DESIGN DOCUMENT
for Bhanchhin Aama Radio Program
Phase-III (39 Episodes)

FY 2015-16
Disclaimer

Bhanchhin Aama Radio Program Design Document Phase-III

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I would like to acknowledge all the agencies and individuals who contributed considerable time and effort to the development of the "Bhanchhin Aama Radio Design Document - Phase-III".

From November 4-7, 2014, a Design Team of around 60 representatives; in the initiation of National Health Education, Information and Communication Center, including Department of Agriculture, Department of Livestock Services, Department of Water Supply & Sewerage/Environmental Sanitation and Disaster Management Section, Ministry of Federal Affairs and Local Development, Suahara Program Team, Social Mobilization and Communication Officers, PNGO Field Coordinators, Field Supervisors; Social Mobilizers, Audience Representatives - 1000 days Mothers, Mother-in-laws, Father-in-law, FCHVs representatives from Nuwakot, Rasuwa, Sankhuwasabha, Bhojpur, Gorkha, Myagdi, Baglung, Syangja, Lamjung, Rupandehi, Nawalparasi, Darchula, Bajhang, Dadeldhura, Achham, Baitadi, Script Writers, Production House and External Development Partners came together during a 4-days workshop which was organized with an intention to create design documents for the "Bhanchhin Aama radio program Phase-III".

The primary objective of the workshop was to outline in detail the purpose, objectives, content and sequence of 39-episode of the "Bhanchhin Aama Radio Program Phase-III". The amount of work completed during that week was extraordinary and I would like to congratulate all those who participated on their achievements. I would like to extend my sincere thanks to the Design Team members for their contribution in creating the design document.

I am obliged to those who enthusiastically reviewed the design document and provided valuable comments on technical part on a technical review meeting held on November 21, 2015. I would like to extend my sincere thanks to all the members of this center, Reproductive and Child Health IEC/BCC Technical Committee who actively participated in the committee’s meeting held on February 6, 2015 and gave their precious suggestions and provided additional support to finalize the Design Document.

Finally, I would like to thank Hari Sharan Karki, Chief, Reproductive and Child Health Communication Section of this Center for his important role in the development of this Design Document. Similarly, I would like to extend my special thanks to Dharma Raj Bajracharya, Senior SBCC Program Officer/Bhanchhin Aama Radio Program Focal Person, Shreejana K.C., SBCC Manager, Caroline Jacoby, Senior Program Officer, JHU-CCP Baltimore and Dipak Raj Sharma, SBCC Program Officer for their facilitation, and outstanding support during the Design Document Workshop, Design Document Review meeting and development of this design document.

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Director
National Health Education, Information and Communication Center
Bhanchhin Aama Radio Program Design Document - Phase-III
2015-2016

SIGNATORIES

This "Bhanchhin Aama Radio Program Design Document - Phase-III" is developed on the basis of plans and policies of Ministry of Health and Population, National Nutritional Strategy, Maternal Newborn and Child Health National Communication Strategy 2012-16 of National Health, Education, Information and Communication Center (NHEICC), National Cleanliness and Sanitation Masterplan-2068 and Agricultural Development Strategy 2012-13. The Design Document was reviewed and finalized by distinguished panel of content specialists. The inscriptions of Bhanchhin Aama Radio Program-phase III will be prepared on the basis of the same document and the radio program will be produced as per.

We are endorsing this Design Document for implementation by signing below. We would like to thank all involved for their valuable time and overall support in producing this design document.

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Rationale for Suaahara Magazine Radio Program (Introduction)

Suaahara is a five year project aimed to improve the nutritional status of women and children in 41 districts of Nepal (expanding to 16 more districts - Kanchanpur, Kailali, Dailekh, Surkhet, Bardia, Jajarkot, Salyan, Banke, Rukum, Rolpa, Dang, Pyuthan, Arghakhanchi, Gulmi, Kapilvastu and Palpa) in the coming year). The project focuses on improving health and nutrition behaviors at the household level through promotion of Essential Nutrition and Hygiene Actions (EN/HA), particularly Maternal, Infant and Young Child Nutrition (MIYCN), and addressing other determinants of under-nutrition, such as availability of and access to food, hygiene, quality of health care, child spacing and socio-cultural factors including gender and marginalization.

Suaahara partners include Save the Children (prime), Helen Keller International, Jhpiego, Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU CCP), Nepali Technical Assistance Group (NTAG), Nutrition Promotion and Consultancy Service (NPCS) and Nepal Water for Health (NEWAH). The program works closely with Government of Nepal, Department of Health Services, Child Health Division (CHD), National Health Education, Information and Communication Center (NHEICC), Family Health Division (FHD), Department of Water Supply and Sewerages, Department of Agriculture and Department of Livestock Services.

Bhanchhin Aama Phase-I and Phase-II launched in November 30, 2013 and July 12, 2014 respectively. Bhanchhin Aama is an integrated campaign that seeks to engage communities and families through entertainment education radio programs, radio discussion groups, home visits, cooking and feeding demonstrations, key day celebrations, homestead food production, and through activities in schools and child clubs. The Bhanchhin Aama campaign utilizes ideal mother-in-law characters as spokespeople to motivate mothers and mothers-in-law in different parts of Nepal to take action during the 1,000-golden-days of a woman’s pregnancy till her child’s second birthday to improve nutrition, hygiene and health practices. They use their rich life experience and knowledge to promote healthy integrated nutrition behaviors to help bring about social behavior change to be able to fulfill aspirations and to improve the lives of Golden 1000 day mothers, children and ultimately their families.

Localized entertainment education radio programs are an integral part of the Suaahara Bhanchhin Aama approach because they can influence the overall enabling environment for change as well as support community level Nutrition, Agriculture and Sanitation activities. Localized means the programs are broadcasted in the local language and are based on the local level cultural realities and solutions. Entertainment education (EE) programs catch and hold the audience's attention while subtly and naturally weaving in the health messages. Characters model key positive behaviors and achieve their goals. The programs also focus on strengthening self-efficacy—the belief that one has the ability to exert personal control over outcomes.

The planned radio programs and support materials and activities will contribute to the overall goals of the National Maternal Newborn Child Health Communication Strategy 2011-2016, developed under the leadership of the National Health Education Information and Communication Center (NHEICC). The programs will be research- and theory- based and developed using a participatory, interactive approach.
A central focus will be to strengthen self-efficacy to make positive nutrition, agriculture and hygiene choices.

Bhanchhin Aama’s weekly 30-minute radio drama and magazine prerecorded programs with companion Hello Bhanchhin Aama Phone-in’ 30-minute live feedback programs will air for 39 episodes. The feedback show would help engage the audience in a two-way dialogue about the integrated nutrition issues. Nepal has a saturated media environment and we must ‘stand out’ through innovation.

Three separate programs will be developed to ensure that the programs are tailored to the different needs of the regions in terms of language, culture, local issues. Localized spots will also develop that promote radio listenership. Finally, the Suaahara will continue and expand community-level radio discussion groups among Citizen Awareness Center (CAC) members that will help prompt reflection, discussion and action on the key messages.

Through characters who will be realistic to audiences, the programs will reinforce familiar and introduce new behaviors and messages. The characters which will represent the Suaahara integrated nutrition program will be introduced as a familiar Aama and they will demonstrate about the risks of malnutrition, capacity of the individuals themselves to influence, gender values and capacity of interpersonal communication.

**Audience Interaction:**

Along with the radio drama ‘Bhanchhin Aama’, a mid-week radio program called ‘Hello Bhanchhin Aama Phone-in’ is also aired. After listening to ‘Bhanchhin Aama’ people get to call in and send SMS to answer the quiz question and to ask questions about nutrition, hygiene and health practices during the 1000-golden-day period. Their questions are managed by a mother in law character answered through ‘Hello Bhanchhin Aama Phone-in’ as a feedback program bringing voices from experiences mother and 1000 days family members and health service centers. Both the radio programs are aired in three languages – Nepali, Awadhi and Doteli through 60 local FM stations in 25 districts of Nepal where Suaahara works and also through the national radio across Nepal. The popularity of ‘Bhanchhin Aama’ is considerable and this can be easily seen in the massive responses it has received since its launch on November 30, 2013. For Phase-I, it has received considerable queries through 33,000 calls and messages. For Phase-II which is currently on the air, it has aired 30 episodes by January 31, 2015 so far and has received considerable queries through 71,816 calls and messages. Audience responses can be seen in the chart below.
Phased Key Practices Approach:

To achieve key practices and the overall project goals, Suaahara utilizes an integrated message approach with phases of key messages for intense action. Key practices (or behaviors) are selected based on the potential public health impact, need, effectiveness and feasibility. Suaahara will help mothers, fathers, mothers-in-law and other family members practice priority behaviors that improve nutritional status. Health care providers and others will support families as they practice these behaviors:

1. Give an extra meal to pregnant women and two extra meals to those who are breast feed each day.
2. After six months along with breastfeeding and milk based foods add animal source food such as eggs, fish and meat, orange-fleshed fruits and greens to baby's food.
3. Wash hands with soap and water before feeding the baby.
4. When baby is sick, continue to breastfeed and give extra nutritious food. After baby is better, give an extra meal each day for 2 weeks.
5. Create physical barriers between children and floor, particularly separate from animals (including chickens), dirt and all feces.
6. After a baby is born a couple will use an appropriate family planning method within 45 days.
7. If your child has diarrhea, give the child ORS with Zinc tablet.

Development Process:

In order to develop the entertaining program that has consistent and correct messages, Suaahara follows the 'radio design document' approach. This design document serves as a 'roadmap' for writers and producers who will develop the drama, magazine elements and live feedback programs. The design document serves as a reference check for radio scripts review, provide content for support materials and clarify monitoring and evaluation objectives. The document will be translated into Nepali.

In this approach, we hold a participatory workshop with content experts, audience members and creative persons to clarify the audiences, rationale, objectives, purpose, format and messages of the overall program and then the topics, objectives, specific health knowledge, and the attitudes and behaviors to influence audiences in each episode. Though most of the content will be the same across the regions, the design process will include specific regional or district details where needed. The design document will be translated into Nepali.

I. Research

The radio program design is research-based.

Summary of Quantitative and Qualitative Findings:

The 2011 Nepal Demographic and Health Survey (NDHS) reported that while there have been improvements in child and maternal health as well as nutrition status/indicators, the existing status remains alarming. Suaahara’s investment is to improve the figures surrounding the 41% of children under five years of age that are stunted, the 11% that are wasted, and the 29% that are underweight.
In addition to the NDHS findings and LQAS, Suahara formative research results provided insight into the knowledge, attitudes, and behaviors of the intended audiences across five distinct regions of the county. The summary of these nutritional-related findings can be found below and a more detailed formative research report is also available.

**Key Findings and Recommendations relevant to Radio Program Development:**

Major findings revealed a pervasive openness to change and a positive outlook on the future. People generally welcome new information and changes that they see as beneficial for mothers and children and many respondents described changed beliefs and practices related to maternal and child health that they contrasted with those of the past. Parents repeatedly described aspirations to give their children a brighter future by investing in them, particularly in their education. Interest in learning and admiration for those perceived as educated emerged consistently throughout the findings.

Even with these positive attitudes, many families discussed barriers to practicing nutrition-related behaviors. A few examples are as follows:

- Even though mothers want to breastfeed exclusively for 6 months, many perceived that they don’t have enough breast milk.
- A mother’s workload, often exacerbated by the absence of fathers, is a significant barrier to adopting nutrition-related practices such as consuming healthy diets and washing hands.
- There are many misconceptions related to complementary feeding. Mothers perceive food with a thin consistency as easier to digest.
- Perceptions of foods as “hot” or “cold” strongly influence whether they are suitable for mothers or babies, rather than whether they are nutritious.
- Generally, respondents placed greater emphasis on quantity of food rather than quality or variety, describing “filling the belly” as the first priority.
- There is a growing attraction toward market items (though not vegetables) compared to foods produced locally. Parents and grandmothers often described a desire to feed babies store-bought items like biscuits and instant noodles as a way to express love for their children.
- Many parents do not feed their children animal source foods such as meat because of a fear that they can’t chew and swallow and could choke on it. Parents don’t know how to prepare the food. Working together with the local poultry groups the misconception about the children unable to digest meat should be removed.
- There is no negative affiliation with being short (or stunted).
- Pregnancy and childbirth are seen as a regular occurrence and not necessarily needing special nutrition for the mother or baby.
- Mothers from Terai give their children water assuming that the baby is thirsty due to the hot weather.

