REPUBLIC OF ZAMBIA

FIRST 1000 MOST CRITICAL DAYS PROGRAMME

COMMUNICATION STRATEGY AND IMPLEMENTATION PLAN

THE NATIONAL FOOD AND NUTRITION COMMISSION OF ZAMBIA

2014

First 1000 MCD Communication Strategy and Implementation Plan

(July 2014 – December 2016)

EXECUTIVE SUMMARY

The National Food and Nutrition Commission (NFNC) in collaboration with its partners in the First 1000 Most Critical Days (MCD) Programme, with support of the Scaling Up Nutrition (SUN) Fund, has developed this communication strategy to support of The First 1000MCD campaign in Zambia. The strategy identifies the most critical nutrition interventions for the Programme in Zambia, key stakeholders, appropriate messages and communication channels and/or tools for delivering the messages in order to achieve the desired results. It is designed to assist NFNC and the Programme deliver on all its four key objectives that aim to contribute towards reducing stunting among children less than two years old from 45 per cent to 30 per cent by 2015, which is the target government has set out in the Sixth National Development Plan.

The broad spectrum of audiences and message-specific communication tools and channels that have been adopted aim to help the Programme achieve the proposed communication objective in the First 1000MCD Strategic Framework (2011 – 2015): *To increase nation-wide knowledge, awareness, ownership, participation and support around the first 1000MCD.*

In selecting messages for the target audiences, the Strategy pays particular attention to ensuring that the messages are consistent, unambiguous and reflect the stage and scope of SUN campaign in Zambia to avoid raising unrealistic expectations.

The choice of message delivery tools takes into account the need for active and effective engagement of the target audiences, mainly through participatory communication methodologies. The Strategy recommends an implementation model that reflects the need to enhance the capacity of the NFNC and its key implementing partners in communication. To ensure sustainability and maximum synergy, coordination and shared responsibility, the Strategy will build on existing initiatives and structures.

The Strategy further proposes an appropriate M & E plan and embraces a results-based management approach, in which an activity-based logical framework will be the main tool. Thus, the Communications Strategy will remain a living document, adjustable to suit the changing needs of 1000MCD campaign in Zambia, in line with the Strategic Framework and the NFNC Strategic Plan in general.

The Communications Strategy implementation period will be from July 2014 to December 2016.

FOREWORD

Malnutrition of both mothers and children is a key factor in child morbidity and mortality among low income families in Zambia. It greatly contributes to micronutrient deficiencies in children, severe childhood illnesses, stunted growth, wasting and mortality. Food and nutrition security worldwide is recognised as a human right and a critical ingredient for economic, social and human development. In Zambia ensuring adequate nutrition among the low income groups, mothers and children, and the vulnerable population is a serious challenge today. Currently it is estimated that 45% of the children under the age of five years are chronically under-nourished which represents about 1.2 million children within the same age group that are stunted while about 160 000 are wasted. Under nutrition, which is preventable, causes lifelong disadvantages impacting negatively on intellectual and physical development and health outcomes.

Zambia, like the rest of the global community, is party to international agreements to eliminate stunting and is a member country of the Scaling up Nutrition (SUN) movement. The SUN movement aims to address under nutrition with focus on the first 1000 Most Critical Days (MCD) of the child's life. Among the priorities of the SUN is to offer support effective leadership and adoption of a broad, multi sectoral approach to implementation of key interventions at all levels. Zambia is now politically committed to tackling under nutrition under the First 1000 MCD Programme (MCDP) as a key strategy to reduce stunting.

This communication strategic plan is key to supporting interventions for the First 1000 MCDP. The Plan provides a nationwide campaign around the importance of maternal and child nutrition to prevent stunting in the context of the first 1000 MCDs and critical information will be disseminated at various levels to reach different audiences, using different messages, channels and activities. The strategies elaborated in this plan will significantly raise nationwide knowledge, awareness, ownership, participation and support around the first 1000 MCD national programme above all assist in the reduction of stunted growth in Zambia.

I would like to encourage all stakeholders involved in supporting this plan to pool their resources together to complement the effort of government if we are to achieve the desired goal of improving nutrition status among the children under the age of five years.

I am also urging all development and cooperating partners, non-governmental organisations, civil societies, private sector, political and traditional leadership and other stakeholders to fully support government efforts through the first 1000 MCD programme.

Robinah Mulenga
Executive Director,
National Food and Nutrition Commission

ACKNOWLEDGEMENTS

The First 1000 Most Critical Days (MCD) Communication Strategy (MCDCS) is a product of consultative and collaborative processes and concerted efforts of many people and organisations. It began with situation analyses, formative studies, and wide-ranging national, provincial and district consultations that culminated in the National Food and Nutrition Commission (NFNC) Strategic Plan and subsequently the First 1000 MCD Strategic Frameworks for 2013 – 2016. In this regard, the NFNC would like to acknowledge all those who were involved in one way or the other in the development of this Strategy. As NFNC, we would like to thank CARE Zambia, the executing partners of the Scaling Up Nutrition Fund and the SUN Fund participating organisations. We are also grateful to the SUN Fund cooperating partners for their financial and technical support towards the process.

CONTENTS

EXECUTIVE SUMMARY.....ii
FOREWORD.....iii
ACKNOWLEDGEMENTS.....iv
List of Tables.....vii
List of Figures viii
List of Acronyms.....ix

CHAPTER ONE.....1

Introduction and Background.....1
1.1 Overview.....1
1.2 Global and national response to 1000MCD.....2
1.3 FIRST 1000 MCDP - Zambian perspective.....2
1.3.1 The "Minimum Package" of intervention.....2
1.3.2 Selected Interventions for Combating Stunting in Zambia.....3

CHAPTER TWO.....5

1000 MCD Communication Strategy.....5
2.1 Rationale for the SUN Communication Strategy.....5
2.2 Goal and Objectives.....6
2.3 Objectives.....6
2.3.1 Strategic Objective.....6
2.3.2 Operational Objectives.....6
2.3.3.1 Behavioural Change Objectives.....7
2.3.3.2 Institutional Change Objectives.....7
2.3.3.3 Monitoring and Evaluation.....7
2.4 Communication approaches in the strategy.....7
2.4.1 Approaches in Communication.....7
2.4.2 Guiding principles of the communication strategy.....11
2.4.2.1 A Participatory Design Model.....12
2.5 Audiences.....14
2.6 Key Messages.....14
2.4.7 Who Should Use This Strategy.....15

CHAPTER THREE.....16

Key Audiences, Messages, Strategies and Activities for the Communication Strategy....16
3.1 Behavioural Change Interventions.....16
3.1.1 Iron and Folic Acid Supplementation, Zinc Provision during Diarrhoea, Vitamin A Supplementation and Deworming.....16
3.1.2 Exclusive Breastfeeding, Complementary Feeding and Diverse Diets for Pregnant Women.....19

3.1.3 Promotion of Safe Water, Hygiene and Sanitation....22
3.1.4 Growth Monitoring and Promotion (Facility and Community)....25
3.1.5 Expanding Integrated Management of Acute Malnutrition....27
3.1.6 Promotion of Increased Availability of Diverse Locally Produced Foods....28
3.2 Institutional Change Objectives....30
3.2.1 Institutional Capacity Building and Training 30
3.2.2 Prioritisation and Mainstreaming of Nutrition Communication....32

CHAPTER FOUR....33

Management and Coordination of the Strategy....33
4.1 Overview....33
4.2 Duration....33
4.3 Geographical Focus....33
4.4 Implementation Modalities and Institutional Arrangements....34
4.5 Communication within NFNC Structures....34
4.6 Expanded Mandate of the Communication Department....34
4.7 Coordination and links with Implementing Partners: Role of Communication and Advocacy Technical Group (CATG)....35
4.7.1 Proposed Terms Of Reference For The Catg....35
4.7.2 Proposed Composition Of The Catg....36
4.8 The Role And Responsibilities Of Lead Agencies....36
4.8.1 Terms of Reference and Code of Conduct for Lead Agencies....37
4.8.2 Components and their Lead Agencies....38
4.9 Capacities of Partners and Coordinating Structures....39
4.10 Relations with and Capacities In Media....39
4.11 Financing Plan....39
4.12 Promotion....39

CHAPTER FIVE....40

Monitoring and Evaluation Plan....40
5.1 Overview of Framework....40
5.1.1 What to Monitor and Evaluate....40
5.1.2 Who to Monitor....42
5.1.3 Periodic Reviews and Feedback Mechanisms....42
5.2 Conclusion....42
References....43

APPENDICES....44

Appendix 1: Implementation Plan....44
6.0 Behaviour Change Communication Interventions....44
7.0 Institutional Change Interventions....52
8.0 Monitoring And Evaluation Interventions....56
Appendix 2: Description of communication channels and tools in the Strategy....57

LIST OF TABLES

Table 1. "Minimum Package" of Priority Interventions to be Scaled Up.....3
Table 2. Priority areas of focus during the formulation of the Communication Strategy.....4
Table 3. Iron and Folic Acid Supplementation, Zinc Provision during Diarrhoea, Vitamin A Supplementation and Deworming.....17
Table 4. Exclusive Breastfeeding, Complementary Feeding and Diverse Diets for Pregnant Women.....20
Table 5. Promotion of safe water, hygiene and sanitation.....30
Table 6. Growth Monitoring and Promotion (Facility and Community).....25
Table 7. Expanding Integrated Management of Acute Malnutrition.....27
Table 8. Promotion of Increased Availability of Diverse Locally Produced Foods.....29
Table 9. Institutional capacity building and training.....31
Table 10. Prioritisation and Mainstreaming of Nutrition Communication.....32
Table 11. Components and their Lead Agencies.....38

LIST OF FIGURES

Figure 1. Functions of communication in the human behaviour change chain (Source: Source: Rodgers, 1980).....8
Figure 2. The five entry points or spheres of influence for communication and advocacy interventions.....11
Figure 3. Framework for planning and development of IEC materials adopted in this Strategy.....13
Figure 4. Geographic focus of the Strategy (source: 1000MCD Strategic Framework).....36
Figure 5. Figure 6: Community media in Zambia; to be utilised to reach the whole country.....58

LIST OF ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
HIV	Human Immuno-Virus
CATG	Communication and Advocacy Technical Working Group
CBO	Community Based Organisation
CHWk	Child Health Week
CRS	Community Radio Station
DACO	District Agriculture Coordinator
FBO	Faith Based Organisation
FISP	Fertiliser Input Support Programme
FSP	Food Security Pack
GMP	Growth Monitoring and Promotion
GRZ	Government of the Republic of Zambia
ICT	Information Communication Technology
IEC	Information, Education and Communication
IMAM	Integrated Management of Acute Malnutrition
INESOR	Institute of Economic and Social Research
IPC	Interpersonal Communication
ITN	Insecticide Treated Net
MAL	Ministry of Agriculture and Livestock
MCD	Most Critical Days
MCDCS	Most Critical Days Communication Strategy
MCDMCH	Ministry of Community Development Mother and Child Health
MCDP	First 1000 Most Critical Days' Programme
MoE	Ministry of Education
MoH	Ministry of Health
MLGH	Ministry of Local Government and Housing
M & E	Monitoring and evaluation
NAIS	National Agricultural Information Services
NFNC	National Food and Nutrition Commission
NFNSP	National Food and Nutrition Strategic Plan
NGO	Non-Governmental Organisation
RFF	Radio Farm Forum
SD	Strategic Direction

SHN	School Health Nutrition
SMAG	Multi-Sectoral Advisory Group
SMART	Specific Measurable Attainable Realistic Time-bound
SNDP	Six National Development Plan
SP	Strategic Plan
SUN	Scaling Up Nutrition
SWOT	Strengths, Weakness, Opportunities and Threats
ToT	Training of Trainers
TV	Television
UNICEF	United Nations Children Emergency Fund
VIP	Ventilated Improved Pit Latrine
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation
ZANIS	Zambia News and Information Services
ZDHS	Zambia Demographic and Health Survey
ZNBC	Zambia National Broadcasting Corporation
ZNFU	Zambia National Farmers' Union

CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 OVERVIEW

Zambia is one of 22 African countries with the highest burden of under-nutrition in children under the age of five. According to (CSO 2009), over 45 percent of children in Zambia are stunted in growth (their height is not in proportion to their age) 15 percent are wasted and five percent are underweight. The United Nations Children's Fund (UNICEF, 2013) in Zambia notes that thousands of children and women suffer from one or more forms of malnutrition, including low birth weight, wasting, stunting, underweight, and multiple micronutrient deficiencies such as vitamin A, iron, zinc, and iodine deficiencies. Multiple nutrient deficiencies usually affect in the same individuals.

A number of factors, operating at different levels, determine under-nutrition. Thus, three broad categories of factors--food, care, and health--influence an individual's nutritional status, and adequate nutrition requires the adequate levels of all three. Poor infant and young child feeding practices due to lack of resources or knowledge of caretakers, along with illnesses such as diarrhoea, pneumonia, malaria, and HIV and AIDS, often worsened by intestinal parasites, are immediate causes of malnutrition. Underlying and more basic causes include poverty, household food insecurity, unsanitary health environment, illiteracy, social norms, and emergencies.

Growth faltering is an early life phenomenon occurring in a period of 1,000 days that starts at conception, continues through foetal life, birth, and infancy up to the second year of life. This period of rapid physical growth also coincides with significant brain formation and development. Under-nutrition during the foetal and early childhood period leads to a negative impact on brain structure and cognitive function. Under-nutrition is associated with poor school performance, leading to reduced productivity and income-earning capacity in adult life.

Malnourished children have substantially lower chances of survival than children who are well nourished. They are much more likely to suffer from a serious infection and die from common childhood diseases such as diarrhoea, pneumonia, measles, and malaria. Furthermore, maternal and child under-nutrition contributes to one-third of child mortality, according to national public health records. Every level of under-nutrition increases the risk of a child dying. However, the vast majority of malnutrition-related deaths occur in children with mild and moderate malnutrition, though the individual risk is lower than from severe forms. The high level of stunting (45 percent) and of anaemia in children in Zambia has persisted over the past 20 years.

Therefore, the delivery of simple interventions at key stages of the life cycle -- for the mother: before she becomes pregnant, during pregnancy, and while breastfeeding; for the child, in infancy and early childhood -- can greatly reduce under-nutrition. Maternal under-nutrition leads to intra-uterine growth retardation and low birth weight. Also, the 1000-day period from the beginning of pregnancy to the child's second birthday provides a critical window of opportunity in which interventions can have a positive impact on a child's prospect for survival, growth, and development, especially in countries such as Zambia with high burden of under-nutrition.

1.2 GLOBAL AND NATIONAL RESPONSE TO 1000MCD

Recognising the critical importance of nutrition in early life and the pervasiveness of malnutrition, the governments of Ireland and the United States, together with leaders from around the world, launched the 1,000 Days Partnership in September 2010 to:

1. demonstrate increased stakeholder alliances, greater alignment to country-led nutrition strategies, and increased funding;
2. show evidence of more children and mothers reached; and
3. demonstrate impact on malnutrition indicators.

The 1,000 Days partnership has also served as a challenge to the global community to accelerate progress toward realising the Millennium Development Goals (MDGs) by scaling up investments in nutrition.

1.3 FIRST 1000 MCDP - ZAMBIAN PERSPECTIVE

In April 2013, the Government of Zambia launched the National Food and Nutrition Strategic Plan (NFNSP) 2011-2015. Within the NFNSP, the prevention of stunting by focusing on the First 1000 Most Critical Days of life (MCD) is the first strategic priority. To this end, a First 1000 Most Critical Days Programme (MCDP) has been developed by the NFNC and collaborating partners.

The Scaling Up Nutrition (SUN) Fund is a joint financing mechanism established to support the Zambian National First 1000 Most Critical Days Programme. The aim of the SUN Fund is to harmonise and align key cooperating partners and stakeholders' efforts and avoid duplication as well as reduce transaction costs for all partners, including the Government of Zambia. CARE and its partners, Concern Worldwide and the Nutrition Association of Zambia, are the management agents for the SUN Fund. They support the NFNC and key line ministries (Ministry of Community Development, Mother and Child Health, Ministry of Health, Ministry of Agriculture and Livestock, Ministry of Local Government and Housing and Ministry of Education) to implement the First 1000 Most Critical Days Programme.

Ensuring successful delivery of the MCDP involves strengthening the capacity of implementing partners, to scale up priority interventions of the SUN programme. Therefore, one of the objectives of the Management Unit is to provide on-going strategic technical assistance to NFNC, key ministries and partners in the areas of communication, coordination/institutional strengthening, and monitoring and evaluation, in order to achieve optimal outcomes for mothers and children.

