



# Social and Behaviour Change Communication Strategy to Promote Micronutrient Powders in Uganda



Financial support for this work was provided by the Government of Japan through the Japan Trust Fund for Scaling Up Nutrition

**SBCC** Strategy to Promote  
**Micronutrient Powders**

---

## Table of Contents

---

Table of Contents	02
List of Acronyms	03
Acknowledgement	04
Foreword	05
<b>1. BACKGROUND</b>	<b>06</b>
1.1 Situation Analysis	06
1.2 Target Audience Analysis	08
1.3 Behavioural Analysis	09
1.4 Goals and Objectives of SBCC Strategy	14
<b>2. THEORETICAL FRAMEWORKS</b>	<b>15</b>
2.1 Social Ecological Model	15
2.2 Stages of Change Model	15
2.3 Social Marketing Theory	16
<b>3. COMMUNICATION APPROACHES AND INTERVENTIONS</b>	<b>18</b>
3.1 Behaviour Change Communication	18
3.2 Social Mobilisation	19
3.3 Advocacy	21
<b>4. CHANNELS OF COMMUNICATION AND KEY MESSAGES</b>	<b>23</b>
4.1 Channels of Communication	23
4.2 Strategic Mix and Relative Advantages	23
4.3 Key Messages	25
<b>5. IMPLEMENTATION PLAN FOR THE MNP COMMUNICATION STRATEGY</b>	<b>30</b>
<b>6. MONITORING AND EVALUATION</b>	<b>33</b>
6.1 Monitoring and Evaluation Framework	35
6.2 Monitoring and Evaluation indicators	36
References	44

## List of Acronyms

CAO	Chief Administrative Officer
CBO	Community Based Organisations
CDO	Community Development Officer
CHPs	Community Health Promoters
DEC	District Executive Committee
DHE	District Health Educator
DHT	District Health Team
DNCC	District Nutrition Coordination Committee
FGD	Focus Group Discussion
HA	Health Assistant
ICCM	Integrated Community Case Management
IPC	Interpersonal Communication
IEC	Information Education and Communication
LC	Local Council
MoH	Ministry of Health
MNPs	Micronutrient Powders
NGO	Non-Governmental Organisation
RDC	Resident District Commissioner
SBCC	Social and Behaviour Change Communication
SEM	Social Ecological Model
UDHS	Uganda Demographic and Health Survey
VHTs	Village Health Teams
WHO	World Health Organisation

## Foreward

The Ministry of Health recognises the important role nutrition plays in contributing to child health, growth, development and disease prevention. In this regard, several health and nutrition interventions have been implemented and some achievements have been made.

Despite these achievements, under nutrition among children under 5 years of age remains a big public health concern in Uganda. In fact, anaemia in children ages 6 to 59 months increased from 49 percent to 53 percent between 2011 and 2016 (UDHS 2011, UDHS 2016). One of the main causes of anaemia is the challenge of dietary diversity with 86% of children aged 12-24 months consuming fewer than the recommended minimum of four food groups per day (UDHS, 2016).

A lack of diversity in diets puts children's life at risk of micronutrient deficiencies, especially during the vulnerable first 1,000 days and micronutrient deficiencies continue to remain a challenge to children above two years.

To address the problem of micronutrient deficiencies, the Ministry of Health with support of partners introduced micronutrient powders which contain minerals and vitamins commonly known as 'sprinkles' in sachets containing dry powder with micronutrients that can be added to any semi-solid or solid food that is ready for consumption by children aged 6 months to 24 months and below 5 years.

One of the ways to make this intervention work is through provision of information to parents, caregivers and communities on the benefits of nutrition and micronutrient powders to children so they can buy the powders and mix them with children's food. The dissemination of information about benefits of nutrition and MNPs will systematically be done using SBCC strategy that aims to increase parents' and communities' knowledge about the importance of MNP and generate demand for increased uptake of MNP using Community Health Promoters as Change Agents.

In view of this, the Ministry of Health with support of BRAC has developed SBCC strategy which will guide systematic implementation of interventions geared towards achievement of behavior change among parents and communities in the pilot districts of Luwero, Bundibugyo and Mayuge with potential for scale -up to other districts. It is envisaged that with increased education about benefits of nutrition and MNP from Community Health Promoters, parents and communities will buy the sachets and mix the powder in children's food. The resultant effect of using MNP in children's food is that it will contribute to reduction of anaemia among children ages 6 months to 5 years.

To this effect, the Community Health Promoters will be oriented on the use of the SBCC strategy so that they are well informed, knowledgeable and skilled and able to mobilise and educate households and communities about the benefits of nutrition and MNPs in prevention of anaemia. I therefore urge the implementers of this MNP-SBCC strategy to use it as a tool that will guide systematic implementation of communication interventions geared to increasing demand for the uptake of micronutrient powders in the country.

**Dr. George Upentho**  
**Commissioner Health Services**  
**Community Health Department**  
**MINISTRY OF HEALTH**

## Acknowledgement

The development of this SBCC Strategy benefited from the contributions and the assessment that was conducted in three districts of Luwero, Bundibugyo and Mayuge. The assessment provided primary data which was used together with secondary data to inform the development of this strategy.

We wish to acknowledge the participation and contribution of District Health Teams for the technical and administrative information they provided about implementation of the MNP programme in the three districts.

The Community Health Promoters are acknowledged for their contribution on how they are mobilizing and educating communities about the benefits of micronutrient powders and selling the MNP sachets to them.

The parents, caregivers and communities deserve special thanks for their voluntary participation in the focus group discussions, which yielded invaluable information that is quoted in this SBCC strategy.

Last but not least, tribute goes to BRAC field staff of the three districts who made the necessary arrangements for the meetings to take place as scheduled. The BRAC team at national level deserves thanks for the financial and technical support they provided for the success of the assessment exercise and the write up of this SBCC strategy.

Finally, I want to thank the consultants Tabley Bakyaite and Charles Muhumuza who took lead of this process and successfully delivered this product. BRAC acknowledges that this project was implemented with the technical and financial support from the World Bank and the Japan Trust Fund for Scaling up Nutrition.

**Dr. George Matete Country**  
**Director BRAC - Uganda**

## 1. BACKGROUND

Under nutrition among children younger than 5 years of age is a large public health concern in Uganda. In fact, anaemia in children ages 6 to 59 months increased from 49 percent to 53 percent between 2011 and 2016 (UDHS 2011, UDHS 2016). One of the main causes of anemia is the challenge of dietary diversity with 86% of children aged 12-24 months consumed fewer than the recommended minimum of four food groups per day (UDHS, 2016).

A lack of diversity in diets puts children at risk of micronutrient deficiencies, especially during the vulnerable first 1,000 days (until the child reaches 2 years of age) which is a time period associated with rapid growth. Data in Uganda suggests that micronutrient deficiencies continue to remain a challenge to children above two years.

The Ministry of Health has introduced the use of micronutrient powders (MNP) to address the problem of anaemia among children 6 months to below 5 years. Micronutrient powders commonly known as 'sprinkles', are sachets containing dry powder with micronutrients that can be added to any semi-solid or solid food that is ready for consumption. MNP is an easy home fortification method where complementary foods do not provide enough essential nutrients.

Regular use of micronutrient powders can improve development outcomes and reduce rates of anemia, vitamin deficiencies and stunting. Existing MNP projects have focused more on single household education without integrating wider community engagement and awareness building.

The MoH prioritizes distribution of MNP in areas which have the following conditions:

1. High levels of anemia and stunting among children aged 6 to 59 months
2. Emergency settings i.e. internally displaced persons and refugee settlements
3. Low dietary diversity particularly in relation to the consumption of food of animal origin and fortified foods.
4. Chronic food insecurity

In view of the above, BRAC-Uganda in collaboration with MoH Technical Working Group on MNPs identified three districts of Bundibugyo, Mayuge and Luwero which have high levels of iron deficiency anemia among children 6-59 months and undertook to conduct a feasibility study on MNP home fortification using their Community Health Promoters (CHPs) in these districts. The study aims at determining if micronutrient powder can be delivered in a cost-effective way by Community Health Promoters and use this as a benchmark for scaling –up the intervention to more villages within a district and more districts in the country.

### 1.1 Situation Analysis

The situational analysis considers the factors affecting demand and utilization of micronutrient powder and is based on the Social Ecological Model (SEM). The model considers individual behavior to be influenced by multiple factors at different levels of behavioural determinants in the environment.

The figure below illustrates multi-level influences on the behavior of an individual.



*Figure 1: Socio-Ecological Model to illustrate environmental influences on an individual's behavior*

#### **Individual behavioral determinants**

- Inadequate knowledge among parents, caregivers and members of the community on:
  - o types of food groups that they should feed their children on
  - o food preparation
  - o causes of anaemia
  - o diseases and conditions that cause anaemia in children
- o benefits of micronutrient powders to children leading to myths and misconceptions
- Beliefs that micronutrient powder has side effects on their children when they eat food mixed with it
- Expectation of getting rewards from the CHPs. This is contained in a statement made by one of the participants in the FGD-

*“every time you come to teach us, you only give us information; when will you give us a present for attending your meetings?”- (Community concern reported by FGD Participant-Mayuge).*

- People do not have tippy-taps around the latrines and kitchens.
- Many parents do not wash their hands before preparing food and feeding their children.

#### **Interpersonal/ Relationship factors**

- Low male involvement in promotion of MNPs in the community. Promotion of MNP is seen as a women's issue
- In the smallholder agricultural families, men sell the little harvested food in the homes and cause food insecurity for children and the entire family
- Some male household heads are not willing to spend money on buying MNP sachets or supplementary feeds for the under five children.

## **7. SBCC - Strategy to Promote Micronutrient Powders**

## Community factors

- Negative cultural beliefs and misconceptions about MNPs by some members of the community who believe that

*“:if they give MNP to their children, the children’s heads will become big”.*  
(FGD participants- Luwero)

This belief came about due to the illustration on the sachet of children with big heads.