**Recommendations from the research:**

- Reach out to husbands and mothers-in-law, not just mothers.
- Taste is important and messages advocating change must frame foods in terms of not only their nutritional content but also in terms of their ease of preparation and good taste.
- Mothers are very busy and they often are unaware of ways to prepare tasty food from locally available foods.
- Help mothers and caretakers prepare tasty foods and enhance ease of feeding their children.
• Use the existing vitamin = nutrition concept to promote diverse, nutritious, locally available food.

• Highlight the uniqueness and specialty of mother’s milk; emphasize that colostrum milk is enough to stimulate babies for further breastfeeding; discourage feeding of alcohol and honey to the baby; clarify the importance of exclusive breastfeeding for a full six months after delivery; demonstrate proper breastfeeding methods and techniques.

• Promote diversity in food selection and preparation techniques. Encourage homestead gardens to increase access to diverse local foods.

• Share that feeding chickens and eggs to children is a healthy practice, and reinforce this message through traditional healers, religious leaders and FCHVs.
  - Address key barriers, including the notion that children will choke on or not be able to digest meat and/or eggs; provide chickens in areas where people lack access; work closely with local livestock groups to overcome social barriers.

• Demonstrate health providers practicing friendly counseling. This is very important.

• Promote ‘washing hands with soap and water’ as a preventive measure for child nutritional health.

• Emphasize household environmental cleanliness to prevent infections and promote a stronger immune response and better development of the baby; encourage families to create barriers between the baby and the floor.

• In messages disseminated to the community, link the health and nutrition of the child (and parental aspirations) with sound sanitation practices.

• Address shyness of women to discuss family planning methods with their husbands.

• Encourage family members (mother-in-law, sister-in-law and husband) to reduce the mother’s workload so that she has more time for her baby and the baby’s care.

• Emphasize the image of the progressive man as the one who helps his wife and takes better care of his baby from the initiation of the first golden 1000 days, even when working abroad.

• Build self-efficacy of the mother and caretakers. Highlight that learning how to better take care of the baby to ensure its proper mental and physical development is part of education.

Education is seen as the driving engine behind prosperity and the ticket to a better life. Education, however, is perceived to be expensive. Hence, information urging people to act should be framed in terms of how the proposed actions will lead to prosperous children in the long term – perhaps by framing the discussion in terms of an “investment in your child” so that the child can become healthy and then become educated. For example, intervention materials could mention that 80% of the brain development occurs within the first 1,000 days.

Making connections between the behaviors being promoted, on the one hand, with the necessity of being healthy in order to achieve prosperity, on the other, will likely comprise a winning strategy.

Messages should also acknowledge that staying healthy is challenging for many people because of shortages of certain types of food, expenses involved in providing adequate nutritious food for one’s family and the inaccessibility of certain services. Hence, providing credible role models and depicting the behaviors of others who despite similar life situations have managed to overcome their barriers will likely resonate with the audience.
Lot Quality Assurance Sampling (LQAS) 2014 Direction

In 2014, Suahara conducted second quantitative survey using Lot Quality Assurance Sampling methodology in 19 Suahara districts except Parbat district. Main purpose of the survey was to:

- Generate district level data on on key outcome indicators related to IYCF, maternal and child health, WASH, HTSP, HFP etc.
- Monitor program
- Management and program decisions
- Baseline does not give district level results for all districts: *this was not the purpose of baseline.*

The topline findings of the survey were critical in redefining the strategies and interventions for the fourth year of Suahara. Below is the summary of key topline findings:

- 64 per cent (a slight decline from 2013) of children below the age of six months were exclusively breastfed. But when analyzed by single month age group, it was found that only 35.1 per cent of them were exclusively breastfed by the time they completed five months.

- About 81.8 per cent of children between the age of 6 - 23 months were fed minimum number of times. However, only 62.5 per cent of them met the requirements of proper dietary diversity (foods from more than 4 food groups).

- Around 28% eggs and 31% meat given to the children between the age of 6-23 months previous day.

- Consumption of Vitamin A rich animal source food (eggs, organ meat, chicken, fish, cheese and milk) 72.8%, iron rich animal source food (organ meat, fish and egg) 38.6% by the children between the age of 6-23 months previous day.

- 38.7% of children with diarrhea were given ORS, while only 18% of them received ORS and Zinc. 33% of them received more fluids than usual.

- Regarding maternal and newborn health, 68.4% of women with 4+ANC in last pregnancy, 58.6% of deliveries assisted by SBAs and 55.1% of newborns with PNC within 2 days of delivery.

- 84.4% households with improved sanitation facility, 15.2% HH practice open defecation, 53.2% HH disposed young child's feces safely, 65% HH have soap and water at handwashing stations, 60% mothers wash hands at all 5 critical times.

- 88.9% HHs with improved source of drinking water and 31% HHs use appropriate treatment.

- 95.2% HHs with safty food storage (food store in a rack and/or closed pot).

- 65.8% women received counseling on HTSP.

- Contraceptive prevalence rate: 24.8% non pregnant women with a child <24 months using any modern method of contraception.

- Regarding HFP, 68.6% had kitchen garden, among them 18.5% have improved gardens. 34% in agriculture intensive VDCs whether 10.3% in non-intensive VDCs.

- Poultry: 57.6% of HHs with Poultry, 15.5% Mean # of poultry, 25.3% of HHs with semi intensive Coop, 4.2% Mean # of eggs laid last week, 51% of HHs managing eggs for hatching.
• Self decision making: 58.5% feeding children, 37% health care of the child, 34.4% buy sanitation materials, 34% participate in a group meeting, 17.5% buy vegetable source foods and 15% buy animal source foods.

• 62% of women affiliated with at least one community group whether 48.9% women participated in a meeting in the last month.

• 41.9% posses a radio and 22.2% listen to Bhanchhin Aama radio program.

• After listening to Bhanchhin Aama radio program 81.7% took appropriate actions in relation to IYCF. 53% discussed about the topics with their families and friends.

II. Overall Radio Program Objectives

After listening to the radio program the audiences will:

• Have correct information that relates to these key behaviors:
  – Give an extra meal to pregnant women and two extra meals to those who are breast feed each day.
  – At six months along with breastfeeding and milk based foods add animal source food such as eggs, fish and meat, orange-fleshed fruits and greens to baby's food.
  – Wash hands with soap and water before feeding the baby.
  – When baby is sick, continue to breastfeed and give extra food. After baby is better, give an extra meal each day for 2 weeks.
  – Create physical barriers between children and floor, particularly separate from animals (including chickens), dirt and all feces.
  – After a baby is born a couple will use an appropriate family planning method within 45 days.
  – If your child has diarrhea, give the child ORS with Zinc tablet.

• Have an attitude that the golden 1000 days is a special time for intervention in order to have strong and smart children.

• Know where and how to access nutrition, hygiene/sanitation and homestead food production services.

• Talk positively and freely about these key behaviors at the household and community levels.

• Husbands and mothers-in-law will support golden 1000 days women to practice these key behaviors by sharing workload, information, encouragement, providing diverse foods, ensuring access to health care.

• All community members, including FCHV, family members, neighbors, traditional healers, siblings will support families to practice key behaviors during the golden 1000 days.

• All family members, especially the mothers will have the self-efficacy (confidence, knowledge, skills etc.) to practice key behaviors during golden 1000 days.
III. Overall Purpose

The overall purposes of the *Suaahara* radio program are:

- To reinforce the audience member’s knowledge on nutrition, sanitation and homestead food production, with a focus on the key behaviors mentioned above.
- To motivate all family members to have an attitude that the golden 1000 days is a special time that has a direct influence on the future intelligence and strength of children as they grow up.
- To motivate all family members to apply their knowledge on nutrition, sanitation and homestead food production (HFP), family planning for improved care and practices during the golden 1000 days (from pregnancy to 2 years).
- To inform as well as update audience knowledge on where to go for support in issues related to nutrition, sanitation and homestead food production.
- To demonstrate and encourage family support of golden 1000 days mother and baby through emotional support, helping with workload, providing nutritious food and helping to take care of the child.
- To encourage audience members to practice the key behaviors that improves the lives of golden 1000 days mother and baby.

IV. Justification of the chosen medium

Radio has been chosen as the medium through which the messages outlined in this document will be delivered to the intended audience because:

- Radio is a cost-effective way to reach a great many people with the same messages.
- Radio is the 'medium of the imagination' that allows listeners to imagine the characters and setting and action in a way that is relevant to their own way of life and their own feelings.
- Radio is a trusted source of information. Radio/FM was the desired medium of receiving health and nutrition information among mothers, grandmothers and FCHVs in the 2013 Suaahara Baseline Survey Report (draft).
- Radio is the predominant mass media that people listen to in the 20 Suaahara districts overall, as per NDHS 2011 data, right.
- Radio has proven to be a successful media for influencing the knowledge, attitudes and practices of Nepalis in previous programs.1
- Radio programs can inspire discussion that leads to change, even among people who have not watched or heard the EE program directly but discussed the program with family, friends or neighbors who were exposed.2

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V. Intended Audience

Primary Audiences
- Golden 1000 days mother
- Caretakers of a child - anyone who is taking care of an under 2 child, Husbands, Mother-in-law

Secondary Audiences
- Other family members
- FCHV/Social Mobilizers
- Neighbors (friends)
- Traditional Healers

Tertiary Audiences
- Mother’s group members, Citizen Awareness Center, Student etc.

VI. Main Emotional Focus of the Magazine with Drama Serial

The main emotional focus of the radio program is love for children and hopes for their future. The program will also seek to touch on the responsibility of the whole family towards children who will be educated and have good futures.

VII. Number of Episodes in the Serial, Languages, FM Stations

The length of the two separate 39-episodes, 30-minute radio programs for each of the two languages/contexts - one is the Bhanchhin Aama Radio Magazine (15 min. drama and 15 min. interaction) program and the other is the Hello Bhanchhin Aama live call-in recorded feedback programs.

The magazine program will include a Drama covering important messages on nutrition, sanitation and homestead food production and care of sick children including ORS with zinc use for diarrhea. Birth spacing will also be mentioned. Phase-III Radio programs will be developed only in two languages for two different contexts.

1) Nepali language – for national context – Suaahara’s 41 districts– This will be broadcast as widely as possible through local FMs and Radio Nepal which will be decided based on Suaahara’s audience’s listening habits.

2) Doteli language – A separate program will be developed in Doteli language for Darchula, Bajhang, Bajura, Baitadi, Doti, Achham and Dadeldhura districts.

VIII. Program Format

Each week there would be 1) Bhanchhin Aama a 30 minute program Magazine-format with serial drama and then a few days later 2) Hello Bhanchhin Aama a 30-minute live recorded feedback show. These are described, below.

Magazine format – Bhanchhin Aama

Bhanchhin Aama is a ‘variety show’ format with different elements such as host, drama, music, interview, etc. that introduce and reinforce the messages for that week as outlined in the design document. Following are some format ideas. Note that the group would need to select a few among the following ideas.
• **Signature Tune** -

• **Hosts** – We would have interesting, dynamic hosts – 1 male, 1 female who introduce each of the magazine segments and reinforce key messages.

• **Serial Drama** – Serial drama is a story that continues over the whole of phase II. The serial drama’s ongoing story allows the audience to become intimately and emotionally engaged in the lives of the characters and what happens to them. This can help the audience reflect on their own lives and make changes in their own lives.

• **Music**

• **Vox Pop**

• **My story** - Testimonials from people (be sure to include DAG) who have overcome issues related to self-efficacy linked to nutrition, sanitation, agriculture, etc.

• **Quiz** – Host reads quiz and people write or text in their answers. Winners announced during weekly feedback program.

**Hello Bhanchhin Aama! Live call-in Feedback Programs**

Each week, a few days after the 30-minute magazine program, in close coordination and guidance of NHEICC, Suaahara will manage another 30-minute live recorded feedback programs. The program, hosted by trusted and trained radio announcers paired with a Suaahara specialist, would announce quiz winners, answer SMS questions, comments or stories sent in. There may be ‘celebrity’ question and answer, there may be community-based competitions in which listeners send stories to the radio stations about changes they see happening in their villages, novel ideas for cooking, agriculture, etc. There may be audience music playing sent by audiences or direct song recorded through community FM reports. These ‘live’ events could also share stories about community activities and links to key life events.

**IX. Overarching themes**

**Note to Writers and Producers**

• *Demonstrating a woman in the program who is able to increase her self-efficacy both by how she thinks of and takes care of herself – but also through how others treat her. We need to show her getting stronger ‘power’ inside but also demonstrate to the other family members the benefit (to them) of supporting her and having mothers with more self-efficacy.*

• *Role model positive provider interactions. This will mean health providers or FCHVs providing appropriate and friendly support in the drama and/or as a part of magazine elements.*

• *In the character profiles of at least one of the stories, main characters should have and use a latrine. Rather than promoting it as a ‘new’ thing we would like to demonstrate latrines and latrine appropriate use as a cultural norm.*

• *The expected behavior should be in action or demonstrated in story not only in dialogues.*
### TOPICS AND SEQUENCE OF INDIVIDUAL PROGRAMS

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SPECIFIC PROGRAM CONTENTS

Episode #: 1  
Topic: Story only - no message

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

KNOW: • The time and station for listening to the radio program.  
       • The names of the characters in the program.

