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Recommendations on SBCC for integrated nutrition

Results show that exposure to *Suaahara's* various SBCC activities were associated with reporting correct knowledge about proper child feeding practices, exclusive breastfeeding, proper nutrition during pregnancy, and hand washing. Beneficiaries were also more likely to have fed their child dark leafy greens, exclusively breastfed their child until 6 months of age, to have received support from their husband or family members, and to take part in decision making.

Future programming should consider integrating SBCC into multiple platforms including interpersonal communication, community mobilization and mass media to achieve higher coverage and rapid results. Male members of the family should also be equally targeted in SBCC activities to build their role on raising and caring of children and to improve women's decision making power over food and nutritional resources.

Box 2: Suaahara's Seven Key Behaviors

- ▶ **Maternal nutrition** – one extra meal for pregnant women and two extra meals for lactating women daily.
- ▶ **Complementary feeding** – feed children animal-sourced foods (eggs, fish, meat, milk products), orange-fleshed fruits and vegetables, and leafy greens in addition to breastmilk starting at six months of age.
- ▶ **Handwashing before feeding child** – wash hands with soap and water before feeding children.
- ▶ **Feeding during child illness** – continue breastfeeding sick children and give an extra meal daily, continue for two weeks after the child has recovered.
- ▶ **Clean play spaces** – create clean spaces for children to play and separate children from animals feces and dirt.
- ▶ **Family planning** – commence an appropriate family planning method within 45 days after child birth.
- ▶ **Treating diarrhea with zinc** – give children zinc and oral rehydration salts when they have diarrhea.

IMPROVING NUTRITION KNOWLEDGE AND PRACTICES THROUGH MULTI-LEVEL SOCIAL BEHAVIOR CHANGE COMMUNICATION INTERVENTIONS IN NEPAL

Program Information

Suaahara is a USAID-funded five year (2011-2016) project led by Save the Children in partnership with Helen Keller International, JHPIEGO, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Nepal Water for Health, Nutrition Promotion and Consultancy Services, and Nepali Technical Assistance Group.

The project provides local, national and global expertise and experience to address the causes of under-nutrition in 41 out of the 75 districts in Nepal by uniquely integrating nutrition with agriculture, sanitation, and health care interventions. It works to influence behavior of individuals and communities through community-based behavior change programming with a focus on gender and social inclusion, in order to improve the nutritional status of pregnant and lactating women and children under two.

- 1 *Suaahara's* Formative Research Report (2013).
- 2 Central Bureau of Statistics. 2014. *Nepal Multiple Indicator Cluster Survey 2014, Key Findings*. Kathmandu, Nepal: Central Bureau of Statistics and UNICEF Nepal.
- 3 *Suaahara* conducted a household-level survey of 480 pregnant women and mothers of children under two in four intervention and four matched non-intervention districts from November 2014 to January 2015. Results can be found in the *Suaahara Process Evaluation: Program Exposure and Adaptation of Practices, 2015* that can be accessed at: http://pdf.usaid.gov/pdf_docs/pa00kwxg.pdf.
- 4 OR 4.6; p<0.001
- 5 OR 2.6; p<0.01

- 6 OR 1.9; p<0.05
- 7 OR 1.8; p<0.05
- 8 OR: 2.0; p<0.10
- 9 P<0.001
- 10 β : 0.9; p<0.01
- 11 OR: 2.5; p<0.01
- 12 OR: 2.7; p<0.01
- 13 Data sources include further analysis of Process Evaluation Data, routine monitoring, Annual Outcome Monitoring Data and qualitative study on Interactive Voice Recording (IVR).

For further information :
Save the Children Nepal Country Office, Shambhu Marg, Sinamangal, Kathmandu, Nepal, Tel: +977-1-4468128
post.nepal@savethechildren.org, www.nepal.savethechildren.net

U.S. Agency for International Development, G.P.O. Box 295, Brahma Cottage, Maharajgunj, Kathmandu, Nepal
Tel: +977-1-4234000, usaidnepal@usaid.org, www.usaid.gov/nepal



Disclaimer: This technical brief is made possible by the generous support of the American people through USAID. The contents are the responsibility of Save the Children, Suaahara program and do not necessarily reflect the views of USAID or the United States Government.



