



The First 1000 Days of Life:  
Lessons from Social and Behavior  
Change Communication



# Acknowledgements

The [Ministry of Women and Child Development, Government of India](#) would like to acknowledge the [Harvard T.H. Chan School of Public Health - India Research Center](#) for developing this report, with the support of the [Bill and Melinda Gates Foundation](#).

We would also like to thank all development partners and states who participated in the national consultations for the sharing of promising practices from the field.

## Authors

**K. Viswanath, PhD**

Lee Kum Kee Professor of Health Communication  
Harvard T.H. Chan School of Public Health

**Dr. Ananya Awasthi**

Assistant Director of Research and Government Partnerships  
Harvard T.H. Chan School of Public Health - India Research Center

**Dr. Ramya Pinnamaneni**

Research Fellow  
Harvard T.H. Chan School of Public Health

**Dhriti Dhawan, PhD, MPH**

Data Programmer Analyst  
Dana-Farber Cancer Institute

**Ms. Ananya Kumar**

Research Assistant  
Harvard T.H. Chan School of Public Health - India Research Center

**Ms. Manvi Poddar**

Research Assistant  
Harvard T.H. Chan School of Public Health - India Research Center

# Table of Contents

<b>0</b>	<b>Overview</b>	<b>4</b>
0.1	Glossary	5
0.2	Executive summary	7
0.3	Introduction	13
0.4	Focus of this report	14
0.5	Overall approach	15
0.6	What is the significance of the first 1000 days?	17
<b>1</b>	<b>What do SBCC studies in nutrition tell us?</b>	<b>19</b>
1.1	Introduction	20
1.2	Details of search strategy	21
1.3	Findings from the literature	23
1.4	Non-academic literature	37
1.5	Key-takeaways and recommendations	38
1.6	Limitations and need for further work	42
<b>2</b>	<b>What can we learn about the role of Mass Media in SBCC?</b>	<b>43</b>
2.1	Introduction	44
2.2	Methods	46
2.3	Results	47
2.4	Additional indicators to be considered	53
2.5	Overview of the results	61
2.6	Recommendations	63
<b>3</b>	<b>What are some of the SBCC strategies being implemented in the field?</b>	<b>64</b>
3.1	Overview	65
3.2	Interpersonal counselling and community conversations	67
3.3	Cultural platforms	70
3.4	Media	73
3.5	Community mobilization	76
3.6	Recommendations	84
<b>4</b>	<b>Conclusion</b>	<b>86</b>
4.1	Conclusion and recommendations	87
4.2	References	92
<b>5</b>	<b>Appendix</b>	<b>97</b>
5.1	What do SBCC studies in nutrition tell us?	98
5.2	What can we learn about the role of Mass Media in SBCC?	102
5.3	What are some of the SBCC strategies being implemented in the field?	108

---

# Overview

- 0.1 Glossary
- 0.2 Executive summary
- 0.3 Introduction
- 0.4 Focus of this report
- 0.5 Overall approach
- 0.6 What is the significance of the first 1000 days?



## Glossary

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWCs	Anganwadi Centers
AWW	Anganwadi Workers
CF	Complementary Feeding
CHWs	Community Health Workers
CLTS	Community-Led Total Sanitation
CMAM	Community Management of Acute Malnutrition
EBF	Exclusive Breastfeeding
EIBF	Early Initiation of Breastfeeding
GOI	Government of India
ICT	Information-Communication Technology
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitudes and Practices
LHV	Lady Health Visitors
MAA	Mothers' Absolute Affection
MCH	Maternal and Child Health
MCPC	Mother and Child Protection Card
mHealth	Mobile Health
MoHFW	Ministry of Health and Family Welfare

MoWCD	Ministry of Women and Child Development
MSGs	Mother Support Groups
NFHS-4	National Family Health Survey 4
NRLM	National Rural Livelihoods Mission
POSHAN	Prime Minister's Overarching Scheme for Holistic Nutrition
PSU	Primary Sampling Unit
PURNA	Prevention of Under Nutrition and Reduction of Nutritional Anemia among Adolescent Girls
RANI	Reduction in Anemia through Normative Assessment
RMNCH	Reproductive, Maternal, Newborn and Child Health
SAM	Severely Acute Malnourished
SBCC	Social and Behavior Change Communication
SBM	Swachh Bharat Mission
SHGs	Self-Help Groups
SNEHA	Society for Nutrition, Education and Health Action
THR	Take Home Ration
TSC	Total Sanitation Campaign
VHSNC	Village Health Sanitation and Nutrition Committees
VHSND	Village Health Sanitation and Nutrition Day
VO	Village Organization
WHO	World Health Organization

