing health care and services. They are educated, holding degrees in nursing, midwifery, medicine, or a community health worker diploma. They often come from different communities with different values but speak the same language and have frequent and permanent contact with members of the priority groups.

Health workers often experience overload due to understaffing or a low ratio of health workers to clients, and regular shortages of essential medicines, nutritional inputs, and insufficient materials. Health workers are in a difficult position as services such as IFA should be free of charge to clients, but health services need to get cost recovery to stay in operation. As a result, the clients may feel dissatisfied with services and that they do not receive quality care. Yet, health workers are integral to communities, and most want to provide quality health care to the population at all times for the full development of the community.

Behavior Change Pathways

Following a quality nutrition SBC approach, USAID Advancing Nutrition and partners conducted a behavior analysis using findings from background data and formative research to create behavior change pathways. These pathways demonstrate what it will take to address factors that prevent or support priority behaviors, also called barriers and supports.



Key Factors for Behavior Change

The promotion of each priority behavior requires identifying the factors that impede or encourage the priority group to adopt the behavior at three levels: structural, social, and internal. As detailed in annex 1, the common factors for the priority behaviors are—

- **Access to Supplements and Diverse Foods:** The conclusions of the supply chain assessment and formative research highlight that access is the primary barrier to use of IFA supplements and improved dietary practices. For IFA, access challenges are two-fold: distance to health facilities and availability of supplies when they reach services. For vitamin A, health services rely on UNICEF to procure vitamin A for mass campaigns, and give leftovers to health facilities. The lack of affordability of foods sold in markets, the harsh environment which limits production of nutrient-rich food, and seasonal availability are also major factors which limit intake of diverse foods by women, girls, and children. Nutrient-rich foods which most women, girls, and children can access come from homestead and market gardens, which women cultivate, or local /wild fruits and vegetables. Processing and preserving food for the lean season is a key solution, promoted by some partners. Foods identified during formative research as having potential to promote for women, girls, and children are cowpeas, baobab, sorrel, moringa, and indigenous dark leafy greens and fruits (see complete food list in annex 4). Animal source foods that some USAID implementing partners promoted are liver and goat milk and related products.
- **Service Quality:** Women trust and respect health workers, and want to follow their advice but often cannot because the recommendations are not tailored to their family, food, or social context. If health workers, including community health volunteers (CHV), could offer tailored, context-specific recommendations that address issues, such as to adherence partners people whom the pregnant woman selects to help her access supplements and remember to take daily, what side effects to expect for IFA supplements, and locally available foods women can eat during pregnancy, these recommendations would be more likely to influence behaviors.
- **Family and Community Support:** The other key factor that prevents, or could support, the practice of priority behaviors is family and community support. For IFA, family support is needed to increase timely antenatal care visits and daily use of IFA supplements. Although demand is high for IFA because everyone expects pregnant women to get IFA, many women do not take it daily.

They cite a range of reasons underpinned by a sense that daily use is not needed. However, women said that having a trusted family member help remind them would make it desirable and easier to do. As vitamin A supplementation transitions to routine services, the same support from family members, especially fathers, will be required to attend health services. For nutritious

foods, family support is critical because women and girls need agreement or approval from extended family members to eat well because they are served last in the household. This support is required from husbands/fathers as well as elder women and extended family members.

- **Social and Gender Norms:** To promote healthy eating and improved nutrition among pregnant and lactating women, adolescents, and children under five years, shifting social norms is also important. Food customs often limit what women, girls, and young children can eat. In addition, pregnant women and mothers have limited influence on some decisions about the food to be consumed in the household, as she contributes home-grown or collected vegetables for sauces, and limited ability to decide how much she eats or feeds a child, or when and how she can access supplements. Compounding this norm, women (to be an ideal woman), let other family members eat first before eating, and she must take care of them, even when pregnant. The research also identified positive norms that can improve dietary practices. Men, considered in charge of the household, are expected to take care of their family's needs. A full gender analysis is in annex 2.
- **Attitudes:** Formative research found that women and girls have a positive attitude toward good nutrition. Women and girls want to be bright and beautiful. Women and influencers also have generally positive attitudes toward supplementation due to concerns about anemia and vitamin A deficiency.

Supporting Actors

Next, to create pathways to change, supporting actors and actions are needed to address factors at the structural or social level.

The people who need to take action to achieve the priority behaviors are—

- **Husbands or fathers/guardians:** Husbands and fathers or guardians of children under five are mostly over 25 years, and they provide for their families through subsistence or smallholder agriculture and livestock activities. Some have multiple wives. Most live with their extended families, including their parents and brothers and their wives; therefore, households are very large and food is shared among many. Men are the members of the household who travel most outside of the homestead; they go to workshops, markets, ceremonies, and events, *fada* (place of discussion) and also have access to mass media. Nearly half of men listen to the radio regularly.

In families, men are responsible for providing staple foods and other necessities for their families. Some are concerned about issues related to providing for their family including crop failure, rising food prices, and stress of unpredictable events like pregnancy and accidents. Some fathers feel stress due to the long distances to health services. Some leave their communities to earn additional income at certain times of the year. Fathers are also expected to provide moral support for their families. They strictly follow religious and cultural tenets that require men to protect their wives, especially during pregnancy, and they want to ensure their health and well-being, and the health of their children. Fathers also care for social recognition for being a good provider for their family, and intrinsic well-being for having a healthy and well-cared for family.

- **Female family members:** Mothers-in-law and other female family members, including co-wives, to mothers-to-be and mothers of young children of children under five years of age, are important power holders, decision-makers and influencers. Mothers-in-law's roles are to provide advice on important matters within the household, and make the

final decisions related to issues on social and cultural norms. Mothers-in-law have the responsibility and pressure to “initiate” daughters-in-law and other family members to social norms and ensure the family follows these. They may feel concerned that young people try to change or challenge certain norms and are skeptical of what mothers hear during sensitizations.

Co-wives are of all ages and share the same household with mothers. They have less power than mothers-in-law but have influence over food and other decisions in the household.

- **Community leaders:** The influential men ensure that community norms and other regulations are followed, and their word is respected in the community. These include elected and religious leaders, teachers, and other trainers who live in the community and want to help educate families and adolescent girls through formal or informal education or income-generating activities.
- **Policymakers and health system managers:** Health center management committees purchase IFA in the cost recovery system; government and health system officials at all levels coordinate procurement.

Strategic Activities

USAID Advancing Nutrition will implement activities related to coordination, policy, and health service capacity strengthening. The project will also provide technical assistance to USAID implementing partners to integrate and layer value added activities into existing platforms.

1. Partnerships, Collaboration, and Coordination

USAID Advancing Nutrition will convene partners to collaborate and coordinate ordering and budgeting to meet the availability of supplement supplies. Although USAID Advancing Nutrition cannot fund the supplements, the project will convene technical and financial partners to identify funding options. The supply chain assessment showed a gap in the monitoring of the IFA and vitamin A supplies. Regular monitoring will bring together the efforts of actors and resources of implementing partners in the intervention areas to guide this action at the national, regional, and local levels.

USAID Advancing Nutrition will establish a collaborative framework that plans regular exchange meetings among key stakeholders through:

- Convene stakeholders from national, regional, and districts to document the process, roles, and responsibilities for budgeting, procuring, and managing the supply of IFA and vitamin A supplements.
- Strengthen regular monitoring of supplementation at existing nutrition and health group meetings.

