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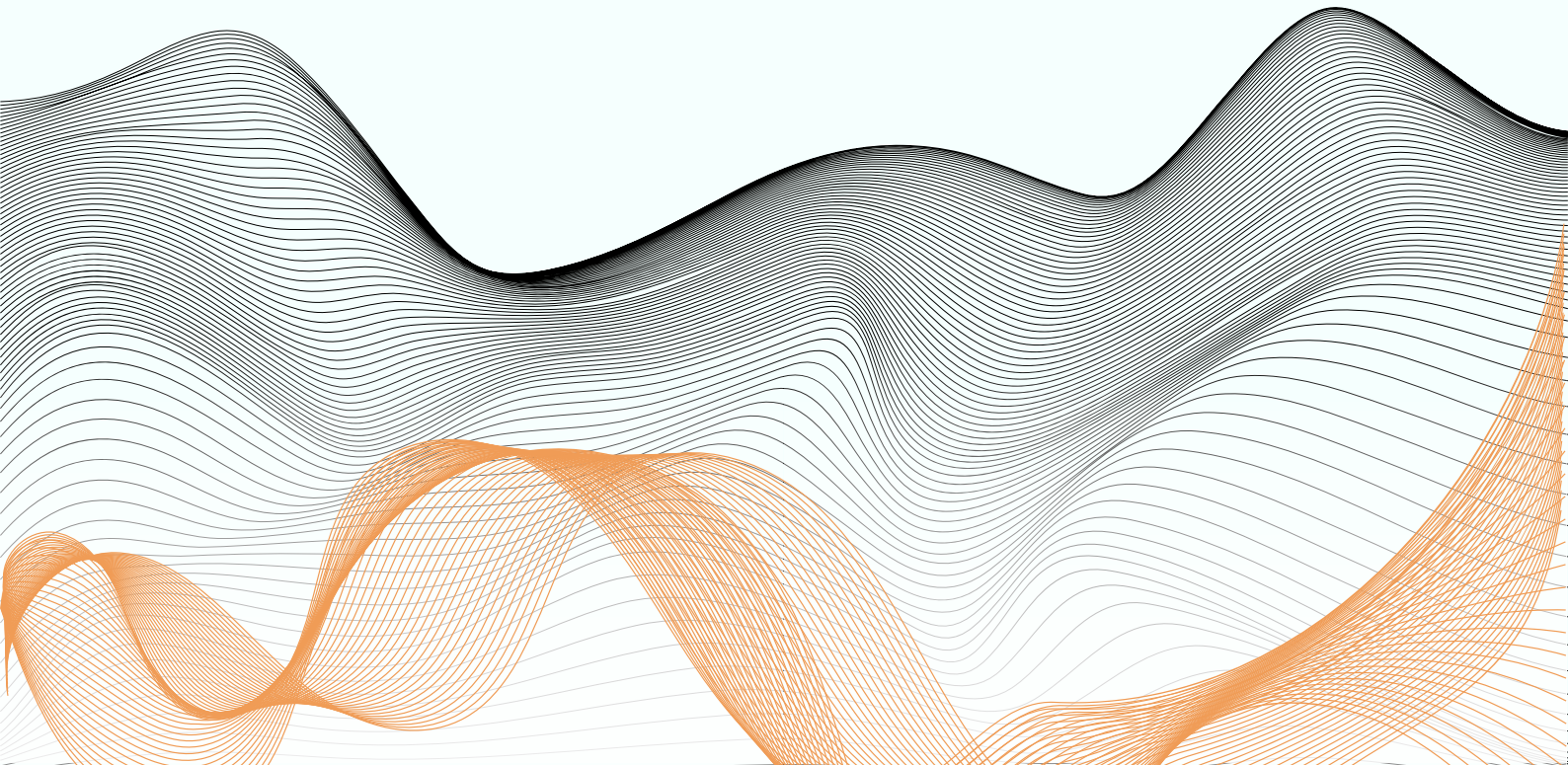
Strategy Paper

Social and Behavioural Change Communication (SBCC) Strategy to improve the maternal, child and adolescent health and nutrition situation in the CHT regions of Bangladesh



Background

The social and behavioural change communication strategy has been developed based on desk review of various policy and strategy documents related to health and nutrition in Bangladesh and on formative research carried out in the CHT regions.