FEEL: • Interested and excited to listen to the radio program.

DO: • Tell family and friends to listen to the program including the time and station.

PURPOSE: The purpose of this episode is:

• To motivate audiences to listen to the program regularly.

MESSAGES:

• Story – listeners will be introduced to the main characters and the story.  
• Include the days, time and listening station of the program.
• If there is any quiz or other interactive activity, explain to the audience how it will work.

SMALL DOABLE ACTION: (The tiny first step)

• Tell family and friends about the radio program.
• In addition to questions and responses make a call in to Bhanchhin Aama radio program.

BROADCAST SCHEDULE:

Bhanchhin Aama Radio Magazine Program

Broadcast Day: Saturday  
Broadcast time/Station: 9:20 - 9:50 AM through Radio Nepal and 6:30 - 7:00 PM through 90 local FM Stations

Hello Bhanchhin Aama Phone-in Program

Broadcast Day: Wednesday  
Broadcast time/Station: 6:10 - 6:40 PM through Radio Nepal  
Broadcast Day: Thursday  
Broadcast time/Stations: 6:30 - 7:00 PM through 90 local FM Stations
Episode #: 2  Topic: Building up Self Confidence in a Woman

WHY IS THIS AN ISSUE?

- Women hesitate to come forward in the society because they think that others will talk ill about them if they do so.
- Family and society puts them in lower priority.
- Women lack awareness and education.
- Prevalence of the mentality that women are/should be shy.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

KNOW: • Women are the ones who can put forward their problems in the family without hesitation, and make contributions to the family she belongs to.
      • Family and society will change their attitude towards women.

FEEL: • Encouraged to share her observations and opinions with her family.

DO: • Express her observations and feelings with their families.

PURPOSE: The purposes of this episode are:

• To build self-confidence of women.
• To express her ideas and opinions comfortably before others and to demonstrate examples of positive benefits women have got.

MESSAGES:

• A young mother knows the most about what is going on with her pregnancy or with the baby. She knows first if a child is happy or sick. That is why, her thoughts are very important.

• If a woman hesitates or feels uncomfortable to share her opinions with others, she should at least not hesitate to share them with her husband and other family members to whom she can rely on. In the absence of her husband she should express her feelings with the family members she feels comfortable with.

• You also can do a lot of things, you have a lot of skills, you are also an important member of the family and everybody thinks of your well-being.

• Try to establish a close relationship with your family members and share with them what you feel like openly.

• When you are free, interact with others in your community. Don’t isolate yourself.

SMALL DOABLE ACTION:

• Express about the things that you like to do with your husband or someone in the family that you feel comfortable.
Episode #: 3  Topic:  The innovative husband’s role within 1000 days

WHY IS THIS AN ISSUE?

- Many husbands/males perceive that pregnancy, giving birth, taking of child, feeding and maintaining cleanliness is the responsibility of mothers not fathers. In single families, husbands go out to work so they feel that the household task is women’s responsibility. Husbands feel awkward and ashamed to do domestic work in the joint family. Husbands have the fear of being called *joitingrey (husband dominated by his wife)* in the neighborhood if they do household work. That is why; they do not do domestic works.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

**KNOW:**
- Husbands who help their Golden 1000 days wives are ideal husbands.
- Father has equal role and responsibility to play like a mother does in making the children grow up into all-rounders.

**FEEL:**
- Husbands supporting wife and children at home will always feel like being a respected person.

**DO:**
- Husbands will give priority to Golden 1000 days wives and support them in any condition.

PURPOSE: The purpose of this episode is:

- To inform what husbands can do to help his Golden 1000 days wife.
- To motivate a husband to help his Golden 1000 days wife in any situation.
- To demonstrate a supportive husband.

MESSAGES:

- Nowadays, husbands have started taking their pregnant wives to hospitals or health-posts for their routine check-ups and for delivery. So, this is how husbands can play important roles in maintaining good health of their wives and children.
- A husband can talk to his wife about how he can help in household works. A husband can spend his free time looking after the children; he can help his wife in the fields and gardens. He can also make sure there is soap, nutritious food like fish, eggs, fruits and vegetables at home. If the couple desires to have another child, they can talk about it among themselves and ensure that another pregnancy takes place only two years after the former child is born.
- A helpful husband gives equal priority to both girl and boy children. They take care of their children and pay attention to their lactation and nutrition. And if they desire to have another child, they talk about it among themselves and ensure that another pregnancy takes place only two years after the birth of their former child.
- Somebody who helps his family is respected by his family and friends. And others can see their children growing up healthy, intelligent and attractive.
- Such husbands are considered to be respected and loving fathers. As they are very close to their wives and children, the children like to go after them and they welcome them home with excitement whenever they return home from outside. This makes them feel very happy and good.
- In such a way, by taking care of their wives and children, husbands not only play roles in making their children strong and active, they also feel proud of themselves.

SMALL DOABLE ACTION:

- Husbands will discuss with their families about what help they can do to their golden 1000 days wives and children every day and support accordingly.
Episode #: 4  Topic:  Couple Communication

WHY IS THIS AN ISSUE?

- Especially the newly married couples do not talk to each other so much. They hesitate to exchange their feelings with each other. Their relationship is limited to formality. This is because they don’t know that life becomes happy if they talk to each other about their life. Many couples don’t discuss issues with each other perhaps because they are worried about the other person’s potential negative reaction. Sometimes they simply don’t know how to start the conversation.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

KNOW: • How improved communication between couples can strengthen a relationship by increasing the love and trust.
      • That if a couple communicates among each other about the matters of their lives; their life becomes happy and continuously improving

FEEL: • Confident that speaking more openly and often with your partner can improve a relationship.
      • That it is a matter of pride to have conversation with your spouse. This gives continuity to the relationship and even strengthens it.

DO: • Frequent conversation of couple.
     • Feel easy to talk and share any problems between husband and wife.

PURPOSE: The purposes of this episode are:

- To educate that mutual conversation will help in making a sound family life.
- To inspire couples to talk to each other in any condition.
- To demonstrate a husband and wife talking to each other about issues and having benefit.

MESSAGES:

- Open communication means talking honestly and freely about everything having to do with a couple, what you’ve been doing, where you will go, what you’ll eat, your ambitions for yourself or your children, decisions about money, food etc.

How open communication between partners improves your relationship:

- Helps to understand what the other person is thinking or their desires – and when these are better understood there will be increased love and trust. When there is trust and love, the wife will build attachment with her husband’s home.
- Two can do more than one. If a couple is united in their ambitions for their family and children, they can achieve more.
- Avoids misunderstandings which might lead to adverse circumstances.

Ways to communicate with your spouse:

- Practice what to talk about.
- Manage appropriate time in a relaxed environment when the couple can talk in private.
- Begin talking with a comfortable topic to create an easy and reliable environment to share problems.
- Appreciate each other for talking, listening and exchanging thoughts and ideas.

SMALL DOABLE ACTION:

- Think of one thing you’d really like to know from your partner and be ready to talk about this.
Episode #: 5  Topic: Importance of talking about when to have children for the young couple

WHY IS THIS AN ISSUE?
- Knowledge about family planning is high and many couples use it. However, many couples are not found to be using methods of family planning after marriage or after the birth of their first child.
- Many young couples do not talk about when to beget children because they think that such things are not under their control. They do not know about the benefits of talking about such things.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted listeners will be able to:

Know:
- About the benefits of talking when a couple wants to have children.

Feel:
- At ease that you will have children when you both are ready.

Do:
- Talk to your partner about when you want to have children

PURPOSE: The purposes of this episode are:
- To teach the family about the benefits of discussion about family planning between husband and wife.
- To demonstrate the a couple having a closer relationship because they have discussed when they want to have children before they have them

CONTENT/MESSAGE:
- The benefits of talking between a couple about when you both want to have children are that
  - You would have children when you’re both ready emotionally and financially.
  - The couple can have children as per their plan. For this they can have different methods, for more information contact FCHV or nearest health service centers.
  - When a baby is planned, then both parents are more committed to sharing responsibilities, being there and caring.

Small Doable Actions:
- A couple can try to talk about when they want to have children.
Episode #: 6        Topic: Importance of Animal Source Foods

WHY IS THIS AN ISSUE?

- There’s a belief that children can’t digest if they are fed eggs, fish and eggs and that will also delay in teething and learning to speak.
- Pregnant and breastfeeding women and children 6 months to 2 years are not fed with animal source foods (milk based food items, meat, fish, egg) as required.
- Lack of information about need of feeding animal source foods (milk based food items, meat, fish, egg) to the pregnant, breastfeeding and children 6 months to 2 years.
- Families often give a child milk or ghee but don’t make securing meat, fish or egg a priority.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

KNOW: • What animal source foods (milk and milk products, fish, meat, eggs) are.
  • The importance about feeding 1000 days mothers with animal source food items on regular basis.

FEEL: • Motivated to include such food items in the meals of mother and child 6 months to 2 years sufficiently on regular basis.

DO: • Ensuring the availability of animal source foods (milk based food items, meat, fish, egg) and providing golden 1000 days’ mothers and children with such food in sufficient amount.

PURPOSE: The purposes of this episode are:

- To educate families about the importance of providing Golden 1000 days mothers and children with animal source food items (milk based food items, meat, fish, egg).
- To motivate families to use/increase the use of animal source food items (milk based food items, meat, fish, egg) in the meals of Golden 1000 days mothers and children beginning at 6 months.
- To motivate families to procure sufficient animal source food items (milk based food items, meat, fish, egg).

MESSAGES:

- Providing animal source food items (milk based food items, meat, fish, egg) to the Golden 1000 days mothers and children does not only make food delicious but also provides sufficient vitamins and iron provide energy even when consumed in small amounts. This helps children in teething at the right time, learning to speak, digestion and also in preventing anemia.
- Many families give milk or ghee – but a child needs to have other animal source foods as well like meat, fish or egg.
- Nutrition can be obtained even from small amount of animal source food items every day.
- Children above 6 months can be fed with certain amount of milk and milk based products, boiled egg, well cooked and boneless meat and minced meat items.

SMALL DOABLE ACTION:

- Start feeding animal source food items (milk based food items, meat, fish, egg) regularly.
Episode #: 7  Topic: Importance of nutrition during pregnant women (for mother)

WHY IS THIS AN ISSUE?
- Pregnancy is thought of as a natural part of life so does not need extra food and care.
- Pregnant women do not feel comfortable to share what they like to eat. That’s why they do not get additional food during pregnancy.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

KNOW:  
- Pregnant women need extra food and care: they need to eat one extra meal per day and need to rest.

FEEL:  
- Encouraged to eat extra meal and food from at least 4 food groups per day.

DO:  
- Eat one extra meal and food from at least 4 food groups per day.

PURPOSE: The purposes of this episode are:
- To inform mothers to eat one extra meal and food from at least 4 food groups per day.
- To help mothers negotiate food and rest during pregnancy with family members.

MESSAGES:
- A pregnant mother needs to consume food at least from the four food groups (cereals, pulses, green leafy/orange fleshed vegetables and animal source food) for the growth of the baby in her womb.
- You should feel free to talk about what you want to eat and what you should eat during pregnancy to the member of your family you feel comfortable with.
- Pregnancy is a special time where you need an extra meal in addition to your usual meals in order to keep yourself and your baby healthy so do not hesitate to ask for support with the other members of your family.
- The sources of extra food are household agriculture and livestock farming.

SMALL DOABLE ACTION:
- Eat an extra meal at least from 4 food groups.
Episode #: 8  Topic: How Mothers-in-Law (MIL) can support the pregnant daughter-in-law

WHY IS THIS AN ISSUE?
- Many mothers in law consider pregnancy and childbirth as something that is normal and natural, not something special and extra food or health check-ups are not seen as important because they didn’t get extra food or extra support during their own pregnancies.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

KNOW:  
- Golden 1000 days’ period is a special time for mother and child.
- How a Mother-in-Law (MIL) can support her pregnant Daughter-in-Law (DIL).
- Benefits of MIL supporting pregnant DIL.

FEEL:  
- Proud to support her pregnant DIL.
- Confident that she is a forward thinking wise mother in law who gives correct guidance and support to family members.