1.3.1 The "Minimum Package" of intervention

At the global level, experts have agreed on a package of effective nutrition interventions to reduce the levels of chronic malnutrition (stunting). It includes adequate maternal nutrition during pregnancy and lactation, early initiation of breastfeeding, exclusive breast-feeding for the first six months, continued breastfeeding and adequate complementary feeding from 6 to 24 months, and increased micronutrient intakes during the critical 1,000 days. Effective interventions for treatment of acute malnutrition (wasting) include the use of specific therapeutic foods, treatment of medical complications for severe cases, and the use of various supplementary foods for moderate cases. Given the close link between under-nutrition and infections, the implementation at scale of interventions aimed at preventing and treating infections such as immunisation,

diarrhoea, and malaria control will further contribute to malnutrition reduction.

1.3.2 Selected Interventions for Combating Stunting in Zambia

In this regard, stakeholders established reducing stunting as the main goal under the SUN in Zambia. Therefore, the areas of focus during the preparation of this Strategy were the first 1000 MCDP "minimum package" of priority interventions to be scaled up and the additional four strategic areas outlined in the *First 1000 Most Critical Days*, as listed in Table 1 below.

Table 1. "Minimum Package" of Priority Interventions to be Scaled Up

Priority Intervention	Pregnancy	0-6 months	6-23 months
1. Fe & folic acid supplementation	x		
2. Micronutrient powders (building on current pilots)			x
3. Multiple micronutrients (pilot first)	x		
4. Promotion of Breastfeeding (early initiation, exclusive breastfeeding and continued breastfeeding)		x	x
5. Promotion of complementary feeding			x
6. Promotion of diverse diets for pregnant and lactating mothers	x	x	x
7. Zinc provision during diarrhoea			x
8. Promotion of safe water and hygiene and sanitation	x	x	x
9. Growth monitoring and promotion (facility and community)		x	x
10. Vitamin A supplementation			x
11. Deworming	x		x
12. Expanding Integrated management of acute malnutrition		x	x
13. Promotion of increased availability of diverse locally available and processed foods (with focus on women's empowerment	x	x	x
14. Nutritional sensitive messages in GRZ programmes (FISP, FSP, NRWSSP, SCT, SHN, WEP)	x	x	x

To facilitate a coordinated response in this Communication Strategy and for easy impact assessment, stakeholders agreed to merge the above interventions according to the commonality of audiences and stage of intervention in the 1000MCD process. Table 2 describes these major behaviour change areas of focus:

Table 2. Priority areas of focus during the formulation of the Communication Strategy

Theme	Behavioural change areas of focus
1.	• Iron and folic acid supplementation • Zinc provision during diarrhoea • Vitamin A supplementation • Deworming
2.	• Promotion of breastfeeding (early initiation, exclusive breastfeeding and continued breastfeeding) • Promotion of complementary feeding • Promotion of diverse diets for pregnant and lactating mothers
3.	• Promotion of safe water and hygiene and sanitation
4.	• Growth monitoring and promotion (facility and community)
5.	• Expanding Integrated management of acute malnutrition
6.	• Promotion of increased availability of diverse locally available and processed foods (with focus on women's empowerment)
7.	• Family awareness
	• **Institutional change areas of focus**
8.	• Staff and institutional capacity building and training
9.	• Leadership, harmonisation and coordination of MCDP

CHAPTER TWO

1000 MCD COMMUNICATION STRATEGY

2.1 RATIONALE FOR THE SUN COMMUNICATION STRATEGY

A communications component is not just an option for an organisation or institution looking to implement an effective nutrition campaign; it is a necessity. However, communications efforts must be strategic, systematic and sustained in order to avoid implementing sporadic individual activities unrelated to a broader plan. Therefore, each initiative must be linked to a specific communications objective, aimed at a target audience and must transmit important strategic information through proper channels or tools.

Accordingly, the rationale for the SUN communication strategy hinges on the following:

1. The need to re-invigorate and re-direct the communication activities of the program in order to reinforce both the efficiency and effectiveness of the overall SUN strategy;

2. The need to re-new the support and participation of the various stakeholders in the First 1000 MCDP campaign in Zambia;

3. **Reported low awareness and knowledge:** The 1000 MCD "minimum package and nutrition science generally, are new concepts to many stakeholders and ordinary people, the main targets of their messages. As the 1000 MCD Strategic Framework (2011 – 2015) notes, few people fully understand the concepts. There is, therefore, a need to create awareness, enhance knowledge and to demystify the concepts amongst the various "minimum package" publics and the general public;

4. **Need for systematic and consistent information flow,** on nutrition in general and the 1000MCD specifically, to different audiences – primary and secondary. This approach is important so as to avoid situations where audiences receive conflicting messages;

5. **Correct information** for various stakeholders is very critical to successfully implement 1000MCD interventions at both national and local levels. Adequate and correct information will contribute to preparing various stakeholders to support the 1000MCDP for the country;

6. **Expressed need to improve the quality and quantity of media coverage:** The media, being a critical potential partner, need adequate engagement and preparation to be a part of the 1000MCD campaign. However, in interviews SUN stakeholders noted that Zambian media had limited knowledge, capacities and in-house policies and strategies to report on nutrition generally, and 1000MCD issues in particular. This has ultimately been reflected in inadequate and narrowly focused media coverage of the subject;

7. The strategy will be critical for **galvanising a national response** around SUN generally and the 1000MCD campaign specifically among various stakeholders - both primary and secondary target audiences alike; and,

8. Need for clear and **consistent monitoring and evaluation** pathways in the 1000MCD communication campaigns over a period.

2.2 GOAL AND OBJECTIVES

The goal of the 1000MCDP is: ***By 2015, stunting among young children less than two years of age will have been reduced from 45 percent to 30 percent (SNDP target nationally).***

The 1000MCD Communications Strategy aims to support and facilitate attainment of this goal. It will cover the period July 2014 to December 2016 and function as the framework for galvanising stakeholders around the 1000MCD campaign and, more importantly, the adoption of nutrition interventions for reducing stunting among the target audiences in Zambia.

The Goal of this strategy is thus:

To contribute the reduction of stunting among young children less than two years of age from 45 percent to 30 percent by 2015 through implementation of behaviour change and advocacy interventions.

2.3 OBJECTIVES

2.3.1 Strategic Objective

The Strategic Framework (2011 – 2015) notes that communication objective under the Communication and Advocacy Strategic Direction ***is aimed at increasing knowledge and awareness among mothers and other stakeholders in Zambia on the prevention of stunting in children less than two years of age.***

Thus, the Strategic Objective or goal of the 1000MCD Communication Strategy for Zambia, as adopted from the 1000MCD Strategic Framework (2011 – 2015) is to:

By December 2016, to have increased awareness, knowledge **and behaviour change in relation to the "Minimum Package" interventions for** ***the first 1000MCD in the 14 Target Districts.***

2.3.2 Operational Objectives

The following operational or specific behavioral and institutional change objectives will help attain the communication goal:

2.3.3.1 Behavioural Change Objectives

Objective 1:

- 50 per cent increase in the uptake of iron and folic acid among pregnant women by 2016
- 50 per cent increase number of parents and caretakers who take their children to under-five clinic to receive vitamin A supplementation and deworming by 2016
- Increase the number of health workers who give zinc as part of diarrhoea management by 50 per cent by 2016

Objective 2:

- Increase in the number of mothers who exclusively breastfeed from 60 per cent to 80 per cent by 2016.
- Increase by 20 per cent the number of mothers and caretakers of babies from 6 months to 24 months who give a variety of foods between three and five times a day and continue to breastfeed up to 24 months by 2016.

Objective 3: Increase the percentage of mothers and caretakers who wash hands before handling food, after changing baby's nappies and using the toilet by 20 per cent by 2016

Objective 4: At least 50 per cent of the target group of mothers and caregivers of children under two years of age take them for regular growth monitoring.

Objective 5: Increase by at least 50 per cent **mothers and caregivers who recognise the signs of early malnutrition and seek medical care or nutrition intervention.**

Objective 6: Increase by at least 50 per cent the number of women and caretakers who process a variety of foods that are directly relevant to stunting.

2.3.3.2 Institutional Change Objectives

Objective 8: Increase the capacity of targeted institutions to implement relevant communication programs.

Objective 9: Increase the capacity of the targeted institutions to coordinate and mainstream nutrition communication activities in the 14 districts.

2.3.3.3 Monitoring and Evaluation

Objective 10: Increase the capacity of institutions in the 14 districts to monitor and evaluate nutrition communication activities.

2.4 COMMUNICATION APPROACHES IN THIS STRATEGY

2.4.1 Approaches in Communication

In order to achieve the best results at each stage in the human behaviour change process,

this strategy recommends appropriate forms of both interpersonal and mass communication from a socio-psychological perspective. The functions of communication in nutrition communication for behaviour change can be summarised as illustrated in Figure 1 below.

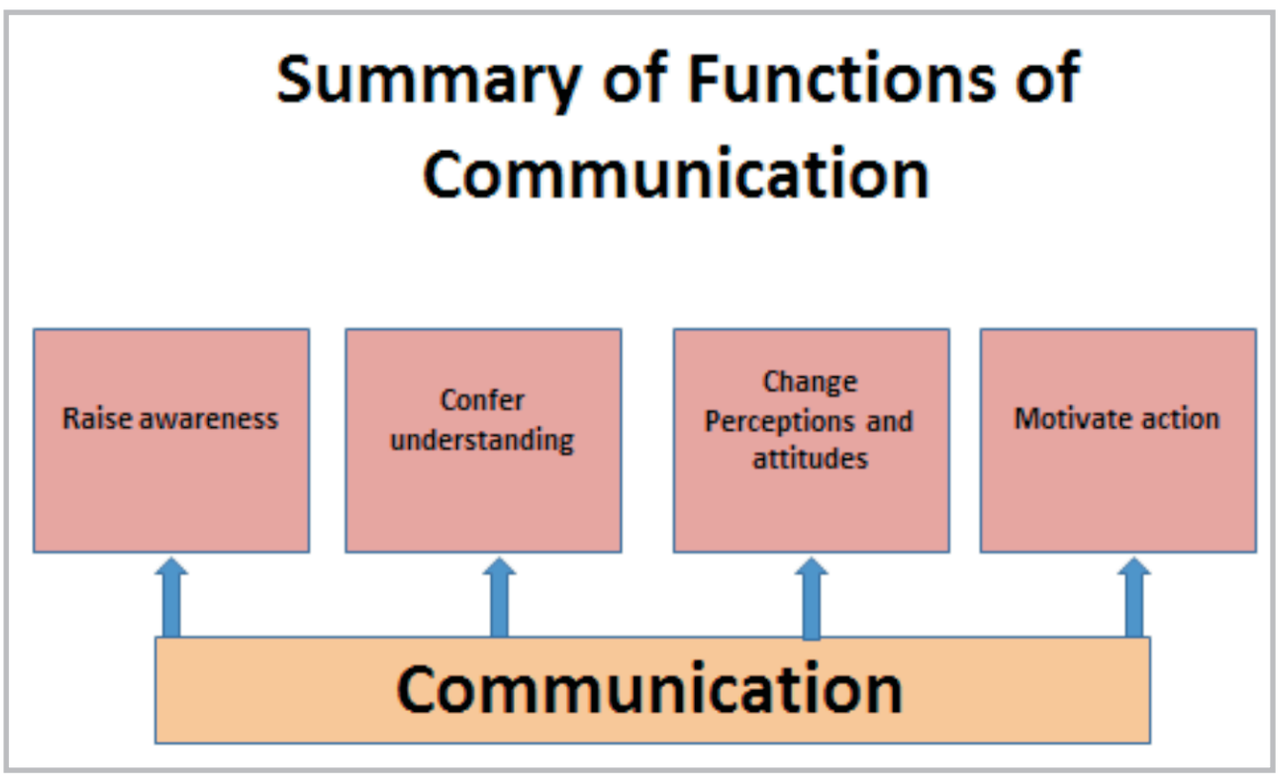

Figure . Functions of communication in the human behaviour change chain ***(Source: Source: Rodgers, 1980)***

2.4.1.1 Types and choice of media

From the understanding of the functions of communication illustrated in Figure 1, the strategy recommends more interpersonal communication strategies for complex stages of the behaviour change process (change perceptions, attitude and behaviours). On the other hand, strategy uses mass communication or mass media largely for less complex stages, such as creating awareness and understanding of nutrition and related subjects. However, overlaps are anticipated arising from the need for the two forms of communication to reinforce each other. In addition, appropriate information and communication technologies (ICTs) will be used to enhance the effectiveness of each of the two main types of communication. These include internet, mobile phone communication and other old and emerging ICTs.

2.4.1.2 Communication and information-sharing channels and tools adopted in this Strategy

In this Strategy, communication channels, media or tools, refers to the modes of transmission that facilitate exchange of information. Some of the broad categories of channels recommended are:

a. ***Interpersonal (IPC) or Human Communication*:** This includes one to one communication such as would happen between one person to another. Selected IPC channels have been

adopted in this Strategy. However, only a limited number of these have been adopted due to high implementation costs.

b. ***Community-Based Channels:*** These are intended to reach a group of people within a distinct area, for instance a village, neighbourhood or a group, based on common interests or with common characteristics. Some of the community-based means of sharing information adopted in this Strategy include:

i. Community-based media – notably community radio station, etc.
ii. Community learning and communication groups, notably radio listening clubs and Radio Farm Forum under the Ministry of Agriculture and Livestock.
iii. Community-based initiatives including edutainment (notably drama and songs), field days, shows and demonstrations.
iv. Community mobilisation, notably sensitisation and focus group meetings with various target groups, including traditional leaders. This methodology will enable community members actively participate identifying and taking action on shared concerns.

c. ***Mass Media Channels:*** These are generally cost effective because they can reach a large audience within a short period. The mass media channels adopted in this strategy are the following:

i. Radio: both national (ZNBC) and community radio will used, although the emphasis is on the community radio stations, which will facilitate access and interaction with the local people in the 14 districts, and recording and use of programmes from radio listening groups and RFFs. Radios 1 (local language) and 2 of ZNBC will be used to reinforce the CRS and for four districts which have no CRSs (Kaputa, Mwinilunga, Shangombo and Zambezi).
ii. IEC materials: the Strategy adopts a number of IEC materials, notably brochures, leaflets, manuals, booklets, branded materials, calendars and guides.
iii. Television: the Strategy recommends limited use of TV due to cost implications and the location of the primary target groups – 14 rural districts. The proposed TV programmes are those that will use existing channels and formats (video and documentaries), notably *Lima Time* of MAL, with the main purpose of demonstrating the use of some practical interventions, notably food production and preparation, among others.
Local TV channels – Chipata and Solwezi – will be used to replay documentaries produced by NAIS and used on its *Lima Time* programme.
iv. Newspapers: the Strategy does not recommend any particular newspaper interventions. However, print journalists trained under the Programme are expected to write and publish articles in their respective newspapers.
v. Newsletters: a newsletter has been recommended to facilitate information sharing and for holding together, the various stakeholders involved in the Strategy and scaling up nutrition activities generally.
vi. Outdoor media: In particular, posters and billboards will be used for selected interventions in the 'minimum package' and in selected places. Posters are targeted at health institutions and schools in the 14 districts.
vii. Churches: the Strategy includes use of local churches in the target areas to spread

messages and some of the IEC materials. This means church leaders will be included in the planned sensitisation activities.

d. ***Digital channels*: Taking advantage of increased use of** computers, telephone and other forms of interactive media, the strategy has adopted targeted use of cell phone and internet-based forms of communication (notably SMS platform, web portal, Facebook and Twitter on the NFNC website).

e. ***Knowledge management and sharing:* E**xisting resource centres at NFNC and partner institutions in Lusaka and the 14 districts will be used as information hubs or points where people will readily access to information on 'minimum package' through publications and other materials, both soft and hard copies and on and off line.

   Information sifting and dissemination to specific target audiences, such as media, will have to be a critical part of knowledge management. To be effective, the resource centres will subscribe to major international journals and other publications.

2.4.1.3 Factors determining decision on the channel mix

The decision on the appropriate channel mix depended on a number of factors. Though primarily channel selection was determined by known audience preference, the intersection between the campaign goals and the channel characteristics was also considered.

For instance, the recognition that mass media are more effective for creating awareness, whilst interpersonal channels are superior for promoting behaviour change was taken into account. Therefore, skills related topics will be predominantly imparted through channels that facilitate hands-on experience, such as demonstrations, or those that are able to bring reality close to the audiences, notably documentaries and testimonies (both oral and video).
Other considerations include:

- *Reach:* number of people the communication effort wants to target. Quick reach of a wide audience can be attained through use of mass media where the audience has media access;
- *Frequency*: the number of times the message or content is to be aired or publicised. Some messages require many exposures and may thus place limitations on use of certain media owing to cost;
- *Proven Impact*: what is documented as the success rate – on many accounts -- of a particular medium or combination of media or channels; and,
- *Cost effectiveness*: the net benefit compared to the cost of using a particular medium or a combination of media or channels.
- *Existing materials:* as much as possible the strategy has taken on board and proposed to replicate and/or scale up existing materials but only those that 'passed' the review by stakeholders undertaken at commencement of the strategy development process.

A multi-channel campaign, combining mass media, community events, interpersonal communication (IPC) and digital media, enhances both reach and frequency at the same time.