The formative study included:

- Quantitative surveys with pregnant & lactating mother, and adolescents aged 15–19 Years
- Focus group discussions with pregnant and lactating mothers, adult and elderly male and female community member, and adolescents
- Key informant interviews with various stakeholders at central level to community level
- In-depth interviews with the CHCPs
- Spot-check observations of the Community Clinics

Policy reviewed

The policy and strategy documents reviewed for the SBCC strategy includes:

- Bangladesh National Strategy for Maternal Health 2019-2030 [1]
- Second National Plan of Action for Nutrition (NPAN2) [2]
- Comprehensive Social and Behaviour Change Communication Strategy 2016 [3]
- National Nutrition Policy 2015 [4]
- Dietary Guidelines for Bangladesh 2013 [5]
- National Health Policy 2011 [6]
- National Strategy for Infant and Young Child Feeding [7]

SBCC Strategy Framework

The SBCC strategy framework has been adopted based on the Designing for Behavior Change (DBC) Approach* [8] which is commonly used in the design phase or initial phase of the project. There are five guiding principles of Designing for Behaviour Change:

1. Action/Behavior is what counts (not beliefs or knowledge).
2. Know exactly who your Priority Group is and look at everything from their point of view.
3. People take action when it benefits them; barriers keep people from acting.
4. Activities should reference the important benefits and minimize the most significant barriers.
5. Base all decisions on evidence, not conjecture, and keep checking.

While adopting DBC framework 5 basic questions were answered:

1. Based on the problem analysis, what is the specific, feasible and effective behaviour to promote?
2. Who are your Priority Groups and Influencing Groups (who need to do the behaviour)?
3. What are the most important Determinants affecting this Behaviour with this group.
4. Which bridges to activities need to be promoted?
5. Which Activities will be implemented to address the Bridge to Activities?

**The Technical and Operational Performance Support Program. Designing for Behavior Change: A Practical Field Guide [Internet]. 2017 [cited 2024 Oct 7]. Available from: https://www.fsnnetwork.org/sites/default/files/designing_for_behavior_change_a_practical_field_guide.pdf*

6 EXPECTED BEHAVIOURS

01

"MOTHER VISITS SERVICE PROVIDERS AT LEAST 4 TIMES DURING THE PREGNANCY PERIODS AS PART OF ANTENATAL CARE"

02

"MOTHER DELIVERS HER CHILD IN A HEALTHCARE FACILITY, RATHER THAN AT HOME ASSISTED BY UNSKILLED BIRTH ATTENDANT"

03

"MOTHERS FEED THEIR CHILDREN ONLY BREASTMILK, RATHER THAN GIVING THEM ANY FOOD OR DRINKS, DURING AGE OF 0 TO 5 MONTHS."

04

"CHILDREN AGED 6 TO 23 RECEIVED MINIMUM ACCEPTABLE DIET REGULARLY."

05

"ADOLESCENT BOYS AND GIRLS EAT THEIR MEALS TIMELY AND REGULARLY, RATHER THAN SKIPPING; AND ADOLESCENT GIRLS EAT NUTRITION FOODS DURING MENSTRUATION DAYS MORE THAN USUAL DAYS RATHER THAN AVOIDING CERTAIN FOODS."

06

"HOUSEHOLDS REAR REMARKABLE NUMBER OF POULTRY AND LIVESTOCK ANIMALS, AND PLANT NUTRITIONALLY AND ECONOMICALLY BENEFICIAL FRUIT TREES."

01

"MOTHER VISITS SERVICE PROVIDERS AT LEAST 4 TIMES DURING THE PREGNANCY PERIODS AS PART OF ANTENATAL CARE"

Barriers to the expected behaviour

- Mother-in-law/other family members do not allow the pregnant mother to go outside of the community to visit a healthcare provider
- Lack of awareness about the benefit of ANC visits among the community members.
- Unavailability or far distance of public health facilities.
- Negative perceptions regarding the services delivery and medicines available in the public health facilities.