DO:  
- Support her pregnant DIL herself and also plays a leading role in mobilizing other members of the family to support her pregnant DIL.

PURPOSE: The purposes of this episode are:
- To motivate MIL to feel that they have an important role in making decisions that can help their pregnant DIL have strong and smart grandchildren.
- To demonstrate the benefits to a mother in law of supporting her daughter-in-law.

MESSAGES:
- MIL is an important decision maker in the house on issues related to food, workload, access to services and many other things. Because MIL are often the one that DILs go to for help.
- Some ways that MILs can be supportive of her pregnant DIL that will directly impact the grandchildren are:
  - Ensuring that DIL gets an extra nutritious meal during pregnancy that includes all four food groups like (1) animal source food – meat, fish, milk, egg; (2) beans – pulses, peas; (3) grains and (4) green vegetables, orange fleshed fruits.
  - Ensure that DIL goes for ANC at least four times and that she regularly takes iron tablets starting from four months of her pregnancy until 45 days after delivery.
  - She can prepare money, transport and ensure that DIL will deliver in a facility.
  - She will value a granddaughter and grandson equally.
  - Growing vegetables at homestead and doing local poultry farming for the availability of nutritious foods.

SMALL DOABLE ACTION:
- MIL divides household works among the members of the family to help her pregnant DIL.
WHY IS THIS AN ISSUE?
• The production of eggs and chicken (meat) is subsiding, and a large number of chickens are dying due to the lack of knowledge on improved poultry management in the audience of targeted communities.

MEASURABLE OBJECTIVES: After listening to this episode, the listeners will be able to:

Know:
• More about improved techniques for managing local poultry farming (feed and coop management, balanced feeds and management of poultry’s management).
• Benefits of using improved poultry management techniques.

Feel:
• Confident that by using the improved techniques for managing poultry that they will have more healthy chickens and increased eggs.

Do:
• Practice improved poultry management techniques.

PURPOSE: The purposes of this episode are:
• To provide with the practical knowledge about improved management of poultry.
• To motivate farmer that using these improved poultry management will have a positive effect on poultry health and egg production.
• To demonstrate using improved poultry management and having the benefits.

MESSAGES:
• With improved chicken rearing practices we can have healthier chickens and more eggs and therefore will be better able to provide the essential foods for 1000 days mothers and babies to be able to learn and grow.

• Improved chicken rearing practices are:
  1) Regularly vaccinate poultry against the major poultry disease – Ranikhet.
  2) Medicate the poultry against internal parasite (worm) compulsorily every 1.5 to 2 months.
  3) Providing the poultry with balance feed and clean and pure drinking water on daily basis.
  4) Clean the pots/utensils used for feeding the poultry on daily basis.
  5) Keep the coop clean and dry inside and outside.
  5) Paint/coat the coop and its premises with ash or lime at least once in two weeks in order to make it clean and dry.

• In case of any emergency or problem, contact the nearest Animal Service Center, Sub-center or the District Animal Service Center immediately.

SMALL DOABLE ACTION:
• Make the coop infection-free by spraying ash or lime and keep it clean and dry.
MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will be able to know:

- The main objective of the Review episode is to go over the content of the recent set of episodes and to get audience feedback.
- Producers may be creative in doing this episode. Some formats that can be used are:
  - Interviews
  - Vox pop
  - Songs
  - Panel discussion
  - News briefs, etc.
Episode #: 11  Topic: Newborn Care - Importance of breastfeeding within one hour (NEW)

WHY IS THIS AN ISSUE?

- Though information on exclusive breastfeeding seems to be reaching new mothers, they do not seem aware of the importance to begin breastfeeding immediately (within one hour) after delivery.
- Many families are feeding newborn babies ghee, honey or alcohol before initiation of breastfeeding.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted audience will be able to:

- KNOW: The importance of initiating breastfeeding and no other substance within one hour after birth.
- FEEL: Confident that by breastfeeding within one hour of birth she is starting breastfeeding the best way.
- DO: Breastfeed within one hour.

PURPOSE: The purposes of this episode are:

- To educate mothers that breastfeeding within one hour of birth is critical to starting good breastfeeding and best for the baby and mother
- To motivate mothers to breastfeed within one hour
- To demonstrate a mother choosing to breastfeed within one hour of birth

MESSAGES:

Breastfeeding within one hour of birth directs implication on the sucking ability of babies. Any delay or using other substances can interfere with the baby’s ability to suckle.

- The benefits of breastfeeding within one hour are
  - Starting quickly helps the baby learn to suckle and get the nutrients the baby needs including the colostrum which contains essential vitamins and immunity from the mother.
  - Immediate breastfeeding helps the mother recover from delivery more quickly
  - A mother’s milk will be most regular and satisfy the baby’s needs if she breastfeeds within one hour.
  - Love and affection between a mother and baby increases.
  - The chances of infections are higher if other things are fed. It is easy as well as safe to breastfeed the child right after birth.

SMALL DOABLE ACTION:

- Family members and birth attendants help in breastfeeding within one hour of birth.
Episode #: 12  Topic: Importance of Exclusive Breastfeeding

WHY IS THIS AN ISSUE?
- Almost all mothers in Nepal breastfeed, but not exclusively. They give the baby food other than breast milk such as water and start complementary feeding early.
- Many women cannot feed the baby on demand only feed when they have time.
- And, sometimes other family members give the baby something else while the mother is out of the house working.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted audience will be able to:

KNOW:
- What exclusive breastfeeding means.
- Breastfeeding on demand will help ensure sufficient milk supply during the first 6 months.

FEEL:
- Confident that by exclusively breastfeeding she is providing the best start for the child.
- Inspired to talk to her family about the support she needs to exclusively breastfeed a baby.

DO:
- Breastfeed a baby exclusively.

PURPOSE: The purposes of this episode are:
- To educate mothers that exclusive breastfeeding means breast milk only for the first six months and nothing else (including water)
- To motivate mothers to exclusively breastfeed
- To demonstrate a mother talking to her family about the support she needs to

MESSAGES:
- Exclusive breastfeeding means that a mother gives only breastmilk to the baby for the first six months and nothing else, including water. She should feed on demand, when the baby is hungry.
- Discuss among family members on how to ensure the mother stays close to the baby during the first 6 months.
- The benefits of exclusive breastfeeding are
  o Children who are exclusively breastfed for 6 months are healthier and smarter!
  o If the baby is exclusively breastfed, menstruation not returned and baby is under six months, then the mother is protected from having an unexpected pregnancy.
  o A mother’s milk becomes most regular and satisfies the baby's needs if she exclusively breastfeeds on demand.
  o A child can suffer from diarrhea, infections, cry excessively and grow weak if he/she is given other foods before the completion of six months of age.
  o There are less chances of breast related problems and diseases if breastfeeding is done regularly.

SMALL DOABLE ACTION:
- Plan with family how to ensure support so that mother can be with the baby at breastfeeding times.
Episode #: 13  
Topic: Importance of eating from the four food groups daily

WHY IS THIS AN ISSUE?

- Tradition of eating same kind of food every day. Some places only rice and vegetable, some places only dhindo and some places have only potato eating habits.
- Lack of knowledge on eating variety of foods.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

**KNOW:**
- What the four food groups are.
- The importance of eating food from four food groups.

**FEEL:**
- Feel confident that if they feed diverse foods then it will benefit the family, especially children.

**DO:**
- Identify the diverse foods available locally as well as home prepared traditional food.
- Practice eating of foods from four groups.

PURPOSE: The purposes of this episode are:

- To educate about the importance of eating a diverse diet and what it means.
- To motivate families to seek to eat a diverse diet.

MESSAGES:

- Diverse foods mean eating from at least the four food groups. They are 1) milk based and animal source foods (meat, milk, eggs), 2) beans (lentils, chickpeas and white beans), 3) grains and 4) fruits and vegetables (leafy dark green and orange/yellow, cultivated mushroom).
- Eating from four food groups is especially important for Golden 1000 days mother and child to increase the body’s access to vitamins and immune power and will make the child grow smarter and stronger.
- We can find diverse foods in local areas. Vegetables, fruits including varieties of crops can be grown in the Homestead and empty spaces of surroundings of local houses.

SMALL DOABLE ACTION:

- See if you have foods from the four food groups available in your house and use them.
Why is this an issue?
- Generally, MILs think that recently delivery status is a normal condition when special care is not necessary. They do not realise that recently delivered mothers need to be helped in household works, and taken care of by the other members of the family. MILs think that care and support during recently delivered state should still be like what they had experienced in the past and treat their DILs accordingly.

Measurable objectives: After listening to this episode, the intended audience will:

**Know:**
- Recently delivered state is an important as well as sensitive period both for mother and child. That is why; MILs should provide them with special care and support.
- MILs will know that they should work out some ways to take care of mother and child.

**Feel:**
- Comparing her own experiences of recently delivered state, the difficulties and problems; MIL realizes that she should provide more help and support to her recently delivered DIL and child.
- There will be remarkable improvement in care, health and nutrition of recently delivered DIL and the child.

**Do:**
- MIL will provide special care and support to her recently delivered DIL and child, and advise other people also to do so.

Purpose: The purposes of this episode are:

- To educate MILs on the key things they can do to support the breastfeeding daughter in law.
- To motive MILs to support the breastfeeding daughter-in-law
- To demonstrate an MIL supporting her breastfeeding daughter-in-law.

Messages:

- MIL is the most experienced member of the family regarding caring a recently delivered mother and child.
- MIL can be a direct supporter in the following things:
  - Show her concerns in providing her recently delivered DILs with two extra meals in a day that have the vitamins and energy a breastfeeding mother needs. (animal source food, seeds, food grains, green vegetables and yellow fruits)
  - Ensure DIL accesses PNC check-ups, child vaccinations.
  - She will assist her DIL with the household works and in order to help her in be able to exclusive breastfeeding on demand. She will ensure that family members ensure that the baby only has breastmilk and nothing else.
- The benefit to a mother in law for providing special support is that she will have smarter and healthier grandchildren and be seen as a progressive MIL.

Small doable action:

- MIL will prepare a delicious meal for her DIL.
Episode #: 15  
Topic: Risk of unintended pregnancy during postpartum period

WHY IS THIS AN ISSUE?
- There is lack of awareness that there are chances of pregnancy soon after deliver before the menstruation cycle resumes.
- There is a misconception that mother is still newly delivered until 45 days and she is breast feeding her child, so there are no chances of pregnancy.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

KNOW:  
- There are chances of pregnancy within 45 days after delivery, before the menstruation cycle resumes.
- Suitable method of family planning should be used within 45 days after delivery.

FEEL:  
- Emboldened to raise the issue of pregnancy risk with husband.

DO:  
- Couples go to the health post together to seek advices on using suitable methods of family planning.
- Talk to husband about risk of unintended pregnancy within 45 days after delivery and adopt suitable methods of family planning.

PURPOSE: The purposes of this episode are:
- To disseminate the message that there are chances of pregnancy before your menstruation cycle resumes after delivery.
- To demonstrate the benefits of discussing pregnancy risk and taking action for unintended pregnancy prevention with husband.

MESSAGES:
- You can have accidental pregnancy even within 45 days after delivery if you are not exclusively breast feeding and if you haven’t started menstruation.
- Of course, breast milk is the best for the baby but know that you are not protected from unintended pregnancy unless 1) you are exclusively breast feeding (not even water), 2) baby is under six months, and 3) menstruation has not resumed. If even 1 of these is not followed strictly, then she can become pregnant.
- Suitable methods of family planning can be used within 45 days after delivery. They should go to the health post necessary advices.
- Couples can talk to each other and make plans for next child and beget another child in their suitable time.

SMALL DOABLE ACTION:
- Couples check and see if they fulfill all three requirements and are safe from unintended pregnancy or not and go to the health-post for necessary advices.
Episode #: 16  
Topic: Importance of using FP after first child

WHY IS THIS AN ISSUE?
- Too many births are having too close together specially among young mothers starting their families
- It is not the norm for women to start using family planning methods early. Reasons may include misconception that women’s fertility will be at risk with use of family planning methods. Similarly, most men/husbands are not so ready to use methods of family planning (condoms).
- If they have two children together then it will be easier and they will grow up together, feed the same food, and use the same clothes.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

    KNOW:  • The importance of using FP after the first child.
    FEEL:  • Proud that she is using FP is the best action for the health and future of her new baby.
    DO:    • Use FP after birth of first child and promote among others.

PURPOSE: The purposes of this episode are:
- To educate women on the importance of using FP after their first child within time.
- To motivate women to take fast action on FP to secure their new baby's future.