2.4.1.4 Spheres of Influence for Communication in the Strategy

The interventions proposed in this strategy are expected to address the identified communication and advocacy problems through five levels or entry points as follows and as illustrated in Figure 2 (below): 1. Individual; 2. Family; 3. Community; 4. Institutional; 5. Environment.

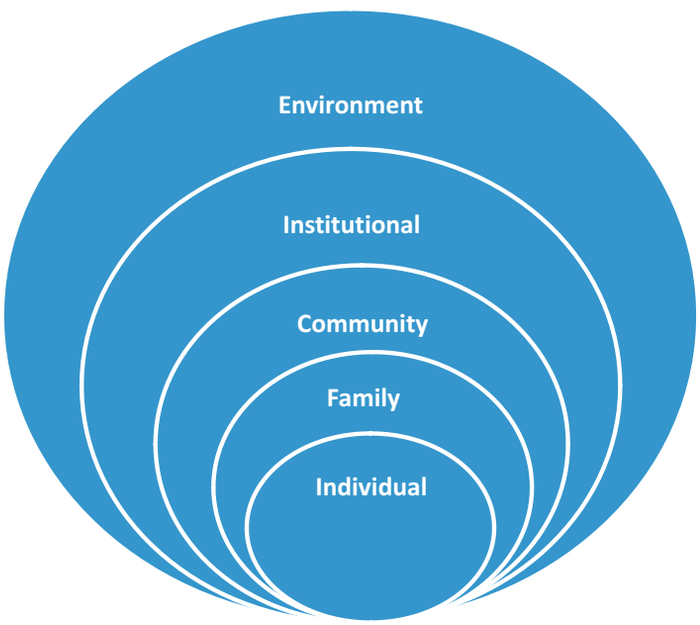

Figure 1. The five entry points or spheres of influence for communication and advocacy interventions.

The issues and/or messages for each of the five levels or units include:

- *Individual:* Personal choices, risks, incentives, values, etc.
- *Family:* Values, choices, attitudes, incentives, risks and vulnerability, environments, etc.
- *Community:* Society values, structures, attitudes, incentives, environments, risks and vulnerability and common laws, policies and programmes.
- *Institutional:* Policies, programmes, working environments, resources, strategies, capacities and competencies.
- *Environment:* Legal and regulatory frameworks, policies, incentives, etc.

2.4.2 Guiding principles of the communication strategy

The following principles should guide the planning, implementation and monitoring of the Strategy:

- ***Results oriented:*** The effectiveness of a communication effort should be ultimately determined by the health outcomes. Increased knowledge, approval and adoption of healthy behaviour should be verified by research.

- ***Evidence based*:** Communication planning should utilise accurate data and theory to inform and guide the activities.
- ***Client centred*:** Audiences should be involved with a view to determining what their health needs are and participate in the process of shaping messages to address those needs.
- ***Participation:*** Client and partner involvement should be a priority throughout the communication process, including programme design, implementation and evaluation.
- ***Benefit oriented:*** The target audiences must perceive the benefit of adopting the targeted behaviour.
- ***Service linked:*** The health promotion efforts should be directed towards promotion of specific services to ensure self-efficacy.
- ***Multi-channelled*:** Multiple channels that are complementary should be used with a view to enhancing effectiveness of communication and reaching the target audiences.
- ***Technical quality:*** The communication and related processes should aim to be effective through high quality messaging and products.
- ***Advocacy related*:** Strategic communication should be advocacy-related, targeting the individual, family, community, institutional and policy levels to influence behaviour change.
- ***Expanded to scale*:** Communication is effective when its success at programme level can be expanded to other levels.
- ***Gender and cultural sensitive*:** Communication interventions will aspire to be gender and cultural sensitive and balanced at all levels.
- ***Programmatically sustainable*:** Effective communication programmes at all levels should aspire to be sustainable.
- ***Cost effective:*** Communication resources should be focused towards the most effective channels.

2.4.2.1 A Participatory Design Model

Health promotion and education activities rely on a variety of well-designed and effective IEC or BCC materials for positive impact. From vast research, literature reviews and experience, the success and impact of IEC materials depends largely on certain fundamentals pertaining to their development. Among these includes:

- Understanding of the target audience by the material design team.
- Understanding of the issues and specific health concern.
- A participatory and cyclic approach to designing of the materials, mostly involving target audience members throughout the process.
- Rigorous pre-testing and/or formative evaluation of the materials before mass production and dissemination.

The brief section below offers a set of fundamental guidelines for the IEC material development teams to follow in the planning, design (or adaptation) and production of IEC materials. It suggests a clear, six–step approach, with each step supporting the next.

The six steps (also illustrated in Figure 2) are as follows:

a. Communication Planning (which includes audience analysis)

b. Preparatory Activities and Materials/Media Development

c. Design Methods for Pre-Testing

d. Conduct Pre-Test

e. Analyse and interpret the results

f. Reporting and Implementation (includes mass production and utilization)

g. Monitoring and Evaluation.

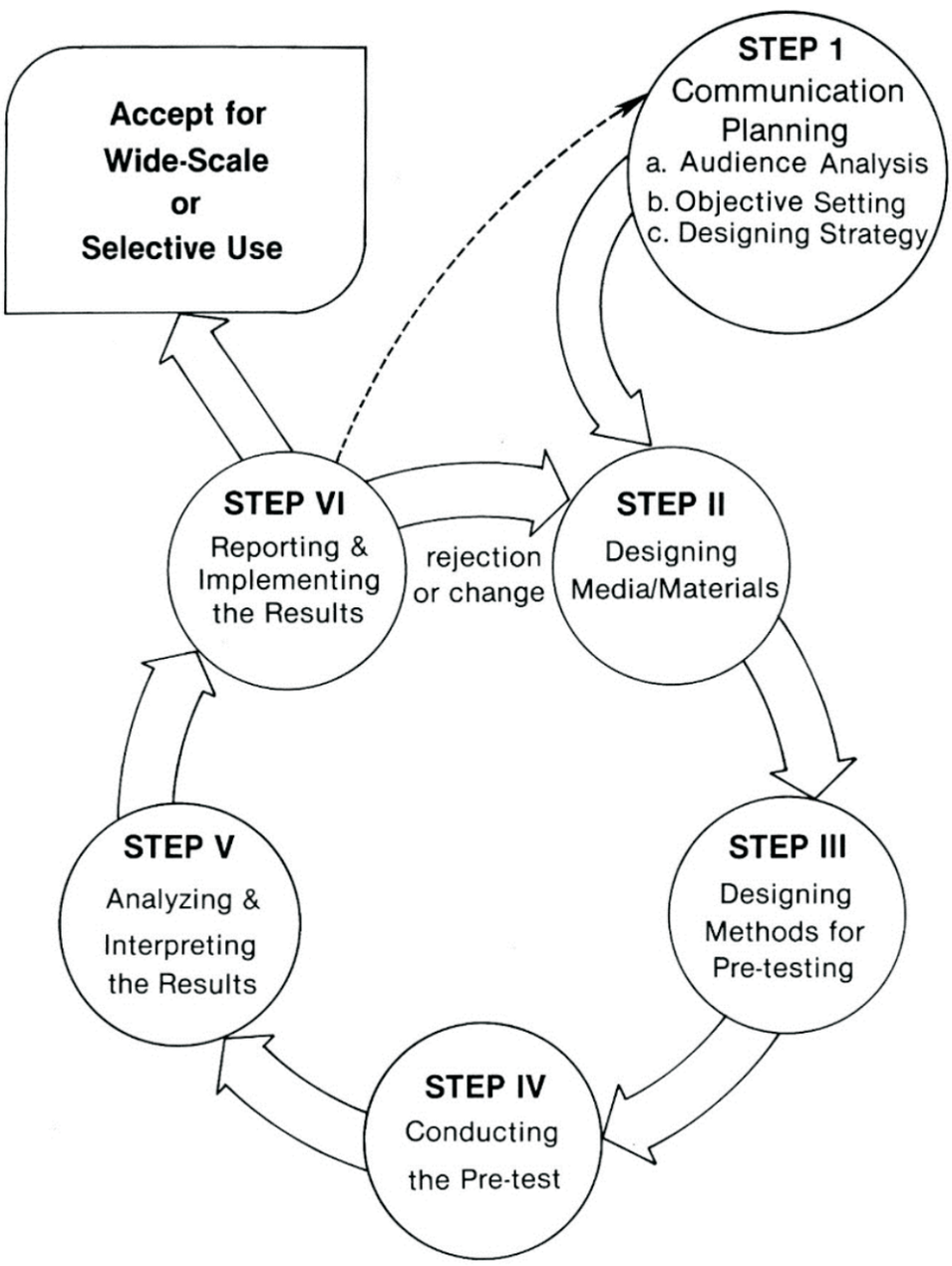

Figure . Framework for planning and development of IEC materials adopted in this Strategy.

2.5 AUDIENCES

The audience for this Communications Strategy is defined as individuals or groups of individuals considered the end-users of the "minimum package' messages and towards whom the communication will be targeted. Recognising the variety of communication needs of the SUN stakeholders, this Strategy has segmented the audiences into smaller groups, with similar characteristics, wants and needs according to a particular communication objective.

The audiences have been clustered into target audience, secondary audiences and allies or external implementing partners as defined below:

Target or Primary Audiences are specific groups of people that will be the target of a specific communication campaign or objective. These have been clustered together because of the amount of influence they possess or rights and interests they have on a particular 'minimum package' interventions being advanced in the communication objective.

Secondary Audiences are defined in terms of: (i) those that may exert an influence on, or whose work relates to, the target audience; and, (ii) those that may not be the target of the communication but are reached nevertheless.

Allies or External Implementing Partners are groups of people that will be involved in achieving specific communication objectives.

Chapter 3 of this Strategy provides a summary of the audience, message, channel and activity matrix analysis for each of the "minimum package" interventions and the cross-cutting institutional objectives.

2.6 KEY MESSAGES

Targeted messages will be created, assembling the specific concepts and language that will resonate with the different target audiences in a way that will result in achievement of its overall goal. In this regard, designers of programmes and IEC materials will select messages that will appeal to both primary and secondary values of the target audiences. Therefore, the Strategy will seek to develop messages at three main levels:

Level 1 Messages: Will focus on big ideas and values – such as personal responsibility; safety; impact of lack of adherence to the message on self, family and/or community; personal and family benefits from adherence to the nutrition interventions under the 'minimum package'; and other core values.

Level 2 Messages: Will focus on issues and rights – such as women's and civil and child rights movements; sector reforms; issues affecting specific groups (women, youth groups, local communities, etc.); and others.

Level 3 Messages: Will focus on specific national and international policies and regulations. However, most of these messages will be contained in the advocacy strategy.

Communication channels will be chosen carefully to disseminate messages that appeal at all the three levels. Designers will be mindful that it is the big ideas and values (Level 1 Messages) that resonate with large audiences. These should take the form of oral testimonies (both audio and visual), human-interest (personalised) stories and other impact-on-personal-lives stories.

In developing the messages, care will also be taken to enhance impact by ensuring that the messages keep a focus on the following:

- Barriers
- Facilitating factors
- Core message
- Primary values
- The main problem/s
- Possible solutions
- Actions to be taken

2.4.7 WHO SHOULD USE THIS STRATEGY

This Communications Strategy is a national document developed as a guide to implementing partners including NGOs, governmental departments and agencies, faith-based organization (FBOs), community-based organisations (CBOs) and any other institutions implementing nutrition interventions for children up to the age of two years. The Strategy aligns to the Strategic Plan of the NFNC and the 1000MCD Strategic Framework, with the aim of ensuring that communication and advocacy activities under the 1000MCD campaign are coordinated and effectively implemented. By coming together under the framework of this Strategy, the organisations will be able to provide a strong and united message. The Communication Strategy provides the opportunity to strengthen the response to stunting in Zambia by eliminating contradictions and mixed messages.

CHAPTER THREE

KEY AUDIENCES, MESSAGES, STRATEGIES AND ACTIVITIES FOR THE COMMUNICATION STRATEGY

The Strategy advances 10 operational objectives (seven behavioural change, two institutional change and one M & E), conceived from the five strategic areas[1] defined in the *First 1000 Most Critical Days*. Ultimately, the 10 objectives work to realize the overall goal, specified under SD 1 of the NFNSP:

> ***By 2015, stunting among young children less than two years of age will have been reduced from 45 percent to 30 percent (SNDP target nationally).***

However, it was acknowledged that for each objective, the target audience, key messages and strategies differed. Therefore, this strategy identifies the key audiences (primary and secondary) for each intervention and their issues, what the key messages should be, how they should be delivered and the envisaged result, among other things.

The following matrices contain analyses of the above variables for each of the components or cluster of 'minimum package' (behaviour change) interventions and the crosscutting institutional change interventions.

3.1 BEHAVIOURAL CHANGE INTERVENTIONS

3.1.1 Iron and Folic Acid Supplementation, Zinc Provision during Diarrhoea, Vitamin A Supplementation and Deworming

According to (CSO 2009), 54 per cent of children in Zambia have vitamin A deficiency, 53% have iron deficiency anaemia, and 9.3 per cent of children are born with low birth-weight, indicating poor maternal nutrition. Ultimately, lack of these elements contributes to child birth defects, anaemia, malnutrition, prolonged diarrhoea, prolonged illness and to infant and maternal mortality. The CS aims to help NFNC raise sustainable use of iron, folic acid, zinc, vitamin A supplementation and deworming among at least 50 per cent of the target group of adolescent girls, mothers, caregivers and health workers.

[1]The strategic areas are policy and coordination, priority interventions, institutional, organisational and human resource capacity-building, communications and advocacy, and monitoring and evaluation, and operational research.

Table 3 . Iron and Folic Acid Supplementation, Zinc Provision during Diarrhoea, Vitamin A Supplementation and Deworming

1.	**Intervention**	Iron and Folic Acid Supplementation, Zinc Provision during Diarrhoea, Vitamin A Supplementation and Deworming			
2.	**Target**	***Iron & Folic Acid***	***Zinc***	***Vitamin 'A'***	***Deworming***
	Primary Audience	Adolescents Girls and Pregnant women	health workers	Caregivers with children six to 24 months	caregivers of children 12 to 24 months
	Secondary Audience	Partners of pregnant women and Parents of Adolescent Children	caregivers	health workers	Health workers, and pregnant mothers
	Allies/Partners: Chiefs, SMAGs, HWs, community leaders, media, line ministries, schools				
3.	**Current behaviour** ***Iron and folic acid supplementation*** • Women are not taking iron and folic acid as required. • They do not attend antenatal clinics in the first trimester to receive the supplement. ***Zinc provision during diarrhoea*** • Health workers not prescribing/providing zinc in the management of diarrhoea ***Vitamin A supplementation*** • Caretakers are only taking their children for supplementation during child health weeks (CHWk) ***Deworming*** • Pregnant women do not take deworming pills routinely • Caretakers do not deworm their children routinely				
4.	**Desired behaviours** ***Iron and folic acid supplementation*** • Take iron and folate supplement as required • Attend antenatal clinics in the first trimester to receive the supplement. • Eat iron-rich foods ***Zinc provision during diarrhoea*** • Health workers should prescribe zinc correctly in the management of diarrhoea ***Vitamin A supplementation*** • Caretakers should take their children for routine supplementation when they are due ***Deworming*** • Regular intake of deworming pills (at least once every six months)				
5.	**Barriers to desired behaviour** ***Iron and folic acid supplementation*** • Lack of knowledge of benefits • Fear of vomiting • Fear complications during delivery due to big babies • Distance to health services ***Zinc provision during diarrhoea*** • Lack of knowledge of benefits of zinc in diarrhoea management • Stock-outs of zinc				

5.	***Vitamin A supplementation*** • Caregivers lack of knowledge on availability of routine supplementation • Distance to service delivery points • Stock-outs of vitamin A in some facilities. ***Deworming*** • Stigma and discrimination associated with worm infestation • Misconceptions about deworming pills (too strong for babies) • Lack of access to deworming medication
6.	**Behaviour Change Objective** • 50 per cent increase in the uptake of iron and folic acid among pregnant women by 2016 • 50 per cent increase number of parents and caretakers who take their children to Under-five clinic to receive vitamin A supplementation and deworming by 2016 • Increase the number of health workers who give zinc as part of diarrhoea management by 50 per cent by 2016
7.	**Communication Objective** • Increase awareness, knowledge and attitude change
8.	**Key messages (to help achieve the desired behaviour changes)** • Take iron and folic acid tablets to prevent anaemia and birth defects. • Eat a variety of nutritious foods to be healthy and increase your chances of having a healthy baby. • Eat fortified foods to increase you intake of vitamins and minerals • Take vitamin A within eight weeks of delivery to improve vitamin A in breast milk • Vitamin 'A' supplements promote growth and help protect your child from infections and loss of sight. • Consume small animals and fish to provide essential nutrients for your health. • Administer zinc in the management of diarrhoea in children • Take deworming pills to get rid of intestinal worms, which cause anaemia and malnutrition in both children and pregnant women.
9.	**Key strategies for achieving the desired behaviour** • Provide relevant and user-friendly information • Impart knowledge and skills • Undertake sensitisation activities • Produce and disseminate IEC materials
10.	**Tools for achieving strategies** • Publications (IEC materials) • Radio programmes • Mobile phones • Churches
11.	**Activities** • Print posters, brochures, stickers, and T shirts with essential micronutrient messages • Produce radio programmes with key messages on micronutrients and deworming • Engage in community sensitisation on benefits and deficiency effects of micronutrients through drama groups, focus group discussions, etc. • Orient community health workers and community volunteers on the importance of zinc in the treatment of diarrhoea • Engage mobile phone service providers to send cell broadcast messages on good nutrition and health practices (during child health weeks) or to remind pregnant women to take their iron folate.

