Suaahara Radio Program
Design Document
Phase 1 (26 Episodes)

Technical support from
Suaahara/Social and Behavior Change Communication Team

Funding support from
The United States Agency for International Development, Nepal

FY 2013-2014
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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 Suahara Radio Program Design Document.

In January 2013, a Design Team of 42 representatives from Suahara Program Managers, LNGO Field Coordinators, Field Supervisors, Audience Representatives - FCHVs, Social Mobilizers, Mothers, Fathers, Mother-in-laws representing from Manang, Syangja, Nawalparasi, Dolakha, Bajhang, Department of Agriculture, Department of Livestock, Department of Water Supply & Sewerage, Script Writers and Production House came together during a 4-days long workshop to create design documents for Suahara radio program. The primary objective of the workshop was to outline in detail the purpose, objectives, content and sequence of 26-episode of the Suahara radio drama serial. The amount of work completed during that week was extraordinary and all those who participated are congratulated 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 would like to express my gratitude to the following people for their continued support and personal commitment to the development of the Suahara Radio Program: Dr. Mingmar Geljen Sherpa, Director General, Department of Health Services, Mr. Raj Kumar Pokharel, Nutrition Section Chief of Child Health Division and Mr. Hari Koirala, Sr. Nutrition Specialist, AOTR-Suahara, United States Agency for International Development Office, Nepal. My appreciation goes to those who provided valuable comments during draft revision process especially the design document review team who enthusiastically participated in the design document review meeting held on 17 January, 2013 and to Lala Borja, Acting Chief of Party – Suahara, Dr. Kirk Dearden, Deputy Chief of Party - Programs, Ms. Pooja Pandey Rana, Program Implementation Director and all program managers and officers who internally reviewed the design document and provided their valuable comments.

Finally, special recognition is extended to the outstanding contribution of Ms. Caroline Jacoby, Senior Program Officer, JHU-CCP Baltimore for her Design Document Workshop facilitation, Design Document Review meeting and development of this design document and dedicated support and expertise.

Thanks are also due to Mr. Pranab Rajbhandari, SBCC Manager, Ms. Shreejana K.C., SBCC Capacity Building Specialist and Mr. Dharma Raj Bajracharya, SBCC Program Officer of Suahara/SBCC Team for their overall support to produce this document.

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Ministry of Health and Population
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SIGNATORIES

In order to ensure that the Suaahara Radio Design Document - Drama Serial are in accordance with ministerial policies (MSNP – multi-sectoral nutritional plan) and National Nutrition Strategies, MNCH Communication Strategies of the Ministry of Health and Population, Hygiene and Sanitation Master Plan 2068 B.S., Agriculture Development Strategy 2012/13 and are of acceptable educational and cultural standards, the Design Document was reviewed by a distinguished panel of government and EDP specialists (Agriculture, Livestock, WASH, Nutrition, Child Health, Family Health, Communication) during the final stages of its development. As a result of this input, appropriate changes were made to bring the Document to completion.

The signatures below indicate that the Design Document, in its final version, has been content endorsed by the following organizations through their nominated representatives:

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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 20 districts of Nepal. 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) and National Health Education, Information and Communication Center (NHEICC).

Localized entertainment education radio programs are an integral part of the Suaahara communication 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 (NHEICCC). 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.

The localized EE programs that Suaahara plans to develop and broadcast are weekly 30-minute radio drama and magazine prerecorded programs with companion 30-minute live feedback programs each week for 26 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. The team would need to ensure correct and consistent messaging through trained radio hosts and close monitoring.

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. The programs will be produced, pretested and aired at the district/regional level by local production houses (FM) in coordination with the Suaahara
cluster team led by the SBCC coordinator and with a script and production review team. The Suahara team will also develop localized spots that promote the show and then reinforce the messages. Finally, the Suahara team will create community radio discussion group interaction materials that will help prompt reflection, discussion and action among community groups on the key messages.

Through characters who will be realistic to audiences, the programs will reinforce familiar and introduce new Integrated Nutrition messages, food security and improved. These characters will start to become the familiar ‘faces’ of the Suahara nutrition campaign and may already be recognizable from the community drama. Characters will demonstrate perception of malnutrition and its risks, self-efficacy, address gender norms and hence model improved interpersonal communication.

**Phased Key Practices Approach:**

In order to achieve key practices and the overall project goals, Suahara is instituting a comprehensive, integrated message approach with phases of key messages for intense action. The behaviors are selected based on the potential public health impact, need, effectiveness and feasibility. Suahara 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 breastfeeding.*

2. *Add three things to the baby’s diet:*
   - animal source food such as eggs and meat
   - green leafy vegetables
   - orange-fleshed fruits

3. *Wash hands with soap and water before feeding the baby and at critical times.*

4. When the baby is sick, *continue to breastfeed and give extra food including normal diet.* After baby is better, *give an extra meal each day for 2 weeks.*

5. *Use floor mats and chicken coops to create physical barriers* between children and animals, particularly animal feces.

6. *Practice healthy timing and spacing of pregnancies*

**Development Process:**

In order to develop the entertaining program that has consistent and correct messages, Suahara follows the ‘radio design document’ approach. 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.

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.
I. Research

As mentioned above, the radio program is based on existing research.

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, the *Suaahara* lead the collection of a robust formative research activity that provided insight into the knowledge, attitudes, and behaviors of our 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 from that research 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 encounter 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.
- 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.
  o 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 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.

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 breastfeeding each day.
  – After six months, add animal source food (fish, meat, eggs, and milk products), orange fleshed fruits and green leafy vegetables to baby’s food.
  – Wash hands with soap and water before feeding the baby and at critical times.
  – When baby is sick, continue to breastfeed and give extra food. After baby is better, give an extra meal each day for 2 weeks.
  – Use floor mats to create physical barriers between children and animal, particularly animal feces.
  – Practice healthy timing and spacing of pregnancies.

• Have an attitude that the 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 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 1000 days.

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


V. Intended Audience

Primary Audiences
- 1000 days mother age 18-30, rural, married
- Caretakers of a child - anyone who is taking care of an under 2 child

Secondary Audiences
- Husbands
- Mothers-in-law
- FCHV
- Neighbors (friends)
- Other family members
- Traditional Healers

Tertiary Audiences
- Mother’s group members, Pharmacist, 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 and Languages

The length of the two separate 26-episodes, 30-minute radio programs for each of the three languages/contexts- one is the Radio Magazine (15 min. drama and 15 min. interaction) program and the other is the live call-in recorded feedback programs.