2. Institutional Capacity Strengthening

To address both availability barriers and distance barriers to accessing IFA and vitamin A supplementation, USAID Advancing Nutrition will provide evidence to MSP/P/AS to strengthen existing policy outreach and institutional capacity:

- Build capacity at all levels.
- Contribute technical expertise and experience to the national IFA policy and MMS discussions.
- Develop a national IFA module followed by supporting its implementation.

3. Health Provider Capacity Strengthening

To address both availability and distance barriers to accessing IFA and vitamin A supplementation, USAID Advancing Nutrition will support the MSP/P/AS plan to assess stakeholder capacity and provide supplements through the supply chain.

In particular:

- Develop materials for IFA in collaboration with the MSP/P/AS.
- Develop a plan to strengthen the capacity of health system supplementation actors with MSP/P/AS.
- Train health workers to implement the vitamin A operational plan in five districts and roll out the new IFA module.
- Advocate to MSP/P/AS to integrate IFA in the integrated module of CHV.
- Train CHV on distribution of and counseling on IFA and vitamin A supplements.

To inform communities of these changes and motivate their adoption, USAID Advancing Nutrition will also develop a communication plan with the MSP/P/AS.

Develop and implement specific modules and materials for the promotion of IFA and vitamin A supplementation for health workers and CHVs (including counseling, supervision, and follow-up). This includes quality counseling and interpersonal communication on adherence to supplementation and healthy diets for women and children to help women know what side effects to expect, when and how to treat side effects, and to introduce an "adherence partner."

4. Co-creation of activity-specific solutions or new activities with partners

USAID Advancing Nutrition will offer technical assistance to USAID implementing partners to integrate activities into existing platforms based on their needs and opportunities. Following are illustrative options based on the analysis conducted for this SBC strategy. USAID Advancing Nutrition will gather partners to review activities through which the supplementation and promotion of iron- and vitamin A-rich foods are possible and to identify opportunities for meaningful integration into activities specific to each partner and common across partners.

Technical Assistance: New or Improved Nutrient-rich Food Products

Multiple implementing partners are actively increasing production, processing, and storage of nutritious foods in the communities of program districts. USAID Advancing Nutrition will offer technical assistance to partners to focus these efforts by prioritizing and expanding access to micronutrient-rich foods that are accessible to women, girls, and young children. This technical assistance will include orientation and training to partner staff, layered in media and materials, and resource or tool development. USAID Advancing Nutrition and partners identified numerous foods with iron and vitamin A (annex 5) that have potential to be processed and sold as products, especially for pregnant and lactating women, girls, and young children across USAID areas. This approach recognizes the potential synergies between partners to be able to support increased access to foods rich in iron and vitamin A across the communities of program districts by prioritizing foods acceptable to women and children and developing processing and sales or distribution schemes across partners. These options will be refined based on partner interest and existing platforms.

Specific options for partners include—

- Work with women to increase production of market gardens, use simple technologies for the storage and processing, and improve storage and processing of these foods to maintain the micronutrient content and make them available year round.
- Develop improved recipes using available iron- and vitamin A-rich foods for young children and the family. These recipes would be tested and refined through household behavioral trials and prepared in materials for use in multi-sectoral project activities.
- Add promotional marketing elements and/or scale up new or improved food products for women, girls, or children, such as what USAID Yalwa is beginning and/or small and medium-quantity lipid-based nutrient supplements (LNS-SQ and LNS-MQ).
- Promote these prioritized nutrient-rich foods for consumption by women, girls, and young children through existing community platforms.
- Integrate processing and sales of nutrient-rich foods within women's income generating activities.

Technical Assistance: SBC Communication

Unifying Communication Campaign

With the MSP/P/AS, and USAID implementing partners, including Breakthrough ACTION, USAID Advancing Nutrition can create a unifying creative concept around nutrition for women, girls, and children to promote through multiple channels and levels. This would consistently unify and link together the various activities of partners and stakeholders.

Design and Production of Media and Materials

Communication materials will be developed in collaboration with the competent services MoPH. For production, USAID Advancing Nutrition will collaborate with the National Innovation Team comprising communicators from MSP/P/AS and other partners to identify the different types of materials that are appropriate and the forms of messages to be conveyed on each material. The materials thus formulated and validated by MSP/P/AS will be reproduced and made available to the various implementing partners for use by their community volunteers.

SBC Communication Objectives

The proposed communication activities, which will be co-created with implementing partners according to specific opportunities and needs, would support the following objectives:

- To increase health officials' understanding and sense of urgency related to the ordering and budgeting process for supplements.
- To inform families about the change to routine vitamin A supplementation and community-based distribution of IFA (depending upon targets).
- To increase family and community support for pregnant and lactating women, adolescent girls, and young children from six months to consume more iron and vitamin A-rich foods.
- To increase dialogue and decision-making in the household about IFA and vitamin A supplementation and foods produced, purchased, distributed, and consumed, especially related to selected iron and vitamin A-rich foods.
- To shift norms about what foods and how much food pregnant and lactating women and children from age six months can consume.

- To improve the quality of counseling and interpersonal communication by health and community agents on women’s diets and feeding children diverse foods, including promoting locally available foods with understandable, clear, and feasible negotiation.
- To encourage and build self-confidence for women to engage in family dialogue and decision-making around food, demand for nutrition services including supplementation, and child nutrition.
- To mobilize women to join women's community structures that advocate for their access to good nutrition.
- To increase men’s and family members’ sense of pride in ensuring services and food for women, girls, and young children.

Channels

To ensure that SBC communication reaches and engages each participant group, a range of channels is proposed. (See annex 5 that specifies media and materials by participant group.)

Advocacy: When convening decision-makers to coordinate ordering and cost recovery of IFA and vitamin A supplements, USAID Advancing Nutrition will prepare a concise advocacy brief with summary points from the supply chain assessment. In addition, USAID Advancing Nutrition can work with MSP/P/AS and implementing partners to—

- Engage political and administrative authorities, including leaders from Parliamentarians to local elected officials, traditional and religious leaders, and the private sector to endorse IFA and vitamin A supplementation and dietary practices for women, girls, and young children through their channels.
- Engage mayors to support health centers in purchasing supplements through cost budgeting in the municipality’s annual investment plans.
- Mobilize community structures under each health facility to effectively consider IFA and vitamin A supplements in the essential drugs supply system of health facilities.
- At the community level, collect and respond to community feedback or concerns related to the supplementation and promotion of improved diets.

Interpersonal communication (IPC): Government and implementing partners implement multiple strategies and platforms that would be enhanced through updated or additional content and materials on supplementation and improved diets. These platforms include counseling during health service visits, home visits, farmer’s groups, schools for husbands, Care groups, among others.

USAID Advancing Nutrition can help partners enhance uptake and adherence to IFA and vitamin A supplements and improved diets through—

- Co-creating job aids with health workers, with corresponding capacity strengthening plans and activities, such as promotion of IFA during antenatal care contacts or community outreach by CHV. and IFA supplement ‘adherence partner’ materials for use during counseling and for women to take home. This concept should be renamed to be locally meaningful, building on the concept and print materials that women and family members liked during formative research. It would also include counseling on vitamin A supplementation integrated into health service platforms.