MESSAGES:
- The best way to ensure that your new baby is able to grow, learn and healthy is to wait till your baby is 2 years old before becoming pregnant. If you have the babies too close together then the child will get less care and attention, including breastfeeding, and this will put the child may be weaker and more likely to get sick than if they had spaced the second birth.
- You are in control of planning your family. There are safe and suitable contraceptive methods that will allow you to return to your fertility when you are ready.
- Use family planning after the first birth within 45 days.

SMALL DOABLE ACTION:
- Ask your local FCHV about FP methods for breastfeeding mothers.
Episode #: 17  Topic: Couple communication on family planning

WHY IS THIS AN ISSUE?
- Many couples do not talk about planning their families with their partner. There’s a lot of fear that if you raise the issues at the wrong time or in the wrong way that your partner will react poorly. They can’t talk about FP so easily.

MEASURABLE OBJECTIVES: After listening to this episode, the audience will:

KNOW:  • How to discuss FP issues with partner and its benefits.

FEEL:  • Confident to discuss FP issues with their partner.

DO:  • Begin to discuss FP issues with their partner.

PURPOSE: The purposes of this episode are:
- To reiterate the benefits of couple communication.
- To demonstrate to couples how to discuss FP issues.

MESSAGES:
Tips on discussing family planning with a spouse or partner are as follows:

1. Find out the facts about family planning methods from a trusted source of information – perhaps a radio program, brochure or from a service provider.
2. Find a good time to have the discussion – when the other person is relaxed and happy, perhaps after a favorite meal.
3. Share that family planning is the way a couple decides on the children’s welfare (their good health and education), which would in turn improve the bond of love among them.
4. Share ideas for using a family planning method that is right for your family’s needs.
5. Discuss, listen to each other and reach an agreement between both.
6. Act on your decision.

- The benefits of couples discussing FP issues are:
  o Improved relationship between partners.
  o Children will be planned in a way that your family can cater to their needs

SMALL DOABLE ACTION:
- Find out the facts about family planning from a service provider near you.
Episode #: 18       Topic: Importance of safe drinking water

WHY IS THIS AN ISSUE?
- There is a perception that the water is clean unless there are no any dirt/objects traceable by human eyes. They lack of knowledge about the household methods of purifying water.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted listeners will be able to:

**Know:**
- About importance of safe drinking water.
- About the household methods of purifying water.

**Feel:**
- Confident that drinking and using safe water will keep oneself and members of the family safe from diseases.

**Do:**
- Purify water at household level.

PURPOSE: The purposes of this episode are:
- To aware that the clean water too may be polluted and to motivate to act accordingly for making it pure.
- To aware that safe drinking water can help to protect us from water borne diseases like diarrhea, dysentery, cholera, typhoid.
- To motivate to drink water only after purifying it.

MESSAGES:
- If we consume polluted or unsafe water, it can cause various water borne diseases like diarrhea, dysentery, cholera, typhoid, etc. 1000 days babes and mothers are especially vulnerable to disease.
- The water might look clear, but it can be polluted by bacteria that are too small to be seen by our eyes only.
- The four methods of making sure water is clean are:
  - Boiling
  - Filtration
  - Chlorine solution - treating one liter of water with three drops of chlorine solution
  - SODIS - sterilized by the use of heat of sun.
- The benefits of using clean water are that your family will be healthier. Especially for small children, they will have the chance to develop and grow well because they will be sick less often.
- Storing water in a clean and covered vessel and using clean containers to drink.

Note to Writer: Promote issues like ways of boiling water, washing hands thoroughly with soap and water, using clean water to clean utensils and not mixing cold water with boiled water while drinking in the story.

SMALL DOABLE ACTION:
- Identify which methods of cleaning water makes the best sense for your family.
Episode #: 19  Topic: Ensuring sufficient breast milk during the first 6 months (for mothers)

WHY IS THIS AN ISSUE?
- Most mothers stop breastfeeding exclusively before their child completes 6 months because the mother thinks the child needs other food and water.
- Milk production decreases because she is separate from the baby due to work and this reduces the frequency of feedings.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted audience will be able to:

**KNOW:**
- Only breast milk meets the nutritional requirements for the first 6 months.

**FEEL:**
- Confident enough to breastfeed on demand, at least ten times a day.

**DO:**
- Breastfeed on demand.

PURPOSE: The purposes of this episode are:
- To inform mothers how to increase/maintain milk supply so that they are able to breastfeed their baby for 6 months.
- To enable the mother to practice optimal breastfeeding through requesting family support.

MESSAGES:
- Breast milk alone is sufficient food and water for the first 6 months. Babies fed this way are healthier and smarter! Breastfeeding on demand will help ensure sufficient milk supply.
- All mothers can produce enough breast milk to feed their babies for the first 6 months.
- Breastfeed whenever the baby demands (could be as often as every 30 minutes or every 2 hours), at least 10 times per day, so that you produce enough milk.
- Empty one breast before going to the other so that your baby gets enough water and energy.
- Talk to your family so that they know when and where to help so that you can breastfeed when the baby will be hungry.

SMALL DOABLE ACTION:
- Find someone in your village who is giving only breast milk to her baby for 6 months and discuss how she managed it.
MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will be able to know:

- The main objective of the Review episode is to go over the content of the recent set of episodes and to get audience feedback.
- Producers may be creative in doing this episode. Some formats that can be used are:
  - Interviews
  - Vox pop
  - Songs
  - Panel discussion
  - News briefs, etc.
Episode #: 21  
Topic: Complementary feeding for Child after baby completes six months of age

WHY IS THIS AN ISSUE?

- Mothers not being able to provide (enough) time to their babies (not having enough support from the families).
- The tradition of sending the mothers out to work and MILs taking care of the babies.
- The culture of organizing weaning ceremony at the age of six-month for sons and at the age of five-month for daughter.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted listeners will able to:

Know:
- Mothers and families will know about the importance of feeding the baby with complementary food only after the baby reaches the age of six-months.
- About the affect of feeding the baby with complementary food before it reaches the age of six-months on the health of mother and baby.
- About creating conducive environment at home for exclusive breastfeeding by the members of the family.

Feel:
- That the mother’s milk will be enough for baby till it reaches six months of age.
- That feeding the baby with complementary food before it reaches the age of six-months will have an adverse effect on the health of mother and baby.

Do:
- Will be assured about feeding the baby with complementary food only after it reaches six-months of age.

PURPOSE: The purpose of this episode is:

- To teach the families about feeding the baby only after it reaches the age of six-months and will discuss in their communities as well.

MESSAGES:

- Till the baby reaches to the age of six-months, mother’s milk will be sufficient for it and it will require complementary food after it reaches the age of six complete months.
- Due to physical and mental growth/development and start of the activities like playing according to the age of babies, they will require energy for which they are to be provided with complementary food as they reach the age of six-months.
- Immunity power of the baby will develop. This will help the baby to be better on studies and it will progress in future as well.
- Distributing the mother’s work among other members of the family so that she can manage to spend time with her baby.
- Weaning ceremony can be observed as per the tradition, but it should be ensured that the child is introduced to complementary feeding only after completing the age of six months.

SMALL DOABLE ACTIONS:

- Will discuss with the family members about feeding the baby with the complementary food and feed the baby only after it reaches the age of six-months.
Episode #: 22   Topic: Amount of complementary food for the children according to their age

WHY IS THIS AN ISSUE?
• There is confusion about how much and what to feed children at different ages. This is the issue which is most often asked in “Bhanchhin Aama radio program”.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

KNOW: • People will know and understand about the exact amount of food needed to be fed the children as per age and increasing it gradually

FEEL: • Mothers and family members will develop confidence on the way of feeding the children the right amount of food depending on the age of the child.

DO: • Discussing in the family about increasing the amount of complementary food according to their age.

PURPOSE: The purposes of this episode are:
• To educate on the exact amount of food needed to feed a child according to age.
• To motivate for increasing the amount of food according to their age.
• To demonstrate a mother feeding the child the right amount.

MESSAGES:
In addition to breast milk, tasty and nutritious complementary food for babies over 6 months should include the 4 food groups are: cereals, beans, greens and orange fruits and vegetables, and animal source food (milk products, meat, fish or eggs).

• In the beginning, in addition to continued breastfeeding, start to feed the child with bigger spoon (2 to 3 spoons). Repeat this process 3 times a day

• Increase the amount of food day by day and feed around one tea-glass amount at one time. Feed three times a day. Continue this for up to 9 months. The food should be thick, so it sticks to the spoon.

• For child that is 9-12 months continue to feed three times a day of thick food about one tea glass each time. Also, feed him/her some snacks in-between at least once. Foods available at the household like banana or eggs can be fed.

• After the child reaches 12 month, increase the frequency of providing snacks to two and each time he/she should be fed the amount equivalent to two tea glass three times a day of thick food.

• Use a separate bowl for feeding the child so that it will be easy to know how much the child is eating and compare the difference each time he/she is fed.

SMALL DOABLE ACTION:
• Families will discuss about feeding the child right amount of food considering child’s age.
Episode #: 23  
Title: Importance of making special (separate) food for babies

WHY THIS IS AN ISSUE?
- Mothers or members of the family find it bothersome, separate task and difficult to prepare separate food for the children.
- Lack of knowledge about preparing suitable food for children by using the constituents which are available at household level.
- The belief that the food which is prepared for rest of the members of the family too can work as a nutritious diet for the babies.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted audience will be able to

KNOW:
- Children should be fed with extra nutritious food for their physical and mental growth according to their age.
- Mothers will know when, how and how much of children’s varieties of food to feed them.
- Family members will also make necessary food available for children.

FEEL:
- Mothers and other members of the family will feel pleased to see how well their children eat the necessary food.
- Mothers will feel proud to be able to prepare tasty and nutritious food varieties for her children.

DO:
- Mothers will prepare different varieties of nutritious food for her children which they prefer to eat.
- Other members of the family will also help in feeding different varieties of food to the children and make the necessary constituents available.

PURPOSE:
- Feeding a variety of nutritious food to the children help in their mental and physical growth and also provide them with immunity to fight diseases.
- Time and money will be saved.
- Child becomes active, smart and clever who can do well in future.

MESSAGES:
- Food which is prepared for the adults at home may not constituent foods from the four groups and thus it is not suitable for children; that's why it is important to make separate nutritious food for the better mental and physical development of the babies.
- Babies find it difficult to swallow and digest the food which is prepared for the adults at home. This may result that babies may not get required nutritious elements that are necessary for them.
- Variety of foods available at home are full of nutrients and one can prepare separate food for the babies using this variety. For example: adding green leafy vegetables, ghee or oil, beans, eggs and mashed meat into Jaulo, adding milk and sugar to boiled yellow pumpkin and mashing it thoroughly, one can make pumpkin pudding, instead of pumpkin one can also use ripen papaya.

SMALL DOABLE ACTION:
- Mother and other members of the family will prepare varieties of nutritious and delicious food for the baby to ensure the availability of nutritious food necessary for the child.
WHY THIS IS AN ISSUE?
• Thought that the food which is tasty for the rest of the family members is tasty for the babies as well.
• Not ever thinking that the babies too want to eat tasty foods.
• Not being aware that tasty food for babies can be prepared by mixing/using the food items available at home.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted audience will be able to

KNOW:
• Children should be fed with extra nutritious food for their physical and mental growth according to their age.
• Mothers will know when, how and how much of children’s varieties of food to feed them.
• Family members will also make necessary food available for children.

FEEL:
• Mothers and other members of the family will feel pleased to see how well their children eat the necessary food.
• Mothers will feel proud to be able to prepare tasty and nutritious food varieties for her children.

DO:
• Mothers will prepare different varieties of nutritious food for her children which they prefer to eat.
• Other members of the family will also help in feeding different varieties of food to the children and make the necessary constituents available.

PURPOSE:
• Feeding a variety of nutritious food to the children help in their mental and physical growth and also provide them with immunity to fight diseases.
• Time and money will be saved.
• Child becomes active, smart and clever who can do well in future.

MESSAGES:
• Babies may not like the taste of the foods which are prepared for the members of the family. Babies too prefer eating foods with variety of taste to the foods with same taste. These kinds of foods can be fed easily and babies will eat more of them as well.
• Food available or made at home should be mashed properly till it becomes soft and to make it tasty, foods like ghee, honey, eggs, meat or liver, fried sesame powder, or the powder of pumpkin seeds at a little quantity.