# 0.2

## Executive summary

### Why are we documenting promising practices for *Jan Andolan*?

With the launch of POSHAN Abhiyaan (Prime Minister's Overarching Scheme for Holistic Nutrition) in March 2018, the Government of India (GOI) has led large-scale efforts to improve nutritional outcomes among children, and pregnant and lactating women. Through the implementation of a multi-sectoral results-based framework, POSHAN Abhiyaan aims at targeted reduction of stunting, undernutrition, anemia and low-birth weight children in India. The mission is also unique in its focus on social and behavioral change among parents and improving linkages between communities and the health systems, thus paving the way for a mass movement, *Jan Andolan*, to promote a transformative change.

Given that local, cultural and social practices influence people's attitudes towards diet and health, tackling undernutrition at a community level requires a deeper understanding of geographically proximal regional practices that inform healthy dietary behaviors. These promising practices, largely informed by social norms, cultural beliefs, and structural conditions, often must be supported by social and behavior change communication (SBCC) campaigns for positive widespread impact on health and nutrition. Promising practices are those interventions that have the potential to promote healthy nutrition behaviors that are culturally proximal but require empirical validation and support.

To provide an overview of the role of SBCC campaigns in promoting POSHAN Abhiyaan, this report documents a range of promising regional practices and key messages that address the challenge of undernutrition, and strategies that promote nutrition-seeking behavior among communities. Additionally, this report also highlights the importance of the first 1000 days of life, which refers to the window of time from a woman's pregnancy until her child's second birthday. Findings presented in this report focus on the health and nutritional outcomes of pregnant and lactating women, and children up till the age of five\*, with an emphasis on optimal breastfeeding practices, complementary feeding practices, and practices targeting stunting and wasting.

\* While the first 1000 days of life are an important phase in which one can address adverse nutritional outcomes, the phase between the ages of 2 and 5 years is also crucial to understand conditions such as stunting and wasting. Therefore, this report also highlights findings and practices associated with undernutrition in children up till the age of 5.

## How did we collect the data?

To effectively highlight the range of regional SBCC practices focused on addressing undernutrition in the first phase, we followed a multi-methods approach, involving an extensive review of existing scientific literature, unpublished reports, detailed data analyses of National Family Health Survey-4 on the role of mass media in SBCC, and in-person consultations with national and state-level partners to document the promising dietary practices. The key findings from these activities are discussed in this report.





## What have we learnt?

### What have we learned from scientific literature?

SBCC campaigns to promote healthy nutrition among pregnant women and new mothers has been a subject of interventions in many low- and middle-income countries and has been documented in both scientific peer-reviewed and in non-academic literature. We reviewed 131 studies from India and South Asia, published between 2014 and 2020. The studies demonstrated that:

- Standard campaign strategies based on communication science are effective. A well-defined target audience, high frequency and regular messaging are important to achieve better nutritional and behavioral outcomes. An integrated approach including the community elders and family members such as mothers-in-law and husbands has better outcomes. Regional efforts should be customized to account for the local culture, beliefs and practices.
- Community workers are key to the successful implementation of interventions and to the uptake of messages by the community. Training the community workers to adapt information to the needs of individual mothers can enable them to deliver customized interpersonal counseling. Supportive supervision and tools to track health and nutritional outcomes can give quick results.
- Studies have demonstrated that peer-support groups and self-help groups, with some training, can create enabling environments for mothers to take care of their children's health. This is especially important in areas where women's exposure to mass media is low.
- Multiple studies demonstrate that mHealth technologies (tailored text or audio messaging, or direct phone communication) can be used to improve the uptake of existing services and improve reproductive, maternal, newborn and child health (RMNCH) knowledge and practices.
- The use of Information and Communication Technologies (ICTs) and innovations like tele-counseling and video-based health education programs can support existing interpersonal counseling strategies and help in scaling-up.
- The literature revealed a paucity of data on SBCC interventions against malnutrition. We need more longitudinal studies, and studies implementing and evaluating interventions on a larger scale to assess scaling-up and sustainability. We also need studies that demonstrate how local social conditions influence the impact of SBCC interventions on nutrition outcomes.