- Lack of trust in the safety and efficacy of MNP by the community-

## Organisational factors (system challenges)

- The price of a box of MNP sachets at shs: 15,000/- is high and therefore not affordable by CHPs and later on by parents and caregivers who have to buy it at shs. 500/= per sachet in communities where people expect to get free supplies from implementing agencies.
- Conflict between what VHTs distribute free of charge (ICCM commodities) and yet CHPs are distributing the same commodities including MNPs at a cost (FGD-participant-Mayuge)

## Societal/Environmental/Policy factors

- Inadequate support for MNP programme by leaders in terms of advocating for it at the district and in the community because some district leaders are not aware of the existence of MNP program in their districts
- Some leaders do not promote MNPs at different functions and radio talk shows because they do not have adequate information to talk about it

## 1.2 Target Audience Analysis

This section provides information on the analysis of target audiences, their characteristics and behaviors depending on the roles they play in the distribution and utilization of the micronutrient powder. The target audiences are categorized under individual, community and policy/environmental domains and are segmented into primary, secondary and tertiary audiences respectively.

Segmentation of audiences guides clear definition of their demographic and psychographic characteristics in that the more the audiences are known, the more likely the programmers are able to design target specific interventions and messages to address the barriers to the desired behaviours.

### Individual Domain: (Primary audiences)

These are people on whom communication efforts will be directed to increase their knowledge, change attitudes, beliefs, practices, skills and behavior in relation to demand and utilization of micronutrient powders. These people get affected when children fall sick from anaemia, and other nutrition related diseases and have the power to decide that children should not suffer from these diseases since they make decisions about the health and nutrition status of their children. They should therefore, make the informed decision and action to provide children with a variety of food items that provide protection, give energy and facilitate growth. They should also provide them with supplements in case children do not get enough dietary intake of foods rich in micronutrients. These audiences include: parents and caregivers (mothers, fathers) and family members at household level.

### Community Domain: (Secondary audiences)

Secondary audiences are the people who directly influence the behavior of primary audiences (parents and caregivers) to purchase and mix the micronutrient powder with children’s food. These people influence primary audiences because of the close relationships they have with them and include: husbands/men, grandparents, aunties, siblings, friends, relatives and other family members.

Another category of secondary audiences are those people who inform, educate, counsel, support and influence the primary audiences to purchase MNPs and mix them in the children’s food. These influencers are called motivators/facilitators and influence the primary audiences because they have knowledge on nutrition and micronutrients and skills in communication which they use to transfer knowledge to primary audiences. They include; health workers, community health promoters, Village Health Teams (VHTs), community leaders, chiefs, non-health extension workers (CDOs, Social workers, teachers, religious, cultural and opinion leaders).

Other audiences in the community include partners and stakeholders from relevant ministries, NGOs and international organisations who play a social mobilization role by working with DHTs and BRAC staff to widen the scope of collaboration, participation and support to the nutrition and MNP programme.

These partners include: NGOs, CBOs, representatives from line ministries such as Ministry of Gender, Labour and Social Development (CDOs), Local Government structures and Ministry of Agriculture; Religious Institutions, Private sector organisations like pharmacists/Drugs Shop Owners, community leaders under the LC system, women and youth groups, Sub-county and Parish chiefs.

**Policy/environmental Domain: (Tertiary audiences)**

These are people who indirectly influence the behavior of primary audiences by advocating for nutrition and MNP programme at district and community levels. In the case of the MNP programme, they include; district and community political and civic leaders such as RDCs, LCV Chairpersons, CAOs, LCs, sub-county and parish chiefs. They are important because they hold the key to the success of the nutrition and MNP programme by providing an enabling environment for promotion of MNP sachets in the community. There are other important structures at district level such as the DHT and District Nutrition Coordination Committee which are also important drivers of implementation because they provide technical guidance for proper functioning of the MNP programme.

**1.3 Behavioural Analysis**

The behavioural analysis was done by assessing the functional relationship between the behavior of target audiences and their consequences on the individual targeted for change. The behavioural analysis considered cause –effect relationships of factors that are likely to contribute to low demand and uptake of micronutrient powders. The behavioural analysis is an essential step in communication planning for the design of appropriate interventions to address the barriers to desired behavior.

**Table 1: Behavioural Analysis Matrix**

Target audience	Current behaviors	Desired behavior	Barriers to desired behavior	Communication Objectives
<ul style="list-style-type: none"> <li>•Mothers</li> <li>•Caregivers</li> <li>•Men</li> <li>•Other family members</li> </ul>	<ul style="list-style-type: none"> <li>•Mothers and caregivers do not correctly follow the procedure for mixing micronutrient powder with children’s food</li> </ul>	<ul style="list-style-type: none"> <li>•Demand for micronutrient powder from the CHPs</li> <li>•Properly follow the procedure for mixing MNP with children’s food</li> </ul>	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>•Inadequate knowledge on:               <ul style="list-style-type: none"> <li>o nutritious foods to give to children</li> <li>o benefits of micronutrient powder</li> </ul> </li> </ul>	<p>To increase the proportion of mothers, caregivers and communities who:</p> <ul style="list-style-type: none"> <li>•have knowledge, on benefits of MNPs and types of food to mix with MNPs.</li> </ul>

Target audience	Current behaviors	Desired behavior	Barriers to desired behavior	Communication Objectives
		<ul style="list-style-type: none"> <li>• Complete the child's dose of MNPs by the parents</li> <li>• Encourage other mothers, caregivers, and social networks to use MNPs in children's food</li> <li>• Satisfied users to encourage other mothers and caregivers to buy and use MNPs for their children</li> <li>• Practice dietary diversity, good feeding practices and use of MNP</li> </ul>	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>• Inadequate knowledge on: <ul style="list-style-type: none"> <li>o nutritious foods to give to children</li> <li>o benefits of micronutrient powder</li> <li>o myths and misconceptions about anaemia disease in terms of cause and prevention measures</li> <li>o misconception that <i>"when a child eats food mixed with MNP, the child will suffer from malaria"</i> (FGD Participant-Luwero)</li> <li>o number of sachets required to complete the dose</li> <li>o importance of MNP in prevention of anaemia</li> <li>o Side effects of MNPs</li> <li>o Relationship between MNP and contribution to nutrition status of children</li> <li>o The types of food that should be mixed with MNP (They currently mix MNP with liquid foods such as porridge, milk and groundnut sauce)</li> </ul> </li> <li>• Inadequate access to information on Micronutrient powders</li> </ul>	

Target audience	Current behaviors	Desired behavior	Barriers to desired behavior	Communication Objectives
			<ul style="list-style-type: none"> <li>• Some male partners do not understand the benefits of MNPs</li> <li>• Male members are absent from the households due to work related activities during day time which makes it impossible for the CHPs to reach them.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Belief that MNP can be mixed with any type of food including liquids like milk and soup</li> <li>• Belief that children will grow big heads when they eat food mixed with micronutrient powder <i>(FGD-Participants-Mayuge)</i></li> <li>• Believe the content in the small sachet of MNP does not deserve to cost shs: 500/-</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>• Men sell food in the home and cause food insecurity thus failing to meet the high children's appetite generated by eating the MNP. This happens because of gender role dynamics in the family (FGD participants-Bundibugyo and Mayuge)</li> <li>• Parents only buy about 2, 3 or 5 sachets of MNPs to last them 2, 3 and 5 days, skip about a week and buy</li> </ul>	

**11. SBCC - Strategy to Promote Micronutrient Powders**

Target audience	Current behaviors	Desired behavior	Barriers to desired behavior	Communication Objectives
			<p>again when they get some money. (“The cost of sh. 500 per sachet is not affordable by many families, this is the reason why people buy only a few sachets of MNPs. This price should be reduced to at least 300/=per sachet -FGD participants Mayuge, Luwero and Bundibugyo).</p> <ul style="list-style-type: none"> <li>• Refusal by children to eat food mixed with MNP thinking it is medicine</li> <li>• Mothers and caregivers do not complete the MNP dose for children due to lack of funds to purchase enough sachets</li> <li>• Some parents share the MNP sachets with their children on the grounds that MNP provides energy which they also want to benefit from</li> <li>• Parents mix MNPs in liquids /liquid foods e.g. milk, porridge, soup and groundnut sauce</li> <li>• Parents divide the MNP sachet and use it twice whenever they are serving children’s food</li> </ul>	

Target audience	Current behaviors	Desired behavior	Barriers to desired behavior	Communication Objectives
Community Health Promoters	Not giving key messages about nutrition and MNPs	<ul style="list-style-type: none"> <li>• Educate parents about:               <ul style="list-style-type: none"> <li>o benefits of nutrition and MNP</li> <li>o number of sachets required to complete the dose of MNP</li> <li>o other conditions that cause anaemia in children and how to prevent them</li> <li>o how to mix MNPs with children's food.</li> </ul> </li> <li>• Conduct home visits to follow-up on whether parents are using MNPs as expected</li> <li>• Counsel mothers on side effects such as loose and hard dark stool and diarrhoea</li> </ul>	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>• Inadequate knowledge on:               <ul style="list-style-type: none"> <li>o Causes of anaemia</li> <li>o Other nutrition confounders and how they are related with cause of anaemia</li> <li>o Essential steps/procedures for mixing MNP with children's food</li> </ul> </li> </ul> <p><b>Practices</b></p> <ul style="list-style-type: none"> <li>• Do not follow the essential steps for mixing MNP</li> <li>• Limited access and use to IEC materials to educate communities about MNPs</li> </ul>	To increase the proportion of CHPs who have knowledge on the benefits of MNPs and can educate mothers and caregivers on the benefits to children and steps for mixing micronutrient powder with children's food.
District leaders (DHO, ADHO-MCH, DHE, Nutrition Focal Person)	District technical leaders do not work closely with CHPs, field supervisors and area officers	<ul style="list-style-type: none"> <li>• Work closely with BRAC staff in promotion of MNP in the district</li> <li>• Strengthen operational linkages between MNP and other food &amp; nutrition security programmes in the district</li> </ul>	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>• Inadequate information about operations of MNP program in the district. For example, <i>"distribution/sell of MNP sachets by CHPs is not well known in the district" (District Official –Mayuge)</i></li> </ul>	To increase the proportion of District Health Teams and DNCCs who have knowledge on the operations of the MNP programme and support the training of CHPs and implementation of MNP program in the district

