COMMUNICATION STRATEGY BRIEF DRAFT

**Title:** Suaahara's Social and Behavior Change Communication Strategy in Earthquake Emergency Initial Recovery Period (May – Dec 2015)

**Brief Situation Analysis:**

Suaahara program has a vast network of trained staff and volunteers, existing SBCC materials that reinforce and model key safety and health messages, a trusted source of information through Bhanchhin Aama. (76% recognition) and a number of interpersonal communication job aids under development that can further reinforce the key behaviors.

The Suaahara SBCC Strategy will reinforce the overall Suaahara emergency response in the 10 most affected districts (Sindupalchok, Gorkha, Nuwakot, Dolkha, Rasuwa, Lamjung, Parwat, Palpa, Syangja and Nawalparadhi) This strategy has identified key behaviors essential during an emergency period, however input from the field is required to refine messages and information based on community actual needs.

In an emergency people have urgent questions and needs and it is important to respond as quickly as possible. Community members have been in the habit of calling Bhanchhin Aama with their questions about 1000 days families, nationally about 3000 a week. During this crisis time, the SBCC strategy is to be quickly responsive to these needs and provide essential feedback to the community through the appropriate channel. Also, as the Suaahara staff hears questions, they can be shared with the SBCC team and answered to all.

**Communication Objectives:**

- Empower families with the knowledge/skill and support they need to practice healthy behavior related to MIYCN in emergency setting including breastfeeding from the impact of untargeted donation or distribution of breastmilk substitutes, the risk of using breast milk substitutes protecting and WASH in the emergency period.
- Help families to practice small doable actions that lead the continuation of positive behavior

**Primary Audiences**

- 1000-day pregnant, lactating mothers and their families specially care takers in 10 districts

**Secondary Audiences:**

- FCHVs, Teachers, FS / SMs, Community leaders

**Key Behavior FOR EMERGENCY PERIOD:**

1. Breast feeding:
a. When there is an emergency, the biggest danger to babies is the risk of dying as a result of diarrhoeal illness. Babies who are breastfed have a secure and safe food supply, they are not exposed to disease causing bacteria and parasites that can contaminate water supplies and they receive antibodies and other disease fighting factors that help to prevent and treat illness. They are protected from the worst of the emergency conditions.

b. Stress does NOT dry up breast milk. In a few mothers acute stress may temporarily reduce the rate of flow of milk from the breast. Keeping the baby skin to skin and allowing the baby to suckle is all that is needed to ensure the milk flows again. Breastfeeding actually calms the mother and baby due to the hormones it releases.

c. Mothers who are concerned about their ability to breastfeed their babies need encouragement and reassurance which can be provided via the safe spaces and peer counseling.

d. Thus, breastfeeding can not only assist mothers in their caregiving but also help to limit the emotional damage of trauma.

2. Drink only boiled water or chlorine, Piush treated water.
3. Use toilet, dispose child feces in toilet.
4. After toilet use, before eating and feeding child, wash hand with soap and water.
5. One extra serving of food for pregnant women and two extra servings for lactating mothers. every day
6. If baby has 3 or more watery stools in a day, treat with ORS and Zinc
7. If baby have fever, do not want BF, breath fast, immediately contact to the nearest health service center.

**NOTE:** these behaviors and messages will be pretested for the current environment. The messages will be revised or added based on the situation.

**Channels:**
- Home (Camp) visits MBAs, Nutrition rehabilitation centers, FCHVs etc and other front line workers making home/ Camp) visits will be supported by:

**Existing Print materials**
IPC tool/Posters
1. Breast feeding
2. Complementary feeding wheel and message slip
3. Food demonstrations will continue using locally available food and resources.
4. Breastfeeding corners at Mother Baby Areas
5. Short videos for mobile that are job aids to support the front line workers : tips on BF, complementary feeding and feeding a sick child (including ORS and Zinc)

**New materials**
1. Flex materials on prioritized behaviors and other related posters
2. MIYCN job aid

3. Any other new materials based on partner need. and local need

Mass Media

The Bhanchhin Aama platform will be used to disseminate the messages from the FM stations of 10 hard hit districts (Sindupalchok, Gorkha, Rasuwa, Nuwakot, Lamjung, Dolkha, Syangja, Parwat, Palp and Nawalparashi) to reinforce the practices. For the first few months radio notice will be aired on the intended behavior will be aired in prime time using the credibility of Bhanchhin Aama. Indigenous channel will also be used if possible.

The program will develop a Bhanchhin Aama answers the community’s health questions short show twice in a week, 10 minutes. The questions will be collect from the Bhanchhin Aama toll free no and from BBC who are working with community in this situation. The questions will be prioritized and answered by the experts and be aired over FM, sent through email, via twitter, facebook and via smart phone to our staff who can share with community members.