12.	**Intermediate outcomes** • Increased knowledge on the benefits of micronutrients and deworming • Increased uptake of micronutrients and deworming services • Increased media personnel producing materials on micronutrients supplementation • Increased number of health workers administering zinc in diarrhoea management
13.	**Behaviour Change Outcome/s** • More caretakers taking children for vitamin A supplementation • Health workers prescribing and using zinc in the management of diarrhoea • Pregnant women eating a variety of foods • Pregnant women demanding and taking folic acid

3.1.2 Exclusive Breastfeeding, Complementary Feeding and Diverse Diets for Pregnant Women

Exclusive breastfeeding means that an infant receives only breast milk (including breast milk that has been expressed or from a wet nurse) and nothing else, not even water. Medicines, oral rehydration solution, vitamins and minerals are allowed during exclusive breastfeeding, if recommended by health providers. In Zambia, exclusive breastfeeding rates have increased significantly from 40 per cent in 2002 to 61 per cent in 2007 but more needs to be done.

Complementary feeding can be broadly defined as the process adding other foods and liquids besides breast milk alone to a young child's diet. The recommendation is to begin this process when the baby reaches six months. The target range for complementary feeding is six to 23 months, generally. However, there is dependence on poorly constituted complementary foods (not rich in nutrients -- particularly those from animal-source foods) during this period, which contributes to stunting and child mortality.

Diverse diets can be defined as the number of unique foods consumed. According to (FAO 2010), Zambia's diet is mainly composed of cereals, predominantly maize, starchy roots and, to a lesser extent, fruit and vegetables. Cereals provide almost two-thirds of the dietary energy supply. Although other food crops are becoming increasingly important, such as cassava, Zambia's dependence on maize remains very high. In urban areas food consumption patterns are changing: rice and sweet potatoes are gaining importance. The dietary energy supply is not sufficient to meet population energy requirements. Quantitatively insufficient, food supplies also lack diversity and are poor in essential micronutrients.

Furthermore, (NFNC 2010) indicates that families often make decisions about food purchasing and dietary intake based on household income levels and that non-pregnant, pregnant, and breastfeeding women eat similar foods. In addition, the majority of female respondents said that during pregnancy they either did not eat “good” foods or had a hard time eating foods that they typically ate while not pregnant. Thus, the CS will help increase adoption of relevant interventions on exclusive breastfeeding, complementary feeding and diverse diets in at least 50 per cent of pregnant women.

Table 4. Exclusive Breastfeeding, Complementary Feeding and Diverse Diets for Pregnant Women

1.	**Intervention**	Promotion of early initiation of breastfeeding, exclusive breastfeeding, complementary feeding and diverse diets for adolescent girls, pregnant women and lactating mothers
2.	**Target Audience**	**Primary/target:** lactating mother, primary care-givers (e.g. grandmothers and maids with children between six to 24 months), expectant women
		Secondary audience: Fathers, secondary caregivers, heads of households, health workers, teachers and pupils
		Allies/Partners: Community volunteers, NGOs, CBOs, CSOs, traditional leaders, cooperating partners, media.
3.	**Current behaviour** ***Promotion of exclusive breastfeeding and early initiation of breastfeeding*** • Delay initiation of breastfeeding • Breastfeed frequently but not long enough (to empty both breasts each time) • Prematurely introduce of complementary foods and mixed feeding before six months (formula & breast milk) ***Complementary feeding*** • Most lactating women not feeding nutrient-dense foods to their babies after six months • Infants not fed small portions frequently • Caregivers not utilising local foods in preference to non-nutritious processed foods • Caretakers preparing foods in unhygienic environment ***Diverse diets for pregnant women*** • Many mothers do not eat enough nutritious foods • Prepared meals lack variety	
4.	**Desired behaviours:** ***Promotion of exclusive breastfeeding early initiation of breastfeeding*** • Initiate breastfeeding within the first hour of delivery • Breastfeed exclusively for the first six months ***Complementary feeding*** • Prepare and feed a variety nutrient-dense complementary foods • Feed young children frequently (at least five times per day) • Utilise locally produced foods • Increase portion size for infants • Prepare complementary foods in hygienic environment/manner ***Diverse diets for pregnant women*** • Mothers eat variety of nutrient-dense foods	
5.	**Barriers to desired behaviour:** ***Promotion of exclusive breastfeeding and early initiation of breastfeeding*** • Cultural beliefs, myths and misconceptions • Fashion and fades of modernisation (exclusive replacement feeding) • Career women/peasant farmers • Conflicting messages	

5.	***Complementary feeding*** • Lack of knowledge on the nutrition value of local foods • Aggressive marketing of non-nutritious foods • Few staple fortified foods • Seasonality of local foods (rain-fed farming) ***Diverse diets for pregnant women*** • Produced/persevered foods are usually sold for income generation rather than consumption • Lack of appreciation of local foods
6.	**Behaviour change objectives** • Increase in the number of mothers who exclusively breastfeed from 60 per cent to 80 per cent by 2016 • Increase by 20 per cent the number of mothers and caretakers of babies from six months to 24 months who give a variety of foods between three and five times a day and continue to breastfeed up-to 24 months by 2016.
7.	**Communication objective** • Increase awareness, knowledge and attitude change
8.	**Key messages:** ***Promotion of exclusive breastfeeding*** • Breastfeed your baby within the first hour of birth to safeguard their life. • First milk (colostrum) provides the first immunisation for the baby • Breastfeed exclusively for the first six months because breast milk is by far the best way of feeding for babies health, growth, and development of intelligence. • Eat fortified foods to increase your intake of vitamins and minerals which make you a healthy mother • Take vitamin 'A' within eight weeks of delivery to improve vitamin 'A' in breast milk • Eat enough of variety of foods to improve on your health and production of breast milk. ***Complementary feeding*** • Continue breastfeeding at least up to 24 months for a healthy baby • Feed your baby with a variety of nutrient-dense complementary foods. • Feed your child three to five times in a day in addition to breastfeeding. • Give sick child small , frequent meals in addition to breastfeeding to help them recover quickly. • Wash your hands with soap before handling food for infants to prevent diarrhoea. ***Diverse diets for pregnant women*** • Eat foods rich in proteins, energy, vitamins and minerals every day for a healthy pregnancy. • Eat local fruits and vegetables because they are rich in vitamins and minerals • Consume small animals and fish for essential nutrients for your health. • Over-cooking foods destroys vitamins and minerals. • Properly preserved foods retain nutrients. • Store enough properly preserved food to ensure your family has enough food all year round.

9.	**Key strategies for achieving the desired behaviour** • Provide relevant and user-friendly information. • Impart knowledge and skills • Undertake sensitisation activities • Produce and disseminate IEC materials to create awareness and increase access to information.
10.	**Tools for achieving strategies** Counselling, brochures, posters, group discussions, community meetings, radio, health and nutrition workers, community demonstrations, demonstrations, health talk, job aids, food fairs, internet, churches
11.	**Activities** • Revise, print and distribute existing breastfeeding IEC materials • Erect and place billboards in strategic places • Support districts in heightening public awareness and community participation • Create and support health blogs across the major social networking sites • Participate in trade fairs, Lusaka Agricultural and Commercial Show, and provincial district agricultural shows and World Breastfeeding Week • Hold open forums for paediatricians and private hospital staff on the importance of the Baby Friendly Hospital Initiative in the 14 districts
12.	**Intermediate outcomes** • Increased levels of awareness on exclusive breastfeeding, complementary feeding and diet diversity for pregnant woman • Increased household and community support on exclusive breastfeeding, complementary feeding and diet diversity for pregnant woman • Increased discourse and demand for knowledge on exclusive breastfeeding, complementary feeding and diet diversity for pregnant woman
13.	**Outcome/s** • Increased number of lactating women who exclusively breastfeed • Increased number of primary care-givers providing complementary feeding for children and pregnant woman eating a diversity diet

3.1.3 Promotion of Safe Water, Hygiene and Sanitation

The (NFNC, 2012) documents that water and sanitation improvement, in association with behavioural change, can have significant effects on the population and health through reduction of diarrheal diseases, intestinal helminths and skin diseases. These improvements in health in turn lead to reduced morbidity, which has a direct effect on stunting. Keeping children from sitting or playing on or eating soil with animals droppings can lead to avoiding children ingesting E. coli and other micro-organisms that change the lining of a child's gut and result in their inability to benefit from the nutrients in the food they ingest. This therefore will lead to improved nutritional status and eventually longevity. Studies have shown that water, sanitation and hygiene (WASH) interventions can help reduce the incidence of diarrheal diseases by 22 per cent and reduce deaths by 65 per cent. The CS will help to increase use of safe water, good hygiene and sanitation

Table 5. Promotion of safe water, hygiene and sanitation

1.	**Intervention**	Promotion of safe water, hygiene and sanitation
2.	**Target Audience**	**Primary/target: Households with** children under two years
		Secondary audience: Community leaders, faith-based leaders, women clubs, neighbourhood health committees, fathers and school going children
		Allies/Partners: local community leaders, chiefs, health workers, parliamentarians, CSOs, local authority (Council)
3.	**Current behaviours** • Using and drinking unclean water • Storing water in unclean and uncovered containers • Use of untreated water • Use of unprotected/shallow wells (water sources) • Use of same water sources with animals • Parents allow children to sit and play on the dirt where chickens and other animals droppings • Open defecation • Handling food without washing hands • Not washing hands with soap after using the toilet • Lack of personal hygiene (not bathing regularly)	
4.	**Desired behaviours** • Cook with and drink clean water • Store water in clean and covered containers • Use treated water (boiled or chlorinated) • Always use pit latrines • Cage animals or allow children on the ground only in areas protected from animals (by a barrier of bushes, wire, etc.) • Put children on a mat or clean the area with boiling water. • Use of protected wells (water sources) • Use of Ventilated Improved Pit latrines (VIP) • Washing hands with soap after using the toilet • Washing hands with soap before handling foods • Personal hygiene among target audiences	
5.	**Barriers to desired behaviour** • Traditional beliefs • Limited knowledge on safe water and sanitation • Limited knowledge of basic hygiene practices • Misconceptions associated with drinking treated water (chlorinated water) • Non-availability of safe water and water sources • Non-availability of VIP latrine in communities	
6.	**Behaviour Change Objective** • Increased percentage of mothers and caretakers who wash hands with soap and water before handling food, after changing baby's diapers and using a toilet by 20 per cent by 2016 • Have 20 per cent or more of children six to 24-month old play only in safe play areas	

7.	**Communication objective** • Increase awareness, knowledge and attitude change
8.	**Key messages** • Boil or chlorinate water for drinking and domestic use to prevent water borne diseases such as cholera, dysentery, typhoid • Store water in clean and covered containers to avoid contamination • Continuously use of protected water sources help in the prevention of water borne diseases • Use Ventilated Improved Pit latrines and cover the latrines holes after use to prevent spread of diarrhoeal diseases • Dispose of children's faecal matter in latrines to prevent spread of diarrhoeal diseases • Good hygiene and sanitation promote good health
9.	**Key strategies for achieving the desired behaviour** • Provide relevant and user-friendly information. • Counselling of caretaker Produce and disseminate IEC materials to create awareness and increase access to information.
10.	**Tools for achieving strategies** • Publications – Posters, booklets, brochures, fliers, calendars, leaflets, etc. • Radio programmes • Local songs on safe water, hygiene and sanitation • Churches
11.	**Activities** • Hire local musician/s to compose and produce a song on 1000 MCD in English and seven local languages to be used as a jingle in the radio and TV programmes • Produce radio programmes with key messages on safe water, hygiene and sanitation • Print and distribute brochures and posters
12.	**Intermediate outcomes** • Increased use of safe water for drinking and domestic use by households • Increased use of improved pit latrines • Increased levels of knowledge on the need to wash hands before handling food and after using the toilet • Improved household water storage, handling and treatment • Increased community involvement in imparting knowledge and skills to prevent water borne diseases • Increased safe disposal of faecal matter • Increased use of pit latrines • Increased use of safe play areas
13.	**Outcome/s (results of the increase access to the intermediate outcomes e.g. more awareness, knowledge)** • Reduced cases of diarrhoea and worm infestation diseases among both mothers and children

3.1.4 Growth Monitoring and Promotion (Facility and Community)

In Zambia, clinic-based Growth Monitoring and Promotion (GMP) is included in routine child health services. GMP alone is not sufficient to support child growth unless there is also adequate nutrition counselling and appropriate action. Clinic-based GMP is limited by staff shortages: in most cases the few-trained staff that are available are often too busy with other medical care activities during clinic times or due to high attendance by caregivers. This leaves staff with insufficient time to carry out nutrition counselling component of GMP. The CS aims at aiding the Commission to have at least 50 per cent of the target group of mothers and caregivers of children under two years of age take them for regular growth monitoring.

Table 6. Growth Monitoring and Promotion (Facility and Community)

1.	**Intervention**	Growth Monitoring and Promotion (facility and community)
2.	**Target Audience**	**Primary/target:** Mothers / caretakers of children under two years
		Secondary audience: Fathers, health workers, and CBVs
		Allies/Partners: CSOs, CBOs, media organisations, line ministries, NGOs, traditional leaders and healers
3.	**Current behaviour** • Mothers and caretakers do not take their children for GMP regularly • Health workers do not provide information on the growth of the child to the mothers, caregivers • Health workers intimidate mothers, caregivers	
4.	**Desired behaviours** • All mothers and caretakers take their under five children for GMP regularly • Health workers always provide feedback and advice on the growth of the child to the mothers, caregivers	
5.	**Barriers to desired behaviour** • Insufficient health staff • Mothers and caretakers do not have adequate information on the importance and benefits of GMP • Long lines at the GMP • Mothers and caretakers are embarrassed to take their malnourished children to the health facility for fear of being laughed at •	
6.	**Behaviour change Objective** At least 50 per cent of mothers and caregivers of children under two years of age take them for growth monitoring every month.	
7.	**Communication objective** • Increase awareness, knowledge	

8.	**Key messages** **Primary Target** • Take your child for GMP every month to ensure your child is growing well • Take your child for immunisations at the health facility • Ask your health worker about your child's growth • Exclusive breastfeeding is the best start for your baby's life • Start giving your child a variety of foods at six months • Health workers, counsel the mother on the growth of the child (even when the child is growing well) • Fathers, caregivers, in absence of the mother, take your child for GMP every month to ensure your child is growing well
9.	**Key strategies for achieving the desired behaviour** • Provide relevant and user-friendly information. • Counselling of caretakers during post and ante-natal visits • Undertake sensitisation activities • Produce and disseminate IEC materials to create awareness and increase access to information.
10.	**Tools for achieving strategies** • Posters, brochures • Radio programmes • Flip charts • Under-five card • Churches
11.	**Activities** • Duplicate, distribute and air 'bushes that grow' programme • Print and distribute GMP guidelines, brochures and posters on GMP • Train community volunteers on height-for-weight • Train and support community volunteers on counselling skills
12.	**Intermediate outcomes** • Increased access to information on the importance and benefits of GMP • Increased knowledge levels on GMP by community members. • Increased demand for GMP services. • More people being well informed about GMP
13.	**Outcome/s** • More women and caregivers take their children for GMP • Early diagnosis of stunting in children

3.1.5 Expanding Integrated Management of Acute Malnutrition

Acute malnutrition (wasting) refers to low weight-for-height. It is usually the result of a recent shock such as lack of calories and nutrients and/or illness, and is strongly linked to mortality. According to (CSO 2009), Zambia has one of the highest rates of childhood malnutrition, with five percent of children under five being wasted, and underweight, with 15 per cent. The CS aims at increasing up to 75 per cent of parents and caregivers who are able to identify the signs and symptoms of early malnutrition and seek medical attention.