Target audience	Current behaviors	Desired behavior	Barriers to desired behavior	Communication Objectives
		<ul style="list-style-type: none"> <li>• Participate in planning, implementation and supervision of MNP activities in the district</li> <li>• Educate communities about long term sustainability mechanisms such as growing food crops that are rich in nutrients alongside emphasising benefits of MNPs</li> </ul>	<p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Low motivation by district officials due to lack of involvement in implementation</li> </ul> <p><b>Practice</b></p> <ul style="list-style-type: none"> <li>• DNCC available in some districts but not functional</li> <li>• CHPs sell the MNP sachets without providing adequate education about it</li> <li>• Operational linkages between BRAC staff and DHTs are weak. (Some BRAC staff do not involve stakeholders in the promotion of MNPs)</li> </ul>	

## 1.4 Goal and Objectives of the SBCC strategy

The goal and objectives of the SBCC strategy are based on the Social Ecological Model (SEM) which emphasizes the strength of multi-level influences on the behavior of an individual. Thus the goal of the strategy is to **address nutritional needs of children under 5 through the provision of MNP** including feeding behaviours and identified norms that prevent up-take

This goal will be achieved by developing an SBCC strategy which specifically aims at:

- Increasing caregiver knowledge of and action towards prevention of anemia in children under the age of 5 through equal behaviour shift and sustained acceptance and practice of dietary diversity, malaria prevention, feeding practices and nutritional supplements such as MNP at household level
- Changing or positively influencing social norms in support of long-term acceptance and use of MNP
- Fostering long-term, normative shifts in behaviour in support of increasing the practice of dietary diversity feeding practices; and where necessary use of MNP
- Enhancing awareness amongst men and women at household and community level on MNP
- Promoting positive change towards acceptance of MNP among target groups (men and women, households and community, traditional leaders, and other local leaders) leading to informed decision-making, modified behaviour, and acceptance of MNP
- Stimulating community dialogue and action towards prevention of anemia in children under the age of 5 through equal behaviour shift and sustained acceptance and practice of dietary diversity, malaria prevention, feeding practices, and nutritional supplements such as MNP at community level

## 2. THEORETICAL FRAMEWORKS THAT GUIDED THE DEVELOPMENT OF THE MNP COMMUNICATION STRATEGY

There are three widely-accepted constructs that underpin the development of this MNP-SBCC strategy namely the:

- Social-Ecological Model
- Stages of Change Model
- Social Marketing Approach

These models guide systematic analysis of individual behavioural determinants along the behavior change continuum. The behavioural models work in tandem with the Communication for Development approaches to promote positive individual behavior and social change that are crucial for social and health transformation. The Communication for Development approaches include: behavior change communication, social change communication, social mobilization and advocacy.

### 2.1 Socio Ecological Model (SEM)

This model acknowledges the importance of the interplay of factors between the individual and the environment and considers multi-level influences of the model on an individual's behaviour. The individual is considered important but not sufficient in the process of behavior change. Other factors are important in influencing an individual's behavior and must be addressed in their spheres of influence in order to change behavior. These factors include:

- Individual/Intra-personal,
- Inter-personal/relationship,
- Community,
- Organisational
- Policy/ Environmental

These were illustrated in figure 1 which was discussed on page 7. This figure shows that individual behaviors are influenced by behavioural determinants at different levels in the environment.

### 2.2 Stages of Change Model

The "Stages of Change Model" is a behavior change communication model that is used to analyse target audiences' behavior at different stages along the behavior change continuum. It is based on the assumption that people do not change behavior quickly and decisively, but rather change in behavior occurs continuously through a cyclical process.

This model considers behavior change as a process that takes place through stages which an individual goes through from **pre-contemplation** (not aware) to **contemplation** (awareness; knowledge) to **preparation** (individual forms positive attitudes and intention to change) to **action** (practicing or adopting the desired behavior by demanding, purchasing MNP sachets and using them to mix into children's food and to **maintenance** where parents continue using MNPs until the child completes the dosage.

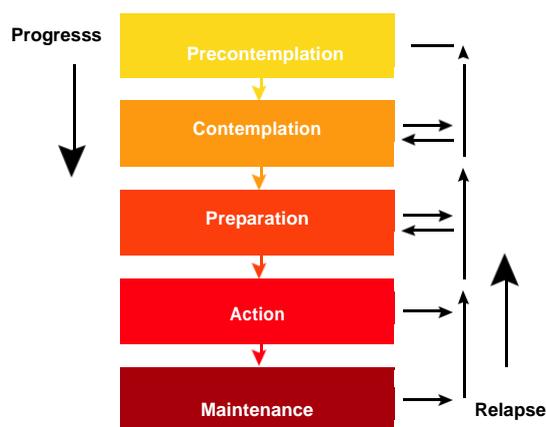


Figure 2: Stages of Change Model

It is envisaged that once some parents have experienced and appreciated the benefits of nutrition and MNPs, they will become client advocates by persuading and convincing other parents and caregivers to buy MNP sachets, mix them with children’s food and feed their children until they complete the dose.

The model further recognizes that different individuals are at different stages of change and the process of moving into a new stage is most successful when the individual is motivated and encouraged in personalized and meaningful ways at each stage . However, behavior change needs to be maintained with support and encouragement from friends, peers, relatives and regular information flow from health workers, community health promoters as well as mass and traditional media to facilitate uptake and scale-up of MNP programme in the districts.

### 2.3 The Social Marketing Theory

Much as the social marketing theory describes how the concept is used to market products, it also describes how the concept can be used to market health and nutrition services. The commercial advertisers use social marketing to sell their products; likewise, the Community Health Promoters can use the same concept to market the MNP sachets in the community.

Social marketing therefore refers to the design, implementation and control of programmes seeking to increase acceptability of a social idea in a target group . The concept of social marketing applies the principles of commercial marketing to promote healthy behavior by guiding the Community Health Promoters to sell the MNP sachets to parents and caregivers while educating and encouraging them to mix the powder with children’s food and feeding them because of the benefits accrued from micronutrient powder.

#### The Marketing Mix

Social Marketing focuses on influencing the behavior of consumers of a product by emphasizing the four Ps which refer to Product, Price, Place and Promotion. The mix of the four elements to meet the needs of specific audiences is the operationalization of the Social marketing concept.



**Figure 3: Diagram to illustrate the application of the Social Marketing Concept of the 4Ps.**

### **Application of the 4 Ps in the promotion of Micronutrient Powders**

The Marketing and distribution efforts for MNPs in the three districts should incorporate and apply all of the “4 Ps,” as follows:

- **Product:** The MNP sachet is the product the CHPs are marketing in the communities by first providing information about benefits of MNP, changing the attitudes of parents and caregivers so they can buy the MNPs and mix the powder with their children’s food and feed them. The messages in the SBCC strategy and materials will be designed with the aim of increasing knowledge, attitudes and practices of Community Health Promoters so they can positively educate community members as they sell the MNP sachets. The product in this context is perceived in two perspectives namely; parents/caregivers adopting positive health behaviors and getting motivated to buy the MNP sachets to mix in their children’s food.
- **Price:** This is what the target audience believes it must pay in the exchange for a product. The target audience must give up things they have been spending money on and embrace the new idea of buying MNP sachets and ensure they mix them with children’s food.

This will be done by households apportioning money (SHS: 500/= to buy one sachet or SHS: 15,000/=to buy a box of MNPs) in a month. Thus the social marketing concept considers the social and financial costs the parents and caregivers will incur and the benefits they will accrue from embracing the new idea of buying MNP sachets and mixing the powder with their children’s food.

- **Places:** These are points/settings in communities that are accessible to parents and caregivers where they can buy MNP sachets. This will consider settings where CHPs will be operating from to sell the MNP sachets to parents and caregivers. Place involves meeting points and distribution channels for MNP sachets such as homes of Community Health Promoters where parents and caregivers will be buying MNP sachets.
- **Promotion:** This is the exchange of information using creative ways and channels and tactics that maximise desired responses. It involves the format of communication through which the MNPs will be promoted such as education of the community through various channels of communication like airing of messages on community radios, district based FM radio stations, displaying posters with promotional messages on MNP and using leaflets and instructional leaflet with information on MNP and flip chart on how mothers and caregivers can mix the MNPs with children’s food. The promotional aspect of social marketing increases awareness of the product, communicates the benefit/value of the product, persuades parents and caregivers to buy the MNP sachet and to continue buying because of its benefits and builds relationships between CHPs and parents/caregivers and communities.

The marketplace is constantly changing and so the implementation of the MNP program should be regularly monitored to re-plan by altering tactics for improved promotional strategies. The ultimate objective of marketing is to influence action and change the behavior of parents and caregivers so they can demand for and utilize MNPs by mixing it in their children’s food and adhere to the dosage schedule. Target audiences will take positive action whenever the benefits they receive from a proposed change are greater than the social and financial costs they will incur.