The magazine program will include a Drama covering important messages on nutrition, sanitation and homestead food production. Birth spacing will also be mentioned. Radio programs will be developed in three languages for three different contexts.

1) Nepali language – for national context – This will be broadcast as widely as possible through FM and other stations which will be decided based on Suaahara’s audience’s listening habits.

2) Awadhi language – A separate program will be developed in Awadhi language for broadcast in Rupandehi and Nawalparasi.

3) Doteli language – A separate program will be developed in Doteli language for Darchula, Bajhang and Bajura districts.

There will also be 26 feedback episodes, 30-minute radio programs produced based on live call in questions and answers, texts, letters or emails that will be prompted during the radio program. Each week a topic and key questions will be asked and people will have a set amount of time (say, 3 hours) to call in and talk to a knowledgeable host off the air. Those conversations will be recorded, edited and played back to the audience.
VIII. Program Format

Each week there would be 1) a 30 minute program Magazine-format with serial drama and then a few days later 2) a 3- minute live recorded feedback show. These are described, below.

Magazine format

The magazine format 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 messages.
- **Serial Drama** – Serial drama is a story that continues over the 26 weeks. 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**
- **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.

Live call-in Feedback Programs

Each week, a few days after the 30-minute magazine program, 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. These ‘live’ events could also share stories about community activities and links to the four big day 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 pharmacists 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 a latrine. Rather than promoting it as a ‘new’ thing we would like to demonstrate latrines and latrine appropriate use as a cultural norm.**
- **It should be educational with entertainment. See Entertainment Education concept above.**
## TOPICS AND SEQUENCE OF INDIVIDUAL PROGRAMS

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SPECIFIC PROGRAM CONTENTS

Episode #: 1  
Topic: Story Introduction

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.

CONTENT/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.

BROADCAST SCHEDULE:
- Broadcast Day:
- Broadcast time:
- Broadcast Station:
WHY THIS IS AN ISSUE:
• Many consider pregnancy and childbirth as something that is normal and natural, not something special to pay more attention to and with no need for any special efforts. People don’t know the meaning of ‘the 1000 days’.

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

KNOW:
• What the 1000 days means.
• Role of a 1000 days family.
• The importance of taking special care of women and children during the 1000 days.

FEEL:
• Proud that our children have bright future because we have taken care of our pregnant and lactating women properly in their 1000 days period.
• Proud to be a 1000 days family.
• Responsible for making special effort to help women and children during 1000 days.

DO:
• Family members and community people will consider the 1000 days a time for special action and support of women and children.
• Community will start talking about the importance of 1000 days among each other.
• Practice feeding adequately and properly.

PURPOSE: The purpose of this episode are:
• To introduce the 1000 days concept.
• To motivate the audience to consider the 1000 days a special time for a family to take care of a mother and baby that directly impacts the future intelligence of the child.

CONTENT/MESSAGES:
• Every family wants their children to grow to be smart and strong – and live a better life.
• The 1,000 days means the time period from conception (or start of pregnancy) to 2 years of child age.
  – The 1000 days is important because much of the track of a child's growth and development is set during the 1000 days. 80% of brain development of young children occurs within these 1000 days of their life. Better health and nutrition related care and feeding practices during this time can impact the child's later productivity, ability to work and learn. With a strong start, children will be less ill, be smarter and of stronger body.
  – 1000 days Mother and baby need extra nutritious food, sanitary environment, and active involvement in the child's rearing and caring, support and care for the bright future of children.
The 1000 days family is one that takes special care of the mother and baby during that time because they know that this is the time that matters for the future mental and physical development of the child and for better health of the mother.

Note to writers: Interesting proverb (not need to include in content)
There is a saying: the marriage necklace (pote) after the marriage has no value (lagen pachhiko pote). Meaning you need to take action at the right time or your actions will be fruitless) so, it necessary to provide take care thinking the importance of 1000 days.

SMALL DOABLE ACTION:

• Tell someone in your family what the 1000 days means.
Episode #: 3  
Topic: Importance of 1000 days for family

WHY THIS IS AN ISSUE:
- Many families consider pregnancy and taking care of a child after birth as women’s issues. In some cases they are not aware that their help is needed, and in other cases they may feel like these things are a mother’s job and they don’t want to have to bother.

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

KNOW:
- The importance of 1000 days family support for woman and child.
- How a 1000 days family can support woman and child.

FEEL:
- Proud to be a family that takes care of its own during these 1000 days.
- Urgent to support mother during these 1000 days.

DO:
- Family members will start to support on household works, regular health check up for mother.

PURPOSE: The purpose of this episode are:
- After listening to the program, the family members themselves will support the golden 1000 days mother for her care and inspire the others for doing so.

CONTENT/MESSAGES:
- The 1000 days family is any family with a pregnant or breastfeeding woman with child up to 2 years old.
- All family members enjoy when a child smiles and laughs and want see them talk on time and walk on time. They want to see their child achieve better education and opportunities.
- The 1000 days is an important time for all family members because husband and mothers in law have a lot of say over what happens in the household. In many cases husband and mothers in law may be making decisions about what food to cook, when to go for health service, household responsibilities.
- A 1000 days family can support a mother and child by helping with household chores, providing diverse foods such as vegetable and animal source foods and maintain sanitary environment.
- What are the benefits for the family?
  - They will have stronger and smarter children.
  - Children are fun to play with and enjoy for everyone when they’re well.
  - The family will be seen as a progressive (progressive) family.
  - Working together will bring peace and pride to a family.

SMALL DOABLE ACTION:
- Identify all the 1000 days families (families with a pregnant woman or under 2 children) in your area (tol).
WHY THIS IS AN ISSUE:
- Many families perceive that pregnancy, giving birth, taking of child, feeding and maintaining cleanliness is the responsibility of mothers not fathers. Husbands feel awkward and ashamed to do domestic works in the joint family. Fear of being called joitingrey (husband dominated by his wife) in the neighborhood.

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

**KNOW:**
- What an innovative husband means and his importance for his family.
- What innovative husband can do to support 1000 days women and children.

**FEEL:**
- Proud that he’s being a innovative man that supports his family.

**DO:**
- Husbands will think about how he can support his family, especially his wife and child.

PURPOSE: The purpose of this episode are:
- To educate husbands on their importance in the 1000 days and what they can do.
- To motivate husbands that a smart and progressive man is one who supports his family.