Bridges to activities

- Increase the awareness among the family members that it is beneficial for both the mother and child to get ANC service four or more times during the pregnancy
- Reduce the superstition that going out for receiving healthcare service is harmful for a pregnant mother and her child
- Incentives for covering transport cost of mothers living in distance places from a particular health facility
- Ensure necessary staff, availability of the service providers during service hours, necessary equipment to deliver ANC services
- Reduce the perception regarding the low efficacy of medicine provided in a public health facility

02

"MOTHER DELIVERS HER CHILD IN A HEALTHCARE FACILITY, RATHER THAN AT HOME ASSISTED BY UNSKILLED BIRTH ATTENDANT"

Barriers to the expected behaviour

- Far distance and difficult transportation system due to living in hard-to-reach areas, a pregnant woman cannot travel a long way to get admitted to an efficient health facility.
- Non-functionality or lack of efficiency of the available public health facilities.
- Negative perception about the public health facilities to neglect the rural people
- Perception regarding facility-based delivery that unnecessary C-sections are occurring in the hospitals
- Radical stand to not to break communities' traditional practices of delivering child at home assisted by the traditional birth attendants
- Inadequate affordability to get admitted in a hospital for child delivery
- Poor educational status to realize the importance of facility-based delivery.
- Ethnicity based cultural practices, such as death in a hospital may make it challenging to return back to the community with dead body and funeral in a traditional ritual

Bridges to activities

- Advocate to make the community level public health facilities in the hard-to-reach areas efficient to carry out child delivery
- Incentives for the pregnant women living in the hard-to-reach areas to cover transportation and related cost to deliver a child in a health facility
- Equipe the available health facilities with skill providers and necessary medical products to carry out child delivery
- Sensitize the service providers to provide the responsive healthcare service delivery
- Theoretical model for prioritizing normal vaginal delivery (NVD) in the health facilities (include sensitizing community people about the priority of NVD and lifesaving C-Section in the model)
- Increase the community perception regarding benefit facility-based delivery and risk of home-based delivery
- Sensitize the community perception regarding the disruption of religious and cultural practices due to hospitalization
- Increase the provision of the Trained Traditional Birth Attendants in the hard-to-reach communities

03

"MOTHERS FEED THEIR CHILDREN ONLY BREASTMILK, RATHER THAN GIVING THEM ANY FOOD OR DRINKS, DURING AGE OF 0 TO 5 MONTHS."

Barriers to the expected behaviour

- Perceptions that the mother did not have sufficient milk especially when the child cries a lot, mothers felt it was because the milk would be inadequate for the child.

Bridges to activities

- Increase the perception that with correct positioning and attachment, every mother produces sufficient milk for her baby, regardless of the size of the breast

04

"CHILDREN AGED 6 TO 23 RECEIVED MINIMUM ACCEPTABLE DIET REGULARLY."

Barriers to the expected behaviour

- Inadequate knowledge about appropriate frequency, quality and quantity of food will be given to the children aged 6 to 23 months
- Lack of knowledge and practice of utilizing the locally available foods

Bridges to activities

- Increase the knowledge regarding the appropriate frequency, quality and quantity of complementary food child should be given along with breastmilk
- Increase capacity/self-efficacy to leverage local available nutritious food for the children aged 6 months and above