### 3. COMMUNICATION APPROACHES AND INTERVENTIONS

The interventions in the SBCC strategy were developed based on the Communication for Development approaches and the Social Ecological Model. They address the barriers to desired behavior of parents, caregivers and communities in respect to promotion of MNP services. These interventions aim at bringing about change in terms of increasing knowledge, changing attitudes, developing skills and adopting positive health behaviours. Change requires negotiation and dialogue by Community Health Promoters with parents and caregivers to identify and promote “do-able” behaviors rather than “ideal” behaviors which promote pro-nutrition and MNP actions that are feasible to the audiences. The communication approaches are:

- Behaviour Change Communication
- Social Mobilisation
- Advocacy

#### 3.1 Behaviour Change Communication (BCC)

Interventions under this approach will target behavioural barriers at household and community level. There are structural barriers to women’s decision making in homes; hence, the household will be further segmented to include other decision makers such as husbands/fathers, grandparents, aunties, mother in laws and father-in-laws who influence and support the decisions of mothers in relation to MNPs. Thus gender norms play an important role in guiding decision –making. For example, a man has to be convinced about the benefits of MNP to the child so he can raise money to buy the MNP sachets.

Besides behavior change communication is the social change communication which involves people living in a particular community and are defined by their informal and formal social and power relationships which guide the way they live, work and relate with each other. The social dynamics in these communities facilitate acceptance of MNPs as beneficial to children in terms of improving their health and nutrition status.

**Strategic Focus Area 1:  
Empowerment of parents and caregivers to participate  
in activities that promote nutrition and MNP services**

#### **Communication objective**

To increase the proportion of parents and caregivers who have knowledge about nutrition and MNPs and demand for micronutrient powder for their children and adhere to the dosage schedule.

#### **Activities**

- Engage Community Health Promoters to map homes where there are big numbers of children with anaemia and malnutrition
- Mobilise parents, caregivers and communities and educate them about the importance of nutrition and MNPs to prevent anaemia among children 0-2 years
- Conduct home visits and dialogue sessions to educate parents, caregivers and members of households on benefits of MNPs in prevention of anaemia, negative social norms and cultural practices that prohibit parents and caregivers from feeding children on certain foods and counsel them on side effects of MNPs
- Distribute and disseminate SBCC materials/messages on nutrition and MNPs. The materials will be distributed during community sensitization and dialogue sessions.

- Conduct awareness raising activities through radio and TV talk shows, spots/jingles, DJ mentions, community radios and children's voices
- Use role models (Nutrition and MNP Champions) to educate communities about benefits of MNPs during community barazas/meetings. The role models will act as mentors and influencers of parents and caregivers and encourage them to purchase MNP sachets and use them to mix with children's food.

## Strategic Focus Area 2: Promotion of male involvement in Nutrition and MNP activities

Male involvement is an aspect of gender norms and is important for the success of the MNP interventions since men are heads of families and make decisions on matters concerning social, economic, health and nutritional aspects of their families. The decisions they make can contribute to promotion of MNP activities through provision of social and economic support to their spouses with respect to providing funds to purchase sachets of MNPs.

Men will therefore, be educated on the benefits of MNPs to children, especially in prevention of anaemia and overall improvement of nutrition status of children. This will motivate them to support their spouses in the crusade against anaemia.

### Communication Objective

To increase the proportion of men who have knowledge about benefits of nutrition and micronutrient powders and support their spouses to purchase the MNP sachets to mix in their children's food

### Activities

- Conduct dialogue meetings with men on benefits of nutrition and micronutrient powders
- Carry out home visits to educate men and other family members on benefits of MNP and their contribution to overall nutrition status of children. They will also educate them on the need to support their spouses in purchasing the MNP sachets and completing the dosage schedule
- Conduct radio and TV talk shows and disseminate spots/jingles on nutrition and MNPs
- Use Community radios to disseminate information on nutrition and MNP
- Distribute SBCC materials on nutrition and MNPs

## 3.2 Social Mobilisation

Social mobilization will operate at district and community level and target district and lower level stakeholders who include politicians, civic leaders, religious, traditional/cultural, opinion and community leaders. Social mobilisation will aim at creating a movement for broad-based social change so that popular norms about health care, food types, diets, family and gender relations shift and create a climate in which it is easier for families to adopt more pro-nutrition practices.

Social mobilization will further drive and facilitate community engagement activities through wider participation of district and community structures including the District Nutrition Coordination Committees (DNCC), DHTs and Community Health Promoters. The process of community engagement will facilitate establishment of effective community structures which will be used to sustain behavior change initiatives at community and household level.

**Strategic Focus Area 1:  
Strengthening the capacity of DNCC, DHTs and Community Health Promoters in nutrition and MNP services**

The District Nutrition Coordination Committee (DNCC) and District Health Team (DHTs) will be oriented on MNP-SBCC strategy to improve their knowledge in nutrition and MNPs as well as communication skills so they can in turn talk confidently and positively about benefits of MNPs in prevention of anaemia and improving overall nutrition status of children.

For sustained behavior change to take place at community and household level, interpersonal communication and counselling skills of service providers (CHPs, VHTs and health assistants) are important for building their confidence so they can more effectively deliver health and nutrition interventions and messages on MNPs. The Community Health Promoters will be oriented on nutrition and MNPs, communication skills, how to use the SBCC strategy and materials so that they are able to confidently to deliver messages on nutrition and MNPs to parents, caregivers and communities.

**Communication Objective**

To increase the proportion of District Health Teams and DNCCs that have knowledge on the operations of the MNP intervention and support training of CHPs and implementation of MNP program in the district

**Activities**

- Develop training package on nutrition and MNPs
- Orient BRAC staff, DNCC and DHTs on the use of the SBCC strategy, SBCC materials and communication skills for promotion of nutrition and MNPs
- Conduct meetings with DHEs and Nutrition Focal Persons to get feedback on challenges and successes on mobilization for nutrition and utilisation of MNP sachets
- Conduct support supervision, follow-up and mentoring of CHPs to guide them on how to implement community mobilisation activities

Social mobilization activities will be organized, implemented and supervised by the DHEs, Nutrition Focal Persons, BRAC Project Assistants, BRAC Area Officers at district level and by Field Supervisors and Community Health Promoters at community and household level.

**Communication objective**

To increase the proportion of CHPs with knowledge and skills to communicate, mobilise and educate parents on the benefits of MNPs and the need to buy them.

**Activities**

- Engage Community Health Promoters to register households with children 6 months to under 5 years eligible for use of MNP
- Engage Community Health Promoters to conduct community dialogue meetings with parents and caregivers on nutrition, nutrition confounders and MNPs
- Distribute SBCC materials on nutrition and MNPs
- Sell MNP sachets to parents and caregivers from homes and strategic points in the community

## **Strategic Focus Area 2:**

### **Strengthening collaboration with major religious leaders to promote Nutrition and Micronutrient powders**

Religious leaders are among the most influential opinion leaders in communities and can facilitate change of negative social norms and harmful cultural practices in a bid to promote behavior change. They can use their places of worship, community functions such as weddings, funerals and religious functions as well as face-to face interaction to counsel the parents from a spiritual perspective by reminding them to have faith and hope in dealing with family issues.

The religious leaders need to be oriented on nutrition and benefits of MNP in prevention of anaemia so they can in turn educate their followers at their places of worship. Their technical capacity will further be reinforced with distribution of SBCC materials on nutrition and micronutrient powders so they are confident when delivering messages to their congregations.

#### **Communication objective**

To increase the proportion of religious leaders with knowledge on nutrition and MNPs, who mobilise and educate parents on nutrition and benefits of micronutrient powders in prevention of anaemia among children in their places of worship

#### **Activities**

- Conduct orientation of religious leaders on nutrition, micronutrient powders and communication skills
- Conduct dialogue meetings with social structures in religious institutions such as Mothers Unions and Muslim Women Groups and engage them to mobilise and educate other women and men on benefits of micronutrient powders
- Engage religious leaders to conduct awareness raising activities on nutrition and micronutrient powders in their places of worship and community functions
- Distribute SBCC materials on nutrition and MNPs to religious leaders

### **3.3 Advocacy**

Advocacy interventions will target people in positions of authority who are involved in policy formulation and decision making and are important in advocating for nutrition and micronutrient powder activities. People in positions of authority are gatekeepers and hold the key to the success of MNP intervention.

At District level, interventions will target the district leaders such as RDCs, District Chairpersons, District councils, DNCC and heads of Agriculture and Education departments. The media houses (FM Radio stations) in the districts will be targeted for raising public awareness and visibility about the benefits of nutrition and MNP in prevention of anaemia and reporting correctly on MNP activities.

## **Strategic Focus Area 1:**

### **Engagement of the media fraternity to raise awareness and advocate for nutrition and MNP activities**

The engagement of media houses is key in advocating for nutrition and micronutrient powders. When different media houses in the district are engaged, they can play a key role in promoting, popularizing and advocating for nutrition and micronutrient powders.

However, members of the media houses have to understand and appreciate the importance of nutrition and micronutrient powders in prevention of anaemia so they can promote and advocate for it from an informed position. They will therefore, be oriented on nutrition, its relationship with confounders (such as malaria prevention, diarrhea prevention and treatment, sanitation and hygiene and deworming) and benefits of MNP in prevention of anaemia. This will equip them with knowledge and communication skills to gather, analyse, interpret and report correct information on nutrition and micronutrient powders.

### **Communication objective**

To increase the proportion of media representatives who have knowledge on nutrition and micronutrient powders and provide adequate coverage on radio, TV and in newspapers

### **Activities**

- Orient media representatives on the importance of MNPs in prevention of anaemia and its contribution to improvement in the nutrition status of children 6 months to under 5 years. They will as well be oriented on communication skills so they can more effectively create awareness on MNPs and report correctly on activities that promote micronutrient powders
- Provide SBCC materials on nutrition and MNPs to the media representatives

## **Strategic Focus Area 2: Lobby Political and Civic leaders at different levels to advocate for nutrition and MNP initiatives in the district**

This strategic area aims at enlisting the support and commitment of political and civic leaders at different levels to advocate for promotion of nutrition and MNP activities by including nutrition budget in the district and sub-county work plans and budgets. They will also promote MNP intervention at various fora such as district council and community meetings. This means that the leaders will first be oriented on nutrition and MNP program so they can support nutrition and MNP initiatives at district and community level.