CONTENT/MESSAGES:
- In many families, in recent years husbands have been increasingly supportive to their families to wives to get them to ANC and delivery in health facilities. However, for our 1000 days women and children to be ever stronger and smarter, husband play an important role.
- Every father wants a better life for his children and wants to make sure that they can get the best education, job, life opportunities possible.
- The innovative husband is one who supports his wife and child by working as a team talking together, helping with household and farm work, involved to ensure that family has soap, meat or vegetables, and spending more time with his child.
- The benefit to a man for helping his wife is a stronger and smarter child as well as being seen as a forward thinking, wise man who is acting now because it will help the future. Lead to support role.
- A innovative man who takes care of his family will be more respected by his friend and family because his family is progressing and other people can see that his child is healthier and bigger (sapreko), cuter, developing on time – talking and walking, smarter.

SMALL DOABLE ACTION –
- Fathers can spend at least an hour or more playing with the child.
WHY THIS IS AN ISSUE:

- Especially young couples don’t discuss issues with each other. Women talk to woman and men talk to men. Socially they don’t get a chance to observe couples having conversations. 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.

**FEEL:**
- **Confident** that speaking more openly and often with your partner can improve a relationship.
- **Pride** that you are a person who opens or has conversations with your partner that will help continue a good relationship or improve your relationship.

**DO:**
- Talk to partner more frequently.
- Feel easy to talk and share any problems etc.

PURPOSE: The purpose of this episode are:

- **To educate** that improved communication between partners is positive for a relationship.
- **To motivate** audience members to talk to their partners.

CONTENT/MESSAGES:

- Open communication means talking honestly and freely about everything having to do with a couple, what you want to do, where you will go, what you’ll eat, your ambitions for yourself or your children, decisions about money, food etc. A couple who makes decisions together will have a stronger relationship. Also, a couple that can laugh and relax together will be more able to overcome life’s challenges.

**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.
- 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.

**Tips on how to talk to your partner:**

- Build-up suitable atmosphere to talk to your partner.
- Find the right time to talk in a relaxed atmosphere when you are together alone.
- Start with non-controversial issues and after trust and openness is established, and then tackle the more challenging issues.
• Practice what you will say.
• Ask questions and invite the other person to share how they feel.
• Listen carefully to answers.
• Appreciate the other person for discussing, listening, sharing opinions.

**SMALL DOABLE ACTION:**
• Think of one thing you’d really like to know from your partner.
Episode #: 6  
Topic: Importance of eating from the four food groups

WHY THIS IS AN ISSUE:

- Tradition of eating same kind of food every day. Some places only rice and vegetable, some places only dhindo and some place only potato eating habits.
- Lack of knowledge on eating variety of foods.
- Variety and diverse foods are not available in some places.

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 purpose 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.

CONTENT/MESSAGES:

- Diverse foods mean eating from at least the four food groups. They are 1) 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 diverse foods makes your food tastier and helps everyone in the family be healthier, smarter and stronger.
- Eating from four food groups is especially important for 1000 days mother and child. Food from the four food groups will 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 kitchen garden and empty spaces of surroundings of local houses.
- Families who cook only two types of food (usually rice and daal) should add another two types to their meals.
- One way to know if you have diversity in your meals is if there are different colors of food on the plate – something green, white, orange/yellow and red brown (kaleji).

SMALL DOABLE ACTION:

- See if you have foods from the four food groups in your house.
- Try to collect and prepare foods from four groups as much as possible.
Episode #: 7  

Topic: Importance of Animal Source food

WHY THIS IS AN ISSUE:

- Pregnant women and breastfeeding mothers seldom eat animal source food.
- Majority of Nepalis do not feed their children meat, fish or egg until a child is around 2 because of local beliefs that children cannot digest or swallow meat and eggs. Some ghee and milk may be given.
- Meat/fish/egg availability is also noted as a problem.

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

**KNOW:**
- Importance of animal source food such as meat, fish and eggs in addition to milk and ghee for women and children.

**FEEL:**
- Motivated to add meat and fish, when available, and eggs to a women’s and child’s diet.

**DO:**
- Start adding meat, fish and eggs to women and children’s diet.

PURPOSE: The purposes of this episode are:

- To educate families on the importance of adding meat, fish and eggs to a child’s diet.
- To motivate families to find fish, meat and eggs for 1000 days mother and child consumption.

CONTENT/MESSAGES:

- Animal source foods means eggs, milk and milk products and where possible meat and fish. It is important to add eggs to a 1000 days mother and child’s food as these animal source foods are tasty and add essential important vitamins to a child’s diet that will help them develop well to be smart and strong.
- Even a small amount of eggs (or meat, fish) has a lot of vitamins.
- If you have a 1000 days mother or child, it is important to figure out where and how you can find eggs frequently.

*(Note to Writer: check with Suaahara agriculture group for possible animal source food for specific region)*

- Children who have completed 6 months are able to eat meat, fish and eggs as long as they are prepared correctly by being mashed so they can swallow easily, even children whose teeth have not yet come in.

Tips:

- Talk to family members about how you can add eggs to your child’s diet and where possible, meat and fish.

SMALL DOABLE ACTION:

- Make a plan for how to regularly procure eggs.
WHY THIS IS AN ISSUE:
- Less priority put on the production of homestead vegetables.
- Less care for poultry and low production of local poultry raising system.

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

KNOW:  
- Importance of homestead food production.
- Know where to go for more information about Homestead food production.

FEEL:  
- Encouraged to producing dark green leafy vegetables, orange-fleshed fruits/vegetables and other nutrient dense vegetable crops and raising improved poultry for our own family’s consumption.

DO:  
- Make a plan and action towards homestead food production.

PURPOSE: The purpose of this episode is:
- To motivate audience member to practice homestead food production.

CONTENT/MESSAGES:
- Homestead food production is everyone in the family’s responsibility and an opportunity to make what we eat every day made from home more tasty and healthy (chemical free).
- Homestead food production means growing different types of nutrient dense vegetables around homestead on low cost management using locally available resources. It also includes raising chickens in improved management.
- The particularly nutritious foods that can be produced in homestead food production system are dark green leafy vegetables (Cress, Spinach), and orange-fleshed (pumpkin, Helen Sweet Potato), egg, meat, liver and cultivated mushroom.