- Developing or adjusting sessions for community platforms, including Care Groups, husband's schools, Grow Up SMART (a curriculum for adolescent girls implemented by Girma), and farmer's groups. The sessions would be tailored to the participants and objectives of each platform.
 - For groups of women, sessions could strengthen peer support to adhere to IFA, and increase women's confidence and skills to engage in family dialogue and to grow, store, and process nutrient-rich foods focusing on the locally available and acceptable nutrient-rich foods, such as cowpeas, baobab, sorrel, moringa, and indigenous dark leafy greens and fruits for themselves and their children.
 - For groups of men and other family members, sessions could engage religious teachings to discuss and model joint dialogue and decision-making on what to grow and consume, and motivations for family members to share these crops for women, girls, and young children, The modules would also create reflection on women's and girl's status, to increase intrahousehold food allocation.
 - For community events and dialogues, activities can intentionally open space for women and family members to share experiences and social proof of change on family support and dialogue, etc.

Community, Mass and Digital Media: In Niger, radio effectively disseminates information to communities and is used by RISE II partners operating in the Magaria, Damagaram Takaya, and Guidan Roundji areas. Other mass media channels are also opportunities; MSP/P/AS uses radio and TV spots and one USAID implementing partner uses digital SMS messages (VIAMO). USAID Advancing Nutrition could collaborate with MSP/P/AS and partners to integrate messaging to inform communities about the shift of vitamin A distribution to routine services, for example, into media. USAID Advancing Nutrition could also support to partners to—

- Map existing community, mass, and digital media used by MSP/P/AS, UN, and USAID implementing partners in the districts, and assess the most impactful opportunities and needs based on reach, coverage, and preferred listening times and languages of priority groups.
- Co-create drama scripts on nutrition with implementing partners for community media.
- With MSP/P/AS, develop a series of media spots and coverage of events for broadcast by partners.
- Explore the VIAMO mobile phone platform used by Girma to incorporate reminders to seek supplementation by age of child and stage in pregnancy.

Community and Social Mobilization: Partners use many existing platforms at the community level to mobilize collective action and social change, such as community leaders, farmers' organizations, opinion leaders, women's groups, and other community platforms. USAID Advancing Nutrition could help partners develop new or revise activities to—

- Celebrate supplementation and healthy eating through community dialogues and events, such as caravans.
- Prepare a series of thematic guides and activities on supplementation and healthy eating for partners to include in community dialogues in village assemblies, or whenever the village is ready to engage on a given theme. Some use videos to spark discussion.

- Collaborate with Girma to integrate supplementation and healthy eating into activities with religious and customary leaders that leverages a body of religious teaching on the themes of gender equity, including the sharing of household tasks by men and women. The materials and experiences could be expanded to other partners.
- Collaborate with USAID Hamzari to integrate supplementation and healthy eating into their Social Analysis and Action approach that makes it possible to identify, in collaboration with priority groups, the social norms that hinder the adoption of certain behaviors and to act on these norms by proposing appropriate and feasible local solutions. The materials and experiences could be expanded to other partners.

Commercial channel: Some partners are working with new food products. USAID Advancing Nutrition could help the partners with branding or marketing, including promoting the products when introduced to the markets and other trading places for community exchanges.

Table 1: Summary Framework for SBC Strategic Activities to Increase Use of Supplementation and Improved Dietary Practices in Niger

	Policy	Facility	Community	Household
Factors	Access to supplements	Service quality	Access to food; social and gender norms	Family support; attitudes
Influencers/ supporting actors	Government, UN, implementing partners	Facility and community-based health workers and CHV	Community leaders, elders, peers, teachers	Husbands/ fathers, elder women
Strategic activities	Partnerships, collaboration and coordination; institutional capacity strengthening	Health provider capacity strengthening, including CHV	Technical assistance by USAID AN options: Community and social mobilization, interpersonal communication, media, marketing	Technical assistance by USAID AN options: Mass media; interpersonal communication
Illustrative outputs	Documentation of the process and roles for budgeting, procuring, and managing the supply of IFA; agreement with stakeholders; financing solutions; capacity assessment and plan	Vitamin A operational plan roll out; CHV trained (FY21) IFA module with training with counseling and supervision materials	Illustrative outputs: Prioritized list of micronutrient-rich foods; modules for peer groups, branding /marketing processed/ fortified nutrient-rich foods	Illustrative outputs: Radio spots; home visit job aids; IFA adherence partner materials; family dialogue and decision-making reminders

	Policy	Facility	Community	Household
Factors	Access to supplements	Service quality	Access to food; social and gender norms	Family support; attitudes
Outcomes	Government and partner identify and agree on solutions to systematize ordering and budgeting	Supplements are available through routine facility- and community services with quality counseling and interpersonal communication	Implementing partners integrate supplements and improved dietary practices for women, girls, and children into existing community platforms	Implementing partners integrate supplements and improved dietary practices for women, girls, and children into media and household activities

The following activities are illustrative. USAID Advancing Nutrition will determine the specific activities and support to partners based on an analysis of partner needs and requests.

Illustrative Menu for SBC Communication Materials for the Health Service Level:

- Develop job aids to integrate feasible recommendations on supplements and diets for women and children
- Use scorecards to track progress of health or community services that integrate nutrition supplements and quality counseling to hold services more accountable
- Popularize the welcome charter in health facilities to motivate health workers positive reception of clients

Illustrative Menu for SBC Communication Media and Materials for the Community Level:

- Prepare or adapt modules or sessions for peer groups that promote joint decision-making on food, intrahousehold food distribution, care for pregnant and lactating women, girls, and young children. These can be developed with and used by groups which cover nutrition topics or other topics.
- Develop content for community dialogues and drama groups on engaging fathers and grandmothers to increase shared responsibility for nutrition and care for women.
- Prepare modules for adolescent learning sessions on nutrition for girls.

Illustrative Menu for SBC Communication Media and Materials for the Family Level:

For media such as radio, SMS:

- Create media to promote joint decision-making on food, intrahousehold food distribution and care for pregnant and lactating women, girls, and young children.

For homes:

- Develop partner materials for IFA adherence
- Design community volunteer home visit job aids to engage family members on joint decision-making and intrahousehold food distribution
- Provide homes with materials to promote family commitments and reminders.

3. Monitoring and Evaluating the SBC Strategy

USAID Advancing Nutrition will monitor activities that the project team directly implements. Monitoring of these activities will directly contribute to the project’s monitoring, evaluation and learning (MEL) plan indicators such as:

Partnerships and Coordination

- Number of evidence-sharing events hosted by USAID Advancing Nutrition, by type (webinar, workshop, expert consultations, etc.)

Institutional Capacity Strengthening

- Number of documents developed/ revised with support from USAID Advancing Nutrition, by IRs and sub-IRs and type.

Health Provider Capacity Strengthening

- Number of jointly conducted supervision visits supported by USAID Advancing Nutrition.
- Number of individuals receiving nutrition-related professional training through U.S. Government-supported programs, disaggregated by sex.
- Proportion of training participants who improved from pretest to post-test results.
- Proportion of health care providers and CHV demonstrating level of knowledge about IFA and vitamin A supplementation, and iron and vitamin A-rich foods.