### **Communication Objective**

To increase the proportion of political and civic leaders who advocate for nutrition and micronutrient powder initiatives at district and community level

### **Activities**

- Conduct District advocacy meetings to create awareness on benefits of micronutrient powders in prevention of iron deficiency anaemia
- Work with District Councils to advocate for nutrition and MNP initiatives
- Mobilise District leaders to participate in commemoration of key national and international events which promote nutrition such as World Breastfeeding Week and Integrated Child Health Days. These events will increase visibility of nutrition and micronutrient powders intervention at district and community level.

## 4. CHANNELS OF COMMUNICATION AND KEY MESSAGES

The channels of communication are the conduits through which messages are delivered to the target audiences. The implementation of the MNP-SBCC strategy will utilize appropriate channels of communication with emphasis on the characteristics that make them effective in terms of reach, frequency and coverage. The message content to be delivered is also important as it contains nutrition and MNP information that will increase people's knowledge, change attitudes and facilitate development of skills; self-efficacy and confidence so they can demand for MNPs and utilize them to feed their children. The message content will also enable families to value the notion of protecting their children within the first 1000 days of life. The communities will demonstrate a heightened sense of responsibility for children's growth and development outcomes.

### 4.1 Channels of Communication

The common and accessible channels of communication that will be used in promotion of nutrition and MNP interventions are categorized under Interpersonal Communication (IPC), Mass media and Traditional Media. The CHPs should consider and prioritize channels that are more cost-effective in terms of delivering messages to the parents, caregivers and communities.

In addition, the CHPs should be able to develop tailored SBCC plans by evaluating the strengths and effectiveness of each channel that will bring about better results bearing in mind the appropriateness and cost of each of the channels. In all cases, multiple and appropriate channels of communication will be used to deliver messages to the target audiences.

### 4.2 Strategic Mix and Relative Advantages

The following channels of communication will be used to deliver messages on nutrition, confounders and micronutrient powders.

#### 4.2.1 Interpersonal Communication (IPC)

Interpersonal communication involves exchange of information, ideas, thoughts and feelings between two people or among a group of people using verbal and non-verbal messages. The advantages of this channel are that an individual can get an issue clarified, receive immediate feedback or additional information from another person there and then through asking and answering questions.

Interpersonal Communication (IPC) channels include: face-to face meetings during home visits by community health promoters to parents, caregivers and family members. In addition, small group discussions through community dialogue sessions are excellent forums for parents and caregivers to ask questions, express their views and get their concerns addressed. These discussions should be facilitated by Community Health Promoters with support of the VHTs and Local Councilors of the area who have credibility in the community. Furthermore, community sensitization meetings will be held by taking advantage of community meetings organized by Local Council members on any development issue in the community. Community Health Promoters can use this opportunity to slot in messages on MNP during community meetings.

#### 4.2.2. Mass Media

Mass media includes both print and electronic media. It has the advantage of reaching the largest number of people in a short time with the same set of information. However, it does not provide immediate feedback and clarify issues on a subject matter in a short time. The possible mass media channels of communication that will be used to disseminate messages on nutrition and MNP include:

### **a) Electronic (Radio)**

- Radio in Uganda has the widest reach of up to 70% men and 59% women who listen to radio (UDHS,2016); and has a big potential to be used in disseminating information on MNP in the targeted districts
- TV has a reach of 31% men and 21% women who watch the programmes (UDHS, 2016). This can also be used to disseminate messages on MNP especially in urban areas.
- Besides radio, there are community radios and public criers which can be used to deliver messages on nutrition and MNP to people in urban and rural areas

These channels of communication can continuously and frequently be used to relay messages to parents and caregivers and people who support nutrition and MNP efforts. A number of communication formats on radio can be used and these include:

- Vignettes (spots) on district based radio stations which can increase occurrence and frequency of message delivery. Through the same format, key points like where to get MNPs, benefits of MNPs, how to mix micronutrient powders and where to go for more MNP sachets can be communicated to the public.
- Talk shows which allow a subject matter to be addressed locally. Through discussions by technical people in the field of nutrition and MNPs, they can dispel myths and misconceptions, correct misinformation through asking and answering questions from call-in listeners in the community
- Top-of-the-hour reminders and DJ mentions can also be used as short messages about a topic that are delivered frequently during a program. The radio presenters can use this opportunity to deliver messages on nutrition and benefits of micronutrient powders to parents, caregivers and members of the community.

### **b) Print Media (IEC materials)**

This channel of communication accounts for 16% men and 10% women who read newspapers (UDHS 2016). However, since very few people in the community have access to and read newspapers in local languages, SBCC materials on MNPs will be distributed to parents and members of the communities to supplement other channels of communication by reminding them about what they would have discussed with CHPs during community dialogue sessions.

The proposed SBCC materials include; MixMe flyer, Instructional leaflet on how to mix MNP with child's food, Question and Answer MixMe booklet, MixMe poster and MixMe Flipchart to be used by Community Health Promoters to guide community dialogue sessions.

These materials should be translated into local languages of the respective districts to ease reading and understanding of the content on MNPs. However, during translation, efforts should be made to observe cultural sensitivity of words/terms and cater for dialectical differences in the local language spoken in a particular district by agreeing on key common words/ terms that cut across all dialects.

#### **4.2.3. Traditional Media**

This channel refers to a form of education and entertainment for disseminating educational messages through an approach called edutainment. This can be done on radio, TV and through face-to face interaction. The commonly used traditional media channels for disseminating health and nutrition messages which the MNP program can take advantage of include:

- **Drama shows/performances**

Drama performances/shows offer an opportunity of fun, entertainment and education for interactive question and answer sessions with the public. This helps the community overcome

impending challenges and dispel myths and misconceptions about MNPs . For effectiveness of reach, CHPs should interest community drama groups to organize themselves and perform drama shows in busy community centres or markets. Drama performances can be done in unison with music and dance to convey health and nutrition messages and entertain the audiences as they learn more about MNPs from health and nutrition messages.

- **Community film shows**

Community film shows are a good way to mobilise communities to participate in nutrition and MNP activities. CHPs and Project Assistants should work with the DHEs in each district to obtain film vans from the Ministry of Health or any other implementing partners in the district that own film vans. Local videos in local languages and in places where many people are likely to converge provide an opportunity for learning as they get entertained. CHPs with support of VHTs and Local Councils can mobilise communities to attend the film shows after which people can ask questions for more understanding which the CHPs with support of DHEs can respond to after the shows.

In all cases, multiple channels of communication will be used to deliver messages to different audiences with anticipation that this will lead to increased knowledge, changed attitudes, improved skills, practices and behavior in relation to uptake of MNPs and adherence to dosage schedule.

#### **4.3 Key Messages**

The content in the materials on nutrition and micronutrient powders will be crafted in such a way that it produces take-away messages which will be delivered to the target audiences to create awareness, increase knowledge, change attitudes and behavior in relation to uptake of micronutrient powders. People can benefit from better understanding of health and nutrition information, yet it is unlikely that information alone will change their behaviors. The information needs to be supported by other interventions such as availability of MNP sachets/boxes in order for the intervention to be effective.

The messages should be clear and simple, convey benefits, and touch the hearts and minds of parents by appealing to their emotions. In addition, the messages should be relevant and sensitive to the cultural values of the people and ask them to take appropriate health action by buying micronutrient powders and properly mixing them in children's food and complete the dosage schedule. The messages should also be believable and trusted by the parents and communities by ensuring that they have a certain degree of credibility. Credibility is confirmed by indication of the authority the messages are coming from such as **“produced by Ministry of Health with support from BRAC.”** The mention of the endorsement and approval of MNP by World Health Organisation will allay fears and build more confidence in the safety and effectiveness of the micronutrient powders thus making people to have more trust in the micronutrient powders.

**Table 2: Target audiences, channels and key messages**

Level & target audience	Communication Objective	Key messages	Key Promise	Channel	Support materials
District Political and civic leaders (RDCs, LCV Chairpersons, DEC), Agriculture Dept, DNCC, DHTs and Media houses	To increase the proportion of political, civic and media representatives who have knowledge and advocate for promotion of nutrition and MNPs in their districts	<ul style="list-style-type: none"> <li>• Mobilise and educate communities on the importance of growing a variety of food stuffs that mature fast and have food values beneficial to children</li> <li>• Advocate for disease prevention by encouraging people to:               <ul style="list-style-type: none"> <li>o sleep under treated mosquito nets to prevent malaria</li> <li>o observe good sanitation and hygiene practices to prevent diarrhea among children</li> </ul> </li> <li>• Mobilise and educate parents and communities about benefits of micronutrient powders to their children and ensure completion of the dosage. This will protect the children against iron deficiency anaemia</li> <li>• Advocate for home fortification of children's food with micronutrient powders to prevent anaemia</li> </ul>	Home fortification is the most cost-effective nutrition intervention that can save the district from spending money on treating malnutrition and anaemia among children MNP is safe and effective and has been tested and approved by MoH and WHO	Radio Television Newspapers District Council meetings	<ul style="list-style-type: none"> <li>• Questions and Answers booklet</li> <li>• Reports on nutrition and anaemia situation in the district</li> <li>• Summary of talking points</li> <li>• Fact Sheet on nutrition and MNP</li> </ul>