(NOTE TO WRITER: THE VEGETABLES MENTIONED SHOULD REGION SPECIFIC.)
- For the 1000 days family, the prioritized consumer for the homestead produced food should be the family’s consumption, especially mother and baby.
- The benefits of homestead food production are that
  - Enhance the taste of the food you eat every day by having different foods on different days
  - Year round vegetables and spices - fresh or dry as appropriate
  - Organic
  - Safe and nutritious food.
  - Nutrition rich diversity is maintained by including local land races
  - Saves money
  - Have vegetables when you want
  - Pride in creating your own food that has essential vitamins for health
  - Impressive for the other neighbours to see
For those interested in help for water, seeds and ‘know how’ for homestead food production as well as livestock, then they can visit Agriculture Service Centers or Livestock Service Centers and Sub-centers. There also may be local groups.

**SMALL DOABLE ACTION:**

- Talk to family about possibility of growing a variety of vegetables organically.
- Talk to family about possibility of improving poultry raising practices using locally available resources.
Episode #: 9

Topic: Importance of Nutrition during pregnancy

WHY THIS IS AN ISSUE:

- Pregnant woman and family member are not aware about importance of nutrition during pregnancy; they don’t take additional food.
- There is lack of preparedness and consumption of traditional foods.
- They feel shy and could not put their desire openly what they like to eat.

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

KNOW:

- The importance of taking an extra meal each day during pregnancy – starting from when she finds out she’s pregnant.
- What kinds of foods she should eat regularly.
- The importance of talking about food needs with family members.
- The importance of traditional foods for pregnant mothers.

FEEL:

- Confident that by taking an extra meal she is making herself strong and that it will help with the development of the child.
- The importance of traditional foods for pregnant mothers.
- Inspired to talk to her family about arranging for an extra meal during pregnancy.

DO:

- Pregnant women will consider it important to eat an extra meal during pregnancy from when she finds out she’s pregnant.
- Pregnant women will make arrangements with family to take an extra meal.
- Prepare and consume traditional foods.

PURPOSE: The purposes of this episode are:

- To educate mothers about the importance of an extra meal during pregnancy every day.
- To motivate women to talk to her family about her needs for an extra meal every day.

CONTENT/MESSAGES:

While many more women are going for ANC these days and getting the benefits of the vitamins given and other medicines – Iron, deworming medicine, it is also important for her to take care with what she eats as she is eating for herself and the baby. She is eating for two.

- During pregnancy eat one extra meal every day for your baby’s proper mental and physical development. This will also make you stronger and more ready for delivery.
- Start eating an extra meal from when you find out that you are pregnant.
- Eat locally available nutritious food from at least the four food groups, which are 1) animal source foods (milk, eggs and fish/meat when possible), 2) beans (lentils, chickpeas and white beans), 3) grains and 4) fruits and vegetables (leafy dark green and orange).
- If eating only two types of food (usually rice and daal), two other types of food should be added to their meals.
• In order to have an extra meal, Family members can to cook a bit extra at one meal and put some aside for the pregnant woman to eat later.

**SMALL DOABLE ACTION:**

• When going for work, take a bit of food in her pocket (roasted soybeans, maize, peas etc.).
MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

- The main objective of the Review episode is to go over the content of the first 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 (short interviews from people ‘on the street’)
  - Songs
  - Panel discussion
  - News briefs, etc.
WHY THIS IS AN ISSUE:

- Mothers in law are experts in how they raised their own children. But with the new generation they may have new things to learn.

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

**KNOW:**
- The importance of Daughter-in-Law (DIL) helping 1000 days mother and child.
- How a Mother-in-Law (MIL) can support her Daughter-in-Law.

**FEEL:**
- Proud to support her Daughter-in-law for the 1000 days.
- Confident that she is a forward thinking wise mother in law who gives correct guidance and support to family members.

**DO:**
- Support Daughter-in-law.

PURPOSE: The purposes of this episode are:

- Motivate Mother-in-Law to feel that they have an important role in making decisions that can help have strong and smart grandchildren.
- Demonstrate a Mother-in-Law providing this support.

CONTENTS/MESSAGES:

Grandmothers love their grandchildren.
- MIL is an important decision maker in the house on issues related to food, workload, access to services and many other things. MIL has a great deal of experience and they know that is important to specially take care of 1000 days mother and child using the latest correct information.
- Because MIL are often the one that DILs go to for help, it is important that a MIL knows the most recent information about special care for the 1000 days mother and child to have prosperous family and smart and strong children.
- Some ways that MILs can be supportive that will directly impact the grandchildren are:
  - Ensuring that DIL gets an extra meal during pregnancy and two extra meals while breastfeeding and that this food includes the four food groups, where possible.
  - She can help with workload.
  - She can ensure that if anyone is feeding the child that they have washed their hands with soap first.
- The benefits to a MIL will be that she will be helping ensure strong and smart grandchildren; she will be seen as a knowledgeable and wise woman who provides the best possible direction to her family. She will be respected in the community even more.
- Whatever difficulties I face should not be for my daughter-in-law.

SMALL DOABLE ACTION:
- Mother-in-Law will make a tasty meal.
WHY IS THIS AN ISSUE?

- Mothers often must make decisions in the household in consultation with mother in law.
- Some mothers and mothers in law have challenges communicating easily in the house.

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

KNOW:
- Importance of speaking up about things with her mother-in-law.
- How to prepare herself to speak with her mother-in-law.

FEEL:
- Confidence to speak to her mother-in-law.

DO:
- Talk to her mother-in-law when she feels she needs to.
- She will start talking about her experience and trust towards nutritious food to other women in her community.

PURPOSES: The purpose of this episode is:

- To equip mothers with the skills to talk to her mother-in-law.

CONTENT/MESSAGES:

- In many families, you and your mother-in-law have a great influence on food, hygiene, work and play for the whole family. Also, you’re both working for the best for your family.

- In order to give child the right start so that they can grow well and have a successful future, it is best when mothers and mothers in law can talk freely and make joint decisions about household work and in the care of grandchildren.

Why talking between mother and mother-in-law are important?

- To ensure you and your child receive care and support.
- To create a happy and peaceful environment at home.
- So that all share responsibilities and work together.

Tips for communicating with your mother-in-law:

- Think about how you will start the discussion casually.
- Build atmosphere to talk with your mother-in-law-up suitable
- Try to put yourself in your mother-in-law’s shoes and think about the issue from her perspective.
- Pick a good time to discuss, when you are both in a good mood.

SMALL DOABLE ACTION:

- Pick an issue that you would like to discuss with your mother-in-law.
WHY IS THIS AN ISSUE?