SMALL DOABLE ACTION:
• Mother and other members of the family will feed the child with nutritious and delicious varieties of food. The family members will also make necessary food available for children.
Episode #: 25  Topic: Role of Father and Grandmother in feeding a child who refuse to eat

WHY IS THIS AN ISSUE?
- Mother and MIL are rushed when feeding a child. They do not give adequate time in feeding and try to force the child to eat.
- Children refuse to eat, but the mother and MIL still do not know the importance and ways of pleasing and luring the child and tempting him/her to eat.
- There is diversity in mother and MIL’s perceptions regarding feeding a child.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

KNOW:  • Fathers and MILs will come to know about how to feed the child actively.
FEEL:  • Fathers and MILs will feel happy to see how their child is enjoying his mealtime and is eating happily when he/she is being fed actively.
• Assured that mother and MILs have equal roles to play in active feeding.
DO:  • Fathers and MIL will feed nutritious food to the child by spending adequate time in feeding him/her actively by playing, luring and tempting him/her to eat.

PURPOSE: The purposes of this episode are:

• To encourage Father, MIL and other members of the family to spend adequate time in feeding their children by laughing and playing with them and making them pleased.
• To demonstrate examples regarding the roles of Father and MIL in active feeding.

MESSAGES:
• Father and MIL can talk about active feeding which includes interacting with a child while feeding them. Some methods are by luring them and tempting them to eat, giving them toys, taking the baby to roam around before introducing him/her to new food. Feeding a child requires patience and a lot of practice.
• Sit looking at baby while feeding him/her. This makes the baby feel that the person feeding it is paying his/her full concentration towards him/her.
• The food being fed to babies has to be changed from time to time. Babies might not be interested to eat the same kind of food.
• For the first time the baby may refuse to eat, but one should continue trying for it. One may have to try hard for many times to introduce a new food to the baby.
• One has to consider whether the baby is full, and feed according the gestures of the baby. If fed in this way, the baby would eat enough food. In result, the baby will get required energy and will be active. The mother or caretaker will too become satisfied by this.
• Active feeding helps in sound mental and physical growth as well as in enhancing capacity to learn to speak. That is why, for the good future of your child, you need to give sufficient time and feed him/her actively without making any haste.

SMALL DOABLE ACTION:
• Father and MILs will give adequate time in feeding the child by playing with him/her and luring and tempting him/her to eat.
Episode #: 26  Subject: Importance of washing hands with soap and water before feeding the child

WHY IS THIS AN ISSUE?
- People have the habit of washing hands with water only and rubbing their hands against the clothes they are wearing.
- Unless they see dirt with their bare eyes, they think that their hands are clean.
- They are unaware about the bad effects and the diseases that are likely to be caused if you don’t wash your hands with soap and water before feeding a child.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted audience will be able to:

**KNOW:**
- That though we may not see with our bare eyes, there might be disease germs in our hands which may cause illness.
- That diarrhea can be prevented if hand washing is done thoroughly with soap and water before feeding.

**FEEL:**
- Proud to have done something good for the sake is the child’s health by washing hands thoroughly with soap and water before feeding.

**DO:**
- Wash hands properly with soap and water before feeding a child.
- Talk in the family about the importance of hand washing thoroughly with soap and water before feeding.

PURPOSE: The purposes of this episode are:
- To aware mothers or other care takers about hand washing thoroughly with soap and water before feeding.
- To inform people that there might be disease germs in our hands which may cause illness though we do not see them with our bare eyes.
- To inspire mothers and other care takers to wash hands thoroughly with soap and water before feeding.
- To demonstrate a caretaker washing hands before feeding the child.

MESSAGES:
- We should wash our hands with soap before feeding a child every time.
- Our hands are only clean (from bacteria) if we have wash them with soap and water. Water alone or rubbing hands against clothes is not enough.
- A small child can get sick and weak more easily than an adult because their body is very delicate and they have less immunity.
- If we feed children after washing our hands with soap and water they will be sick less often and more able to play and grow.
- Any kind of soap can be used in washing hands like: detergent soap, bathing soap.

**Note to Writer:** Also talk about trimming nails in the story.

SMALL DOABLE ACTIONS:
- Make sure that there is soap and water in the hand washing place.
Episode #: 27  Topic: Importance of extra support for breastfeeding mother for two whole years (family)

WHY IS THIS AN ISSUE?
- Traditionally the focus is more on the baby than the mother. Mothers tend to eat 2 extra meals only for the first couple of months.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted audience will be able to:

KNOW: • Mothers need care and support during the full 1,000 days until the baby is two years.

FEEL: • Encouraged to care for the mother during the full 1,000 days.

DO: • Ensure that the mother eats 2 extra meals from at least 4 food groups for the full two years she is breastfeeding.

PURPOSE: The purposes of this episode are:
- To educate family members that the importance of nutrition for the mother should extend till the full 1,000 days.
- To encourage family members to make arrangements for the mother to eat 2 extra meals throughout the entire 1,000 days.

MESSAGES:
- We give extra food and support to a new mother, but only for a short time. However for the improved health of the mother and baby, she needs to have two extra meals a day and support for the entire two years. She should be given foods which are prepared from the four food groups (cereals, pulses, green leafy/orange fleshed fruits and vegetables and animal source food).

- Additional help for a lactating mother until the baby is 2 years.

The benefits to family members of providing extra support during the entire period are
- Child will be healthier and sick less often. Child will get the right start for a promising future
- Mother will recover more quickly
- Family will be seen as progressive and forward thinking

SMALL DOABLE ACTION:
- Family members help a lactating mother and not send her too far away to work.
Episode #: 28  
Topic: Importance of home stead garden for nutritious vegetables year round

WHY IS THIS AN ISSUE?
- People don’t know how to have vegetables in all seasons.
- Having nutritious vegetables all year is not a priority.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

**KNOW:**
- The importance of having vegetables year round.
- Strategies for having year round vegetables.

**FEEL:**
- Feel proud of being able to make nutritious vegetables available round the year.

**DO:**
- Make a plan for year round vegetable production or access.

PURPOSE: The purposes of this episode are:
- To educate about the importance of year round vegetable production.
- To motivate families to have year round vegetable production.

MESSAGES:
- We know that diversity of food is important for the health and well being of Golden 1000 days women and children. Vegetables are one of the important food groups. We can think and plan ahead how to ensure to have vegetables year round.
- The benefits of year round vegetable production are: easily available, nutritious food for family, fresh, save money, garden looks good to neighbors.
- Strategies:
  1) It is possible to grow vegetables year round. Many areas have local vegetables. Check with your local agriculture service center.
  2) Even in a small land we can make a small plot grow verities of vegetables.
  3) Families can prepare food for long term storage. In the main season, grow extra food and then dry and story it for the other seasons. Some examples are gundruk, musaura, dry gaba, methiko sag. Check with your local Agriculture Officer.

SMALL DOABLE ACTION:
- See what vegetables your neighbours are growing that you don’t already grow and try to learn from them.
- Discuss with the family about using the available land for vegetable production so as to make nutritious vegetables available round the year.
Episode #: 29  
Titles: Importance of Vegetables Seeds Production

WHY IS THIS AN ISSUE ?
- There is a trend of consuming same type of vegetable everyday in the community.
- Vegetable seeds are not available everywhere.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted audience will be able to:

**KNOW:**
- Seeds production and its advantages.
- Importance and benefits of seeds production.

**FEEL:**
- After producing vegetable seeds, assured that they can plant vegetables according to the seasons, after having the vegetable seeds with themselves.

**DO:**
- Produce some vegetable seeds themselves.
- 1000 days families exchange vegetable seeds among each other.

PURPOSE: The purpose of this episode is:
- To inspire audience to produce some vegetable seeds themselves.

MESSAGES:
We know now that 1000 days mothers and babies especially need to eat different kind of vegetables and it is better if these vegetables are available around the home so that they are available for cooking. One way to get more kinds of vegetable is to cultivate seeds and also share them with neighbors.

- Keep at least one plant of green leaves, beans, radish, pumpkin etc. for seeds without plucking any vegetable or leaf from them.
- Keep some good fenugreek, garden cress and spinach plants for seed without plucking any leaf.
- Discuss about homestead food production in a group and decide among themselves who is going to produce what vegetable seeds
- It will be easy to plant vegetables according to the seasons, when you have the seeds with you and such seeds are more trustworthy as well.

SMALL DOABLE ACTION:
- Talk to your neighbor to see what seeds they might have available for trade.
MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will be able to know:

- The main objective of the Review episode is to go over the content of the recent set of episodes and to get audience feedback.
- Producers may be creative in doing this episode. Some formats that can be used are:
  - Interviews
  - Vox pop
  - Songs
  - Panel discussion
  - News briefs, etc.
Episode #: 31     Subject: Disposing child’s feces into the toilet

WHY IS THIS AN ISSUE?

- In our society, child’s feces is not considered to be as harmful as other excretions but is just like other garbage. People dispose child’s feces along with other household garbage. They don’t know that child’s feces is as harmful as adults’ feces.
- People do not know that if child’s feces is not disposed in the right place, the diseases germs can get into our foods by the means of insects, flies, chickens and dogs which causes feces related diseases like diarrhea, dysentery, cholera and jaundice.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted audience will be able to:

KNOW:
- Child’s feces is as harmful as adult’s feces.
- Unsafe disposal of child’s feces can cause different feces related diseases.
- Child’s feces should be disposed only into the toilet.

FEEL:
- Happy to have saved the children from the dangers of feces related diseases after safely disposing child’s feces into the toilet.

DO:
- Dispose child’s feces only into the toilet.

PURPOSE: The purposes of this episode are:

- To inform that child’s feces is as harmful as adult’s feces.
- To encourage the golden 1000 mothers and the other members of her family to safely dispose child’s feces into the toilet.
- To encourage people to inform their fellow people also about how they have safely been disposing child’s feces.
- To inform others about their practice of safe disposal of child’s feces.

MESSAGES:

- Child’s feces are also like adults’ feces. So, if it is not disposed safely, there are high chances of diseases and infections and children might fall ill because of which, all the nutrients which they have got from the foods get wasted and they might be the victims of malnutrition.
- We can stay away from diseases only when we dispose child’s feces safely into the toilet. House and its premises remain clean. It doesn’t smell bad. You feel assure that children are playing in a safe and clean environment. The neighbors also praise you for keeping your house and its surroundings clean.
- If child’s feces is disposed rightly, there are fewer chances of germs to be communicated through houseflies, poultry, dogs, pigs and water and diseases like diarrhea, dysentery, cholera, jaundice and worming.

SMALL DOABLE ACTIONS:

- Tell everyone in the family that child’s feces is like adult feces and should be disposed into the toilet.
Episode #: 32  
Topic: Benefits of ways to keep children away from dirt

WHY IS THIS AN ISSUE?
- Generally, the segregated management of cowshed, places used by children to play and places used by poultries for their movement isn’t practiced. People are found not aware about those excreta can lead ill-health of their babies.
- Perception about children playing with dirt as a normal activity and not having sense/realization about the necessity of requirement of a clean place for children to play.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted listeners will be able to:

Know:
- The importance of maintaining a clean space for children, away from animal dung

Feel:
- Confident becoming able to arrange/manage ways or materials to keep children away from dirt.
  - They will feel safe about their babies as children can be kept safe from disease by having a clean play area

Do:
- Develop a play space for children away from animal dung.

PURPOSE: The purposes of this episode are:
- To educate parents that a child exposed to animal dung can get sick more frequently.
- To motivate parents to make a safe play space for children away from animals.
- To demonstrate a family having benefits from making a safe clean play space.

CONTENT/MESSAGE:
- Our children frequently suffer from diarrhea. One of the major reasons for this is because of allowing children to play in dirt or nearer to chicken dung. This exposes children to the diseases inducing germs/bacteria.
- It is important to arrange/manage places for them to play. For example, using/spreading Gundri (straw mat) on the ground and covering it by soft clothes for infants.
- Keeping babies in safe space will prevent them getting any injuries; prevent them going to vulnerable areas and eating/swallowing dirt. This in consequence will prevent the ingestion of harmful germs/bacteria.

SMALL DOABLE ACTIONS:
- To make the playing places of children safe and clean.
Episode #: 33      Topic: Importance of Semi-intensive coop system

WHY IS THIS AN ISSUE?
• People generally let their chickens run free and don’t use the coop system because they don’t see the benefits of it.

MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

KNOW: • What the semi-intensive coop system is and its benefits.

FEEL: • Encouraged that they are making a good decision when using the semi-intensive coop system.

DO: • People will make efforts to rear chicken according to semi-intensive coop system.

PURPOSE: The purposes of this episode is:
• To provide the audience with practical knowledge about rearing chicken according to semi-intensive coop system and to motivate audience members to use the semi-intensive coop system accordingly.

MESSAGES:
The semi-intensive coop system includes
• You should make the chicken coop at a distance of at least 4/5 meters away from your residence choosing a little high and plain space where sunray and wind blows freely and sun rays fall. The height is height, length and width of 2/3 meters where 20-25 chickens can be kept for rearing.