Level & target audience	Communication Objective	Key messages	Key Promise	Channel	Support materials
<b>Community</b> Sub-county & Parish chiefs, Local Councilors Community Health Promoters and VHTs	To increase the proportion of community leaders and community Health Promoters who have knowledge on nutrition and MNPs and mobilise parents and communities to purchase and mix Micronutrient Powders in their children's food	<ul style="list-style-type: none"> <li>• Micronutrient powder is safe and effective in prevention of anaemia. It has been tested and approved by MoH and WHO.</li> <li>• Mobilise and educate communities to practice a model household strategy by growing a variety of food crops and keeping animals and poultry for food.</li> <li>• Educate parents and caregivers to take their children 6 months to 5 years for de-worming and Vitamin A supplementation during Integrated Child Health Days.</li> <li>• Mobilise and educate communities on disease prevention by encouraging them to sleep under treated mosquito nets to prevent malaria and observe good sanitation and hygiene practices to prevent diarrhea among children</li> </ul>	Your participation in promotion of micronutrient powders will make you a respected service provider and mobiliser in your community	<ul style="list-style-type: none"> <li>• Community dialogue meetings House to house visits Health education sessions at health facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Questions and Answers booklet</li> <li>• Reports on nutrition and anaemia situation in the district</li> <li>• Summary of talking points</li> <li>• Fact Sheet on nutrition and MNP</li> </ul>

Level & target audience	Communication Objective	Key messages	Key Promise	Channel	Support materials
<b>Household</b> Mothers, men, caregivers/ family members	To increase the proportion of parents and caregivers who have knowledge on nutrition and MNPs ; demand for MNP sachets and use them to mix with children's food	<ul style="list-style-type: none"> <li>• Feed your child on a variety of foods to help him/her meet the food value the child needs to grow well and healthy</li> <li>• Continue breastfeeding the child as you feed him/her on solid soft foods until 2 years</li> <li>• Seek monthly growth monitoring and promotion services in their first 2 years of life</li> <li>• Give your child water or fresh fruit juice to drink after they have finished eating</li> <li>• Wash your hands before preparing and serving a child's food and those of the child before eating. This is a sure way of preventing diseases like diarrhea</li> <li>• Mix MNP with semi-solid foods and make sure they are not hot, in form of liquids and not liquid foods</li> <li>• When MNP is well mixed with child's food, it has a number of benefits which include:</li> </ul>	<ul style="list-style-type: none"> <li>• If you complete MNP dosage schedule, your child will be protected against anaemia</li> <li>• You will save some money and time that you would spend on treatment of diseases and instead use it to do developmental activities</li> </ul>	<ul style="list-style-type: none"> <li>• Radio</li> <li>• TV</li> <li>• Interpersonal</li> <li>• Community Health workers</li> <li>• Health Promoter / VHTs</li> </ul>	<ul style="list-style-type: none"> <li>• Poster</li> <li>• Instructional Leaflet on how to mix MNP in child's food</li> <li>• Leaflet/Flyer</li> </ul>

Level & target audience	Communication Objective	Key messages	Key Promise	Channel	Support materials
		<ul style="list-style-type: none"> <li>o making child strong, healthy and active</li> <li>o Increasing child's appetite</li> <li>o Improving child's ability to learn and develop mentally</li> <li>o Preventing micronutrient deficiencies especially anaemia</li> <li>• Once you start feeding your child on MNP, continue using it until s/he completes the dose as recommended by your CHP</li> <li>• MNP sachets are available with CHPs and cost a modest fee of shs: 500/- per sachet</li> <li>• Make sure your child eats all the food within 30 minutes of mixing it with MNP to avoid test or colour change</li> <li>• Micronutrient Powder should be given to the child once every day</li> </ul>			

## 5. IMPLEMENTATION PLAN FOR THE MICRONUTRIENT POWDER COMMUNICATION STRATEGY

This Implementation Plan provides a roadmap on how the MNP-SBCC strategy will be operationalised during the five years period starting from 2020 to 2024. The plan highlights implementation approaches, strategic communication approaches to guide implementation of activities and achieve the desired goal and objectives of the strategy.

The Implementation plan is based on two key implementation approaches which include the Year Round activities that refer to routine SBCC initiatives to promote MNP activities which will be implemented all the year round by Community Health Promoters. They will be aimed at creating awareness, increasing knowledge and changing attitudes of parents and caregivers to demand and buy MNP sachets for mixing in their children’s food. The implementation of these activities will use multiple channels of communication to deliver messages to the parents and caregivers which include Inter-Personal Communication (IPC), Mass media and traditional Media.

Further, implementation of these activities will be carried out at household and community level through sustained home visiting, community dialogue sessions, use of SBCC materials, community sensitisation meetings and use of drama performances for edutainment.

Another approach that will be applied in implementation of MNP-SBCC-Strategy is the Short Term targeted campaigns which will be implemented by intensifying communication, social mobilization and community engagement activities during special events such as World Breastfeeding Week and the bi- annual Integrated Child Health Days. The implementation of these activities will focus on more affected and vulnerable communities with big numbers of children with anaemia and malnutrition. The short-term targeted campaigns will intensify community engagement activities, enhance visibility of the MNP programme and motivate parents and caregivers to purchase and use MNP sachets to mix with their children’s food. The implementation of the two approaches will be based on the communication for development approaches of Behaviour Change Communication, Social Mobilisation and Advocacy as indicated in the table below.

**Table 3: Implementation Plan for MNP-SBCC Strategy: 2019-2024**

Communication for Development (C4D) approach	Key Activities	Responsible Officer(s)	Supporting partner/ Stake holder	Timeframe Jan-2020 –Dec 2024				
<b>Communication objective 1: To increase the proportion of parents and caregivers who have knowledge on nutrition and MNPs, demand for MNP services for their children and adhere to the recommended dosage</b>								
<b>Yr 1 Yr 2 Yr 3 Yr 4 Yr 5</b>								
1. Behaviour Change Communication	1.1.1. Map households and communities where there are big numbers of children with anaemia and malnutrition, mobilise and educate them about importance of nutrition micronutrient powder in prevention of anaemia among children	Community Health Promoters	VHTs, LCs, CDOs					

	<b>1.1.2</b> Conduct home visits and educate parents, caregivers and family members on benefits of MNPs and counsel them on side effects	Community Health Promoters	VHTs, LCs, CDOs					
	<b>1.1.3</b> Conduct community dialogue meetings and educate parents, caregivers and members of households on negative social norms and cultural practices that prohibit parents and caregivers from feeding children on certain types foods and benefits of MNPs in prevention of anaemia	Community Health Promoters	CBOs, FBOs, LCs,					
	<b>1.1.4</b> Distribute and disseminate SBCC materials and messages on MNPs	Community Health Promoters	CBOs, VHTs, LCs					
	<b>1.1.5</b> Conduct awareness raising activities through radio and TV talk shows, spots/jingles, DJ mentions, children's voices & community radios	BRAC Project Assistants & Area Officers	DHE, Nutrition Focal Person					
	<b>1.1.6</b> Use role models to visit households and educate parents, caregivers and family members about benefits of MNPs in prevention of anaemia among children	DHT, BRAC Project Assistants	CDOs, Health workers, LCs, Chiefs					
<b>Communication objective 2:</b> To increase the proportion of men who have knowledge about benefits of micronutrient powders and support their spouses to purchase the MNP sachets and mix the powder with children's food								
	<b>1.2.1</b> Conduct dialogue meetings with men's groups on benefits of MNPs to their children among which is prevention of anaemia	Community Health Promoters	VHTs, CDOs, LCs					
	<b>1.2.2</b> Carry out home visits to educate men on benefits of MNP and the need for them to support their spouses in purchasing the MNP sachets and mixing the powder with children's food and complete the dosage as recommended	Community Health Promoters	CDOs, LCs					
	<b>1.2.3</b> Conduct radio and TV talk shows and air spots/jingles on nutrition and MNPs	DHT, Project Assistants	District Based Radio stations					

**Communication objective 3:** To increase the proportion of District Health Teams and DNCCs who have knowledge on the operations of the MNP programme and support the training of CHPs and implementation of MNP intervention in their respective districts

Yr 1 Yr 2 Yr 3 Yr 4 Yr 5

2. Social mobilization	<b>2.3.1</b> Develop training package on nutrition and MNPs	BRAC & Consultants	DHTs						
	<b>2.3.2</b> Orient DHT, BRAC Staff–Project Assistants, Field supervisors, Area Team Officers on the use of the SBCC strategy, SBCC materials and communication skills for promotion of nutrition and MNPs	DHT (DHE & Nutrition Focal Person), Consultants							
	<b>2.3.3</b> Orient Community Health Promoters on nutrition, nutrition confounders, use of SBCC strategy, SBCC materials and Communication skills for promotion of nutrition and MNPs	DHTs, BRAC Staff							
	<b>2.3.4</b> Conduct meetings with DHEs and Nutrition Focal Persons to get feedback on challenges and successes in promotion of nutrition, selling and utilisation of MNP sachets	BRAC Staff							
	<b>2.3.5</b> Conduct support supervision, follow-up and mentoring of CHPs in respect to mobilisation for promotion of MNPs	DHTs, BRAC Staff							
	<b>2.3.6</b> Conduct quarterly review meetings with CHPs and field supervisors to share experience on implementation and re-plan for improved mobilization strategies	DHTs, BRAC Staff							

**Communication objective 4:** To increase the proportion of Community Health Promoters who mobilise, educate and sell MNP sachets to parents and communities

	<b>2.4.1</b> Engage CHPs to register households with children 6 months to under 5 years eligible for use of MNPs	CHPs	VHTs, LCs						
	<b>2.4.2</b> Conduct community dialogue meetings with parents and caregivers on nutrition, nutrition confounders and MNPs	CHPs	VHTs, LCs						

Yr 1 Yr 2 Yr 3 Yr 4 Yr 5

	<b>2.4.3</b> Distribute SBCC materials on nutrition and MNPs	CHPs	VHTs, LCs						
	<b>2.4.4</b> Distribute and sell MNP sachets to parents and caregivers from homes and strategic points in the community	CHPs	VHTs, LCs						

**Communication objective 5:** To increase the proportion of religious leaders who have knowledge on nutrition and MNPs, mobilise and educate parents and communities on nutrition and benefits of micronutrient powders in prevention of anaemia among children in their places of worship