Table 7. Expanding Integrated Management of Acute Malnutrition

1.	**Intervention**	Expanding Integrated Management of Acute Malnutrition
2.	**Target Audience**	**Primary/target:** Caregivers with children 0 to 24 months of age
		Secondary audience: Health workers
		Allies/Partners: Chiefs, SMAGs, HWs, community leaders, and media
3.	**Current behaviour** • Caregivers only seek medical intervention when the child is severely malnourished • Children are not fed dense complementary foods • Many parents do not take their children for growth monitoring	
4.	**Desired behaviours** • Caregivers feed children nutrient-dense feeds • Parents take children for GMP • Seek early treatment as soon they notice loss of weight, swelling of feet, development of potbellies, loss or weak growth of hair • Continue breastfeeding up to two years and beyond.	
5.	**Barriers to desired behaviour** • Caregivers are not able to identify early symptoms of malnutrition due to shame and fear of being ridiculed by neighbours and health workers • Lack of knowledge on feeding of nutrient-dense foods to children • Lack of community support • Unavailability of GMP services	
6.	**Behaviour Change Objective** Increase by at least 50 per cent mothers and caregivers who recognise the signs of early malnutrition and seek medical care or nutrition intervention.	
7.	**Communication objective** • Increase awareness, knowledge and attitude change	
8.	**Key messages** • Have your child weighed regularly for monitoring progress • Give special attention to the malnourished child when providing adequate food • Continue breastfeeding the baby even when the baby is sick • Continue medical care until baby is declared healthy by health worker • Feed the baby according to advise of health worker	

9.	**Key strategies for achieving the desired behaviour** • Social mobilisation on early identification, treatment and follow-up of acute malnutrition (educate mothers and caregivers). • Strengthen communication and counselling skills for health care providers at community level. • Provide information, practical demonstrations • Undertake sensitisation activities • Produce and disseminate IEC materials
10.	**Tools for achieving strategies** • Community meetings • Posters, brochures, DVDs • Radio programmes –national and community • Counselling cards • Churches
11.	**Activities** • Hold community sensitisation meetings on identification, treatment and follow-up of acute malnutrition • Produce training DVDs and counselling cards for health workers on how to counsel caretakers on management of acute malnutrition • Print and distribute IEC materials
12.	**Intermediate outcomes** • Increased knowledge on counselling on management of IMAM by health workers. • Increased knowledge on preparation and benefits of nutrient-dense complementary feeds by caregivers. • Increased knowledge on identification of early signs of malnutrition.
13.	**Outcome/s** • **Reduced cases of acute malnutrition** • Early detection and referrals of malnourished children to health facilities. • Improved use of nutrient-dense feeds for child feeding in communities. • Improved counselling of caretakers by health workers • Reduced mortality

3.1.6 Promotion of Increased Availability of Diverse Locally Produced Foods

According to (NFNC, 2012), there is negligible emphasis on household food processing, preservation and storage in Zambia. Consequently, food produced in small-scale farms or household gardens is sold or consumed fresh and in small amounts at the time of harvest, while at times the harvest goes to waste. However, with minimal food storage facilities, households are vulnerable to nutrition and food insecurity during the period when food is scarce. Therefore, incorporating First 1000 most critical days concept into the agro-processing programme will bring a focus on nutrition education for mothers and children. This can also help develop nutrient-dense complementary food for children six to 24 months, processed locally. This strategy aims at helping NFNC to have a minimum of 40 per cent targeted women and farmer groups have knowledge and are able produce and process diverse, locally available foods that are directly relevant to reducing stunting.

Table 8. Promotion of Increased Availability of Diverse Locally Produced Foods

1.	**Intervention**	Promotion of increased availability of diverse locally produced foods (with focus on women empowerment)
2.	**Target Audience**	**Primary/target:** Women, men
		Secondary audience:, producers of food, heads of households (bread winners)
		Allies/Partners: Community volunteers, NGOs, CBOs, CSOs, traditional leaders, cooperating partners, media.
3.	**Current behaviours** • Women prepare meals of limited variety of foods • Inadequate consumption of small animals (rodents), small livestock (chicken, goats, ducks, guinea fowls etc.), fish and edible insects • Tendency to overcook food • Uneven distribution of food among family members • Selling off most of the food crops produced • Few households preserve and store sufficient food • Lack of diversity in production of food	
4.	**Desired behaviours** • Consume a varied diet on a daily basis rich in protein, energy, vitamins and minerals for the household • Increase consumption of locally available foods (local fruits and vegetables) • Increase consumption and rearing of small animals and livestock, poultry and fish • Prepare meals to ensure essential vitamins and minerals are retained • Pregnant and lactating mothers eat increased portion of food • Give children more food and variety at each meal • Ensure production of diverse foods for consumption in the household • Preserve and store enough food in the household	
5.	**Barriers to desired behaviour** • Lack of technological advancements in setting up small-scale food processing for women • Local foods are believed to be for poor people. • Lack of knowledge on diversifying food production • Poor access to production inputs	
6.	**Behaviour change objective** Increased by at least 50 per cent the number of women and caretakers who grow, process, preserve, feed and consume a variety of foods	
7.	**Communication objective** • Increase awareness, knowledge and attitude change	
8.	**Key messages** • Grow, process and store diverse range of food to use during off season to avoid undernourishment • Preserve foods and retain nutrients for good nutrition • Consume animal products to increase vitamin intake	

9.	**Key strategies for achieving the desired behaviour** • Provide relevant and user-friendly information, practical demonstrations and lessons learnt • Undertake sensitisation activities • Produce and disseminate IEC materials • Strengthen capacity of MAL staff in nutrition sensitive agriculture
10.	**Tools for achieving strategies** Brochures, posters, workshops, radio, health and nutrition workers, community demonstrations, women's clubs, food fairs, exchange visits, churches
11.	**Activities** • Orient extension and NAIS staff on growing, processing and preserving of variety of food crops and rearing small livestock • Train farmers and households on growing, processing and preserving of variety of food crops and rearing small livestock • Print and distribute IEC materials and seasonality calendars • Orient SMAGs, nutrition groups, radio listening groups, CBOs and FBOs on producing radio programmes through Radio Farm Forum and equip them • Produce and air radio programmes
12.	**Intermediate outcomes** • Increased number of women producing, processing, feeding and consuming of diverse locally available foods • Increased household and community support on women empowerment (provision of land, capital for businesses) in production, processing and consumption of diverse, locally available foods • increased knowledge and demand for information on women empowerment in production, processing and consumption of diverse, locally available foods
13.	**Outcome/s** • Increased number of women, bread winners and producers who process and preserve diverse and consume locally available foods.

3.2 INSTITUTIONAL CHANGE OBJECTIVES

3.2.1 Institutional Capacity Building and Training

Currently, Zambia has inadequate human and institutional capacity to effectively implement the 1st 1000 MCD activities. There is also inadequate prioritisation and mainstreaming of nutrition communication and advocacy at different levels and among different players across the country. Therefore, this strategy aims at making sure targeted institutions have sufficient capacity to effectively deliver nutrition messages and to develop and implement relevant nutrition communication programmes.

Table 9. Institutional capacity building and training

1.	**Theme:** Institutional capacity building and training
2.	**Issue:** Inadequate human and institutional capacity for effective implementation of the 1st 1000 MCD activities.
3.	**Primary target:** Communication Government officers from the 5 key line ministries (MOH, MCDMCH, MAL, MOE, MLGH) and NFNC, media personnel (public, private and community), churches.
	Secondary target: Community-based volunteers from the line ministries, community leaders, CSOs, chiefs, local NGOs and academic institutions
4.	**Operational objective:** To increase the capacity of targeted institutions to implement relevant communication programs.
5.	**Strategies** • Increase knowledge and skills in nutrition communication of practicing journalists and staff of NFNC and line ministries. • Make latest information on 1000MCD and Minimum Package readily available to media houses and NFNC and line ministries staff.
6.	**Tools for achieving strategies** • Pre and in-service trainings • Workshops/seminars • Reference materials • Resource centre and information sifting and dissemination to stakeholders • Capacity building through supply of equipment and orientation on the use of the equipment • Support coordination activities
7.	**Activities** • Conduct training workshops for practicing journalists from national and community media • Conduct refresher training for communication staff at NFNC and line ministries in communication and the SUN Communication Strategy. • Acquire audio-visual production equipment for NFNC Nutrition Education and Communication Unit • Form Communication and Advocacy Technical Working Group • Conduct on-site training for producers in CRSs and provide grants to support nutrition programme production. • Enhance NFNC and partners' resource centres with materials • Conduct training workshops for health care providers on counselling and communication skills. • Conduct sensitisation training for church leaders
8.	**Intermediate outcomes** • Increased level of knowledge on the 1st 1000 MCD. • Improved reporting skills on the 1st 1000 MCD. • Increased institutional and human capacity for effective nutrition communication • Increased number of communication equipment available • Journalists from public, private and community radio stations trained in food and nutrition reporting. • Improved awareness among media practitioners in issues of food and nutrition • Increased coverage of food and nutrition messages in the media
9.	**Outcome/s** • More accurate and effective flow of nutrition information to the target audiences and stakeholders. • Enhanced understanding, appreciation and adoption of 'Minimum Package' interventions.

3.2.2 Prioritisation and Mainstreaming of Nutrition Communication

A critical aspect of long-term and sustainable reporting of nutrition and implementation of nutrition communication programmes is mainstreaming or integrating them into the programmes of existing institutions. Equally crucial is ensuring that nutrition is deliberately prioritised and diarised by the media and other communication actors in their daily work. Both of these elements are rare at present, resulting in low and ad hoc reporting of, and programming for, nutrition communication.

It is against this background that this Communication Strategy has identified prioritisation and mainstreaming of nutrition as critical components of its success.

Table 10. Prioritisation and Mainstreaming of Nutrition Communication

1.	**Theme:** Institutional capacity building and training
2.	**Issue:** inadequate prioritisation and mainstreaming of nutrition communication and advocacy at different levels and among different players across the country
3.	**Primary target:** Line ministries and other implementing agencies of the 1000 MCDP
	Secondary target: Communities
4.	**Operational objective:** • To increase the capacity of the targeted institutions to coordinate and mainstream nutrition communication activities in the 14 districts.
5.	**Strategies** • Lobby line ministries and other partners to prioritise and mainstream nutrition communication and advocacy • Foster regular collaboration among partners • Training and sensitisation activities of stakeholders and communities on the 1000 MCDP
6.	**Tools for achieving strategies** • Partnership newsletter • Technical working groups • Meetings • Internet usage (social media)
7.	**Activities** • Produce and print quarterly partnership newsletter • Identify liaison person for the technical group(s) • Develop the website and operationalisation • Develop training modules and toolkits • Conduct physical monthly meetings for technical groups
8.	**Intermediate outcomes** • Increase in number of partners prioritising and mainstreaming nutrition communication and advocacy in their plans.
9.	**Outcome/s** • Increase in the capacity of the targeted institutions to coordinate and mainstream nutrition communication activities.

CHAPTER FOUR

MANAGEMENT AND COORDINATION OF THE STRATEGY

4.1 OVERVIEW

This chapter outlines how the Communication Strategy will be rolled out by NFNC and the roles and responsibilities of other SUN Fund implementing partners and community-based organisations. In addition, the chapter spells out how the Strategy should be well-coordinated and effectively and efficiently rolled out. The chapter further proposes mechanisms for financing the Strategy and for attracting the necessary buy-in of the public and stakeholders.

4.2 DURATION

The Communication Strategy will take effect from July 2014 and end in December 2016. It will cover 30 months; 18 months of the remaining life-line of the 1000MCD Strategic Framework and an additional 12 months. Annual reviews of the Strategy and a final evaluation in the last quarter of 2016 are proposed.

4.3 GEOGRAPHICAL FOCUS

This Strategy outlines a range of strategies that can be used nationally to scale up nutrition generally and the interventions under the 'Minimum Package' for 1000 Most Critical Days specifically. However, the accompanying implementation plan (July 2014 – December 2016) will focus primarily on the 14 districts earmarked under the SUN Fund and policy and decision makers at national levels. The 14 districts, chosen because of severity of stunting, are as follows: Mwinilunga, Zambezi, Mongu, Kalabo, Shangombo, Mongu, Mumbwa, Mansa, Samfya, Kasama, Kaputa, Chinsali, Chipata and Lundazi.

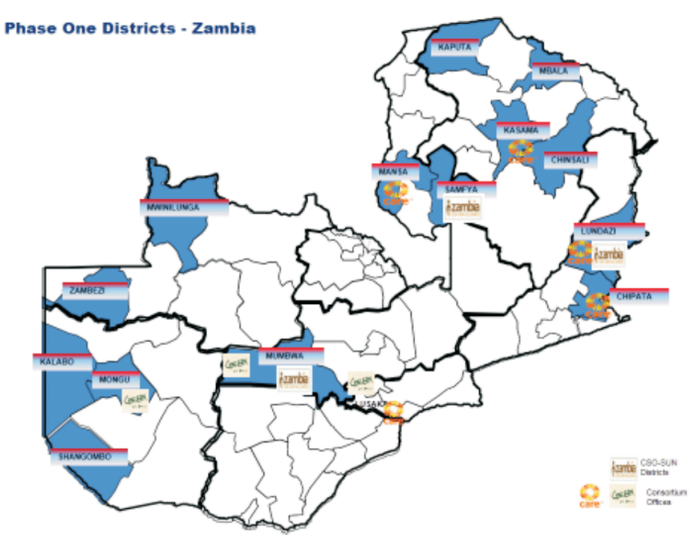

Figure . Geographic focus of the Strategy (source: 1000MCD Strategic Framework, 2011)

4.4 IMPLEMENTATION MODALITIES AND INSTITUTIONAL ARRANGEMENTS

The implementation model espoused in this section suggests how this Strategy, considering that that it is a collective product of the SUN Fund partners and how NFNC is mandated to function, will be collectively implemented. It is also premised on the collective resolve of the partners to pursue the common agenda as expressed through this Strategy, on one hand, and acknowledgement that collectively implementing a programme of this magnitude requires clearly spelt out roles and responsibilities to avoid chaos.

4.5 COMMUNICATION WITHIN NFNC STRUCTURES

Communications and advocacy functions have been designed to be supportive of all the other components of the National Food and Nutrition Strategic Plan (2011 – 2015). They fall within the Nutrition Education and Communication Department of the Commission. The Department has an establishment of: head, communication officer, media officer, radio organiser, graphic artist, librarian, assistant librarian and nutritionist. All the positions are filled except that of communication officer. Meanwhile the outputs proposed in the Strategy require a wide range of skills in the following areas: productions, TV production, radio production, media relations, information gathering, sifting and dissemination, online and social media and training and capacity building.

Given the range of interventions and anticipated workload, it is recommended that the position of communication officer be filled with particular emphasis on a multi-skilled candidate to the augment the current skills mix. Furthermore, outsourcing and the use of other partners as lead agencies of a particular component of topic is highly recommended.

It is also highly recommended that enhancing capacities of both new and old staff in cross-cutting management, communication and coordination functions be considered in order to ensure that the Strategy does not fail on account of inefficient and ineffective implementation. Regular performance appraisals and skills audits should also be considered.

4.6 EXPANDED MANDATE OF THE COMMUNICATION DEPARTMENT

In order for the Strategy to be effective, harmonisation of the currently fragmented communication and advocacy related activities of SUN Fund partners are all national, provincial and district levels will have to be considered. This will be through the proposed Communication and Advocacy Technical Working Group (CATG).

In this arrangement the expanded functions of the new-look Communication Department will

include, but not be limited to, the following:

1. To coordinate all communication and advocacy activities within the SUN Fund consortium, in line with the provisions of this Strategy and 1000 MCD Strategic Framework. This should ensure that activities of the implementing partners are, as much as possible, linked to and pursue the communication objectives espoused in this Strategy;

2. To fully develop and oversee the functioning of the proposed CATGs at national, provincial, district and community levels. This includes ensuring that the CATGs are given direction, through clear ToRs, meet regularly and execute their mandate efficiently and effectively;

3. To be fully informed about the communication and advocacy activities of all the implementing partners to this Strategy across the country. This will ensure that the advocacy and communication activities are harmonised with, and complementary to, this Strategy in order to enhance existing initiatives and avoid duplicity;

4. To support and coordinate the functions of the proposed lead agencies for each of the themes or outcomes;

5. To ensure that the capacity of NFNC and partner organisations to carry out advocacy and communication is enhanced as outlined in the Strategy;

6. To implement, monitor and review activities in the Communications and Advocacy Strategies; and,

7. To be involved in mobilising resources for communication and advocacy activities.

4.7 COORDINATION AND LINKS WITH IMPLEMENTING PARTNERS: ROLE OF COMMUNICATION AND ADVOCACY TECHNICAL GROUP (CATG)

Given the complexity of the strategy, a widely inclusive and multi-stakeholder approach to implementing the Strategy is recommended. Largely, this will be attained through the establishment of a Communication and Advocacy Technical Group (CATG) at all levels: National, Provincial, District and Community. The CATG will be represented in the National Technical Working Group.