- A lot of women stop breastfeeding early and start complementary feeding before six months. There are many reasons – but one main reason is that some women think that their breast milk is not sufficient for child. She often doesn’t have strategies to overcome the concern over the lack of breast milk.

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

**KNOW:**
- The benefits of breastfeeding exclusively for 6 whole months and at least for 2 years
- What to do if she feels her milk is not enough.

**FEEL:**
- Proud that she is feeding her baby the best food that gives the child the best start for a smart and strong future.
- Empowered that she knows what to do if she feels like she is having trouble with milk production.

**DO:**
- Practicing exclusive breastfeeding up to six whole months.

PURPOSE: The purposes of this episode are:

- To motivate women to breastfeed exclusively for 6 months.
- To educate women about strategies they can use if they are concerned that they don’t have enough milk for their child.

CONTENT/MESSAGES:

- Everyone knows that breastfeeding exclusively for six months is good for the health and future of the baby.
- Exclusive breastfeeding means feeding only breast milk and nothing else to the child, not even water up to completion of 6 months.
- Even though we know this, breastfeeding exclusively can still be challenging and needs the support of the whole family.
- Almost all mothers have enough milk to breastfeed for six months exclusively
  - A woman should continue to breastfeed frequently because the more frequently she breastfeeds the more milk she will produce.
  - Mother’s breast milk is a complete food that has all the requirements for the baby and is more delicious and nutritious for the baby than any other kind of milk from an animal or a store.
  - For effective breastfeeding, let the child finish with one breast before going to the other.
  - If a woman thinks her milk is not enough, she should try to breastfeed more frequently. If she continues to have problems seek advice from an FCHV/Social mobilizer or health service provider.
  - Family members can support mothers to breastfeed frequently.
- The better the breastfeeding, the better the child will develop and grow on time.

SMALL DOABLE ACTION:

- Identify someone in your village who breastfed exclusively for a whole 6 months and talk to them about their experience.
WHY IS THIS AN ISSUE?

- To change the thinking of social norm "child is already born everything is done".
- There are no clear messages on how much of what a breastfeeding mother should eat.

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

**KNOW:**
- The importance of giving breastfeeding mothers two extra meals a day for two years.

**FEEL:**
- Feels understandable mother-in-Law in taking care of post partum daughter-in-law. Now a grandchild also grows with drinking of enough mothers’ milk.

**DO:**
- Starts giving more food and frequently remind to eat to the post partum daughter-in-law.

PURPOSE: The purposes of this episode are:

- Motivate post partum daughter-in-law to eat additional nutritious food not only for 3 to 6 months period but for the period until she breastfeed her child.
- Ask other family members to save nutritious food for lactating daughter-in-law.

CONTENT/MESSAGES:

- In many parts of the country we give celebrate a new birth and give extra food to a mother for a time, but often that time is not long enough to support the vitamins that a mother and baby need for growth.
- Breastfeeding mothers need two extra meals a day. This is because she is feeding an extra person and needs the vitamins that in turn are passed to the baby through breast milk. Mothers need this extra food the whole time she breastfeeds (till 2 years).
- Food made at home (locally) from at least the four food groups can be tastier and more nutritious if different things are cooked on different days so that it’s not the same food every day.
- One way to know if she has diversity is if there are different colors of food on the plate – something green, white, orange/yellow and red brown (Kaleji).
- In order to give a breastfeeding mother two extra meals, she will need family support to make the additional tasty and nutritious food available at the right times.
- Breastfeeding mothers know to go to a health provider for child immunization, post natal care and also to get vitamin A and iron pills that she will take – and these vitamins are passed to the child through breast milk.

SMALL DOABLE ACTION:

- Ask an FCHV/Social mobilizer what a breastfeeding mother should eat.
WHY IS THIS AN ISSUE?

- Complementary foods are not introduced at the right time – sometimes much before and sometimes much later.
- The tradition is to introduce complementary foods at different times for boys and girls; after completing 5 months for boys and after completing 4 months for girls.

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

**KNOW:**
- When to start complementary foods.
- Importance of starting complementary foods right after child completes 6 months.

**FEEL:**
- She will feel pride that she is starting complementary foods at the right time that will make her child more intelligent and grow on time.
- She will feel motivated to talk to her family members about starting complementary foods right after her child completes 6 months.

**DO:**
- She will discuss with family members the importance of starting complementary foods right after 6 months.
- Practice complementary food with breast milk to the baby after 6 months.

PURPOSE: The purposes of this episode are:

- To inform her of the importance of starting complementary foods for her child after completion of 6 months.
- To motivate her to talk to family members about starting complementary foods for her child after completion of 6 months.

CONTENT/MESSAGES:

- After a child is 6 months old, breast milk alone is not enough for their development. This is because after 6 months a child moves around a lot so he/she needs more energy. A child who receives complementary foods right after 6 months will get the energy to grow to become a healthy and intelligent child who performs well in school and will do well in life as an adult. All children, both girls and boys, need complementary foods and continued breastfeeding right after completing 6 months.

Why timely introduction of complementary foods is important?

- If a child starts complementary foods too early he/ she is unable to digest the food so is more likely to suffer from diarrhea, cry a lot and become weak.
- If a child receives complementary foods too late he/ she will not have received adequate nutrition and is more likely to become malnourished and susceptible to infections, cry a lot and become weak.
- If a child receives complementary food after completion of 6 months with continued breastfeeding he/ she will receive necessary nutrition at the right time for good mental and physical development. Such a child is more likely to be happy and active.
- The rice feeding ceremony (anna prasan) is done at different times in communities, but no matter when the rice feeding ceremony is held, families should start complementary food after a full 6 months for both boys and girls.

SMALL DOABLE ACTION:

- Calculate the exact date when the child will complete 6 months so that the family can start planning to feed him/ her tasty and nutritious complementary foods.
WHY IS THIS AN ISSUE?

- The tradition is to only feed food from 2 groups such as lito made from sarbottampitho (Wheat, maize, soya beans, jaulo (rice and daal) or rice and milk which is not enough for growth and development of the child after 6 months.
- Mothers and family members do not know why children need a variety of foods after 6 months.

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

**KNOW:**
- Why a variety of foods are required for a child to become healthy and intelligent.

**FEEL:**
- Inspired to feed children from 4 groups every day.

**DO:**
- Start preparing food from 4 food groups every day for her child after 6 months.

PURPOSE: The purposes of this episode are:

- To educate mothers/caretakers of the importance of feeding children from 4 food groups after 6 months.
- To motivate mothers/caretakers to feed her child food from 4 food groups every day after 6 months.