• The coop and its premises where chicken can graze and play should be barred with cane/bamboo splinters or dried stems of maize plants so that the chickens cannot cross the boundary and a small door also has to be made which you can open and close while passing in and out of the coop.

• The coop should be well-ventilated so that air can pass from two ways and there should also be doors and windows in the coop from where sunlight can pass.

• Make the base of the coop where chicken are kept in such a way that chicken dung can be cleaned time to time easily and the coop is kept clean and dry.

• Benefits of the semi-intensive coop system are:
  o Eggs and chickens production increases
  o Children and other members of the family can be kept safe from the diseases which are communicated through poultry.
  o Chickens protected from wild animals.
  o The vegetables which are grown in the garden remain safe from the chicken.
  o It is helpful in keeping the environment outside the house neat and clean.

• For more information, contact local agriculture person or district livestock service office as per your convenience.

SMALL DOABLE ACTION:
• Look at yard and think of where you could put a semi-intensive coop.
Episode #: 34    Title: Importance of Special Care for children during Diarrhea

WHY THIS IS AN ISSUE?
- People do not take it seriously even if a child defecates for more than four times a day. They believe that it is normal for a child to do so.
- Many people think that diarrhea is simple indigestion which occurs when a child is teething or growing up.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted audience will be able to

KNOW:
- What do you mean by diarrhea?
- What should you do when your child is suffering from diarrhea?
- What are the effects of diarrhea?

FEEL:
- Diarrhea is something serious and so special care has to be taken.
- Proud being able to make the child healthy again by giving proper care and treatment when it was suffering from diarrhea.

DO:
- Take diarrhea as a serious issue.
- Give ORS and zinc tablets to the child who is suffering from diarrhea as per the need.

PURPOSE: The purposes of this episode are:
- To make people understand that having watery stool is not a normal health condition.
- To inspire people to take action - give ORS and zinc tablets - to the child who is suffering from diarrhea.
- To inspire people to feed the child with extra nutritious meals and mother’s milk when it is suffering from diarrhea.
- To demonstrate someone feeding a child extra when their sick.

MESSAGES:
- Diarrhea is a state when a child has a watery stool more than four times a day.
- When a child is suffering from diarrhea, the level of water in its body reduces. It becomes weak, starts losing immunity power and can get every more sick and even die.
- Everyone in the family should take diarrhea seriously and take the following actions
  - If a child starts having diarrhea it has to be immediately given ORS and zinc tablets along with other nutritious foods.
  - The child who is suffering from diarrhea should frequently be fed with its mother’s milk.
  - You should make sure that you have fed the sick child with frequent extra meals added to the usual.
  - Wrong conception about the child's inability to digest food during sickness should be removed.
- During the time that the child is teething (teeth are growing in) they are also crawling and putting like their hands or other objects in their mouths. If their hands or objects are dirty, that is what makes children sick. Having teeth come in doesn’t cause diarrhea.

SMALL DOABLE ACTION:
- Find out where you can get ORS and Zinc.
Episode #: 35  Topic: Treating Children with ORS and Zinc Tablets for 10 days during Diarrhea

WHY IS THIS AN ISSUE?
- People are still unaware that children are to be treated with Zinc tablets along with ORS during diarrhea. Even if they know and provide the sick children with Zinc tabs, often it is found that they stop giving Zinc tabs soon after the diarrhea stops without completing 10 days.

MEASURABLE OBJECTIVES: After listening to this episode, the listeners will able to:

Know:
- Benefits of the ORS and Zinc tablets.
- About correct ways of preparation and feeding ORS and feeding Zinc tablets.

Feel:
- Happy about know the correct ways of preparing ORS and feeding it to the babies, and also about feeding Zinc tablets.
- Contented about being able to keep the babies away from the vulnerability of diarrhea by the use ORS and Zinc tablets.

Do:
- Mothers or person responsible to take care of babies will take to treat diarrhea immediately after babies become infected by diarrhea.
- Will dispose feces of diarrhea infected babies safely.

PURPOSE: The purposes of this episode are:
- To motivate to feed the diarrhea infected babies with ORS and Zinc tablets.
- To encourage people to seek the advice of FCHVs and to go to the health institutions when babies are infected by diarrhea.
- To illustrate the good practices of feeding diarrhea infected babies with ORS and Zinc tablets.

CONTENT/MESSAGE:
- Zinc tablets should be given to the child along with ORS (at the same time).
- Babies between the ages of two-months to six-months, the Zinc tabs should be fed for ten days. The dose of Zinc tab should be half of its size and should be fed dissolving it into mother’s milk or clean water. The remaining part of the Zinc tabs which remains unused can’t be used the other day thus should be disposed safely.
- During diarrhea, children should be breastfed more frequently than usual.
- During diarrhea, the Zinc tablets taken for complete 10 days will help to boost the immunity power and to treat it in a speedy manner. This helps to keep the baby healthy, active for a longer period of time and also save them from being infected from diarrhea.
- Babies above the age of six-months should be given one tablet of zinc with ORS for 10 days. To prepare ORS, one packet of ORS should be dissolved in one liter boiled water and should be consumed within 24 hours. If not consumed within 24 hours, it should be disposed.
- Zinc should be continuously given to children for ten days even if diarrhea is cured before that.
- During diarrhea, if the babies are not fed with ORS and Zinc tabs on time, may be fatal.
- ORS and Zinc tabs are available in our nearest health institution without any charge.
- If the baby doesn’t get cured or if you have any queries, you have to go to the nearest health institution.

SMALL DOABLE ACTIONS:
- To ask with the FCHVs and make sure about the availability of ORS and Zinc tabs.
**Episode #: 36**

**Topic: Sick Child Care and Feeding**

**WHY IS THIS AN ISSUE?**
- Due to the belief that sick children shouldn't be fed much. Or, there is also tradition of not feeding the children if children refuse to eat.
- There is a belief that the sick children can digest foods.
- Children don't get their mother’s company even during illness.

**MEASURABLE OBJECTIVES:** After listening to this episode, the targeted listeners will be able to:

*Know:*  
- About the importance of feeding the sick child more frequently.
- Know the ways to feed the sick baby.

*Feel:*  
- Confident that the baby can be healthy by taking good care of and feeding with required food when it is sick.

*Do:*  
- Continue to feed the children with adequate food and breastfeeding.

**PURPOSE:** The purposes of this episode are:
- To aware mother and care taker of the sick baby to breastfeed and feed the sick baby with complementary food more frequently than usual.
- To aware mother and care taker about the importance of providing extra meals to the baby up to two weeks after recovery.
- To motivate mother and care taker of the sick child that feeding the baby with complementary food will reduce the weakness and help in speedy recovery.
- To motivate all the members of the family to play active roles in taking care of the baby during illness.
- To motivate the family members to arrange suitable environment for mother to spend more time with her baby when he/she is sick.

**MESSAGES:**
- The one who feeds the baby has to be patient and feed/breastfeed the baby little by little and regularly. If the sick baby is fed in this manner, slowly and regularly in small volume, it can digest the food. During such times, the family members have to support the mother in her household works to create an environment for mother to be with the child during its sickness.
- When a baby is sick it needs to eat food and drink to be able to recover. This helps the baby to get back to the normal situation. The mother has to breastfeed the sick baby more often if the baby is under the age of six-months.
- For more advice, one has to contact FCHV or go to the nearest health institution.

**SMALL DOABLE ACTIONS:**
- To discuss on dividing roles among the family members for doing household works if the mother or care taker of the sick baby requires more time.
Episode #: 37  Topic:  Feeding sick child for two extra weeks

WHY IS THIS AN ISSUE?
- Due to lack of knowledge/awareness to feed the children with complementary food till two weeks after the sick children get recovered. People think that once the child looks better then no need for additional care.

MEASURABLE OBJECTIVES: After listening to this episode, the listeners will be able to:

Know:  • About the benefits of feeding a child who has been sick for an extra two weeks

Feel:  • Confident that by continuing to feed the baby for an extra two weeks will postpone any other illness.

Do:  • Continue to feed the baby with adequate food and breastfeed till two weeks of the child’s recovery.

PURPOSE: The purpose of this episode is:
- To motivate the mother and other members of the family to feed the baby extra meals for two weeks after the baby recovers.

MESSAGES:
- When a child is sick, parents are very concerned and take care to help the child get better. But, once the child is acting normally, they forget that the child actually needs to be given extra food for two weeks after feeling better. The reason is that the child has lost nutrients during sickness and needs to have extra for a while to recover to the way he or she was before.

- The benefit of feeding for an extra two weeks is that the child will be able to remain healthy for longer.

SMALL DOABLE ACTION:
- Make a list of the child’s favorite foods so that you have them on hand during the recovery period.
Episode #: 38  Topic: How could neighbors help mother and baby till 1000 days?

WHY IS THIS AN ISSUE?
- Taking care of golden thousand days’ mother and baby is an internal issue of the respective house/family; and communities haven’t yet taken the issue/prospective of supporting pregnant or recently delivered mother or bringing up a baby seriously.

MEASURABLE OBJECTIVES: After listening to this episode, the targeted listeners will be able to:

Know: • They will know how neighbors can support the mother and baby during golden thousand days.

Feel: • Proud on supporting and taking care of the golden thousand days' mother and baby, and on the development of a healthy society. Also, they will feel the strengthened relationship among the community.

Do: • They will support 1000 days mothers and families.

PURPOSE: The purpose of this episode is:
- To motivate the neighbors to become supportive to lead towards healthy lives of golden thousand days' mother and baby.

MESSAGES:
- Neighbors can ensure whether golden 1000 days mother and children are provided with and provide necessary care, food, health treatments, extra meals etc. and give help and advice as follows:
  o To feed the mother and baby with complementary nutritious diet; to motivate for exclusive breastfeeding.
  o To support the household chores (to reduce mother’s workload); take care of mother and baby; to support in getting animal sourced foods (eggs, meat, milk, ghee) and green leaves.
  o The neighbors can talk to the husband and MIL of the respective golden thousand days’ mother about taking good care of the mother and baby till 1000 days.
  o Share vegetables, seeds, meat, etc.

SMALL DOABLE ACTIONS:
- Neighbors can talk to the respective husband or MIL about taking good care of the mother or decreasing the workload of mother.
MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will be able to know:

- The main objective of the Review episode is to go over the content of the recent set of episodes and to get audience feedback.
- Producers may be creative in doing this episode. Some formats that can be used are:
  - Interviews
  - Vox pop
  - Songs
  - Panel discussion
  - News briefs, etc.
GLOSSARY:

Golden 1000 days: The 1,000 days from conception (or start of pregnancy) to 2 years after birth.

Anemia: Anemia is any one of the disorders in which the blood has fewer than normal number of red blood cells, or (iron) the red blood is deficient in hemoglobin-carrying capacity.

Ante-Natal care: The health care and education provided to women during pregnancy and before delivery.

Aspiration: Hopes

Bacteria: Micro-organisms which can cause disease if pathogenic.

Colostrum: The first thick yellow milk (Bigauti dudh) secreted from mother’s breast right after delivery.

Complementary Feeding: The additional feeding of infants that should start after completion of 6 months from birth. The child receives both breast milk or a breast milk substitute and solid (semi-solid or soft) foods. The process starts at completion of six months when breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk. The target age range for complementary feeding is generally taken to be completion of 6 months to 24 months of age. It is not recommended to provide any complementary foods to children who have not completed six months from birth.

Complementary Food: Any food, whether manufactured or locally prepared, used as a complement to breast milk or to a breast milk substitute.

Conception: The meeting of a male sperm with a female egg during intercourse which can result in pregnancy.

Contraception: The means by which pregnancy can be prevented. The practice of contraception has always existed but in the past it has not always been reliable or safe. Today we have many new, modern methods from which we can choose according to need. The new, modern methods are effective and safe.

Diverse foods: Diverse food means eating from at least the four food groups. They are 1) animal source foods (milk, eggs – meat/fish), 2) beans (lentils, chickpeas and white beans), 3) grains and 4) fruits (orange/yellow) and vegetables (leafy dark green).

GALIDRAA: GALIDRAA is a counseling process. (Greet, Ask, Listen, Identify difficulties, Discuss, Recommend, and Agree, set next Appointment).

Immunization: Immunizations are shots or drops that help a body resist diseases.

Postnatal Care: The health care and education provided to mothers after delivery.

Active feeding: Feeding infants directly and assisting older children when they feed themselves, being sensitive to their hunger and following cues of when they are done eating.