05

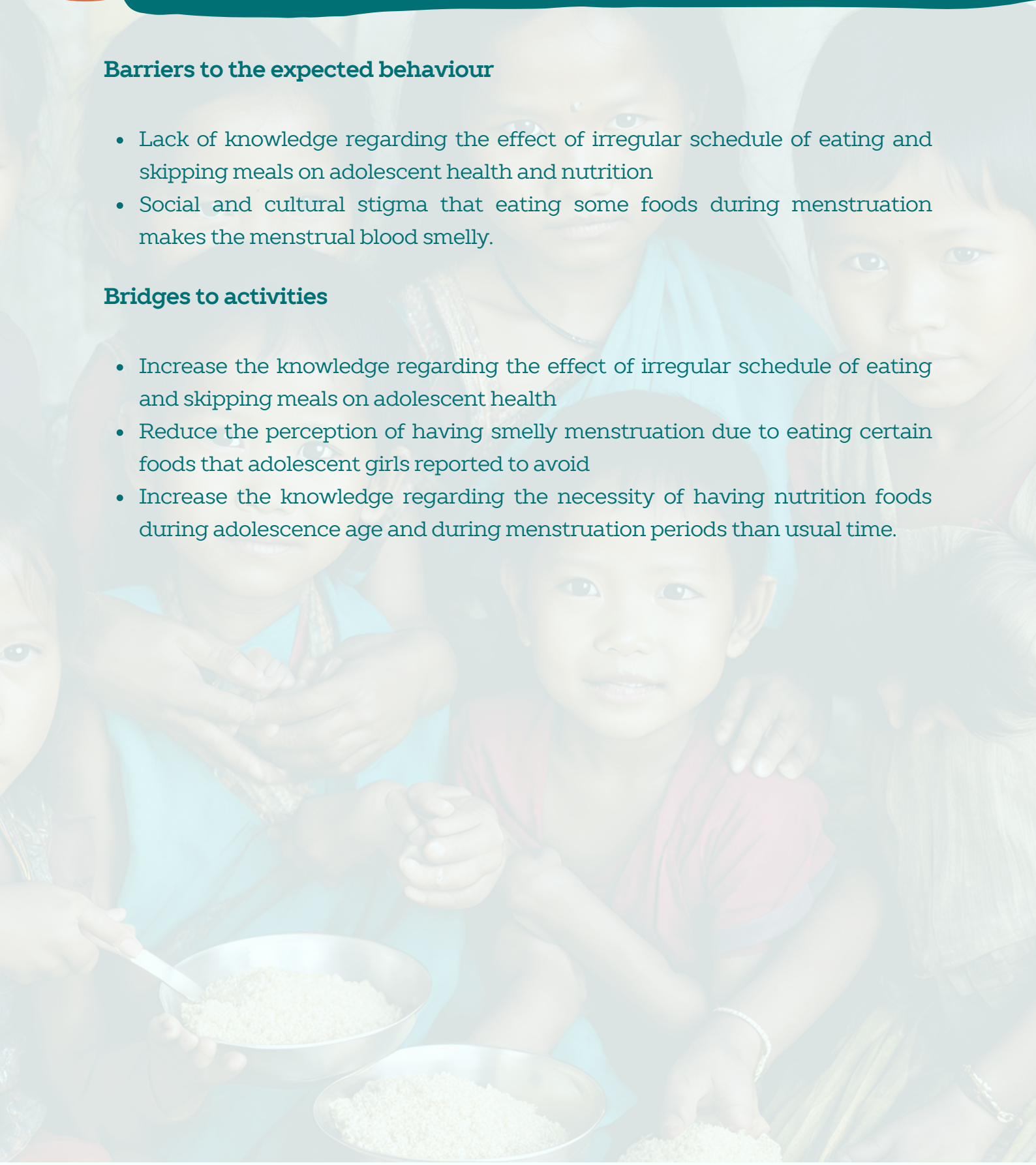
"ADOLESCENT BOYS AND GIRLS EAT THEIR MEALS TIMELY AND REGULARLY, RATHER THAN SKIPPING; AND ADOLESCENT GIRLS EAT NUTRITION FOODS DURING MENSTRUATION DAYS MORE THAN USUAL DAYS RATHER THAN AVOIDING CERTAIN FOODS."

Barriers to the expected behaviour

- Lack of knowledge regarding the effect of irregular schedule of eating and skipping meals on adolescent health and nutrition
- Social and cultural stigma that eating some foods during menstruation makes the menstrual blood smelly.

Bridges to activities

- Increase the knowledge regarding the effect of irregular schedule of eating and skipping meals on adolescent health
- Reduce the perception of having smelly menstruation due to eating certain foods that adolescent girls reported to avoid
- Increase the knowledge regarding the necessity of having nutrition foods during adolescence age and during menstruation periods than usual time.



06

"HOUSEHOLDS REAR REMARKABLE NUMBER OF POULTRY AND LIVESTOCK ANIMALS, AND PLANT NUTRITIONALLY AND ECONOMICALLY BENEFICIAL FRUIT TREES."

Barriers to the expected behaviour

- Inadequate knowledge, understanding and motivation regarding contribution of rearing household-based poultry and livestock and homestead nutrition sensitive and economically useful fruit tree plantation on the nutrition status, economic affordability and women empowerment.
- Inadequate or no organizational support to build up or increase the above expected behaviours.

Bridges to activities

- Increase knowledge and understanding regarding contribution of household-based poultry and livestock rearing and homestead-based nutrition sensitive and economically useful fruit tree plantation on the nutrition status, household earning and women empowerment.
- Encourage household-based poultry and livestock rearing and homestead-based nutrition sensitive and economically useful fruit tree plantation through social safety net program
- Create market system and supply chain for selling household production and for buying nutrition sensitive foods.
- Strengthen multi-sectoral initiatives through Bangladesh National Nutrition Council (BNNC).