CONTENT/MESSAGES:

- Tasty and nutritious complementary food for babies over 6 months should include **4 food groups:** cereals, beans, greens and orange fruits and vegetables, and animal source food.
- This is important because a child moves around a lot and needs more energy, which breast milk alone is not able to provide. Children who are given food from 4 food groups are healthy, active, beautiful and intelligent.
- Food made from home can be tasty and is better for children then items purchased at the bazaar.
- To make the food tastier for children, alternate what is fed so that is not the same food every day.
- Starting at 6 months, a child can digest animal source food and vegetables if they are prepared correctly by mashing them or cut them into small pieces so that the child can swallow it.
- A child who receives food from all 4 groups is active, cheerful and beautiful, does well in school.
- As children get older, they will need more food. At 6 months start feeding three times a day, at 9 months, start feeding three meals and a snack and at 1 year, feed three meals and two snacks.

SMALL DOABLE ACTION:

- Talk with the family of how many food groups a child is eating every day.
WHY THIS IS AN ISSUE?

- Typically wash hands with water only or wipe hands with a cloth.
- Hands are considered clean as long as you cannot see dirt.

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

**KNOW:**
- Even if you do not see dirt there may be bacteria on your hands that could make your child sick.
- Importance of washing hands with soap and water before feeding child.

**FEEL:**
- Pride that by washing hands with soap and water that they are doing their best for the child.

**DO:**
- Wash hands with soap and water before feeding the child at all times.
- Discuss the importance of hand washing with soap before preparing and feeding child with other members of her family.

PURPOSE: The purposes of this episode are:

- To educate mothers/caretakers about the importance of washing hands with soap and water before feeding her child.
- To inform mothers/caretakers that even if they cannot see dirt on her hands there may be bacteria that could make the child sick.
- To motivate mothers/caretakers to wash their hands with soap and water before feeding the child at all times.

CONTENT/MESSAGES:

- We all know that it is important to wash hands with soap and water, but it is especially important for all family members who are feeding a baby because the baby’s guts are still developing they can get sick easily.
  - You can use any soap to wash your hands – this could be even small pieces of soap, laundry or dish soap.
  - Even if you cannot see dirt there may be bacteria on your hands that could make your child sick.
  - Wash your hands with soap and water before feeding your child at all times.

- If you wash your hands with soap and water before feeding your child all the time, you can reduce the number of times he/she gets sick by half.

SMALL DOABLE ACTION:

- Check that there is soap and water in the area where you typically wash your hands.
WHY THIS IS AN ISSUE:

- Mothers and family members do not want to spend too long feeding their child because they have a lot of work to do.

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

**KNOW:**
- How to add foods such as eggs, greens and seasonal fruits such as papaya, oranges, pomegranate to a child’s diet.
- Importance of interacting with her child while feeding and not rushing them during meal times.

**FEEL:**
- Inspired to add foods such as eggs, greens, and seasonal fruits such as papaya, oranges, pomegranate to a child’s diet so that he/she may become healthy and intelligent.
- Motivated to interact with her child while feeding and make the time the child take to finish a meal.

**DO:**
- Start to add foods such as meat, eggs, greens, and seasonal fruits such as papaya, oranges, pomegranate to a child’s diet.
- Interact with her child while feeding.
- Feed their baby frequently as he/she demands.

PURPOSE: The purpose of this episode is:

- To encourage mothers to interact with children while feeding.

CONTENT/MESSAGES:

It is fun to feed and interact with children. It will be easier to feed children if they are happy. Also, children who are happy eat more. When children are full, mothers and caretakers will know that they are the best for the child. They will feel calm.

- Interact with your child while feeding; talk to him/her, tell him/her a story about your family or play with his/her toys. Make meal times fun for both the child and you!
- Sit in front of the child, face to face while feeding. This will help the child eat more.
- A mother knows her child the most. So while feeding your child, ask him/her if wants more food. If he/she signals for more, provide more. If he/she signals that he/she is full stop feeding.
- It is important to help the child enjoy the time he/she eats so that he/she looks forward to meal time.
- It is important to change the types of food provided to a child otherwise the same food will be boring and there will be no change in the taste of food given.

SMALL DOABLE ACTION:

- Think of a family story to tell the child.
- Feed their baby frequently as he/she demands.
WHY THIS IS AN ISSUE:

- Due to the lack of proper knowledge among family members about what are the barriers, how to create them and what sorts of barriers can be created at their level, babies below 2 years in the target districts (twenty) are at high risk of infection.

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

KNOW:  
- What are the barriers?  
- How such barriers help to keep the baby healthy and smart.  
- How to create such barriers using locally available resources and materials at their household level.

FEEL:  
- Confidence: Family members will feel confidence that they can create barriers.  
- Safe: Family members feel safe, as the barriers are helpful to keep baby healthy and smart.

DO:  
- Discuss about suitable barriers and implement those.  
- Use and maintain the barriers properly.  
- Upgrade the barriers time to time and use them continuously.

PURPOSE: The purposes of this episode are:

- To inform: What are the barriers and the ways to create them.  
- To educate: How such barriers would be effective tools to protect the baby from various infections and to make the baby healthy and smart.  
- To motivate: Family members will be inspired to create the barriers at any cost.

CONTENT/MESSAGES:

- We love our children and love to hold them close, but often we must put the children down to do work or other activities. We want to have a safe place to put the child down where they are happy and so they won’t get injured, wander off or put dirt that could contain germs in their mouth. This dirt can make a baby sick.  
- While playing with children we forget our sorrows and are more relaxed. And, it is important that someone in the family is keeping an eye on the child at all times.  
- Need to develop ‘play areas’ that are good for a child depending on their age. This will depend on what a family has locally available, perhaps GUNDRI, SUKUL, CHATTI.  
- For example, for smaller babies, put a mat on the ground and cover it with a soft cloth that is easy to wash. Then build wood barriers that go around the mat. Be sure to keep the space clean.  
- Older children may need a different arrangement  

Something we can do to keep children from getting sick are:  
- Raise chicken in coops, keep baby away from animals like dog, cat, cow, goat etc.  
- Keep baby away from human and animal feces  
- Keep baby away from contaminated water  
- Manage animal and human feces properly (use toilet, garbage pit and contaminated water etc.)