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Social Behavior Change Communication & Nutrition

The critical window of opportunity for preventing chronic under nutrition is the first 1000 days from conception to age two. Optimal nutrition at this time is crucial for child growth and development. Sub-optimal nutrition knowledge feeding practices and poor child care contribute to high rates of under nutrition in Nepal (see Box 1). Foods and liquids other than breast milk are introduced early, children are not fed nutritious foods beginning at six months of age, hygiene and sanitation is poor and infection is common, the periods between pregnancies are short and women suffer from heavy workloads.¹

Social Behavior Change Communication (SBCC) interventions for nutrition aim to empower people with the knowledge and support to practice optimal nutrition behaviors. The objective is to increase demand for nutrition services and help families to practice small, do-able actions that lead to sustained improvements in behaviors. SBCC interventions also aim to make chronic malnutrition visible to communities and mobilize communities around the importance of addressing this challenge.

Box 1: Undernutrition in children under 5 years of age in Nepal (2014)²

- ▶ 37% of children are stunted (too short for their age)
- ▶ 30% of children are underweight (weigh too little for their age)
- ▶ 11% of children are wasted (weigh too little for their height)

Suaahara's SBCC Achievements

Suaahara's SBCC interventions are associated with positive nutrition knowledge and practices in pregnant women and mothers of a child under two (1000 days women)³. Different results were achieved depending on the type and number of interventions to which beneficiaries were exposed:

- ▶ Interpersonal counseling (IPC);
- ▶ Mass media (radio + billboards); or
- ▶ Both SBCC Interventions (IPC + mass media).

Knowledge

Women exposed to both of *Suaahara's* SBCC interventions were more likely than those exposed to none of *Suaahara's* SBCC interventions to know they should:

- ▶ give more food to their children when they are sick (66% v 26%)⁴;
- ▶ wash hands before feeding children (75% v 54%)⁵.
- ▶ feed eggs to children 6-23 months of age (78% v 64%)⁶;
- ▶ feed meat to children 6-23 months of age (70% v 53%)⁷.

Practices

Women exposed to mass media interventions or to both SBCC interventions were more likely to:

- ▶ give their children more food during an illness (24% v 14%);
- ▶ feed dark leafy greens to children 6-23 months (77% v 56%)⁸;
- ▶ feed eggs to children 6-23 months of age (24% v 6%);
- ▶ feed milk to children 6-23 months of age (75% v 46%)⁹.

Those exposed to IPC interventions were more likely to score high on a decision-making scale that assessed how many decisions participants made (either on their own or jointly with their husbands) related to food consumption, children's well being, household purchases, and women's autonomy (60% v 49%)¹⁰.

Women exposed to both SBCC interventions were more likely to:

- ▶ have received support from their husband or other family members for routine work traditionally relegated to younger women (81% v 58%)¹¹;
- ▶ exclusively breastfeed (no other food or liquid) their child until at least 6 months of age (76% v 24%)¹².

Suaahara has numerous data sources¹³ in addition to the

Process Evaluation (the source that is reflected here), for more results see the Fact Sheet on Creating an Enabling Environment for Health and Nutrition.

Suaahara's SBCC Interventions

Suaahara delivers integrated nutrition SBCC strategies via multiple platforms including interpersonal communication, community mobilization and mass media, and focuses on seven key behaviors (see Box 2).

The two key social and behavior change communications interventions described in this brief are as follows:

1. Interpersonal Counseling

Suaahara uses a number of face-to-face or interpersonal communication (IPC) methods to reinforce messages and negotiate behavior change during home visits and mothers' group meetings, especially among disadvantaged groups. IPC materials include a complementary feeding wheel, games, discussion guides and videos on mobile phones.

IPC also occurs at various other *Suaahara* community-level activities including food demonstrations, community discussion sessions around the radio drama series, key life event celebrations where the community visits pregnant women or women who have recently delivered, and ideal family recognition when families who follow at least five of *Suaahara's* seven key behaviors are recognized by the community.

Interactions are based on the GALIDRAA approach where the frontline worker Greets, Asks, Listens, Identifies problems, Discusses, Recommends, Agrees to Act and makes an Appointment.

2. Mass Media

The popular *Bhanchhin Aama* (BA) weekly radio drama series is centered on a positive mother-in-law character and other family members who improve their nutrition and health behaviors. In an associated phone-in program, *Hello! Bhanchhin Aama*, the trusted mother-in-law character answers audience questions. BA billboards featuring key *Suaahara* behaviors are also posted in communities.