Planned SBCC Activities

Organizationally planned activities to achieve the bridges to behaviour change are required to be included in the behaviour change framework. Based on the study findings potential activities are recommended as part of the SBCC strategy to improve the nutrition status of the mothers, children and adolescents in the CHT regions:

Stakeholder engagement

Stakeholder engagement should be done in two level:

- Central/district level stakeholder engagement
- Community level stakeholder engagement

In Bangladesh nutrition sensitive interventions are multisectoral program where 22 different ministries of the government are collaborating to improve the nutrition status of the communities. Need to work in close collaboration of these central level stakeholders. However, the study identified at least five (5) ministries who should be working together in the field level to achieve the goals. They should be engaged in the district level to strengthen both the nutrition-specific and the nutrition-sensitive activities.

These ministries are:

- Ministry of Health and Family Welfare (MoH&FW),
- Ministry of Food (MoFood),
- Ministry of Agriculture (MoA),
- Ministry of Women and Children Affairs (MoWCA),
- Ministry of Fisheries and Livestock (MoFL)

In the community level stakeholders need to engage in order to inform, sensitize and motivate the community people to ensure the nutrition interventions are appropriate, acceptable and effective. Utilize the available schools and other existing community-based centres (such as para kendra) to gather local level key stakeholders. The community level key stakeholders are headman, Karbari, UP Chairman, UP Member, teachers, village doctors, senior community members, and community representative male, female, adolescent boys and adolescent girls.

Recruitment of the Community-based Nutrition Promoter (CNP)

It is recommended that a community-based Nutrition Promoter (CNP) should be recruited for promoting expected behaviour related to nutrition and relevant healthcare practices. It is suggested to recruit the CNPs early while developing the SBCC materials so that they can contribute to develop locally contextual

materials, and provide supports to pilot test of the materials. A CNP should come from the same community who has the clear idea about the target community, its linguistic differences, special cultural norms and values along with a minimum educational background to do two-way communication with the community and the implementation organization. Usually, the CNP should a female and she will build the trust for the implementing organization in the community. The main on job duty of a CNP will include – carrying out specific group sessions/courtyard sessions, interpersonal communication (IPC)/one-to-one counselling with the target beneficiaries, feedback of the recommended behaviours, observe the recommended practices and also work as a referral system for the target beneficiaries.

Development/modification of SBCC materials:

An in-depth review of the existing health and nutrition related SBCC materials would be required for developing or modifying relevant SBCC materials. It is recommended that all existing material developed under the government authorization should be reviewed well (http://etoolkits.dghs.gov.bd/bangladesh-toolkits). Existing SBCC material developed and implemented by various development partners and research entities should also be reviewed. Such organization may include BRAC and ICDDR,B among many, and also the LEAN project. Key messages should be generated through the engagement of the community level stakeholders, prioritizing the ethnic group specific language and practices. Developed materials should be pilot tested in the specific community through the CNPs before finalizing. Audio-visual materials should be prioritized to be effective, based on the recommendation from the formative study participants. Audio-visual clips will help to overcome the barrier of low literacy rate in the CHT areas which make it difficult for print materials requiring careful reading of the messages. However, some print materials such as cue-card and poster for household level, and Signboard for community level, having understandable pictures with relevant sign and action, should also be developed as a cue to action.

Training of the CNPs

CNPs should be trained on behaviour change components and facilitation skills to ensure that they are conveying appropriate messages in an effective manner. It is necessary to learn by the CNPs that SBCC activities with target communities

should be interactive or two-way communication to make the sessions more effective. A training manual for the CNPs would be helpful to carry out the training as well as to provide as a handbook to the CNPs so that they can follow individually.

Community-wise introductory sessions

As a first step of the intervention roll-out, community specific introductory sessions should be organized engaging the community specific key stakeholders. Each and every planned activity to be conducted throughout the interventions processes will be disclosed along with necessary sensitization and motivation. This session will be conducted as part of the informed access to the community and to achieve the support of the community people and to utilize the opportunities available. Community stakeholders will feel the ownership of project and engage themselves as volunteers to create acceptability, to promote the expected behaviours and to suggests necessary modification to make it effective.

Priority group sessions

CNPs should be trained on behaviour change components and facilitation skills to ensure that they are conveying appropriate messages in an effective manner. It is necessary to learn by the CNPs that SBCC activities with target communities should be interactive or two-way communication to make the sessions more effective. A training manual for the CNPs would be helpful to carry out the training as well as to provide as a handbook to the CNPs so that they can follow individually.