NOTE TO WRITER: NEED TO CONFIRM WITH SBCC TEAM.

SMALL DOABLE ACTION:  
- See what other neighbors do to keep their children safe and clean.
MEASURABLE OBJECTIVES: After listening to this episode, the intended audience will:

- 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.
WHY THIS IS AN ISSUE:
• Belief that a sick child should not be given much food.
• Child does not want to eat during sickness.
• Don’t know that an extra meal should be provided up to 2 weeks after a sick child has recovered.

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

KNOW: • How to take care of a sick child.
• The importance of feeding a child more for an extra two weeks.

FEEL: • Inspired to take special care of the sick child for feeding.

DO: • Start feeding her child more food and breast feed frequently when her child is sick and to provide an extra meal up to 2 weeks after her child has recovered.
• Be patient with her child when he/she is sick.

PURPOSE: The purposes of this episode are:
• To educate mothers/caregivers on the importance of providing small amount of food and breast feed frequently when her child is sick.
• To educate mothers/caregivers on the importance of providing an extra meal up to 2 weeks after her child has recovered.

CONTENT/MESSAGES:
• Caring for a sick child is challenging but a child feels safest with his/her mother when sick. For this reason it is important for a mother to spend as much time as possible with her sick child. The mother should continue to be patient with her child and breastfeed and offer small amounts of food frequently. Family members should also help her spend more time with her child by doing her chores for her.
• After her child has recovered a mother/caregiver should give the child an extra meal a day for 2 weeks after recovery so that the child may regain the energy and strength as they were before they got sick.
• Sick children do not want to eat much at one time so it is important to feed them (breast milk and small amounts of complementary food) frequently so that they may not lose as much energy due to sickness.
• Allow the child to spend time with whichever family member he/she prefers to spend time with. This may be the father, mother-in-law or mother.
• Consult nearest health facility for caring of a sick child.

SMALL DOABLE ACTION:
• Talk in the family about what the plan should be if a child gets sick.
• Feed the child frequently (small amounts)
Episode #: 22  
Topic: Role of FCHVs/Social Mobilizers to help 1000 days family

WHY THIS IS AN ISSUE:
- Because FCHVs/Social mobilizers are the key persons working directly with women in the rural areas.
- FCHVs/Social mobilizers are the trusted people and are considered the supporting agents in the community. 1000 days’ mother feels easy to share her problems with FCHVs/Social mobilizers.
- FCHVs/Social mobilizers can provide support when the pregnant woman encounters problems regarding breastfeeding.

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

KNOW: • That they can get information from FCHVs/Social mobilizers that will be friendly, correct and helpful.

FEEL: • That FCHVs/Social Mobilizers are friendly and helpful.

DO: • Seek advice or services from FCHVs/Mobilizers.

PURPOSE: The purpose of this episode is:
- To remind mothers that FCHVs and Social mobilizers are friendly and can help them with any issues or questions during the 1000 days.

CONTENT/MESSAGES:
- FCHVs and Social mobilizers are friendly trained persons who can help you and your family to take care of mothers and babies in the 1000 days.

NOTE TO THE WRITER: In this episode, the writer should demonstrate an FCHV/Social Mobilizer practicing GALIDRAA with a client. GALIDRAA is a counseling process.
- Greet
- Ask
- Listen
- Identify difficulties
- Discuss
- Recommend
- Agree
- Appointment

Note: for this episode for the magazine – need to demonstrate an FCHV who is counseling and supporting a woman from a marginalized group using the GALIDRAA process.

NOTE FOR PRODUCER OF MAGAZINE – Please be sure to include discussion of an FCHV providing counseling to a marginalized woman using GALIDRAA.

SMALL DOABLE ACTION:
- Find out if your local FCHV or social mobilizer is holding any meetings for 1000 days mothers.
WHY THIS IS AN ISSUE:

- It is difficult for the mother to take care of her child at all times because they are expected to do household chores.
- Other members of the family do not think it is their responsibilities to help with take care of the child when the mother is away.

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

KNOW:
- Importance of having someone watches a child at all times.
- Watching over a child is the whole family’s responsibility.

FEEL:
- Family members such as fathers and grandparents will be motivated to do chores previously considered a mother’s responsibility so that the mother may be able to spend time with her child.
- Family members such as fathers and grandparents will be convinced that it is important to have someone supervise a child at all times.

DO:
- They will allow the mother to spend more time with her child by doing some of the work previously considered a mother’s responsibility such as fetching water, cooking and taking animals such as cows and goats grazing.
- If the mother is the only family member who can do a chore that separates her from her child, family members will look take care of the child.

PURPOSE: The purposes of this episode are:

- To educate family members that raising a child is everyone’s responsibility.
- To motivate family members to do some of the chores previously considered a mother’s responsibility so that she may spend more time with her child.

CONTENT/MESSAGES:

- Someone should take care of a child at all times. This is not the responsibility of only one person but can be shared among all family members.
- If the whole family has made a plan and is confident that someone is always watching then they are able to relax and their own work.
- A child that is well cared for and loved is a happy child that is a pleasure to be with as the family watches the child learns to talk, walk, and roll over.
- Families could decide to do a mother’s work so that she can spend more time with the child at home.

SMALL DOABLE ACTION:

- Discuss who in the family can care for the child.
WHY THIS IS AN ISSUE:
- Many couples don’t talk about size of family because they are busy with other things and it can be awkward to start the conversation. Many women get pregnant unintentionally because they don’t realize when they can get pregnant.

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

**KNOW:**
- When a woman is at risk of pregnancy after having a child.
- The importance of discussing with partners if and when you want to have a next child.

**FEEL:**
- Empowered to discuss with your partner if and when you want to have the next child.

**DO:**
- Discuss if or when they want to have the next baby.
- Use convenient spacing methods.
- Visit health facility together for birth spacing counseling.

PURPOSE: The purposes of this episode are:
- To educate families on when a woman can get pregnant after having a child.
- To inspire spouses to discuss when and if they want another child and to go for counseling.
- To demonstrate the benefits of discussing when or if they want a next child.

CONTENT/MESSAGES:
- The issue is that many families don’t know when a woman can get pregnant again after having a child – they think they’re ‘safe’ from unintended pregnancy if they are breastfeeding, but they are not. But this is only the case if they are exclusively breastfeeding and the child is under 6 months.
- The 1000 days family Husband and wife should talk to each other soon after the birth of a child to decide jointly when and if they will have another child.
- When spouses agree on the family they want to have they can allocate and plan for the available resources. When planning, think about expenses of quality education, health care, nutritious food, clothing, etc.
- Raising the issue of when you want to have with your spouse shows a commitment to the family’s prosperous and quality future, and is the sign of a caring, trusting partner.
- When going for immunization or Post-natal care, ask the provider about family planning.