	<b>2.5.1</b> Conduct dialogue sessions on nutrition and MNPs with leaders of various religious denominations in the district	BRAC Staff, DHT	HAs, Religious leaders, VHTs						
	<b>2.5.2</b> Engage religious leaders to conduct awareness raising activities on nutrition and MNPs in their places of worship and community functions	Project Assistants, DHT	HAs, CHPs, VHTs & LCs						
	<b>2.5.3</b> Conduct dialogue meetings with I structures in religious institutions such as Mothers Union and Muslim Women Groups and on benefits of micronutrient powders	CHPs,	Religious leaders, DHT, CDOs, VHTs						
	<b>2.5.4</b> Conduct follow-up on religious leaders' communication activities for promotion of nutrition and MNP program	Project Assistants, DHT	Religious leaders, CHPs, VHTs						

**Communication objective 6:** To increase the proportion of media representatives who have knowledge on nutrition and micronutrient powders and provide adequate coverage on radio, TV and newspapers

3. Advocacy	<b>3.6.1</b> Orient media representatives on communication skills, the importance of MNPs in prevention of anaemia and its contribution to improvement of nutrition status of children	BRAC Staff, DHT	Media houses in the district						
	<b>3.6.2</b> Distribute MNP-SBCC materials to the media houses in the districts	CHPs	VHTs, CDOs						

**Communication objective 7:** To increase the proportion of political and administrative leaders who advocate for nutrition and micronutrient powder program

Yr 1 Yr 2 Yr 3 Yr 4 Yr 5

	<p><b>3.7.1</b> Conduct advocacy meetings with district leaders to create awareness on benefits of nutrition and micronutrient powders in prevention of anaemia and contribution of confounders to disease prevention</p>	<p>BRAC Staff, DHT</p>	<p>Relevant heads of Departments</p>					
	<p><b>3.7.2</b> Engage district and sub-county leaders to advocate for nutrition and MNP initiatives</p>	<p>CHPs, DHE</p>	<p>S/county Chiefs, LC 3</p>					
	<p><b>3.7.3</b> Engage district leaders to participate in commemoration of key national and international events that promote nutrition such as World Breastfeeding Week and Integrated Child Health Days</p>	<p>DHTs, BRAC Staff</p>	<p>Relevant heads of Departments</p>					
	<p><b>3.7.4</b> Lobby district leaders to include a budget for nutrition activities in district work plans</p>	<p>BRAC, DHT</p>	<p>District political &amp; Civic leaders</p>					

## 6. MONITORING AND EVALUATION

### 6.1 Monitoring and Evaluation framework

Monitoring and evaluation are essential components of a health and nutrition programme and are an integral component of the SBCC strategy. It is important to conduct research before design of any intervention so that the results are used to design evidence based interventions and messages.

Monitoring facilitates understanding of whether the planned communication interventions are on track and services are being delivered to the target audiences on schedule. For example, it will determine whether:

- Communities are receiving messages on nutrition and micronutrient powders
- Appropriate channels are being used to deliver messages on MNPs
- Appropriate distribution points are being used by CHPs to sell the MNP sachets
- Parents and caregivers are purchasing enough MNP sachets and mixing them with children's food
- Community Health Promoters are mobilizing and educating parents and caregivers on nutrition and MNPs and selling MNP sachets to them

Monitoring will be done on a continuous basis with lessons learnt and best practices replicated to improve implementation approaches.

Evaluation will be done to assess the effectiveness of communication interventions at the end of every year, mid-term and end of the SBCC strategy implementation period based on the Ministry of Health Vitamin and Mineral Powder Implementation Guide. The evaluation will focus on the extent to which communication interventions have been effective in creating awareness, increasing knowledge, changing attitudes and facilitating development of skills among parents, caregivers and communities in relation to generating demand for micronutrient powders and using them to mix in the children's food.

Monitoring and evaluation of MNP-SBCC interventions are based on the monitoring and evaluation model which links behavioural and social change approaches with efforts to strengthen levels of influence in the Social Ecological Model. The levels include: environmental, organizational, community and interpersonal relationships to cause change in the behaviour of an individual.

Individual-level factors to be monitored and evaluated include knowledge, beliefs, attitudes, skills, practice, self-efficacy and behavior. Interpersonal-level factors include: influence from spouses, friends, relatives. Community-level factors include; the effect of social norms, power relationships in the home and from community influencers. Organizational-level factors include influence from formal organisations such as health facilities, NGOs/CBOs, Schools, Religious Institutions; and policy. Environmental-level factors include the effect of advocacy on national and local policies and legislations related to promotion of nutrition and micronutrient powders.

The components of monitoring and evaluation which combine with the levels of influence in the Social Ecological Model will be used to measure changes in the behavior of an individual at output and outcome levels as indicated in the figure below:



Arrow shows levels at which Nutrition and MNP Communication interventions will be measured  
**Source: WHO: M&E Guide for C4D HPV Vaccination Programs: Global HPV Communication**

**Figure 4: Components of Monitoring and Evaluation Model**

## 6.2 Monitoring and Evaluation Model with indicators

### Inputs:

Refer to the resources that go into the program, for example, personnel (CHPs), time, money, equipment and materials (MNP-SBCC materials and training package) to support mobilization efforts for nutrition and MNP programme.

### Outputs:

These refer to products or services from the processes that reach the intended audiences; for example, the number of people with increased awareness and knowledge on nutrition and micronutrient powders, number of CHPs trained and have improved skills in communication; number and types of SBCC materials and messages produced and distributed/disseminated to the districts and lower levels.

### Outcomes:

These are indicators which measure short-term and medium-term changes that take place in the intended audiences due to implementation of programme objectives and activities at individual, household, community, organizational and policy/environmental levels. For example:

- Proportion of parents and caregivers who demand for MNP sachets, purchase and mix the powder in children's food; and complete the dosage as recommended
- Proportion of Community Health Promoters who mobilise and educate parents, caregivers and communities on benefits of nutrition and micronutrient powders
- Proportion of CHPs who sell MNP sachets to parents and communities
- Proportion of religious leaders who educate parents and caregivers about benefits of MNPs to their children and the need to purchase and mix the powder with children's food
- Proportion of district leaders who attend DNCC meetings and advocate for promotion of MNPs in a bid to improve nutritional status of children

Communication approach	Communication Objectives	Key activities	Indicators	Means of Verification
1. Behaviour Change communication	To increase the proportion of parents and caregivers who have knowledge on nutrition and MNPs, demand for MNPs and purchase sachets to mix with children's food and complete dosage as recommended.	<ul style="list-style-type: none"> <li>• Map households and communities and identify children with malnutrition and anaemia,</li> <li>• Mobilise and educate them about importance of nutrition and benefits of micronutrient powders in prevention of anaemia among children</li> </ul>	<b>Process</b> <ul style="list-style-type: none"> <li>• No. of households identified with malnourished and anaemic children</li> <li>• No of dialogue meetings held</li> <li>• No. of home visits conducted</li> <li>• No. of Radio/TV talk shows conducted</li> <li>• No. of role models used</li> </ul>	<ul style="list-style-type: none"> <li>• Dialogue meeting Reports</li> <li>• Home visit reports</li> <li>• Electronic media monitoring reports</li> </ul>
			<b>Output</b> <ul style="list-style-type: none"> <li>• No. of parents &amp; caregivers with increased knowledge on nutrition and MNPs</li> <li>• No. of parents &amp; caregivers who know and appreciate the benefits of nutrition and micronutrient powders</li> <li>• No. of parents &amp; caregivers who can describe benefits of MNPs to children under 5 years of age.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring and supervision reports</li> <li>• KAP survey</li> </ul>
			<b>Outcome</b> <ul style="list-style-type: none"> <li>• Proportion of parents and caregivers who: <ul style="list-style-type: none"> <li>o Demand for MNPs sachets</li> <li>o Purchase MNP sachets in adequate quantities</li> <li>o Properly mix MNPs in children's food</li> <li>o Adhere to feeding regimen for MNPs until child completes dosage</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Reports on Monitoring &amp; supervision</li> <li>• Report on National KAP Survey</li> </ul>

Communication approach	Communication Objectives	Key activities	Indicators	Means of Verification
	To increase the proportion of men who have knowledge about benefits of micronutrient powders and support their spouses to purchase the MNP sachets and mix the powder with their children's food	<ul style="list-style-type: none"> <li>•Conduct community dialogue meetings with men's groups on benefits of MNPs to their children in preventing anaemia</li> <li>•Carry out home visits to educate men and family members on benefits of MNP and the need for them to support their spouses in purchasing the MNP sachets for mixing with children's food</li> <li>•Distribute SBCC materials</li> <li>•Conduct awareness raising activities through radio and TV talk shows, spots/jingles, DJ mentions and children's voices</li> </ul>	<b>Process</b> <ul style="list-style-type: none"> <li>• No. of dialogue meetings held</li> <li>• No of radio and TV programs and spots/jingles aired</li> <li>• No. of home visits conducted</li> <li>• No. &amp;types of SBCC materials distributed</li> </ul>	<ul style="list-style-type: none"> <li>•Attendance list</li> <li>•IPSOS Monitoring Reports</li> <li>•Home visit reports</li> </ul>
			<b>Output</b> <ul style="list-style-type: none"> <li>• No. of men who can describe and appreciate benefits of MNPs</li> </ul>	<ul style="list-style-type: none"> <li>•Monitoring Reports</li> <li>•KAP survey</li> </ul>
			<b>Outcome</b> <ul style="list-style-type: none"> <li>• Proportion of men who support their spouses to purchase MNP sachets for mixing in their children's food</li> </ul>	<ul style="list-style-type: none"> <li>•KAP survey</li> </ul>