Interpersonal communication (IPC)/one-to-one counselling

CNPs will carry out counselling sessions with the target audience at the household level in the community. For example, pregnant women in their first trimester and their family members (husband, mother-in-law) would be counselled on visiting a health facility for ANC services, on taking nutritious diet and on avoiding heavy work during pregnancy, comply with taking recommended number IFA and Calcium tablets, planning of institutional delivery etc.

Training of the frontline health & nutrition service provider

The formative research findings revealed that many of the respondents did not have trust over the behaviour of the frontline service providers in the public health facilities. There were also some observations that the functionality of the community level public health facilities was not up to the mark. In collaboration with the health sector, it would be necessary to train the frontline service provider either through special training programs for them or including some component within their own institutional trainings. The overarching aim of this training is to keep the community level health facilities functional in terms of time management, responsive or community sensitive service provision, and making the service delivery a two-way communication.

Media/channels

Tablet devices can be used to show the audio-visual clips during group courtyard sessions and IPCs. Cue-cards should be placed in the households, signboards should be placed at strategic locations of the community so that a maximum number of people can see them, and poster should be placed both in the households and at strategic places such as pharmacy/village doctor's chamber, tea stall, health facility, and other important places where people usually gather. In addition, a series of activities to engage the communities could be organized such as celebrating special days/weeks like World Breastfeeding week, safe motherhood day, International Women's Day, handwashing day, World Nutrition Day, etc.

Social safety net (SSN) support

Social safety net (SSN) support is required for the beneficiaries in three different ways:

1. Supply "food packs" for poor households with foods that are nutritious but the people of the CHT less consume. For example, there are various types of dals are available in Bangladesh, however, the CHT people like to consume only masur dal. They should be supplied with other types of dals or legumes to generate their habits of consuming such foods.
2. Need to increase household-based production of poultry and livestock animals for ensuring consumption of protein from animal source as well as to increase

the cash earning. However, this type of production increases the woman empowerment also. It would be helpful to provide them poultry and livestock animals to rear through SSN support.
3. The third one in the incentives/support for the pregnant mothers with money for cost covering transportation and related expenditures while travelling to a health facility from a hard-to-reach areas for ANC visits or for child delivery

Creation of SSN support for the beneficiaries would require working and advocating with multiple government agencies, especially the 5 ministries mentioned above.

Behaviour specific key Messages, materials and media

Key SBCC messages, materials and channels/media need to be identified which we are offering on this strategy document...

Expected Behaviour	Target group	Barriers/ Facilitators	Key Messages	Materials and Media
1. Mother visits service providers at least 4 times during the pregnancy periods as part of antenatal care"	Pregnant women, non-pregnant married women, husbands, Grandmothers /mothers-in-law	• Mothers-in-low/ other family members does not allow pregnant mothers to go outside the community to visit a healthcare provider • Lack of awareness about the benefit of ANC visits among the community members • Unavailability or distance of public health facilities • Negative perceptions regarding the attitudes of the service providers and about the medicines available in the public health facilities	• Antenatal care is essential for health and nutrition of both the mothers and their unborn children. In Bangladesh the major cause of maternal and child mortality and under nutrition is not receiving ANC services for at least 4 times during pregnancy. • Mothers can learn about healthy behaviours during pregnancy, better understand about warning signs during pregnancy and childbirth, receive social and psychological support, access micronutrient supplementation, get treatment for hypertension to prevent eclampsia and many other support and suggestions. • Going out for receiving ANC service is not harmful rather beneficial for a pregnant mother and her child, however, it is better if a family member accompanies her while going for ANC services.	Audio-visual clips to be shown through tablet devices both in the group sessions and in IPC.

Expected Behaviour	Target group	Barriers/ Facilitators	Key Messages	Materials and Media
2. Mothers deliver their children in a healthcare facility, rather than at home assisted by unskilled birth attendant	Pregnant women, husbands, Grandmothers /mothers-in-law	• Inconvenient distance and transportation system • Non-functionality or lack of efficiency of the available public health facilities. • Negative perception about the public health facilities • Negative perception regarding unnecessary C-sections • Radical stand to not to break traditional practices • Inadequate affordability to get admitted in a hospital for child delivery • Poor educational status to realize the importance of facility-based delivery • Ethnic cultural practices, such as death in a hospital may be unfavourable for traditional funeral ritual	• Home delivery is associated with higher number of maternal and child mortality and morbidity due to unable to manage complications and emergencies • On the other hand, hospital-based delivery warrants safe birth, reduces potential difficulties, maternal death, and increases the survival of most mothers and newborns. • Mother and child both are our family members. So, saving their lives is the most priority (rather than our traditional norms). • Early planning for facility-based delivery and micro savings may be helpful to afford the cost of facility-based delivery (there are SSN support for the needy mothers for delivering at the facility)	Audio-visual clips to be shown through tablet devices both in the group sessions and in IPC.