4.7.1 Proposed Terms of Reference for the CATG

The main functions of the CATG will include, but not be limited to:

1. Oversee the planning, execution and coordination of nutrition communication activities at the respective levels and within the parameters of the Communication and Advocacy

Strategies; the levels are national, provincial, district and community levels. GTFs will complement, not usurp, the functions of NFNC Communication structures;

2. Support NFNC structures in planning and budgeting for communication and advocacy activities at respective levels;

3. Meet regularly (preferably quarterly and as need arises) to approve or note reports of the nutrition working groups at different levels and to strategize on joint communication and advocacy on specific issues; and,

4. Any other communication and advocacy related duties as will be included in the ToR to be further developed and mutually agreed with NFNC and its partners in the 1000MCDP.

4.7.2 Proposed Composition of the CATG

It is recommended that the CATGs are composed of a variety of stakeholders with a wide range of skills and contributions to the gender discourse in the country. Primarily it will be composed of communication staff of the SUN Fund partners from government and NGOs notably:

1. NFNC
2. Ministry of Local Government
3. Ministry of Agriculture and Livestock (NAIS)
4. Ministry of Health
5. Ministry of Education
6. Ministry of Mother and Child Health
7. Ministry of Gender and Child Development
8. CSO SUN
9. Two NGO representatives
10. One CHAZ representative
11. Three media representatives

In selecting members of the Technical Group consideration will be given to the various nutrition and related issues or themes being addressed in both the NFNC Strategic Plan and Communication Strategy. Considering should be given to broadening the range of SUN Fund partner organisations to include more representatives be drawn from CSOs, CBOs, churches, traditional establishments and the private sector. The current mix of partners is too dominated by government representatives.

4.8 THE ROLE AND RESPONSIBILITIES OF LEAD AGENCIES

This Strategy contains a total of 10 components, and respective objectives, and one-cross cutting objective – monitoring and evaluation. Seven of the components represent the merged themes

from the 12 "Minimum Package" interventions; three of the components represent the cross-cutting policy and institutional objectives adopted from the 1000MCD Strategic Framework. Realising that the themes and issues are too many for one organisation or NFNC alone to coordinate and lead in, the concept of a lead agency for each or cluster of the objectives or activities has been proposed. The lead agency concept is also a way of building inclusivity around the Strategy and to devolve and decentralise the activities of the Strategy to SUN partners across the country.

In choosing the lead agency, the following factors were considered:

1. Capacity of the organisation to galvanise other partners and stakeholders around the particular nutrition theme;
2. Experience and track record in the particular theme;
3. Standing of the organisation in society;
4. Status or membership with SUN alliance; and,
5. Ability to mobilise resources around the particular theme.

Broadly, the role of the lead agency will be as follows:

- To act as the lead implement or advocate on the respective component or activity;
- To further develop and define the general objectives and strategies of the respective component;
- To ensure that all planned activities around the component in the strategy are effectively coordinated;
- To establish appropriate mechanisms of consultation around the component within SUN consortium and among partners;
- To act as the official voice or spokes-organisation of the Consortium on the particular theme or component, in consultation with the NFNC;
- To mobilize financial resources for the respective issue in consultation with the SUN Fund partners and NFNC;
- To ensure that the resources mobilised for the component or activity are managed in a sound and efficient manner; and,
- To be responsible for managing relations and reporting obligations to the donor/s for the component or activity.

4.8.1 Terms of Reference and Code of Conduct for Lead Agencies

The Strategy recommends that clear terms of reference and a code of conduct be drawn up with the consensus of all stakeholders to guide how work will be carried. The code will define how Lead Agencies will operate and relate to other partners. The roles and responsibilities outlined in 4.8 should guide their development.

4.8.2 Components and their Lead Agencies

Table 10. Components and their Lead Agencies

Behavioural change areas of focus	Objective	Proposed organisation
• Iron and folic acid supplementation • Zinc provision during diarrhoea • Vitamin A supplementation • Deworming	• 50 per cent increase in the uptake of iron and folic acid among pregnant women by 2016 • 50 per cent increase in the number of parents and caretakers who take their children to under-five clinic to receive vitamin A supplementation and deworming by 2016 • Increase the number of health workers who give zinc as part of diarrhoea management by 50 per cent by 2016	MCDMCH
• Promotion of breastfeeding (early initiation, exclusive breastfeeding and continued breastfeeding) • Promotion of complementary feeding • Promotion of diverse diets for pregnant and lactating mothers	• Increase in the number of mothers who exclusively breastfeed from 60 per cent to 80 per cent by 2016 • Increase by 20 per cent the number of mothers and caretakers of babies from six months to 24 months who give a variety of foods between three and five times a day and continue to breastfeed up-to 24 months by 2016.	MCDMCD
• Promotion of safe water and hygiene and sanitation	Increased percentage of mothers and care-takers who wash hands before handling food, after changing baby's diapers and using the toilet by 20 per cent by 2016	MLGH
• Growth monitoring and promotion (facility and community)	Promoted growth monitoring and promotion of children under two years in 14 phase one districts to reduce stunting.	MCDMCD
• Expanding Integrated management of acute malnutrition	Increased by at least 50 per cent mothers and caregivers who recognise the signs of early malnutrition and seek medical care or nutrition intervention.	MCDMCD
• Promotion of increased availability of diverse locally available and processed foods (with focus on women's empowerment)	Increased by at least 50 per cent the number of women and caretakers who process a variety of foods that are directly relevant to stunting.	NAIS, Ministry of Agriculture
• Family awareness	By December 2016, to have increased awareness, knowledge and behaviour change in relation to the "Minimum Package" interventions for the first 1000MCD in the 14 Target Districts.	NFNC
• **Institutional change areas of focus**		
• Leadership, harmonisation and coordination of the Programme	To increase the capacity of targeted institutions to implement relevant communication programs.	NFNC
• Institutional capacity building and training	To increase the capacity of the targeted institutions to coordinate and mainstream nutrition communication activities in the 14 districts.	ZAMCOM

4.9 CAPACITIES OF PARTNERS AND COORDINATING STRUCTURES

To ensure effective implementation of the Strategy, consideration will be given to enhancing the capacities of implementing partners in communication and advocacy as suggested in Objective Nine of this Strategy. In addition, orientation training -- specifically on the Strategy itself -- should be considered.

4.10 RELATIONS WITH AND CAPACITIES IN MEDIA

It is specifically recommended that members of the local, public, community and private media will be part of the CATG at all levels. Particular media to be considered include the Zambia News and Information Services (ZANIS) and National Agricultural Information Services (NAIS), both of which have offices in all the established districts across the country. A weakness in working with media was noted in both the member consultations and situation analysis. Given that most of the activities in the Strategy will either involve or target media as secondary targets, capacity building of implementing partners in media relations is highly recommended. Some of this has been articulated in Objective 9 of the Strategy.

4.11 FINANCING PLAN

For effective implementation of the activities proposed in this Advocacy Strategy, substantial financial resources will be required and should be committed. Funding partners may opt for either basket funding to the entire strategy or support activities around a particular objective or theme. It is further recommended that either a separate fund or a quota allocation of funds in the current basket funding be considered specifically for this Strategy.

4.12 PROMOTION

In order to be successful, the Strategy will need to be officially launched and promoted through a series of pre-launch activities. These could include promotional messages in the mainstream and community media, posters, SMS in mobile phones, etc. across the country. Launch activities will be undertaken at national and provincial levels.

CHAPTER FIVE

MONITORING AND EVALUATION PLAN

5.1 OVERVIEW OF FRAMEWORK

Monitoring and evaluation (M & E) will be essential in objectively establishing progress toward the achievement of the objectives of the Communication Strategy and in tracking performance. It will provide the means for accountability and tracking delivery of results. It will also offer tools for enhancing learning and accelerating uptake of knowledge and successful practices in up-scaling nutrition.

Monitoring will entail a regular collection and analysis of information, during programme implementation, to assist in timely decision-making, ensure accountability and provide the basis for evaluation and learning. On-going monitoring will enable NFNC and implementing partners take stock of implementation; to see if the planned activities are being rolled out as planned or if change may be needed. It will help in tracking changes in programme performance over time and in making changes to improve implementation. Monitoring will be answering the question: "How are we doing?"

Evaluation, on the other hand, will focus on the impact of the programmes on outcomes. It will entail data collection at discrete points in time to systematically investigate the programmes' effectiveness in bringing about desired changes in the target populations on the 'minimum package' and reduction of nutrition generally. It will entail the process of determining the worth or significance of the proposed nutrition interventions in the Strategy. Evaluation will use specific study designs and special studies to measure the extent to which changes in the target populations are attributable to a programme's interventions. Ideally, evaluation of the strategy would have required data collection at the start of the interventions (to provide a baseline) and again at the end (December 2016).

Evaluation will be used to answer the questions: "Did we do it?", "Did the expected change occur?", "How much change occurred?" The critical distinction between monitoring and evaluation is that the former will provide regular information during implementation of the Strategy, while evaluation will assess the implementation and its success in achieving the nine operational objectives of the Communication Strategy.

5.1.1 What to monitor and evaluate

Within the context of Results Based Management (RBM), NFNC will focus on immediate and intermediate outcomes as this is where the potential for change lies. Each programme will be required to report on outcomes using SMART indicators measured against baseline data collected at the beginning of the intervention. The clearly spelt out activity timelines, inputs and outputs in the implementation plan (Annex 1) provide the necessary pre-requisites for process and output monitoring. Measurable verifiable indicators will be broken down at four different levels as follows:

Activity: The specific indicators that will guide the measurement and monitoring of activities will be spelt out in the detailed monitoring plans for the annual work plans.

Output: These will the products of implemented activities. The following are examples of some of the parameters that will guide monitoring and measurement of success of advocacy outputs:

- ✓ Number of IEC materials produced by type, during the period of the strategy;
- ✓ Number of planned events that will have taken place; and,
- ✓ Number of beneficiaries to the numerous planned interventions.

Intermediate outcomes: these are the things that are immediately attributable to the access to the outputs by the target group, for instance increased access to information.

Outcome: These will be results achieved over time but within the Strategy period and as a result of the accomplishment of the outputs and intermediate outcomes. The Strategy will to a large extent be monitored through the outcomes across the interventions for "Minimum Package". The nine Operational Objectives will provide indicators to be measured at Intermediate Outcome level.

Some of the parameters that will guide monitoring and measurement of success of the BCC outcomes include:

- ✓ Percentage of the target primary and/or secondary audiences who correctly understand and appreciate the "minimum Package" messages;
- ✓ Percentage of the target audiences who express positive attitudes and beliefs consistent with, or as a result of, the messages and communication efforts overall;
- ✓ Percentage of the target audiences who report having taken action or changed behaviours as required of them in the strategy; and,

Impact: The proposed indicators for the goal of the 1000MCD Strategic Framework will used as benchmarks in measuring the extent of achieving of the communication strategy, mindful that communication is just one of the factors contributing to the success. The 1000MCD reads: ***By 2015, stunting among young children less than two years of age will have been reduced from 45 percent to 30 percent (SNDP target nationally).***

5.1.2 Who to Monitor

The lead agency and decentralisation approaches adopted for the strategy entails that implementing partners, including district-level ones, will be involved in data capturing and forwarding data to the NFNC M & E unit for centralised monitoring reports. This also entails that for the purpose of this Strategy, the M & E unit will develop standard data capturing tools and frameworks that will be adopted by all the partners. For this approach to work, consideration will be given to enhancing the capacities of partners at all levels in basic data capturing.

5.1.3 Periodic Reviews and Feedback Mechanisms

For effective monitoring of the strategy, there will be need for an M & E framework that will have built-in mechanisms for periodic reviews: notably quarterly, semi-annual, annual and mid-term plans and corresponding reviews. The feedback mechanisms, especially at routine (output) level, will include data sources at district and community levels.

5.2 CONCLUSION

This Communication Strategy has provided a broad framework for undertaking communication interventions in the 1000MCD behaviour change campaign NFNC and implementing partners. However, its success will depend on a number of other factors. For instance, a clear understanding of the underlying social, cultural, political and economic conditions in the target communities will be a major precondition. This is particularly critical given that most of the interventions are centred on changing belief systems and traditions, some of which the target groups hold dearly. The starting point is therefore to have a good analysis of these and finding opportunities or entry points for communication and advocacy interventions within their contexts. The Strategy will guide all implementing partners and individuals who want to be involved in scaling up nutrition in general, for 1000MCD in particular, to ensure that appropriate and strategic communication interventions are undertaken. The Strategy may also be used as reference material for the development of micro or sector-wide communication strategies.

REFERENCES

Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. *Zambia Demographic and Health Survey 2007.* Calverton, Maryland, USA: CSO and Macro International Inc.

Family Health International (2002). *Behaviour Change Communication for HI/AIDS: A Strategic Framework.*

Food and Agriculture Organisation of the United Nations 2010. Nutrition and consumer protection. *'Nutrition country profiles: Republic of Zambia'*. Retrieved from http://www.fao.org/ag/agn/nutrition/Zmb_en.stm accessed 29/07/2014

Malcolm Fleming and W. Howard Levie (1980). Review of "Instructional Message Design: Principles from the Behavioral Sciences.

NFNC (2011): National Food And Nutrition Strategic Plan For Zambia 2011-2015: **With A Multi-Sector Strategic Direction on First 1000 Most Critical Days.**

Ministry Of Health (2011): Adolescent Health Strategic Plan 2011 to 2015.

Rodgers, (1980): **Diffusion of Innovation Theory.**

APPENDICES

APPENDIX 1: IMPLEMENTATION PLAN

6.0 BEHAVIOUR CHANGE COMMUNICATION INTERVENTIONS

Objective 1: By December 2016, to have increased awareness, knowledge and behaviour change in relation to the "Minimum Package" interventions for the first 1000MCD in the 14 Target Districts.

6.1 RADIO PROGRAMMES (NATIONAL AND COMMUNITY)

Activity 1.1.1 Produce and air Radio Programmes (with a focus on the Minimum Package) on ZNBC Radio	**Lead Org.**	**Collab Org.**
Sub Activities/Outputs		
a. Pre-recorded programmes		
1. Hold five-day meeting to review existing radio programmes, identify gaps, develop messages and programme guides for :Bushes That Grow, Nutri Scan and Nutrition and Child Care	NFNC	Technical Working Group
2. Hire consultants to produce and edit radio programmes.	NFNC	"
3. Purchase CDs and duplicate radio programmes: • 1144 for *Bushes that Grow* (13 programmes in English and seven local languages to be broadcast on ZNBC and 10 CRSs)	NFNC	"
• 1287 for *Nutri Scan* (26 English, seven local languages).	NFNC	"
• 117 for *Nutrition and Child Care* (English only)	NFNC	"
4. Translate and record *Nutrition and Child Care* into four local languages	NFNC	"
5. Contract radio stations to air radio programmes: • 1144 for *Bushes that Grow* (13 programmes in English and 7 local languages to be broadcast on ZNBC Radio 1 and 2, and 10 CRSs)	NFNC	"
• 1287 *for Nutri Scan*	NFNC	"
• 117 for Nutrition and Child Care (English only)	NFNC	"
b. Live Programmes	NFNC/DWGs	Line ministries in districts
6. Commission radio stations to produce and air live programmes on the minimum package		
➢ 390 live discussion programmes on 10 CRSs (13 series per station/year)		

c. Community based pre-recorded		
7. Support community listening groups and radio farm forums (RFF) to produce and air programmes: ➢ Hold workshop to orient NAIS staff and DACOs on producing nutrition programmes through RFFs.	MAL/NAIS	NFNC, Line ministries in districts
➢ Undertake mapping of groups and RFFs to select 5 for support. ➢ Re-orient radio listening group leaders and RFF members (five per district) to produce programmes on the minimum package. ➢ Produce listeners' guides ➢ Procure field recorders and radio sets (five of each per district) for RFFs	"	"
➢ Undertake mapping of groups and RFFs to select 5 for support. ➢ Re-orient radio listening group leaders and RFF members (five per district) to produce programmes on the minimum package. ➢ Produce listeners' guides ➢ Procure field recorders and radio sets (five of each per district) for RFFs	"	"
➢ Procure 70 bicycles for RFF Producers (one bicycle per RFF and for each of the 10 CRSs). ➢ Facilitate recording of the programmes by the groups (RFF).	NFNC	"
1. Procure airtime on 10 CRS for airing of programmes (520 - 26 per year per station in 2015 and 2016). 2. Air the 520 radio programmes produced by RFFs.	NFNC	"

6.2 IEC PRINT MATERIALS

Activity 6.2.1– Print and distribute IEC materials on the minimum package	**Lead Org.**	**Collab Org.**
Sub Activities/Outputs		
1. Hold a workshops to review, develop and print IEC materials (3 x 5 day workshop)	NFNC	Line ministries
2. Revise and reprint the following **existing IEC materials:** • Vitamin A Brochures ○ 42,000 copies in English	MCDMCH	NFNC
• Deworming Brochures ○ 42,000 copies in English ○ 45, 000 in seven local languages	"	"