Communication approach	Communication Objectives	Key activities	Indicators	Means of Verification
Social Mobilisation	To increase the proportion of DHTs and DNCCs who have knowledge on the operations of the MNP programme and support the training of CHPs and implementation of MNP program in the district	<ul style="list-style-type: none"> <li>Develop training package on nutrition and MNPs tailored for DHTs &amp; DNCC.</li> <li>Orient DHT, BRAC Staff –Project Assistants, Field supervisors, Area Team Officers on the use of the SBCC strategy and SBCC materials so that they can confidently educate people about nutrition and MNPs</li> <li>Conduct meetings with DHEs, Nutrition Focal Persons and CHPs to get feedback on challenges and successes on promotion of nutrition and utilisation of MNP sachets</li> <li>Conduct support supervision, follow-up and mentoring of service providers on implementation of nutrition and MNP interventions</li> </ul>	<b>Process</b> <ul style="list-style-type: none"> <li>No. of DHTs oriented on the MNP training package</li> <li>No. of CHPs and BRAC area officers oriented on nutrition and MNPs</li> <li>No. of feedback meetings held</li> <li>Number of support supervision visits made in a year</li> <li>No of review meetings held in a year</li> </ul>	<ul style="list-style-type: none"> <li>Reports on orientation</li> <li>List of active Community Health Promoters</li> <li>Community survey</li> <li>Interviews</li> </ul>
			<b>Output</b> <ul style="list-style-type: none"> <li>MNP Training Package in place</li> <li>No. of DHTs and BRAC staff who can apply the SBCC strategy to implement nutrition and MNP interventions</li> <li>No. of service providers with increased knowledge on nutrition and MNP and skills in communication</li> </ul>	<ul style="list-style-type: none"> <li>Field visit</li> <li>Reports</li> <li>Structured interviews</li> <li>Community survey</li> </ul>
			<b>Outcome</b> <ul style="list-style-type: none"> <li>Proportion of DHTs and BRAC staff who use the SBCC strategy to implement MNP interventions</li> <li>Proportion of DHTs who participate in training and supervision of MNP activities</li> </ul>	<ul style="list-style-type: none"> <li>Assessment Report</li> <li>Training and supervision reports.</li> </ul>

Communication approach	Communication Objectives	Key activities	Indicators	Means of Verification
		<ul style="list-style-type: none"> <li>Conduct quarterly review meetings with CHPs and field supervisors to share experience and re-plan for improved mobilization strategies for MNP program</li> </ul>		
	To increase the proportion of Community Health Promoters who mobilise, educate and sell MNP sachets to parents and communities	<ul style="list-style-type: none"> <li>Engage CHPs to register households with children 6 months to under 5 years eligible for use of MNPs</li> <li>Conduct community dialogue meetings with parents and caregivers on nutrition, nutrition confounders and MNPs</li> <li>Distribute SBCC materials on nutrition and MNPs</li> <li>Sell MNP sachets to parents and caregivers from homes and strategic points in the community</li> </ul>	<p><b>Process</b></p> <ul style="list-style-type: none"> <li>No. of CHPs participating in registration of eligible children for MNP in households</li> <li>No. of Community dialogue meetings conducted</li> </ul> <p><b>Output</b></p> <ul style="list-style-type: none"> <li>No and types of SBCC materials distributed</li> <li>No. of households with eligible children registered</li> <li>No. of MNP sachets sold by CHPs</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>Proportion of CHPs who educate parents and sell MNP sachets</li> <li>Proportion of CHPs distributing SBCC materials and selling MNPs sachets</li> <li>Number of eligible children registered by CHPs</li> </ul>	<ul style="list-style-type: none"> <li>Lists of attendance of community dialogue meetings</li> <li>Availability of registration forms</li> <li>Types of SBCC materials</li> <li>Register of MNP sachets sold</li> <li>Types of materials</li> <li>Training package</li> </ul>

Communication approach	Communication Objectives	Key activities	Indicators	Means of Verification
	To increase the proportion of religious leaders who have knowledge on nutrition and MNPs and can mobilise and educate parents and communities on nutrition and benefits of micronutrient powders at their places of worship	<ul style="list-style-type: none"> <li>• Conduct dialogue sessions on nutrition and MNPs with leaders of various religious denominations in the district</li> <li>• Engage religious leaders to conduct awareness raising activities on nutrition and MNPs in their places of worship and community functions</li> <li>• Conduct dialogue meetings with structures in religious institutions such as Mothers Union and Muslim Women Groups on benefits of micronutrient powders to their children.</li> <li>• Conduct follow-up on religious leaders' MNP communication activities</li> </ul>	<p><b>Process</b></p> <ul style="list-style-type: none"> <li>• No. of religious leaders attending dialogue meetings</li> <li>• No. of Mothers' Union and Muslim Women Groups attending dialogue meetings</li> </ul> <p><b>Output</b></p> <ul style="list-style-type: none"> <li>• No. of religious leaders with increased knowledge on nutrition and MNPs</li> <li>• No. of Mothers Union and Muslim Women Groups with increased knowledge on nutrition and MNPs</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• Proportion of religious leaders who promote MNPs at their places of worship</li> <li>• Proportion of Mothers' Union and Muslim Women Groups who talk about benefits of MNPs in their meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Lists of religious leaders, Mothers' Union and Muslim Women Groups Reports of activities on dialogue meetings</li> </ul> <p>Field Reports</p> <ul style="list-style-type: none"> <li>• Community survey</li> </ul> <ul style="list-style-type: none"> <li>• Community Survey</li> <li>• Evaluation Report</li> </ul>

Communication approach	Communication Objectives	Key activities	Indicators	Means of Verification
Advocacy	To increase the proportion of media representatives who have knowledge on nutrition and micronutrient powders and provide adequate coverage on radio, TV and newspapers	<ul style="list-style-type: none"> <li>•Orient media representatives on communication skills, the importance of MNPs in prevention of anaemia and its contribution to improvement of nutrition status of children</li> <li>•Distribute MNP-SBCC materials to the media houses in the district</li> </ul>	<b>Process</b> <ul style="list-style-type: none"> <li>• No. of media personnel oriented on nutrition and MNPs</li> <li>• No and types of SBCC materials distributed</li> </ul>	<ul style="list-style-type: none"> <li>•Attendance lists</li> <li>•Orientation Reports</li> <li>• Observation in newspapers and TV</li> <li>•Materials Distribution lists</li> </ul>
			<b>Output</b> <ul style="list-style-type: none"> <li>• No. of district media personnel with increased knowledge on nutrition and MNPs</li> <li>• No. of district media personnel who access messages on nutrition and MNPs</li> </ul>	<ul style="list-style-type: none"> <li>•Survey Reports</li> <li>•Supervision reports</li> <li>•IPSOS Media Reports</li> </ul>
			<b>Outcome</b> <ul style="list-style-type: none"> <li>• Proportion of media houses at district level which provide adequate coverage for nutrition and MNP activities</li> </ul>	<ul style="list-style-type: none"> <li>•Evaluation Report</li> <li>•Observation</li> <li>•IPSOS report</li> </ul>
	To increase the proportion of district political and administrative leaders who advocate for nutrition and micronutrient powder program at different for a.	<ul style="list-style-type: none"> <li>• Conduct advocacy meetings with district leaders and solicit their support for promotion of nutrition and MNPs</li> <li>•Engage and district sub-county councils to advocate for nutrition and MNP initiatives</li> <li>•Engage district leaders to participate in commemoration of key</li> </ul>	<b>Process</b> <ul style="list-style-type: none"> <li>• No. of media personnel oriented on nutrition and MNPs</li> <li>• No and types of SBCC materials distributed</li> </ul>	<ul style="list-style-type: none"> <li>•Attendance lists</li> <li>•Reports on Advocacy meetings</li> </ul>
			<b>Output</b> <ul style="list-style-type: none"> <li>• No of district and sub-county leaders with increased knowledge on nutrition and MNP program</li> </ul>	<ul style="list-style-type: none"> <li>•Monitoring Reports</li> <li>•Survey Report</li> </ul>

Communication approach	Communication Objectives	Key activities	Indicators	Means of Verification
		<p>national and international events such as World Breastfeeding Week and Integrated Child Health Days</p> <ul style="list-style-type: none"> <li>• Lobby district leaders to include budget for nutrition activities in district work plan and budget</li> </ul>	<p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>• Proportion of district political leaders who advocate for nutrition and MNP program and allocate funds for implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation Report</li> <li>• Review reports</li> <li>• Supervision Reports</li> <li>• Observation of budget line for nutrition in DHT budget</li> </ul>

## REFERENCES

- BRAC, 2019: MNP Operational Feasibility Study. Kampala-Uganda
- BRAC, 2019: Terms of Reference for Development of SBCC Strategy, MNP materials and Training Package. Kampala-Uganda
- Bunton and Macdonald, 1983: Disciplines and Diversity. London-United Kingdom
- CDC, 2002: Social Ecological Model. A Framework for Violence Prevention. New York-USA
- Ministry of Health &USAID, 2018; Obulamu Nutrition Guide. Kampala-Uganda
- Ministry of Health, 2018: Uganda Vitamin and Mineral Powder Implementation Guide. Kampala- Uganda
- Ministry of Finance and Economic Development, 2011, 2016: Uganda Demographic and Health Survey. Kampala-Uganda
- Office Of Prime Minister, 2014: Advocacy and Communication Strategy for the Uganda Nutrition Action Plan (2014-2018). Kampala-Uganda
- Phillis Tilson Piotrow et al, 1997. Health Communication. Lessons from Family Planning and Reproductive Health. West Port-USA
- Prochaska and DiClemente, 1983: The Trans-theoretical Model. (Stages of Change)
- University of Brighton, 2014: Introduction to the Principles of Social Marketing. Brighton, UK
- World Health Organisation, 2018: Monitoring and Evaluation Guide for C4D HPV vaccination. Geneva-Switzerland



THE WORLD BANK  
IBRD • IDA | WORLD BANK GROUP



*Financial support for this work was provided by the Government of Japan through the Japan Trust Fund for Scaling Up Nutrition*