Expected Behaviour	Target group	Barriers/ Facilitators	Key Messages	Materials and Media
			• When mothers delivered their child in the facility, they and their children usually receive post-natal care services as well as some additional services such as, counselling on postpartum family planning (PPFP), support to feed colostrum, support for early initiation of breastfeeding and counselling on exclusive breastfeeding etc.	
3. Mothers feed their children only breastmilk, rather than giving them any food or drinks, during age of 0 to 5 months	Pregnant women, husbands, Grandmothers /mothers-in-law	Perceptions that the mother did not have sufficient milk especially when the child cries a lot, mothers felt it was because the milk would be inadequate for the child.	• Exclusive breastfeeding is very essential for a child's survival and future health and productivity. • Non-Exclusive Breastfeeding (NEBF) is a major cause of infant and childhood morbidity and mortality	Audio-visual clips to be shown through tablet devices both in the group sessions and in IPC.

Expected Behaviour	Target group	Barriers/ Facilitators	Key Messages	Materials and Media
			• Due to NEBF infants face future health challenges: cause a decrease in the full absorption of nutrients from breast milk; predispose them to diarrhoea, and acute respiratory infections. These infections further contribute to malnutrition; poor academic performance;decreased productivity; impaired cognitive, and social development • With good attachment and positioning, every mother produces sufficient milk required for the baby. • Good attachment is when: -Your baby's chin is firmly touching your breast. -Your baby's mouth is wide open when suckling. -Your baby's cheeks stay rounded while suckling -Your baby rhythmically takes long sucks and swallows (it is normal for them to pause from time to time)	

Expected Behaviour	Target group	Barriers/ Facilitators	Key Messages	Materials and Media
4. Children aged 6 to 23 received minimum acceptable diet regularly	Pregnant women, husbands, Grandmothers /mothers-in-law	• Inadequate knowledge about appropriate frequency, quality and quantity of food to be given • Lack of knowledge and practice of utilizing the locally available foods	• Children should be given with five or more food groups out of nine defined food groups everyday • Feed your child with solid, semi-solid, or soft foods for minimum twice everyday • Continue feeding breastmilk at least up to 24 months of age	Design a poster visualizing nine complement ary food groups based on the locally available foods and placed in every household, and medical centres. Develop a cue card with picture of solid, semi-solid, or soft foods along with messages that this type of foods need to give at least twice a day, along with breastmilk. Also discuss al these in the IPC with the mothers showing the poster and cue card

Expected Behaviour	Target group	Barriers/ Facilitators	Key Messages	Materials and Media
5. Adolescent boys & girls eat their meals timely and regularly; and adolescent girls eat nutritious foods during menstruation days more than usual days rather than avoiding certain foods.	Adolescent boys, adolescent girls, their parents and grand parents	• Lack of knowledge regarding the effect of irregular schedule of eating and skipping meals on adolescent health and nutrition • Social and cultural stigma that eating some foods during menstruation makes the menstrual blood smelly.	• A regular meal pattern with breakfast, lunch and dinner as main meals, and at least one to three snacks in between is often recommended as part of a healthy lifestyle • Eating irregularly may involve increased risk for cardiometabolic disease. Skipping breakfast in adolescence predicted the metabolic syndrome in adulthood, • Foods do not have any direct impact on uterus, they pass through stomach and intestines. So, no food is related to smelly menstruation. • Girls' loss blood and iron during menstruation which required consuming nutritious diets during menstruation. • Drink adequate amount of water, • Consume iron-rich foods (including fish, poultry, leafy green vegetables such as spinach and collard greens) • Foods which are high in protein and fibres can help control your blood sugar level, provide sustained energy and reduce cravings	Audi-visual clips to be shown through tablet devices both in the group sessions and in IPC.