Translate Deworming Brochures into seven local languages	“	“
• Brochures on Zinc, Folic Acid and Iron – ○ 42,000 copies in English and	“	“
• Posters on acute malnutrition - ○ 35,000 in English	“	“
• Vitamin A poster – ○ 35,000 copies in English	“	“
	MLGH	NFNC
• Brochures on Water and Sanitation – ○ 42,000 copies in English and ○ 45, 000 in seven local languages	“	“
Translations the Brochures on Water and Sanitation into seven local languages	NFNC	MCDMCH
3. Revise, print and distribute 20, 000 copies of the Ten St eps to Successful Breastfeeding in English	NFNC	“
4. Produce, print and distribute the Breastfeeding in the Context of HIV brochure ○ 42,000 copies in English	NFNC	“
5. Reprint and distribute the English version and translate Exclusive Breastfeeding Brochure ○ 42,000 copies in English and	NFNC	“
6.. Reprint and distribute the Expressed Breast Milk Brochure - ○ 42,000 copies in English	NFNC	“
7. Print and distribute a Complementary Feeding Brochure - ○ 42,000 copies in English and ○ 45, 000 in seven local languages	NFNC	“
Translate Complementary Feeding Brochure into 7 local languages	NFNC	“
8. Produce, print and distribute Code of Marketing of Breast milk Substitutes - ○ 2,000 copies in English	NFNC	“
• Revise, produce and Reprint recipe Booklets ○ 3000 in English copies	NFNC	“
• Print 20000 GMP guidelines in English	MCDMCH	NFNC
• Produce and print brochures on GMP – ○ 42,000 copies in English	“	“
• Revise and print GMP poster – ○ 35,000 copies in English	“	“
• 14. Print and distribute 20, 000 job aids on zinc, iron and folic acid supplementation for health workers – to be distributed in batches of four per health facility	“	“

62.2 Print and distribute Field Workers Reference Guide: Print and distribute seasonality calendar: • Booklets (3000 in English and 12,000 in seven local languages) • Seasonality calendars (3000 in English and 12,000 in seven local languages) • Distribute 5000 copies of the Field Workers Reference Guide • Reproduce and print 5000 copies of the food production and processing chapter of the Field Workers Guide.	NFNC	Line ministries

6.2.3 Printand distribute the CSH IEC materials:		
Reprint and distribute to community volunteers the growth reminder card (CSH)		
Print and distribute meal place mat (CSH)		
Print and distribute Menu Game		
Produce Feeding Bowls and distribute		

6.3 COMMUNITY BASED INITIATIVES

Activity 6.3.1Hold community meetings	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hold quarterly planning meetings	DNCCs	NFNC
2. Support districts to hold quarterly planning meetings	"	"
3. Hire venues	"	"
4. Support districts to conduct 420 meetings (one meeting per district per month)	"	"

Activity 6.3.2Support districts to hold public forums on the 1000 MCD	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hold six planning meetings (two per year) at national level	NFNC	Line ministries/NFNC
2. Hold six planning meetings (two per year) at district level	DNCCs	"
3. Hold one public forum annually in the 14 districts	DNCCs	"
4. Hire local musicians	DNCCs	"
5. Engage local drama, dance troupes	DNCCs	"
6. Hire Venues	DNCCs	"
7. Hire PA system	DNCCs	"

Activity 6.3.3Hold advocacy meetings with Traditional leaders	Lead Org.	Collab Org.
Sub Activities/Output		
1. Hold three planning meetings with MCTA to plan meetings with Chiefs and constitute advocacy teams	DNCCs	NFNC
2. Support advocacy teams to conduct meetings with chiefs in 14 chiefdoms	DNCCs	NFNC
3. Buy tokens of appreciation for Chiefs	DNCCs	NFNC
4. Document all advocacy meetings	DNCCs	NFNC

Activity 6.3.4 Support local drama groups to disseminate key massages on the minimum package in schools and communities	Lead Org.	Collab org
Sub Activities/Output		
1. Hold workshop to develop tool kit for drama groups	DNCCs	NFNC
2. Map drama groups and hold orientation workshops in 14 districts	DNCCs	NFNC
3. Commission drama groups to perform 280 plays (20 per district) in 14 districts	DNCCs	NFNC

6.4 INTERNET BASED INITIATIVES (INCLUDING SOCIAL MEDIA)

Activity 6.4.1 Upgrade NFNC Website to include social media links such as Facebook and Twitter, and add 1000MCD Portal	Lead Org.	Collab Org.
Sub Activities/Output		
1. Hire Web Designers to: • Re-design NFNC Website • Design 1000MCD web portal • Include Facebook and Twitter	NFNC	Line ministries
2. Hold meeting to review and agree on the proto type design	NFNC	"
3. Hold workshop to create content	NFNC	"
4. Upload content	Consultant	NFNC
5. Regular updating of content	NFNC	"

6.5 SCHOOL BASED INITIATIVES

Activity 6.5.1 Hold Secondary Schools' Art, Debate and Essay Writing Competition on 1000 MCD in the 14 districts	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hold four planning meetings at national level	MoE	NFNC
2. Hold 28 planning meetings (two per district)	MoE	"
3. Advertise competition on CRSs	MoE	"
4. Buy prizes for winning schools and individual pupils:	MOE	"
• Prizes for schools in 1st to 3rd Position		
• Prizes for pupils in 1st to 3rd Position		
5. Hire judges and adjudicators		
6. Conduct competitions within the 14 districts	MOE	"
7. Document competitions through photos and video footage in all 14 districts	NFNC	MoE

6.6 PROMOTIONAL MATERIALS & INITIATIVES

Activity 6.6.1 Produce five thematic banners to display on NFNC wall	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hold meeting to agree on themes	NFNC	Designers
2. Print and erect five banners	NFNC	"

Activity 6.6.2 - Participate in Trade Fair, Lusaka Agricultural and Commercial Show and-Agricultural Shows in 14 phase one districts	**Lead Org**	**Collab Org.**
Sub Activities/Output		
1. Hold National Level planning meetings	NFNC	Line ministries
2. Hold planning meetings with DNCCs in preparation for district Agricultural Shows	NFNC/MAL	
3. Provide 14 Districts with financial support for participation in district Agricultural Shows	NFNC/CARE	"
4. Provide the 14 districts with technical support and documentation (filming, photos and radio recording)	NFNC/Care	"

Activity 6.6.3 Hire local musician/s to compose and produce a song on 1000 MCD in English and seven local languages to be aired on CRSs in the 14 phase one districts	Lead Org.	Collab Org.
Sub Activities/Output		
1. Hold meeting to agree on theme and write creative brief	NFNC	Line ministries
2. Commission selected musician to record and produce songs	NFNC	"
3. Purchase airtime and ensure airing of 858 songs(each station to play three songs/week for six months during the project life) on ZNBC and 10 CRSs	NFNC	"

6.6.4 Produce, print and distribute promotional and branding materials for 1000MCDP	Lead Org.	Collab Org.
Sub Activities/Output		
1. Hold in-house planning meetings	NFNC	Line ministries
2. Print 80 1000MCDP logos on correx board for National (24 boards for NFNC, Ministries and Partners) and District level (56 boards – four boards for each of the 14 districts)	NFNC	
3. Print 40 1000MCDP generic banners for National level (12 banners for NFNC, Ministries and Partners) and District level (28 banners – four boards for each of the 14 districts)	NFNC	"
4. Print 10000 school rulers with 1000MCD messages	NFNC	"
5. Print 2000 branded pens	NFNC	"
6. Print 3000 branded T shirts for CHWs and volunteers	NFNC	"
7. Print 3000 branded caps for CHWs and Volunteers	NFNC	"
8. Print 3000 information packs	NFNC	"
9. Print 3000 branded bags for CHWs and volunteers	NFNC	"
10. Produce 3000 branded badges for CHWs and volunteers	NFNC	"

6.7 TELEVISION

Activity 6.7.1 Support NAIS to record, Produce and TV documentaries – *Lima Time*	Lead Org.	Collab Org.
Sub Activities/Output		
1. Hold meeting to agree on themes	MAL	NFNC/line ministries
2. Field recording of programme – three times (once a year in 2014, 2015 and 2016)	MAL	"
3. NAIS to edit, produce and air six programmes – twice a year on Lima Time and two times each on Solwezi and Chipata TV.		

Activity 6.7.2 invite ZNBC TV to cover special events and produce and air TV programmes – e.g. Breast feeding week	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hold meeting with producers to agree on themes	NFNC	ZNBC/Muvi
2. Provide logistics to ZNBC crew to cover at least one event per year.	NFNC	"
3. ZNBC produces and airs at least two programmes per year from 2014.	"	"

7.0 INSTITUTIONAL CHANGE INTERVENTIONS

Objective 7: ***To increase the capacity of targeted institutions to implement relevant communication programmes***

Activity 7.1 Conduct training workshops for practicing journalists from national and community media Include training of NAIS staff as a sub activity	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hire media training consultants to produce tool kit, training module and train journalists	ZAMCOM	NFNC
2. Hold workshop to agree on content of training module and Toolkit	"	NFNC
3. Hold validation meeting	"	NFNC
4. Conduct training workshops: two for CRSs; one national for print, electronic and online media (30 participants/workshop)	"	

Activity 7.2 Conduct sensitisation for church and traditional leaders on "minimum Package"	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. hold meetings to develop content	MCDMCH	NFNC/local TWG
2. Hold sensitisation workshops in each of the 14 districts	"	"

Activity 7.3 Conduct training in BCC for NFNC, Line Ministries and Communication TWG	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hire consultant to conduct a training needs assessment	ZAMCOM	NFNC/Care
2. Hold a feedback meeting with stakeholders	"	"
3. Design training schedule	"	"
4. Conduct training workshops	"	"
5. Send staff for relevant specialized courses	"	"
6. Conduct staff performance appraisal	"	"

Activity 7.4 Produce 500 training DVDs and 3000 counselling cards for health workers on how to counsel caretakers on management of acute malnutrition	**Lead Org.**	**Collab Org.**
Sub Activities/Output	MCDMCH	NFNC/ZAMCOM
1. Hold meetings to draft DVD and counselling card content	NFNC	
2. Produce 500 DVDs	"	"
3. Pre-test DVD and counselling card	"	"
4. Print 3000 counselling cards	"	"
5. Distribute DVDs and counselling cards	"	"

Activity 7.5 - Acquire audio-visual production equipment for NFNC Nutrition Education and Communication Unit	**Lead Org**	**Collab Org.**
Sub Activities/Output		
1. Hold in-house meeting to determine list and specifications of equipment	Care	NFNC/NAIS
2. Purchase relevant equipment	"	NFNC/CARE
3. Train staff on use of equipment	"	NFNC

Activity 7.6 -Form Communication and Advocacy Technical Working Group	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hold meetings to form Group	NFNC	Care
2. Communication and Advocacy TWG meeting to draft TORs and Work plan	NFNC	"
3. Hold stakeholders' consensus meeting	NFNC	"
4. Print and distribute TWG TORs and Work plan	NFNC	"
5. TWG holds quarterly meetings		

Activity 7.7 Enhance NFNC and Partners' Resource Centres & Enhance Sifting and Dissemination of Information and with materials	**Lead Org.**	**Collab Org.**
Sub Activities/Output	Care	NFNC
1. Collect and stock relevant and up-to-date 1000MCDP reference materials in various formats	"	"
2. Train resource centre personnel in Computer information and Knowledge Management skills	"	"
3. Distribute information to partner and media houses resource centres	"	"

Objective 8: ***To increase the capacity of the targeted institutions to coordinate and mainstream nutrition communication activities in the 14 districts.***

Activity 8.1 -Develop and mainstream Nutrition Reporting Curriculum for higher learning institutions	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hire Consultant Undertake Training Needs Assessment	NFNC	Training Institutions, Consultants
2. Hold Consultative meetings	"	"
3. Develop draft curriculum	"	"
4. Hold consultative meetings for mainstreaming	"	"
5. Print and distribute modules	"	"

Activity 8.2- Produce and print Quarterly Partnership Newsletter	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hold meeting to set up Editorial Team	NFNC	Line Ministries
2. Cover events, gather stories and take photographs in Lusaka and 14 Districts	NFNC	"
3. Hold Quarterly production meetings	NFNC	"
4. Print and distribute 2000 copies of the Newsletter every quarter	NFNC	

Activity 8.3- Update NFNC website and develop 1000MCD web portal	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hire firm to redesign website and design portal	NFNC	Line Ministries
2. Hold meetings to develop and agree on content.	NFNC	"
3. gather content and regularly update both – website & portal	NFNC	"

Activity 8.4 - Sponsor nutrition and media awards for journalists in Print, Radio TV and Internet and outstanding contributors to nutrition	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hold meetings to agree on themes and choose Awards	NFNC	Media institutions (Misa), /Ministries
2. Hire adjudicators	NFNC/	“
3. Buy advertising space for radio, TV and Newspapers	NFNC	“
3. Buy prizes	NFNC	“
4. Hire Events Coordinator to plan and execute televised Award Ceremony	NFNC	“

8.0 MONITORING AND EVALUATION INTERVENTIONS

Objective 9: ***To increase the capacity of institutions in the 14 districts to monitor and evaluate nutrition communication activities.***

Activity 9.1 Develop and implement M & E frameworks	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hire consultant to develop	NFNC	Care, ministries
2. Mainstream and implement the frameworks	NFNC	"

Activity 9.2 Develop and implement annual workplans and budgets and produce progress reports	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. develop departmental and individual annual work plans	NFNC	Care, partners
2. Implement the plans	NFNC	"
3. Produce quarterly, semi-annual and annual reports	NFNC	"

Activity 9.3 Hold regular programme review meetings	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Hold monthly meetings	NFNC	Ministries/Partners
2. Hold quarterly meetings	NFNC	"
3. hold half year review meetings	"	"
4. hold annual meeting	"	"

Activity 9.5 Undertake regular field monitoring, pre-testing of IEC materials and programme evaluations	**Lead Org.**	**Collab Org.**
Sub Activities/Output		
1. Undertake pre-testing of new IEC materials		
2. undertake quarterly field visits	NFNC	Partners, ministries
3. Hire consultant to undertake mid-term review of the programme.	NFNC	"
4. Hire consultant to undertake final evaluation of programme.		

Appendix 2: Description of communication channels and tools in the Strategy

10.0 STRATEGIES AND CHANNELS FOR BEHAVIOUR CHANGE COMMUNICATION

The behaviour change communication objectives are predicated on the premise that, as stated in chapter 1 of the main report, gaps and problem behaviours still exist across all the 12 interventions that make up the "minimum package" for the 1000MCDP. The scenario is attributable to low awareness and knowledge, and negative perceptions and attitudes, particularly among the most the target audiences for the "minimum package" interventions. Strategies and activities under the BBC objectives in the strategy will thus be directed towards increasing access to information in order to enhance awareness and levels of understanding and appreciation to eliminate knowledge gaps as well as for changing attitudes and, ultimately or hopefully, behaviours. Positive changes will be expected at individual, family, community, institutional and social environment levels.

For desired behaviour change to happen, different methods and channels – each effective at different stages of the behaviour change continuum and for achieving different goals -- have been proposed in this Strategy as articulated in the following section.

- Strategic communication campaigns
- Information gathering, organisation and dissemination
- Participatory development communication
- Health Promotion/Education and Social Marketing

10.1 STRATEGIC COMMUNICATION CAMPAIGNS

Strategic communication campaigns will be adopted with the purpose of reaching a wide range of audiences across the 14 districts. The main purpose will be to increase levels of awareness and knowledge and access to information. The tools for strategic campaigns will be those that can reach both wider and highly targeted audiences. Both traditional and new media have been proposed to ensure maximum penetration of the messages. The tools to be used under this methodology include the following:

A. MASS MEDIA

The following mass media will be used:

I. Television

With its added advantages of sound, picture and movement, television will be strategically used to showcase any new developments and facilitate realism to discussions about nutrition generally and the minimum package in particular. The proposed TV formats in this Strategy are pre-recorded programmes from live events and documentaries, notably Lima Time to be produced in collaboration with NAIS of the Ministry of Agriculture and Livestock.

The documentaries will be used to explore a particular topic or issue on the minimum package. They will specifically be used to allow for the capturing of views, testimonies and situations of the local people, which also enables both vertical and horizontal sharing of information.

ii. Radio – National and Community

Radio will be used to assist in reaching more and a cross section of people, including those in remotest areas of the 14 districts. **Community radio in particular** will be used to reach rural communities that do not receive radio signal from the national broadcaster. Community radio will also aid the spreading of nutrition information in local languages. Currently there are over 50 community radio stations spread across the 10 provinces of the country, as shown in Figure 1 below. All the 10 out of the 14 SUN target districts will benefit from the use of this medium.