For activities that are co-created with implementing partners, USAID Advancing Nutrition will track these activities through two additional indicators:

- Number of organizations supported in planning, assessment, or design of nutrition programs or strategies
- Number of partners which integrate iron and vitamin A intake into existing activities and platforms

In addition, we will work in close coordination with partners, using common approaches and data collection tools to collaboratively monitor and evaluate activities and outcomes. Monitoring will be done through several mechanisms:

- **Joint supervision:** Supervision will be carried out quarterly by USAID Advancing Nutrition with implementing partners and the health district of the implementation zone to see and make corrections and adaptations, including new orientations for activities, if necessary.
- **Common indicators:** The framework for coordinating the SBC strategy works to ensure collaborative decision-making by all stakeholders. A set of common indicators are offered to partners using the framework to contribute to data collection on activities that promote iron and vitamin A intake, and the impact of these activities. These include:
 - Coverage of SBC communication media and materials
 - Participation of partners in activities

- Priority behaviors to promote such as:
 - Percentage of pregnant women who take iron and folic acid during pregnancy and 90 days after delivery or abortion.
 - Percentage of mothers/caregivers of children 6–59 months old who bring their children to health services for vitamin A supplementation.
 - Percentage of schools for husbands that promote husband support for IFA and vitamin A supplementation
 - Percentage of pregnant and breastfeeding women who ate five or more food groups rich in iron and vitamin A in the past 24 hours.
 - Percentage of adolescent girls aged 10–14 years who eat four or more food groups rich in iron and vitamin A in the previous 24 hours.
 - Percentage of children aged 6-23 months fed four or more food groups in the previous 24 hours by breastfeeding status.
 - Percentage of health workers provide quality nutrition services for IFA, vitamin A supplementation, and counseling on healthy diets
- Consumer demand for healthy diets, including fortified food products as relevant
- Social norms that influence diverse diets with iron and vitamin A

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Annexes

Annex I: Behavior Change Pathways

This behavioral analysis aims to identify linked pathways to achieve change in each priority behavior. The objective of each pathway is to achieve a significant improvement in each priority behavior by addressing the identified factors and engaging supporting actors.

Priority Behaviors	Factors	Supporting Actors	Strategic Activities for USAID Advancing Nutrition
Pregnant women take IFA during pregnancy and 90 days after delivery or abortion	Intermittent access to IFA supplements	<p>Health center management committees coordinate the purchase of IFA in the cost recovery system.</p> <p>Stakeholders integrate IFA into other distribution mechanisms and platforms.</p> <p>Health center managers strengthen communication with CHV about the availability of IFA at health centers.</p>	<p>USAID Advancing Nutrition will:</p> <ul style="list-style-type: none"> • Gather key national- and district-level stakeholders to document the process, roles, and responsibilities for budgeting, procuring, and managing the supply of IFA. • Identify current bottlenecks in the IFA cost recovery system and identify sustainable solutions, • Put in place a coordination framework with a timeline for regular meetings and outputs. • Gather partners to encourage integrating questions about IFA supplementation at existing nutrition and health group meetings. • Develop an IFA module and conduct training and supervision to distribute at the community level. <p>USAID Advancing Nutrition will also support partners to—</p> <ul style="list-style-type: none"> • Strengthen communication between health centers and CHV about supplies of IFA. • Develop a schedule for community-based distribution with CHV to lighten the workload of health workers.
	Family support to improve adherence	Family members become adherence partners.	<p>USAID Advancing Nutrition will support partners to—</p> <ul style="list-style-type: none"> • Brand the concept of ‘adherence partner’ to make it locally meaningful and promote this to

Priority Behaviors	Factors	Supporting Actors	Strategic Activities for USAID Advancing Nutrition
		<p>Community leaders lead community recognition and action</p> <p>Peers and family members share experiences about IFA, including tips to mitigate side effects</p>	<p>family and community members through activities, such as schools for husbands.</p> <ul style="list-style-type: none"> • Design, print, and distribute posters and reminder cards for selected family members, • Motivate and appreciate pregnant women and family members who support pregnant women to complete IFA on radio and community platforms of schools for husbands. • Include testimonials shared by peers on the radio and in other media opportunities.
	<p>Positive attitudes toward IFA but fear of side effects</p>	<p>Health workers and CHV counsel on IFA</p>	<p>USAID Advancing Nutrition will—</p> <ul style="list-style-type: none"> • With MoPH, develop a national IFA training package with job aids on quality counseling building on positive attitudes, adding ways to address side effects at key times.
<p>Mothers/caregivers give children 6–59 months vitamin A supplementation</p>	<p>Intermittent access to vitamin A</p>	<p>Stakeholders integrate vitamin A into other distribution mechanisms and platforms</p> <p>CHV encourage vitamin A supplementation through routine services</p> <p>CHV and health workers refer children and follow those without supplements.</p>	<p>USAID Advancing Nutrition will—</p> <ul style="list-style-type: none"> • Gather key national, regional, and district level stakeholders to document the process, roles, and responsibilities for budgeting, procuring, and managing the supply of vitamin A. • Gather partners to encourage integration of vitamin A supplementation issues into existing nutrition and health group meetings. • Support the government with the transition from mass campaigns to routine services through planning and training of CHV. • Support MoPH with training health workers and CHV to improve routine vitamin A supplementation and refer families to health facilities. • Incorporate vitamin A supplementation in other health contacts such as mother-led MUAC. <p><i>If requested, USAID Advancing Nutrition can support partners to—</i></p>

Priority Behaviors	Factors	Supporting Actors	Strategic Activities for USAID Advancing Nutrition
	<p>Family support to increase coverage</p>	<p>Family members, including fathers, encourage and help mothers to seek vitamin A supplements for their children every 6 months.</p> <p>Community leaders (husband schools, engaged men) convince husbands of the importance of seeking vitamin A at health facilities.</p>	<ul style="list-style-type: none"> Strengthen the capacity of health facility managers to order and track supplies. <p>USAID Advancing Nutrition will support partners to—</p> <ul style="list-style-type: none"> Mobilize communities to seek routine services through radio and training of CHV. Strengthen the commitment of family members including fathers to use routine services through radio. Involve husband schools to motivate fathers to facilitate vitamin A supplementation. Collaborate with MSP/P/AS MoHP to inform and promote practical actions to access vitamin A supplements through community health volunteers, such as through existing USAID partner platforms.
<p>Pregnant and lactating women consume foods rich in iron and vitamin A, every day, year round</p>	<p>Limited access to nutrient-rich foods</p>	<p>Family members raise and grow a variety of vitamin A and iron-rich foods for women.</p> <p>Community leaders grant plots of land to women's groups for producing iron and vitamin A-rich foods.</p> <p>Partners promote women's income-generating activities to buy nutrition-rich foods for their own consumption.</p>	<p>USAID Advancing Nutrition will support partners to—</p> <ul style="list-style-type: none"> Develop recommendations for ways to use iron- and vitamin A-rich foods which women grow in their gardens or collect in the wild. The recommendations can include use and/or local adaptation of national recipes which can be tested with households for feasibility. <p><i>If requested, USAID Advancing Nutrition can also support partners to—</i></p> <ul style="list-style-type: none"> <i>Identify and promote selected nutrient-rich food appropriate for women at the community level, through on-going activities, such as women's market gardens, farmer field schools, including fairs for those seeds and needed inputs to grow, process, and store these foods.</i>