Sarbottam Pitho: Nutritious supplementary food prepared by grains and legumes.
**Stunting:**

Stunting, or chronic undernutrition, is a form of undernutrition. It is defined by a height-for-age (HAZ) z-score below two SDs of the median WHO standards. Stunting is a result of prolonged or repeated episodes of undernutrition starting before birth. This type of undernutrition is best addressed through preventive maternal health and nutrition programmes aimed at pregnant women, and improved infant and young child feeding of children under age 2, especially complementary feeding.

**Healthy Timing and Spacing of Pregnancy:** Healthy Timing and Spacing of Pregnancy (HTSP) is an intervention to help women and families make an informed decision about the delay of first pregnancy and the spacing or limiting of subsequent pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, within the context of free and informed contraceptive choice taking into account fertility intentions and desired family size, as well as the social and cultural contexts (ESD HTSP Reference Guide).
ACRONYMS:

ANC  Ant-Natal Care
BCC  Behavior Change Communications
CAC  Citizen Awareness Center
CHD  Child Health Division
DIL  Daughter-in-Law
DOA  Department of Agriculture
DLS  Department of Livestock Services
DPHO District Public Health Office
EHA  Essential Hygiene Actions
ENA  Essential Nutrition Actions
FCHV  Female Community Health Volunteers
FP   Family Planning
GESI Gender Equality and Social Inclusion
GON  Government of Nepal
HFP  Homestead Food Production
HKI  Helen Keller International
HTSP  Healthy Timing and Spacing of Pregnancy
IMCI  Integrated Management of Childhood Illnesses
IPC  Interpersonal communication
M&E  Monitoring and Evaluation
MCHW Maternal and Child Health Worker
MIL  Mother-in-Law
MNCH Maternal and Newborn and Child Health
MoFALD Ministry of Federal Affairs and Local Development
MoHP  Ministry of Health and Population
NDHS  National Demographic and Health Survey
NEWAH Nepal Water for Health
NHEICC National Health Education Information and Communication Center
NHSP  Nepal Health Sector Program
NTAG  Nepali Technical Assistance Group
ODF  Open Defecation Free
ORS  Oral Rehydration Solution
PNC  Postnatal Care
SBCC  Social Behavior Change Communications
USAID United States Agency for International Development
VDC  Village Development Committee
WASH Water, Sanitation and Hygiene
**Bhanchhin Aama Radio Drama Design Document Workshop - Phase III**

**Design Team Members**

**3-8 November, 2014**

**Venue:** Hotel Seven Star, Sauraha, Chitwan

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<td>FCHV, Chiti VDC, 98415-86651</td>
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<td><strong>Script Writers:</strong></td>
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<td>35.</td>
<td>M</td>
<td>Soham Subedi</td>
<td>Coordinator, Community Information Network (CIN), 98510-78884</td>
<td>Script Writer - Nepali</td>
</tr>
<tr>
<td>36.</td>
<td>M</td>
<td>Toya Narayan Ghimire</td>
<td>Director of Programs, NIP, 98511-08653</td>
<td>Script Writer - Aawadhi &amp; Doteli</td>
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<td>F</td>
<td>Anu Upadhyaya</td>
<td>Program Manager, 98510-32610</td>
<td>Equal Access</td>
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<tr>
<td>38.</td>
<td>M</td>
<td>Sabin Shakya</td>
<td>Chief Executive Officer</td>
<td>Max Media Pvt. Ltd.</td>
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<tr>
<td>39.</td>
<td>F</td>
<td>Khusboo Chand</td>
<td>Head, Radio Media</td>
<td>Max Media Pvt. Ltd.</td>
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<td>40.</td>
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<td>Peter Oyloe</td>
<td>Chief of Party, 98510-57677</td>
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<td>41.</td>
<td>M</td>
<td>Swadesh Maharjan</td>
<td>Data Management Officer, 98494-60551</td>
<td>Suaahara</td>
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<td>42.</td>
<td>F</td>
<td>Akriti Singh</td>
<td>Sr. Integrated Nutrition Coordinator, 98030-47608</td>
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<td>43.</td>
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<td>Ram Kumar Neupane</td>
<td>HFP Coordinator, 98490-47915</td>
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<td>44.</td>
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<td>Saraswati Shrestha</td>
<td>EHA National Coordinator, 98494-03461</td>
<td>Suaahara</td>
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<tr>
<td>45.</td>
<td>F</td>
<td>Laura Brye</td>
<td>STA</td>
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<tr>
<td>46.</td>
<td>M</td>
<td>Harendra Bahadur Chand</td>
<td>Social Mobilization &amp; Governance Coordinator, 98415-19288</td>
<td>Suaahara</td>
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<tr>
<td>47.</td>
<td>F</td>
<td>Sheela Sharma</td>
<td>SMCC, Central Cluster, 98412-29129</td>
<td>Suaahara, Kathmandu</td>
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<tr>
<td>48.</td>
<td>F</td>
<td>Rachana Shrestha</td>
<td>SMCC, Western Cluster, 98511-37999</td>
<td>Suaahara, Pokhara</td>
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<td>49.</td>
<td>M</td>
<td>Yam Bdr. G.C.</td>
<td>SMCC, Western Cluster, 98460-38581</td>
<td>Suaahara, Pokhara</td>
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<tr>
<td>50.</td>
<td>M</td>
<td>Gagan Singh Thagunna</td>
<td>SMCC, FW Cluster, 98480-24247</td>
<td>Suaahara, Dhangadhi</td>
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<tr>
<td>51.</td>
<td>M</td>
<td>Bharat Sarma</td>
<td>SMCC, Eastern Cluster, 98520-25948</td>
<td>Suaahara, Biratnagar</td>
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<td><strong>Facilitators/Organizers:</strong></td>
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<td>52.</td>
<td>F</td>
<td>Shreejana K.C.</td>
<td>SBCC Program Manager, 98414-18948</td>
<td>Suaahara</td>
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<tr>
<td>53.</td>
<td>M</td>
<td>Dharma Raj Bajracharya</td>
<td>Senior SBCC Program Officer/Bhanchhin Aama Radio Focal Person, 98413-04864</td>
<td>Suaahara</td>
</tr>
<tr>
<td>54.</td>
<td>F</td>
<td>Caroline Jacoby</td>
<td>Sr. Program Officer, <a href="mailto:cjacob@jhu.edu">cjacob@jhu.edu</a></td>
<td>JHU-CCP Baltimore</td>
</tr>
<tr>
<td>55.</td>
<td>M</td>
<td>Dipak Raj Sharma</td>
<td>SBCC Program Officer, 98470-30534</td>
<td>Suaahara</td>
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<tr>
<td></td>
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<td><strong>Rapporteur/Translator/Workshop Support:</strong></td>
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<tr>
<td>56.</td>
<td>M</td>
<td>Nikunja Bhandari</td>
<td>Rapporteur/Translator, 98511-36915</td>
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<td>57.</td>
<td>F</td>
<td>Aashakti Subedi</td>
<td>Rapporteur/Translator, 98491-90648</td>
<td>Suaahara</td>
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<tr>
<td>58.</td>
<td>M</td>
<td>Kiran B. Shrestha</td>
<td>Fin./Admin. Associate, 98400-54203</td>
<td>Suaahara</td>
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</table>
### Bhanchhin Aama Radio Design Document Phase-III

#### Technical Review Team

**21 November, 2014**

**Venue:** Airport Hotel, Kathmandu

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Name of Review Team Members</th>
<th>Title</th>
<th>Organization</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Hari Sharan Karki</td>
<td>Chief, RH &amp; Child Health Communication Section</td>
<td>National Health Education, Information and Communication Center (NHEICC)</td>
</tr>
<tr>
<td>2</td>
<td>Basanta Adhikari</td>
<td>Sr. Public Health Officer, Nutrition Section</td>
<td>Child Health Division</td>
</tr>
<tr>
<td>3</td>
<td>Sheela Shrestha</td>
<td>Health Education Officer, RH &amp; CH Section, 98413-60689</td>
<td>NHEICC</td>
</tr>
<tr>
<td>4</td>
<td>Prem Nidhi KC</td>
<td>Section Chief/Sr. Sociologist, Community Mobilization Section, 98510-18862</td>
<td>Dept. of Water Supply &amp; Sewerage</td>
</tr>
<tr>
<td>5</td>
<td>Dr. Narayan Prasad Sharma</td>
<td>Sr. Livestock Development Officer, 98413-73490</td>
<td>Dept. of Livestock Services</td>
</tr>
<tr>
<td>6</td>
<td>Kanchan Raj Pandey</td>
<td>Sr. Ag. Economist, 98413-09551</td>
<td>Dept. of Agriculture</td>
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<tr>
<td>7</td>
<td>Dhananjay Paudel</td>
<td>Nutrition Specialist, 98511-01711</td>
<td>MoFALD</td>
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<td>8</td>
<td>Chudamani Aryal</td>
<td>Planning Officer, Health, Nutrition and Population Section, Social Development Division, 9841560990</td>
<td>National Planning Commission Secretariat</td>
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<tr>
<td>9</td>
<td>Pranab Rajbhandari</td>
<td>DCoP, Nepal Health Communication Capacity Collaborative (Nepal HC3), 98511-46896</td>
<td>HC3 Project</td>
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<td>10</td>
<td>Moon Pradhan</td>
<td>Media and Outreach Communication Specialist, Nepal HC3, 98011-41046</td>
<td>HC3 Project</td>
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<tr>
<td>11</td>
<td>Bindu Pokharel Gautam</td>
<td>GESI Specialist</td>
<td>Suahahra</td>
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<td>12</td>
<td>Rina Tiwari</td>
<td>Program Coordinator</td>
<td>Suahhara</td>
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<td>13</td>
<td>Ram Kumar Neupane</td>
<td>HFP Coordinator</td>
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<td>14</td>
<td>Saraswati Shrestha</td>
<td>EHA National Coordinator</td>
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<td>15</td>
<td>Harendra Bahadur Chand</td>
<td>Social Mobilization &amp; Governance Coordinator, 98415-19288</td>
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<td>16</td>
<td>Shreejana K.C.</td>
<td>SBCC Manager</td>
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<td>Dharma Raj Bajracharya</td>
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<td>Dipak Raj Sharma</td>
<td>SBCC Program Officer</td>
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<tr>
<td>19</td>
<td>Caroline Jacoby</td>
<td>Sr. Program Officer</td>
<td>JHU-CCP Baltimore</td>
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### Bhanchhin Aama Radio Phase-III Script Writers

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Name of Script Review Team</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>1.</td>
<td>Soham Subedi</td>
<td>Coordinator, CIAN</td>
<td>Nepali context Drama Writer</td>
</tr>
<tr>
<td>2.</td>
<td>Toya Narayan Ghimire</td>
<td>Executive Director, NIP</td>
<td>Doteli context Drama Writer</td>
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### Bhanchhin Aama Radio Phase-III Script Review Team

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<tbody>
<tr>
<td>1.</td>
<td>Sunil Raj Sharma</td>
<td>Director</td>
<td>National Health Education, Information and Communication Center (NHEICC)</td>
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<tr>
<td>2.</td>
<td>Hari Sharan Karki</td>
<td>Chief, RH &amp; Child Health Communication Section</td>
<td>NHEICC</td>
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<td>3.</td>
<td>Giri Raj Subedi</td>
<td>Chief, Nutrition Section</td>
<td>Child Health Division</td>
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<td>4.</td>
<td>Sheela Shrestha</td>
<td>Health Education Officer</td>
<td>NHEICC</td>
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<tr>
<td>5.</td>
<td>Representative</td>
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<td>Family Health Division (need base)</td>
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<td>6.</td>
<td>Dr. Narayan P. Sharma</td>
<td>Sr. Livestock Development Officer</td>
<td>Dept. of Livestock Services (need base)</td>
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<tr>
<td>7.</td>
<td>Kanchan Raj Pandey</td>
<td>Sr. Ag. Economist</td>
<td>Dept. of Agriculture (need base)</td>
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<td>8.</td>
<td>Prem Nidhi KC</td>
<td>Sr. Sociologist</td>
<td>ESDMS/DWSS</td>
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<td>Bindu Pokharel Gautam</td>
<td>GESI Specialist</td>
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<td>11.</td>
<td>Gagan Singh Thagunna</td>
<td>SMCO, Far Western Cluster, Dhangadhi</td>
<td>Suahara (Doteli language script reviewer)</td>
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<td>Saraswati Shrestha</td>
<td>EHA National Coordinator</td>
<td>Suahara (need base)</td>
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<td>13.</td>
<td>Rosie Suwal/Ram Kumar Neupane</td>
<td>Agriculture &amp; Food Security Manager/HFP Coordinator</td>
<td>Suahara (need base)</td>
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<td>14.</td>
<td>Dr. Sameena Rajbhandari</td>
<td>Health Services Promotion Manager</td>
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