SMALL DOABLE ACTION:
- Talk to your partner about your dreams for the family.
- Use convenient spacing methods.
WHY THIS IS AN ISSUE:

- Neighbours think that it’s not their responsibility when her own family doesn’t care much about the pregnant or breastfeeding woman or small baby.
- Everyone in the neighbourhood considers this period (pregnancy, delivery, raising children etc.) to be normal.

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

**KNOW:**
- How neighbors can support 1000 days woman and children.

**FEEL:**
- The 1000 days is a time when neighbors can help neighbors.
- That any family might have 1000 days woman or child in the future so the one neighbor is responsible to support another (so as to have exchange in support).

**DO:**
- Provide support to the 1000 days woman and child.

PURPOSE: The purpose of this episode is:

- To motivate the neighbors in the community in sharing/suggesting the things/tips with pregnant woman’s family.

CONTENT/MESSAGES:

- 1000 days is a special and sensitive time when a families need support and woman and child need proper care.
- Neighbors can be supportive of families practicing the nutrition and hygiene information promoted in this radio program.
- Neighbors can talk to the husband and mother in law in a positive way about the way the family is supporting the 1000 days woman and child.
- Neighbors can also support their families to also treat their 1000 days women and children.
- Find out whether the 1000 days women in the neighborhood is getting well care, required food, health care, extra meals, rest etc. and suggesting such families to do these activities and also providing support as required.

SMALL DOABLE ACTION:

- Support the women as a neighbor in case of any problem.
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:

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.

Colostrums: 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).

Four Food colors: Green, brown, yellow, white.

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

Growth Monitoring and Promotion (GMP):

Growth monitoring and promotion programs include regularly weighing of children to detect early growth falterers, using the growth chart as an educational tool to trigger improved caring practices among health workers and caretakers. GMP is a preventive and promotive strategy aimed at action before malnutrition occurs; it is a behavior change
strategy carried out through communication to achieve adequate growth through home and community action.

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

**Low birth weight (LBW):**  
An infant weighing less than 2.5 kg at birth.

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

**Responsive feeding:**  
Feeding infants directly and assisting older children when they feed themselves, being sensitive to their hunger and satiety cues.

**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.
**ACRONYMS:**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ANC</td>
<td>Ant-Natal Care</td>
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<tr>
<td>ASC</td>
<td>Agriculture Service Center</td>
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<td>BCC</td>
<td>Behavior Change Communications</td>
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<tr>
<td>BF</td>
<td>Breast feeding</td>
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>CF</td>
<td>Complementary feeding</td>
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<td>CHD</td>
<td>Child Health Division</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>CMAM</td>
<td>Community-based Management of Acute Malnutrition</td>
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<tr>
<td>DADO</td>
<td>District Agriculture Development Office</td>
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<tr>
<td>DDC</td>
<td>District Development Committee</td>
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<tr>
<td>DHO</td>
<td>District Health Office</td>
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<tr>
<td>DIL</td>
<td>Daughter-in-Law</td>
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<tr>
<td>DOA</td>
<td>Department of Agriculture</td>
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<td>DLS</td>
<td>Department of Livestock Services</td>
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<td>DPHO</td>
<td>District Public Health Office</td>
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<tr>
<td>EBF</td>
<td>Exclusive breastfeeding</td>
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<td>EHA</td>
<td>Essential Hygiene Actions</td>
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<td>ENA</td>
<td>Essential Nutrition Actions</td>
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<tr>
<td>FCHV</td>
<td>Female Community Health Volunteers</td>
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<td>FP</td>
<td>Family Planning</td>
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<tr>
<td>GESI</td>
<td>Gender Equality and Social Inclusion</td>
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<td>GON</td>
<td>Government of Nepal</td>
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<td>HFOMC</td>
<td>Health Facility Operation and Management Committee</td>
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<td>HFP</td>
<td>Homestead Food Production</td>
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<td>HH</td>
<td>Household</td>
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<td>HKI</td>
<td>Helen Keller International</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HP</td>
<td>Health Post</td>
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<tr>
<td>HTSP</td>
<td>Healthy Timing and Spacing of Pregnancy</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>IFA</td>
<td>Iron Folic Acid</td>
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<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illnesses</td>
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<td>INGO</td>
<td>International Non-governmental Organization</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>IPC</td>
<td>Interpersonal communication</td>
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<td>IR</td>
<td>Intermediate Results</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitudes, and Practices</td>
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<td>LAM</td>
<td>Lactational Amenorrhea</td>
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<td>LSC</td>
<td>Livestock service center</td>
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<tr>
<td>LSSC</td>
<td>Livestock sub service center</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MCHW</td>
<td>Maternal and Child Health Worker</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MIL</td>
<td>Mother-in-Law</td>
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<tr>
<td>MNCH</td>
<td>Maternal and Newborn and Child Health</td>
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<td>MNP</td>
<td>Micro Nutrient Powder</td>
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<td>MoAD</td>
<td>Ministry of Agriculture Development</td>
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<td>MoHP</td>
<td>Ministry of Health and Population</td>
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<td>MTOT</td>
<td>Master training of trainers</td>
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<td>NDHS</td>
<td>National Demographic and Health Survey</td>
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<td>NEAT</td>
<td>Nepal Economic Agriculture and Trade</td>
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<td>NEWAH</td>
<td>Nepal Water for Health</td>
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<tr>
<td>NGO</td>
<td>Non-government Organization</td>
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<tr>
<td>NHEICC</td>
<td>National Health Education Information and Communication Center</td>
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<td>NHSP</td>
<td>Nepal Health Sector Program</td>
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<td>NTAG</td>
<td>Nepali Technical Assistance Group</td>
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<td>ODF</td>
<td>Open Defecation Free</td>
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<tr>
<td>ORS</td>
<td>Oral Rehydration Salts</td>
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<tr>
<td>PNC</td>
<td>Postnatal Care</td>
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<tr>
<td>QA</td>
<td>Quality Assurance</td>
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<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SBCC</td>
<td>Social Behavior Change Communications</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VDC</td>
<td>Village Development Committee</td>
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<tr>
<td>VMF</td>
<td>Village Model Farms</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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