Priority Behaviors	Factors	Supporting Actors	Strategic Activities for USAID Advancing Nutrition
		<p>Women's groups set up food production and processing units.</p> <p>Local vendors process and sell vitamin A and iron-rich foods for women door-to-door and/or in communities.</p>	<ul style="list-style-type: none"> • Partner with processing units to improve processing of nutrient-rich foods grown by women, and make these available in villages. • Advocate with community leaders for the granting of plots of land to women for market gardening activities to produce iron and vitamin A-rich food for the household. • Identify and set up field school to strengthen the capacity of women to earn income and/or implement market gardening activities, including home gardens or off-farm cultivation to enable them to grow iron and vitamin A-rich foods for their own consumption.
	<p>Limited family support and enabling social norms for women's consumption of nutrient-rich foods</p>	<p>Family members collect wild foods, such as leaves and fruits, for pregnant and lactating women.</p> <p>Husbands make joint decisions with wives about producing and purchasing food.</p> <p>Family members prioritize vitamin A and iron-rich foods for pregnant and lactating women.</p> <p>Community leaders, family members, and peers reflect on and challenge the dietary restrictions on women.</p>	<p>USAID Advancing Nutrition will support partners to—</p> <ul style="list-style-type: none"> • Collaborate with partners to integrate joint decisions on nutrient-rich food production and household food distribution into the “harmonious family” approach, radio communication around Islamic tenets, and other gender-sensitive social mobilization activities, such as schools for husbands. • Challenge women's internalized norms to sacrifice their consumption through radio, and community events. • Model care for pregnant and lactating women by family members through radio. • Develop and popularize the grandmother approach to promoting iron and vitamin A-rich foods for women through radio and print.
	<p>Positive attitudes toward good nutrition</p>	<p>Health workers provide quality counseling</p>	<p>USAID Advancing Nutrition will support partners to—</p> <ul style="list-style-type: none"> • Develop or update job aids for health workers and CHV, with training to counsel women to

Priority Behaviors	Factors	Supporting Actors	Strategic Activities for USAID Advancing Nutrition
			each locally available nutrient-rich foods during prenatal and postnatal consultation; use existing positive attitudes toward nutrition as a starting point.
Adolescent girls aged 9 to 14 years consume foods rich in iron and vitamin A, year round	Limited access to nutrient-rich foods	Youth groups process and sell vitamin A and iron-rich foods for girls door-to-door and/or in communities.	<p><i>If requested, USAID Advancing Nutrition can support partners to—</i></p> <ul style="list-style-type: none"> • <i>Identify and promote selected nutrient-rich food appropriate for girls at the community level through on-going activities, such as youth groups, farmer field schools, and demonstration plots, and fairs for those seeds and needed inputs to grow, process, and store these foods.</i> • <i>Partner with processing units to process nutrient-rich foods appropriate for girls, and make these available in villages across the districts.</i>
	Limited family support and enabling social norms for girl's food consumption	<p>Family members discuss and decide together to address the specific nutritional needs of adolescent girls to enable their healthy development.</p> <p>Family members prioritize vitamin A and iron-rich foods for adolescent girls in their daily diet.</p>	<p><i>If requested, USAID Advancing Nutrition can support partners to—</i></p> <ul style="list-style-type: none"> • <i>Integrate adolescent girls' nutrition, family dialogue around adolescent girls' nutrition, and benefits to families by improving their nutrition, into existing community activities, such as schools for husbands, farmer's groups, and community events.</i> • <i>Develop and popularize the grandmotherly approach to promoting and consuming iron- and vitamin A-rich foods by adolescent girls within the household.</i> • <i>Organize sensitization/debates through community radio on adolescent nutrition for parents and communities.</i>
	Positive attitudes of girls' toward good nutrition but	Teachers, community mentors, and family members teach adolescent girls about nutrition	<p><i>If requested, USAID Advancing Nutrition can support partners to—</i></p>

Priority Behaviors	Factors	Supporting Actors	Strategic Activities for USAID Advancing Nutrition
	limited knowledge		<ul style="list-style-type: none"> • Integrate education on healthy diets for adolescent girls into school lesson plans: vocational and public schools. • Integrate interactive learning activities on healthy diets for adolescent girls into existing platforms, such as safe spaces and informal learning settings, reinforcing girls' beliefs that eating foods rich in vitamin A and iron provides good health. • Prepare community media, such as films/songs/skits, on adolescent nutrition. • Identify and train adolescent "role models" as peer educators during community or social mobilization activities on adolescent nutrition.
Caregivers of children 6–59 months old feed children a diet rich in iron and vitamin A, year round	Limited access to nutrient-rich foods	<p>Family members raise and grow a variety of vitamin A and iron-rich foods for children.</p> <p>Women's groups set up food production and processing units.</p> <p>Local vendors process and sell vitamin A and iron-rich foods for young children door-to-door.</p>	<p><i>If requested, USAID Advancing Nutrition can support partners to—</i></p> <ul style="list-style-type: none"> • Identify and promote selected nutrient-rich food appropriate for children from 6 months of age through on-going activities such as youth groups, farmer field schools, and demonstration plots, and fairs for those seeds; and needed inputs to grow, process, and store these foods. • Partner with processing units to process nutrient-rich foods appropriate for children from 6 months and make these available across the districts. • Develop improved recipes using available iron and vitamin A–rich foods that are shown to be feasible through household behavioral trials (for use in multi-sectoral project activities). • Support partners or government to promote appropriate use of LNS-SQ or LNS-MQ.
	Limited family support and enabling social	Husbands make joint decisions with wives about	<p>USAID Advancing Nutrition will support partners to—</p> <ul style="list-style-type: none"> • Integrate joint decisions on nutrient-rich food production and household food distribution into

Priority Behaviors	Factors	Supporting Actors	Strategic Activities for USAID Advancing Nutrition
	<p>norms for women’s food consumption</p>	<p>producing and purchasing food.</p> <p>Family members prioritize vitamin A and iron-rich foods for children.</p> <p>Community leaders, family members, and peers reflect on and challenge dietary restrictions on children.</p>	<p>the “harmonious family” approach, radio based communication around Islamic tenets, and other gender-sensitive social mobilization activities, such as schools for husbands.</p> <ul style="list-style-type: none"> • Develop and popularize the grandmotherly approach to promoting iron and vitamin A–rich foods for children from 6 months through radio and community events.
	<p>Positive attitudes of mothers/ caregivers toward good nutrition but lack agency and skills to feed local foods</p>	<p>Health workers provide quality counseling.</p>	<p><i>If requested, USAID Advancing Nutrition can support partners to—</i></p> <ul style="list-style-type: none"> • <i>Intensify demonstration activities in existing platforms, such as support groups, mommy lights, etc., to practice skills in adding nutrient-rich foods into children’s porridge, other meals and snacks, according to age, building on beliefs about the importance of feeding young children with vitamin A and iron- rich foods.</i> • <i>Formulate and air radio spots on how to add iron- and vitamin A–rich foods to children’s meals.</i> • <i>Identify and train community champions to promote feeding children nutrient-rich foods.</i> • <i>Develop and test visual reminders and job aids to counsel on young children’s diets.</i> • <i>Strengthen the capacity of health workers to counsel women on each locally available nutrient-rich foods during prenatal and postnatal consultations. Use existing positive attitudes toward nutrition as a starting point.</i>
<p>Health workers provide respectful communication and car</p>	<p>Enabling environment</p>	<p>Partners and communities recognize health workers who provide quality counseling.</p>	<p><i>If requested, USAID Advancing Nutrition can support partners to—</i></p>