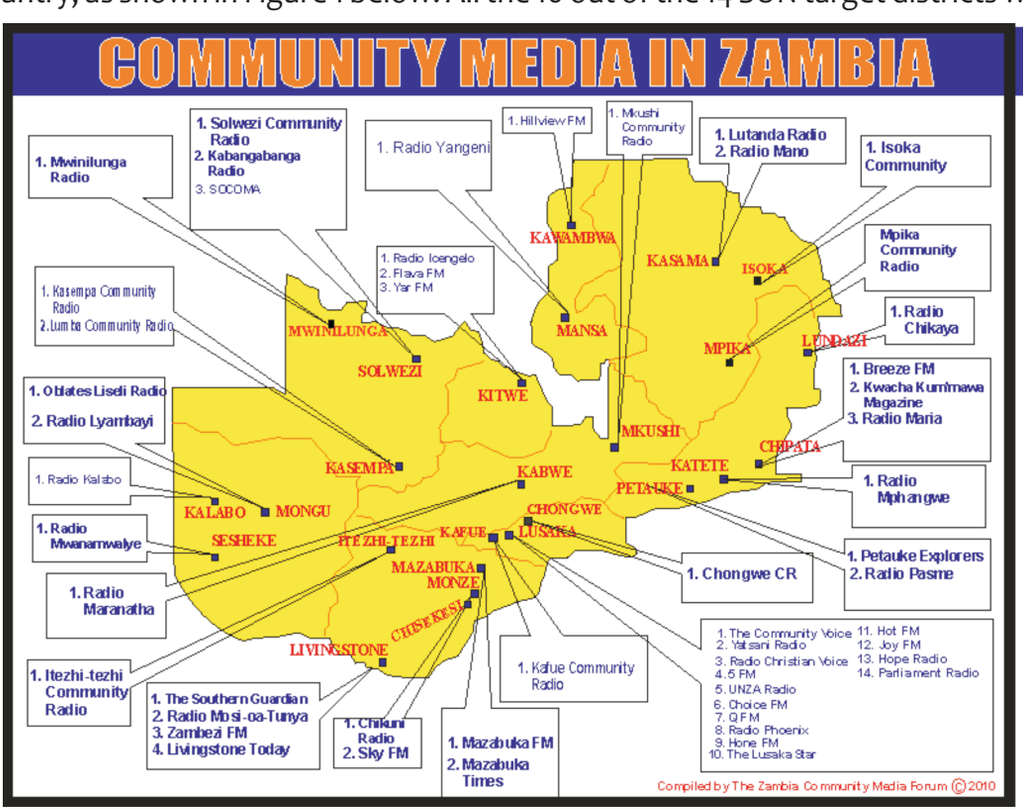

Figure . Figure 6: Community media in Zambia; to be utilised to reach the whole country.

Proposed Radio Formats

The radio programmes supported by the programme will use a combination of: pre-recorded, live and community recorded programmes. Radio journalists will also be commissioned to produce radio documentaries in their respective radio stations. The primary audience for radio programmes will be a cross-section of local and ordinary people. Secondary audiences: Heath providers, implementing partners and the media. Others will include: stakeholders, policy makers, traditional and religious leaders, cooperating partners.

I. Newspapers

Newspapers will provide a possibility for fully explained information on new developments regarding the "minimum package". Existing health columns will be supported and their writers trained and regularly supported with latest information through the NFNC resource centre. News stories will also be supplied to various newspaper houses and new columns considered in other major newspapers and specialised magazines. The Zambia News and Information Services (ZANIS) reporters will be supported to produce radio programmes and newspaper articles from the 14 target districts for major media houses and community media in the 14 districts.

Proposed formats

- Regular in-house news, feature articles and editorials on minimum package to increase awareness and knowledge.
- Feature stories written by journalist trained by the programme.
- The use of existing columns and/or support to new ones in credible weeklies and community newspapers and magazines.
- Emerging topical issues will also be posted on online newspapers, including *Lusaka Times*, the *Zambian Watchdog*, *Zambian Eye*, *Timbuktu Chronicles*, etc.

ii. Press Releases

Press releases will be used to alert media of new and emerging issues and trends in nutrition generally and the "minimum package" in particular. These will be written by the NFNC Communication Department. The principal audiences will be the news media houses.

iii. Newsletter & Magazines

Relevant existing magazines, such as the *Zambian Farmer*, will be supported with feature stories written by NFNC and partners' communication staff, who will also attend refresher training in basic reporting. The SUN partners will also publish a newspaper to be edited and coordinated by NFNC. The principal audience for magazines and newsletter will be implementing partners, members of NGO networks, policy makers, cooperating partners, medical personnel, scientists and the general public.

iv. Posters

Posters will be used to spread information in a more illustrated way by use of pictures. Posters will be placed in strategic places such as health centres, schools, markets, near churches and highly frequented public places to attract the attention of specific target readers. Target audiences for posters will mainly include medical staff, mothers and caregivers of children under two years, the public and specially identified groups, depending on the issue being communicated and location of the poster.

v. Billboards

Like posters, billboards with appropriate messages on the minimum package will be erected in high traffic areas such as alongside busy roads. These will be highly attractive to capture the attention of the public. It is also recommended that the old billboards of the Ministry of Health and partners be regularly updated with new messages. The target audience will be the public in the vicinity of the billboards and motorists.

B. DIGITAL MEDIA/ICTS

The following digital media have been considered:

I. Website

The NFNC website will be used to provide information on latest development on 1000MCD, and minimum package in particular, and also act as an interactive tool for facilitating networking among various stakeholders. It will also be a link to social networking tools such as Facebook, Twitter and other platforms. A web portal of the "minimum package" has also been recommended. The website will target CSOs/CBOs/FBOs, researchers/academicians, medical and health personnel and the public.

ii. Facebook

This tool will be mainly targeted to young mothers, care givers and household heads, considering that this has rapidly become the most frequently used platform by this group of audiences. Young people are also the main target of reproductive health communication generally. Facebook will also be linked to live radio programmes to enable people to be connected and contribute to on-going discussions. A specific "minimum package" Facebook site will have to be created. The principal audience will be youth and young adults with internet connectivity.

iii. Twitter

This tool will also be linked to the website and will allow the audience to post short text updates on the minimum package in a web browser, instant message, e-mail or mobile text

messaging. As with Facebook young people will be the main target of Twitter.

iv. Blogs

This tool will allow for the publishing of content in a web format. People will be allowed to share different experiences on a given topic. Latest information on the minimum package will also be posted. The principal audiences of Twitter and Blogs will mainly be the young mothers, youth, students, NGO and media networks, special interest groups, researchers, scientists, medical and health personnel, cooperating partners and academic institutions.

C. INTERPERSONAL COMMUNICATION

The best form of communication is the one that allows for face-to-face interaction with the person that is conveying the information. Effective communication of "minimum package" information requires direct delivery of the message to the recipient to allow for immediate feedback and clarification of certain issues. Interpersonal or human communication will be directed at individuals mainly for immediate attitude and behaviour change around issues being raised. Innovative ways of passing on new developments on the "minimum package" will be used to guarantee creation of awareness and understanding. Human communication will also facilitate sustaining of positive attitudes and behaviours through regular interactions at individual and group levels. The tools and formats for interpersonal communication include:

i. Popular Theatre

Popular theatre will be very useful in getting the information out to the communities, especially those who do not have access to the mass media and other forms of communication. The "minimum package" information will be given a human face and a sense of realism through this channel.

Proposed Formats

This will be done through song, music with popular musicians, dance and drama. Live performances by popular musicians will also be staged in different locations, especially during special days, such as the Breastfeeding Week. The principal audience will be the less literate audiences, local people, youth (particularly those that are out of school), and persons from special interest groups, such as the blind and deaf, and the general public.

ii. Interactive dialogue

This tool will allow for free exchange of information between the sender and the recipient of the messages. The strategy will encourage two-way exchange of information, which will enable the target audiences to also provide their perspectives about nutrition.

Proposed Formats

The channels for interactive dialogue will include:

- Peer Education
- Meetings
- Demonstrations
- Field days
- Fares
- Festivals
- Displays and exhibitions

10.2 INFORMATION GATHERING AND DISSEMINATION

Evidence abound that lack of proper and timely information hampers enhancement of knowledge and awareness, both of which are crucial to attitude and behaviour change. There will be, therefore, need for wide diffusion of information on the "minimum Package" in the 14 districts and Lusaka. Platforms or avenues for information dissemination will also be made accessible to the target audience.

Tools for information dissemination

i. **Knowledge management (Resource centres)**

Existing resource centres and libraries in the 14 districts and at NFNC will be used as information hubs or points where people will easily have access to nutrition information through publications and other materials. The resource centres will subscribe to major publications to ensure that they contain latest information for the media and other readers. These centres will also contain information in local languages and the staff at the centres will be conversant with the local language spoken in that particular locality. Information sifting and dissemination to specific target audiences, such as media, will have to be a critical part of knowledge management.

ii. Documentation of best practices

This will involve gathering, processing and dissemination of best practices and case studies based on a variety of topics in the "minimum package". The purpose of this activity is to enhance knowledge and behaviour change through learning what has worked or failed in related settings. The tools for documentation will include documentaries, in form of oral testimonies via video, audio and print documentation.

iii. Pictures (photography)

Pictures and photos will be professionally taken and presented in targeted publications, at

exhibitions or fares and as slide shows at specially organised events so that they provoke perception and attitude change towards the "minimum package". Pictures will also be published in online platforms. Primary and secondary audiences will be targeted for documentation outputs.

iv. Distribution of IEC Materials

IEC materials – notably leaflets, brochures, manuals, play cards, stickers, badges and brail materials - will be produced and distributed across the country. Some of these materials will be translated into local languages as suggested in the implementation plan.

10.3 PARTICIPATORY DEVELOPMENT COMMUNICATION

Participatory communication will facilitate active participation of the target audiences to freely discuss relevant subjects on the "minimum package". This form of communication will be done in groups at the community level. The following three main tools to be used for this methodology:

i. Radio Listening Clubs and Radio Farm Forums

A radio listening club is a group of community members who come together for the common purpose of recording and listening to radio programmes, at an agreed time of the week, and usually on a wide range of topics on a subject, such as nutrition. A number of organisations have successfully used radio listening clubs for knowledge creation and attitude and behaviour changes. These clubs are also a form of social mobilization for joint actions as their motto is: Listen, Discuss and Act. The Strategy proposes that SUN partners should work with organisations involved with the existing clubs, including the community nutrition groups, particularly around each of the 10 community radio stations. Consideration has been proposed for the merger of existing clubs with the Radio Farm Forums (RFF) of the Ministry of Agriculture and Livestock (MAL), and to use the structures and airtime slots of these on ZNBC and CRSs.

ii. Study Circles

Study circles are another form of group learning. Under this tool materials on nutrition should be produced by experts and distributed to the study circles and the 'circles' would meet regularly at an agreed time to study the materials together. It is recommended that SUN partners consider collaborating with the Swedish Cooperative Centre, which has used this channel over the years for agricultural and related information dissemination and training.

iii. Community Meetings

Community meetings will also be considered for imparting information and creating awareness under this methodology. The target audiences for participatory communication will be local people (primary audiences) at community level. The secondary targets will be policy makers and service providers at different levels.

10.4 HEATH PROMOTION/EDUCATION AND SOCIAL MARKETING

This will take advantage of popular genres of entertainment in order to disseminate old and new information about the "minimum Package". Health promotion will be integrated into theatrical performances, song and dance and other forms of entertainment.

Channels adopted for this strategy includes:

- Song and dance
- Drama
- Art
- Cartoons

Funds permitting the following will also considered:

- Adverts
- Jingles
- Promos

These will be used to achieve results under this methodology. Existing and effective jingles and adverts, such as those currently used in condom promotion and *Know you Partner* jingles supported by CSH, will be learned from and scaled up. Primary and secondary audiences and members of the general public will be targeted with this methodology.

11.0 STRATEGIES AND TOOLS FOR CAPACITY BUILDING AND INSTITUTIONAL STRENGTHENING IN COMMUNICATION

Limited capacities of implementing partners in both communication and advocacy and in basic knowledge of nutrition, and how to write or produce effective stories on the part of journalists, has been identified as a major hindrance to nutrition communication. Capacities refer to both skills in communication and knowledge of specific aspects of nutrition, at both institutional and individual levels. So too is limited capacities of implementing partners to develop and implement communication and advocacy strategies.

Capacity building or development for none media actors will entail enhancing human and institutional capacities (skills and knowledge) in communication depending on established training needs. Some of the areas will include:

- Developing and implementing communication strategies
- Communication and presentation skills
- Working with the media
- Public speaking
- Counselling
- Developing IEC materials
- Development support communication – basics
- Press Release writing

Capacity building or development will be achieved through the following interventions:

11.1 Short-term Training

Tools for short term training will include:

i) Sensitisation workshops
ii) In-house on-site training
iii) Attachments
iv) Exchange visits
v) Site visits
vi) Production and dissemination of tool kits for both media and non-media actors

11.2 Long-term training

Long-term training will be attained through the following strategies:

i) **Review and mainstreaming curricula** – of "minimum package" reporting for journalism training. For media training the Strategy should support development or upgrading of modules in development communication at both diploma and degrees training levels.

11.3 Networking and partnerships

Networking and partnerships will be attained through:

i. **Creation and support for sectoral, national and local (decentralized) networks:** in the case of media there will be need to create and support a vibrant network of journalists involved in communicating nutrition. The sector network will include the Technical Working Group.

11.4 Information gathering, organisation and dissemination

This will involve:

i) **Documentation of lessons** and best practices

ii) **Research and dissemination of results**

iii) **Information sharing:** this will be attained through newsletters, website, internet, bulletins, internet-based Discussion groups and others tools.

iv) **Manuals and Tool kits:** these will be produced and/or distributed on specific topics and to target groups. It will include *How-to* manuals and leaflets.

12.0 STRATEGIES AND TOOLS FOR COMMUNICATION PRIORITISATION AND MAINSTREAMING

Nutrition affects everyone and the impact of inadequate nutrition, especially stunting in children under two years of age, is very rapidly felt. The economic and social impacts of stunting are not uniform across the country nor within societies, yet wherever it strikes, stunting and poor nutrition generally affects individuals, communities and sectors relentlessly, eroding human capacity, productivity and prospects. Therefore, if not effectively prioritised, mainstreamed and controlled, stunting can affect many development gains the country has made over the years.

Evidence abound, however, that not much has been done in terms of both prioritization and mainstreaming of nutrition communication generally, 'minimum package' in particular, at all levels: national, sector and community. Through the proposed interventions it is hoped that positive results can be achieved in this area.

Strategies and tools for prioritisation and mainstreaming nutrition reporting will include:

12.0 Media Relations

Media communications – national and community - will make up a huge fraction of the interventions and channels to be adopted to achieve the objectives of this Strategy. The mass media shall be responsible for most of the information dissemination across the country. The rapid preponderance of community media (especially radio) across all the nine provinces of Zambian makes it imperative that the media are brought on board for the Strategy to succeed. However, as noted in the situation analysis, the media have not been effectively involved in nutrition information dissemination. The reasons for the state of affairs range from lack of interest, lack of policy and strategy to inadequate skills and knowledge of the subject. Media relations as a strategy will, therefore, help address the situation and ensure achievement of maximum publication or broadcasting of information on nutrition as required in the Strategy.

i. Sensitisation

Sensitising the media personnel – both editors and reporters – will be another form of engendering interest in them. The strategies to achieve this will include:

a) Workshops
b) Site visits
c) Organised talks
d) Lectures
e) Seminars
f) Attachments

ii. Media Briefs

Briefings for the media will be another crucial methodology to increase knowledge and

interest levels. The tools for media briefs will include:

a) Media breakfast, luncheons, and/or dinners.
b) Policy briefs
c) Positions papers
d) Press Releases

iii. Incentives & resources

Media personnel have often complained of lack of incentives and resources to cover nutrition and other complex issues. This Strategy will address this shortcoming through the following means:

- **Media awards:** for best media and individual reporters or editors in covering the pandemic.

- **Media Fellowships:** though not adopted in the Strategy, cash incentives to individual journalists to write articles on a particular complex topic or issue or to broadcast producers for specific audio and/or video outputs on "minimum package" should be considered. Fellowships will also be considered for senior and experienced journalists to be attached to media houses over a period of time as editor mentors. The fellowships will be awarded on a competitive basis.

- **Media House Grants:** these will be offered to media houses to produce programmes or articles over a period of time.

iv. Support Specialisation

Lack of specialisation is one of the other major handicaps facing the media in trying to report on nutrition. The extent of the problem is such that very few journalists across the country are able to effectively and confidently report on nutrition.

To address the problem, NACAS will adopt the following means:

a) **Support specialised desks** within select media houses: these will be supported with incentives, capacity building, information and materials on a sustainable basis.
b) **Skills training:** this will be attained through short-term initiatives described under "capacity building".
c) **Media Champions and icons:** respected media personalities will be co-opted into the national campaign as champions or ambassadors to speak about the "minimum Package" within media circles.

v. Media Advisory

In order to increase the chances of nutrition related information being reported in the media, individual reporters will be targeted with information. Media advisories will be sent to inform these reporters about important events or information. Reporters who have shown keen interest in the subject will be specifically targeted. This tactic will also be used for advocacy purposes.

Developed with support from SUN Fund