Expected Behaviour	Target group	Barriers/ Facilitators	Key Messages	Materials and Media
6. Adolescent boys and girls need physical exercise	Adolescent boys, adolescent girls, their parents and grand parents	• Lack of Facilities: Limited access to sports facilities, playgrounds, and safe spaces for exercise can hinder physical activity. • Time Constraints: Academic pressures and busy schedules may leave little time for exercise. • Socioeconomic Factors: Financial constraints can limit access to sports equipment and organized activities. • Social Norms: Cultural attitudes and societal norms may discourage girls from participating in physical activities. • Lack of Awareness: Limited knowledge about the benefits of physical exercise and how to integrate it into daily routines.	• Physical Exercise is Essential for Health. Emphasize the importance of regular physical activity for maintaining overall health and preventing diseases. – Regular exercise keeps your heart healthy, strengthens your muscles and bones, and boosts your immune system. • Exercise Can Be Fun and Enjoyable Highlight the enjoyable aspects of physical activity and encourage adolescents to find activities they love. – Dancing, playing sports, cycling, and hiking are fun ways to stay active and healthy. • Physical Activity Improves Mental Health. Stress the positive impact of exercise on mental well-being, including reduced stress and improved mood. –Exercise helps you feel happier, reduces stress, and improves your concentration and memory.	Audi-visual clips to be shown through tablet devices both in the group sessions and in IPC.

Expected Behaviour	Target group	Barriers/ Facilitators	Key Messages	Materials and Media
7. Family members prioritized the health and nutrition of a pregnant or lactating mother, and she received adequate support. And women of reproductive age (WRA) receive minimum diversified food on regular basis	Pregnant women, non-pregnant married women, husbands, Adolescents, others adult household members	• Negative/ harmful perception that sleeping too much during pregnancy makes the baby's head unusually bigger, or if a pregnant woman does not work much and eats too much, the baby will be bigger and delivery will be difficult. • Inadequate knowledge about nutritional intake of a pregnant or lactating mothers for the shake of the health of mother and child • Supply chain of essential diversified food is too week • Affordability to buy recommended foods • Inadequate practice of household-based nutritious food production such as poultry • Inadequate knowledge and skill to wisely utilize the locally available foods	• Having a baby is an exciting news in a family, however, a pregnant woman or a lactating mothers required to be prioritised by her family members in terms of food intake and daily work. • A pregnant woman needs balanced and frequent diet (not over diet), enough rest and avoid heavy works for the wellbeing of both the mother and child. • A lactating mother needs extra diet regularly to meet body demand to milk production. So, a lactating mother needs to be prioritized by her family members for giving her nutritious foods.	Audio-visual clips on the necessity of nutritious and additional food intake by a pregnant or lactating mothers and show them during courtyard and IPC sessions.

Expected Behaviour	Target group	Barriers/ Facilitators	Key Messages	Materials and Media
			• Household based nutritious food production is easy and affordable source. Nutritious foods do not necessarily mean expensive food available in the market. Nutritious food plants are available around us and those are mostly growable in our homestead. We can rear poultry in our house to meet the demand for eggs and chicken flesh. Our homestead can be a big source of fruits and vegetable for regular intake. Moreover, by selling extra fruits and vegetables a household can earn cash. This is also helpful to be a woman empowered with financial capacity.	
8. Households rear remarkable number of poultry and livestock animals, and plant nutritionally and economically beneficial fruit trees.	All community members	• Inadequate knowledge, understanding and motivation regarding contribution of rearing household-based poultry and livestock and homestead nutrition sensitive and	• • Household based nutritious food production is easy and affordable source. Nutritious foods do not necessarily mean expensive food available in the market. Nutritious food plants are available around us and those are mostly growable in our homestead.	Prepare signboard with list of diversified nutritious foods and recommend producing them in the households/ homestead. Placed this signboard in the strategic

Expected Behaviour	Target group	Barriers/ Facilitators	Key Messages	Materials and Media
		• economically useful fruit tree plantation and vegetable cultivation on the nutrition status, economic affordability and women empowerment. • Inadequate or no organizational support to build up or increase the above expected behaviours.	We can rear poultry in our house to meet the demand for eggs and chicken flesh. Our homestead can be a big source of fruits and vegetable for regular intake. Moreover, by selling extra fruits and vegetables a household can earn cash. This is also helpful to be a woman empowered with financial capacity	places so that everyone can see them. Prepare a poster version of the signboard and place it in every household.

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