Priority Behaviors	Factors	Supporting Actors	Strategic Activities for USAID Advancing Nutrition
<p>when delivering quality nutrition services for IFA, vitamin A supplementation, and counseling on healthy diets</p>			<ul style="list-style-type: none"> • <i>Integrate nutrition services into community accountability scorecards and community action cycle activities; for example, to track and recognize progress.</i>
	<p>Community support and norms</p>	<p>Clients and peers expect and model good practice.</p>	<p><i>If requested, USAID Advancing Nutrition can support partners to—</i></p> <ul style="list-style-type: none"> • <i>Formulate and air radio and print materials with health worker experiences and testimonials.</i> • <i>Support study tours for health workers to learn from r others.</i>
	<p>Desire to provide quality services</p>	<p>Incorporate a client satisfaction evaluation sheet during supervisions, including reception.</p> <p>Government and partners provide reminder job aids with training.</p>	<p><i>If requested, USAID Advancing Nutrition can support partners to—</i></p> <ul style="list-style-type: none"> • <i>Popularize the welcome charter at the level of health workers and all health facilities to increase attendance at health facilities and encourage women to obtain IFA.</i> • <i>Build supervisors' capacity on formative supervisions.</i> • <i>Organize training sessions for health workers on supplementation.</i> • <i>Develop or adapt visual and adapted counseling materials to build health worker capacity on supplementation.</i>

Annex 2: Gender Analysis

How could the different roles and status of women, men, girls, and boys affect the design and implementation of your activity?	What are the potential consequences if the above considerations are not taken into account during the activity design?	What changes can you make to the activity design to mitigate these consequences?	How will the (revised) activity impact men, women, boys, and girls? Will the impact be the same or different?
<p>Access to resources: Men control staple foods. However, culturally women have access to micronutrient-rich foods including vegetables because they are responsible for supplying these foods for 'sauces'. In some project areas, women raise 'market gardens' with these foods. Women can also access micronutrient-rich wild foods seasonally.</p>	<p>If communities and partners emphasize foods controlled by men, without shifting norms about women's, girls or children's consumption, it would be unlikely to impact women's or children's diets. Increasing the production and quality of these foods through improved production, storage and processing methods is an important opportunity to increase women and children's intake.</p>	<p>For any animal source foods and promoted, partners need to intentionally position these as foods to purchase for/ distribute to women, girls and children. Men's religious values of protecting their families could be connected to these promotion efforts. Partners should focus on increasing inputs and skills for women's production, processing and storage of micronutrient-rich foods in order to ensure that the inputs go to food that women control and can use to eat or feed children.</p>	<p>The impact of supporting women to produce more food (market gardens) for sauce, process and store these foods, could have positive consequences on women and men if households appreciate the extra inputs to meals. This could also have challenges to women if household members expect more from women or resent their opportunities.</p>
<p>Practices, participation, and time use: Women prepare food for the extended family and serve last. Girls get food just before the mothers. Women say that co-wives and mothers-in-law do not want them to get food. At the same time, women are expected to sacrifice for others. As a result, if there is limited food (which is common)</p>	<p>Helping households produce more food, and adding food to the family pot, is not likely to result in a meaningful increase in women's consumption unless the food is specifically allocated to pregnant women, for example. To access supplements, women need husband's support to travel and not participate in daily tasks, and</p>	<p>To improve nutritional status, any increase in production, processing and stories of nutrient-rich food will require specific focus on ensuring that the foods are allocated to women's, girls and children's consumption. This may require negotiations with households about what food and how to take out of the pot for these vulnerable groups.</p>	<p>The consequence of engaging family members to support nutrition means that men may feel less pressure to solely provide for their family members.</p>

<p>How could the different roles and status of women, men, girls, and boys affect the design and implementation of your activity?</p>	<p>What are the potential consequences if the above considerations are not taken into account during the activity design?</p>	<p>What changes can you make to the activity design to mitigate these consequences?</p>	<p>How will the (revised) activity impact men, women, boys, and girls? Will the impact be the same or different?</p>
<p>women eat least and may go hungry. Most women want to access supplements but are required to complete daily household tasks.</p>	<p>elder women in the household to be aware and agree so that there are no consequences on the woman.</p>	<p>Activities need to engage the family around accessing supplements for women and children. Even when vitamin A is available in communities, accessing service will take women away from daily chores and require family agreement.</p>	
<p>Roles, responsibilities, knowledge, and perceptions: Women have the role and responsibility to care and feed for the family, including young women. Men as husbands and fathers are responsible for providing for their family, including food. Men and women alike had knowledge of the benefits of nutrition, the need for supplementation during pregnancy and when children are young. Neither men nor women knew well about the nutritional benefits of foods used as ‘sauce’ which are in women’s control. However, girls lacked knowledge about their dietary needs. The family does not perceive girls’ nutrition to be important and may consider it</p>	<p>If men’s roles, and religious value, in providing for their family are not leveraged this would be a missed opportunity to promote supplementation and improved dietary practices. Without recognizing the lack of attention or perception to girl’s nutritional needs, promotion activities, or educational activities to girls, would not have the intended impact.</p>	<p>Emphasize and link to religious values of husbands/ father’s roles in protecting their family in all types of activities. For any activities that aim to improve adolescent girl’s dietary practices, go beyond educating girls; engage the family in shifting perceptions about the value of girls and protecting girls’ nutrition. Explore what values will motivate this shift.</p>	<p>Men may feel more secure to support their wives, daughters and young children to eat better if they have the religious tenets behind and encouraging them. The consequence of engaging family members to support nutrition for girls may at first result in challenges to girls, and boy’s feelings of being left out</p>

How could the different roles and status of women, men, girls, and boys affect the design and implementation of your activity?	What are the potential consequences if the above considerations are not taken into account during the activity design?	What changes can you make to the activity design to mitigate these consequences?	How will the (revised) activity impact men, women, boys, and girls? Will the impact be the same or different?
a 'burden' as she will marry and go to another family.			
<p>Legal rights and status: Women and girls are not represented in leadership in the community and rely on their husbands/ his families for their nutrition and rights.</p>	<p>If partner activities such as support to women's food production or other activities creates expectations of change among women, this may result in unintended consequences. Women's representation in leadership would help to address any challenges.</p>	<p>The project should include women's leadership and rights into program activities. The program should include women's empowerment activities to increase women's purchasing power and enable them to be more valued in the household and in society. The program should work with its partners to promote women's participation in community leadership.</p>	<p>The consequence of considering women's empowerment is: Women will gain consideration not only in the home but also in the community. Women's voices will be heard more in the home and community. Women will be involved in the choice of foods to be produced and consumed in the household.</p>
<p>Power: Men make decisions about household resources, including food and time for care-seeking. Men and other family members make decisions about food distribution. Women do not have power to decide what foods to grow, process, store or feed. Girls have even less power than women.</p>	<p>Advising pregnant women and mothers about what to eat and feed children during counseling or Care Groups will not result in action unless the power dynamics are taken into consideration. This may need to require women to feel more confident, and also for men to feel comfortable with dialogue and joint decision making.</p>	<p>Incorporate reflections on gender and practice dialogue and joint decision making in activities for men <u>and</u> for women. Highlight role models of men who dialogue with their wives, and of family members who support and agree with this.</p>	<p>Men may feel that they would lose power if the joint dialogue and decision-making is not widespread with normative change across communities. Women may feel resistant to sharing power or increasing confidence to talk with husbands because of family reactions.</p>

Annex 3: SBC Communication Plan

Communication Objectives by Priority Behavior	Influencers	Proposed Channels	Possible Materials	Illustrative Messaging
I. Pregnant women take IFA during pregnancy and 90 days after delivery or abortion				
<i>Factors to address through communication:</i> <ul style="list-style-type: none"> • Family support; remembering • Fears of side effects 				
<p>To increase officials understanding and sense of urgency related to the ordering and budgeting process for IFA.</p> <p>To increase men’s and family members’ sense of pride in ensuring that pregnant and postpartum women access nutrition services.</p>	<ul style="list-style-type: none"> • Parliamentarians • Local elected officials • Ministry of Public Health/ MSP/P/AS • Community health committees • Health workers/ CHV • Religious leaders • Media • Husbands, • Grandmothers 	<ul style="list-style-type: none"> • Advocacy • IPC/counseling • Media including social media • Community and social mobilization including group sessions 	<ul style="list-style-type: none"> • Advocacy briefs for policy makers and partners • Media for policy makers and health workers • Print materials on adherence partners • Counseling job aids for antenatal care • Modules or sessions for groups and events to increase husband /family support; share women’s experiences.; modules for religious leaders; 	<ol style="list-style-type: none"> 1. Pregnant woman! during pregnancy you need more blood ask your husbands to help you to attend the health center in order to benefit from IFA and advice during your pregnancy and until 90 days after your delivery or abortion, for your well-being and that of your baby; 2. Husbands, the consumption of iron allows a good development of the fetus and increases the blood to the pregnant woman, 3. Fathers-to-be, religion obliges you to guarantee the wellbeing to our family, accompany your pregnant women in the health facilities from the beginning of the pregnancy to benefit from the IFA, 4. Husband! during childbirth woman loses blood support your pregnant woman to attend the health center to get IFA and counseling during her 5. Pregnancy and up to 90 days after her delivery or abortion, for her well-being and that of your baby; 6. Husbands! iron intake helps increase the blood to the pregnant woman, support your pregnant woman to remind her to take IFA regularly, seek advice from health workers.

Communication Objectives by Priority Behavior	Influencers	Proposed Channels	Possible Materials	Illustrative Messaging
				<p>7. Parents, during pregnancy the woman needs more blood, seek advice from health workers to help the pregnant woman take IFA regularly to prevent and/or correct anemia.</p> <p>8. Health workers, ensure the availability of IFA at each visit to pregnant women to ensure good service delivery and better attendance.</p> <p>9. Husbands! The intake of iron allows the pregnant woman to increase her blood supply, prevents anemia and allows a good development of the fetus for the well being of your family. Make it easier for pregnant women, breastfeeding women or women who have had an abortion to attend health centers to benefit from IFA.</p>
<p>2. Mothers/caregivers of children 6–59 months old bring their children to health services for vitamin A supplementation.</p> <p><i>Factors to address through communication:</i></p> <ul style="list-style-type: none"> • Family support • Fears of polio vaccine 				
<p>To increase officials understanding and sense of urgency related to the ordering and budgeting process for vitamin A supplements.</p> <p>To inform families about the change to routine vitamin A supplementation.</p>	<ul style="list-style-type: none"> • Local elected officials • MSP/P/AS husbands, • health workers, • Relais, • Maman lumieres • community leaders (maires, religious leaders) • other family (grandmothers,) 	<ul style="list-style-type: none"> • Media • Community and social mobilization including community dialogues, cultural events, markets, formations sanitaires, les 	<ul style="list-style-type: none"> • Community radio on routine services • Cassette, USB key, overhead projector, battery, solar panel, cell phone, data collection support • Modules or sessions for groups and events 	<ol style="list-style-type: none"> 1. Health workers: avoid vitamin A shortages to reassure mothers that supplements are available, 2. Mothers, bring your children aged 6 to 59 months to the health facilities to have them benefit from vitamin A supplementation to protect them against certain diseases. 3. Mothers: vitamin A supplementation is free of charge in all health facilities, bring your children aged 6 to 59 months to benefit. 4. Have your children from 6 to 59 months of age regularly vaccinated and

Communication Objectives by Priority Behavior	Influencers	Proposed Channels	Possible Materials	Illustrative Messaging
	<ul style="list-style-type: none"> peers other change agents (de l'Etat) civil society 	<ul style="list-style-type: none"> campes, campaigns CIP les reseaux sociaux, 	<ul style="list-style-type: none"> to increase husband /family support Counseling/ tip cards, media guides, laptops 	<p>supplemented with vitamin A every 6 months.</p> <ol style="list-style-type: none"> Mothers: Vitamin A, which protects your children against certain diseases, is available in all health facilities and even outside of the countryside. Husbands: A child supplemented with vitamin A preserves the household economy
<p>3. Pregnant and lactating women consume foods rich in iron and vitamin A, every day, year round</p> <p><i>Factors to address through communication:</i></p> <ul style="list-style-type: none"> Family support Social and gender norms Self-efficacy 				
<p>To increase family and community support for pregnant and lactating women to consume more iron and vitamin A-rich foods.</p> <p>To increase dialogue and decision-making in the household about foods produced, purchased, distributed and consumed, especially related to selected iron and vitamin A-rich foods.</p> <p>To shift norms about what foods and how much foods pregnant</p>	<ul style="list-style-type: none"> Husbands elder women, health workers, Relais, peers, vendors 	<ul style="list-style-type: none"> Advocacy Counseling Media Community and social mobilization Commercial marketing 	<ul style="list-style-type: none"> Meetings with leaders about land for women to cultivate. Counseling job aids for prenatal and postnatal care. Community radio spots/ dramas. Modules or sessions for groups and dialogues to increase family support and shift norms. Branding and marketing of 	<ol style="list-style-type: none"> Pregnant and breastfeeding women, for your well-being consume foods rich in vitamin A and iron available locally. Pregnant and lactating women, discuss with your husbands the production and consumption of foods rich in vitamin A and iron. Husbands, for the health of your pregnant women, outside of daily meals, provide them with additional foods (liver, fruits, green leaves). Elderly women: pregnant and nursing women should consume additional food such as eggs, green leaves, fruits for your well being outside of daily meals. Pregnant and breastfeeding women, for your well being consume at least 3 to 4 times a day diversified foods (green leaves, fruits and vegetables).

Communication Objectives by Priority Behavior	Influencers	Proposed Channels	Possible Materials	Illustrative Messaging
and lactating women can consume.			processed foods for women (to make at home or to sell).	5. Elderly women. for the well-being of pregnant and breastfeeding women, give them other foods between meals (fritters, moringa, néré, jujubier) twice a day.
<p>4. Adolescent girls aged 9–14 years consume foods rich in iron and vitamin A, year round</p> <p><i>Factors to address through communication:</i></p> <ul style="list-style-type: none"> • Family support • Social and gender norms • Positive attitudes- desire to be well nourished • Knowledge 				
<p>To increase family and community support for girls to consume more iron and vitamin A–rich foods.</p> <p>To educate and motivate girls and family members to pay attention to girls’ diets.</p>	<ul style="list-style-type: none"> • Parents, • Grandmothers, • Teachers, mentors, • Peers, care groups, etc. • CHV 	<ul style="list-style-type: none"> • IPC • Media • Community and social mobilization 	<ul style="list-style-type: none"> • Interactive learning sessions to integrate into adolescent groups and schools • Community radio spots/ dramas on family support to girls • Modules or sessions for groups and dialogues to increase family support 	<ol style="list-style-type: none"> 1. Enrich your children's diet by introducing nutritional supplements for good growth. 2. Parents, teenage girls need a constant supply of iron and vitamin A for their growth, let's give them that chance. 3. Heads of households, make sure that meals are fairly distributed to all family members of for the well-being of all, especially girls. 4. Adolescent girls, for a harmonious development of your body, eat regularly foods rich in iron and vitamin A. 5. As a teenager, eat iron-rich foods like (name three local iron-rich foods) every day to prevent anemia. 6. As a teenager, to prevent vitamin A deficiency, eat foods like (list three local foods rich in vitamin A) every day.
<p>5. Mothers/ caregivers of children 6–59 months old feed children a diet rich in iron and vitamin A, year round</p> <p><i>Factors to address through communication:</i></p> <ul style="list-style-type: none"> • Family support • Social and gender norms 				

Communication Objectives by Priority Behavior	Influencers	Proposed Channels	Possible Materials	Illustrative Messaging
<ul style="list-style-type: none"> Self-efficacy 				
<p>To increase family and community support for young children from 6 months to consume more iron and vitamin A-rich foods.</p> <p>To shift norms about what foods children from 6 months can consume.</p>	<ul style="list-style-type: none"> Husbands, grandmothers, health workers, Relais, peers, community leaders, private sector 	<ul style="list-style-type: none"> Advocacy IPC/counseling Media Community and social mobilization Commercial marketing 	<ul style="list-style-type: none"> Meetings with leaders about land for women to cultivate Counseling job aids for well child visits and home visit Community radio spots/ dramas Modules or sessions for groups and dialogues to shift norms and build skills on specific foods Branding and marketing of processed foods for children (to make at home or to sell). 	<ol style="list-style-type: none"> Pregnant and lactating women, for your well-being consume local foods rich in vitamin A and iron. Pregnant and lactating women, discuss with your husbands foods rich in vitamin A and iron production and consumption. Husbands: for the health of your pregnant women, outside of daily meals, provide them with extra foods (liver, fruits, green leaves). Elderly women: pregnant and lactating women need extra food such as eggs, green leaves, fruits, and dairy or liver for her well being outside of daily meals. Pregnant and breastfeeding women, for your well being consume at least 3 to 4 times a day diversified foods (green leaves, fruits and vegetables and dairy). Elderly women: for the well-being of pregnant and breastfeeding women, give them other foods between meals (fritters, moringa, dairy, néré, jujubier) at least 2 times a day.
<p>6. Health workers provide quality nutrition services for IFA, vitamin A supplementation and counseling on healthy diets</p> <p><i>Factors to address through communication:</i></p> <ul style="list-style-type: none"> Social norms Positive attitudes – desire to provide good care 				
<p>To improve the quality of counseling and interpersonal communication on</p>	<ul style="list-style-type: none"> Peers, supervisors, local authorities 	<ul style="list-style-type: none"> Advocacy IPC/Counseling Media 	<ul style="list-style-type: none"> Recognize and reward (non-material) quality 	<ol style="list-style-type: none"> Health care workers, a good welcome makes it easier to listen to and follow your instructions and builds trust within your team.

Communication Objectives by Priority Behavior	Influencers	Proposed Channels	Possible Materials	Illustrative Messaging
<p>women's and children's diets, including promoting locally available foods with understandable, clear, and feasible negotiation.</p>			<p>services and counseling</p> <ul style="list-style-type: none"> • Job aids 	<ol style="list-style-type: none"> 2. Health care workers, ensure the continuity and quality of services for a better satisfaction of the beneficiaries. 3. Health workers! advise mothers and adolescents to consume locally produced foods rich in IFA and vitamin A for a rich and varied diet. 4. Health workers, continue to inform mothers about the importance of IFA and vitamin A supplementation to improve their health and that of their children. 5. Health workers! Make sure that the MEG order includes IFA and Vitamin A before it is validated to increase the quality of your services.

Annex 4: SBC Communication Plan Sequencing

SBC Communication Development Task	2022		2023				2024	Responsible
	T3	T4	T1	T2	T3	T4	T1	
Co-creation of solutions with partners	X	X						USAID Advancing Nutrition, MoHP, USAID implementing partners
Creative concept development with MoHP			X	X				USAID Advancing Nutrition, MoHP,
SBC competency assessment			X					USAID Advancing Nutrition, MoHP, USAID implementing partners
Health system level SBCC				X	X	X		MoPH
Community level SBCC				X	X	X		USAID implementing partners
Family level SBCC				X	X	X		USAID implementing partners
Monitoring			X	X	X	X	X	USAID Advancing Nutrition

Annex 5: Priority List of Foods to Promote, which are Rich in vitamin A and Iron for Children, Girls and Women

	Foods rich in vitamin A	Foods rich in iron
For children	<ul style="list-style-type: none"> ● Fruits such as mango, orange, papaya ● Moringa leaves ● Squash 	<ul style="list-style-type: none"> ● Eggs ● Whole milk products ● Cowpeas ● Baobab leaves
Adolescent girls and women	<ul style="list-style-type: none"> ● Fruits such as mango, orange, papaya ● Moringa leaves ● Locusts ● Oseille (sorrel) ● Dried tomatoes 	<ul style="list-style-type: none"> ● Eggs ● Cowpeas ● Soybeans ● Soumbala

Annex 6: Implementing Partners Activities

Partners	Lead Organization	Geographic Location	Timeframe	Objectives
Resilience Food Security Activity (RFSA) - Hamzari	CARE	Maradi	2018 to 2023	This activity addresses the underlying causes of food insecurity and malnutrition by reducing extreme vulnerability; improving nutritional status and access to water, sanitation, and hygiene services; and improving livelihood opportunities to enhance food security for vulnerable groups.
RFSA - Girma	Catholic Relief Services (CRS)	Zinder	2018 to 2026	This activity improves and supports food and nutrition security and resilience of extremely poor and chronically vulnerable households and communities in the Magaria and Dungass districts of Zinder.
RFSA - Wadata	Save the Children	Zinder	2018 to 2024	This activity strengthens collective action to address shocks and stresses related to food, nutrition, and water security; increases capacity, assets, and agencies for improved access to adequate and diversified food; and improves nutrition, health, hygiene, and sanitation.
USAID Yalwa	Cultivating New Frontiers in Agriculture (CNFA)	Maradi, Tillabéri, Zinder	2020 to 2025	This activity improves the performance of market systems; increases the use of high-quality inputs and services;

Partners	Lead Organization	Geographic Location	Timeframe	Objectives
				increases local consumption of nutritious, safe, and affordable food; and promotes inclusive markets for women and youth.
USAID Kulawa	Save the Children	Maradi et Zinder	2020 to 2025	This activity increases access to and use of quality family planning services by building the capacity of health centers and workers to provide family planning services, increasing access to long-term contraceptive methods, and raising awareness about reproductive health and family planning.

Annex 7: SBC Strategy Validation Workshop Participants

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USAID
FROM THE AMERICAN PEOPLE

USAID ADVANCING NUTRITION

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