### What do the data from NFHS show us?

To generate data-driven evidence of how mass media could be used as a strategic tool to promote healthy behaviors among pregnant women and mothers who are breastfeeding, we analyzed the National Family Health Survey (2015-2016). The advantage with mass media is that they are able to communicate these messages at scale, with the potential to mitigate the barriers of geography and often certain social determinants of health such as literacy, income, education, and caste. The key findings from our NFHS data analyses are:

- Women who read newspapers or magazines were more likely to consume Iron Folic Acid (IFA) supplements for at least 100 days during pregnancy, be protected against neonatal tetanus, perform early initiation of breastfeeding (EIBF) and complementary feeding, compared to those who did not.
- Women who listened to the radio were more likely to consume IFA supplements for at least 100 days during pregnancy, perform EIBF and complementary feeding, compared to those who did not.
- Women who watched television were more likely to consume IFA supplements for at least 100 days during pregnancy, be protected against neonatal tetanus, perform EIBF, and complementary feeding, and not perform prelacteal feeding, compared to those who did not.
- Women who watched movies in the cinema hall were more likely to consume IFA supplements for at least 100 days during pregnancy and perform EIBF and complementary feeding, compared to those who did not.



### What do the practices in the communities show us?

The national consultations with 23 states and Union Territories and development partners on Promising Dietary Practices for Social & Behavioral Change Communications (SBCC) strategies to advance *Jan Andolan* showed that:

- Festivals and local cultural events were explored as platforms for dissemination of messages and counselling on nutrition and dietary diversity. Socio-cultural events such as *Godhbharai* and *Annaprashan Diwas* allowed frontline health workers to engage directly with pregnant and lactating women, mothers, and children in the community, through culturally influenced demonstrations and messages on complementary feeding, anemia prevention, and dietary diversity.
- Folk Media and traditional platforms with participation from elderly members of the community, such as *Amma Ki Smritiyaan* in Uttarakhand, provided channels through which exposure to dietary diversity and local nutritious food items was encouraged. *Bhajan Sandhyas* in Himachal Pradesh and folk dances with messages on nutrition also used widespread dissemination of key messages on maternal and child nutrition.
- Activities focusing on multi-sectoral participation and community mobilization endeavored to increase community-wide awareness and discussion on maternal and child health and cultivate a supportive environment for mothers and children. These included the promotion of healthy dietary practices at community-based events such as Village Health Sanitation and Nutrition Days and melas such as the Millet *Mela*, Food *mela* and Poshan *Mela*, as well as role model programs with community leaders.
- Information and communication technologies were used in the dissemination of key information on nutrition. Initiatives such as the Poshan Helpline for telehealth counselling in Chandigarh and programs like *Hello Sakhi*, *Hello Doctors* in Gujarat were organized to spread POSHAN-related awareness amongst mothers in an attempt to provide them with the information needed to make **informed** choices regarding the nutritional needs of their children.

### **How do we disseminate key messages on nutrition?**

Based on the multi-methods approach including a review of literature, data analysis on the role of mass media and the in-person consultations with stakeholders, we observed that interpersonal communication appears to be the most effective SBCC platform available to us for disseminating nutrition information and encouraging uptake of optimal nutritional practices. Mass-media and mobile technology can help improve the reach of messaging interventions to a larger population at scale. And while scaling an intervention is crucial, there needs to be a careful balance between the fidelity of the original intervention and adapting it to local culture and context. Community mobilization and peer-support groups are helpful in improving IYCF practices and are useful in areas where mass-media penetration is low.

Engaging with local cultural beliefs is central to enhance the reach and uptake of messages. Cultural markers in the form of local rituals and festivals are useful platforms to disseminate messaging. Collaboration with local partners and inter-ministerial collaborations (as identified in POSHAN Abhiyaan too) is vital to build trust and also target the allied spheres of nutrition such as water and sanitation.

### **Conclusions**

Overall, the findings from the review of literature, data analyses and promising practices provide a roadmap of key factors that may influence the promotion of healthy dietary behaviors among pregnant women, lactating mothers, and children. In the next phase, we plan to build on findings from this Phase 1 exercise to develop and test messages and themes that can be used in SBCC interventions and document barriers and solutions that can be used by frontline health workers to compile a list of promising practices and strategies to further the goals of RMNCH programs in India.



# 0.3

## Introduction

The Government of India (GOI) has embarked on a grand experiment in addressing India's nutritional challenges, specifically undernutrition among children, and pregnant and lactating women. The launch of POSHAN Abhiyaan (Prime Minister's Overarching Scheme for Holistic Nutrition) in March 2018 offers the country an important opportunity to reduce undernutrition, through a multi-sectoral results-based framework. The mission aims at targeted reduction of stunting, undernutrition, anemia and low-birth weight children in India. Some novel features of this mission include its focus on social and behavioral change among parents and for improving linkages among individuals, communities and the health systems, thus paving the way for a mass movement, *Jan Andolan* to promote a transformative change.

Most social and behavioral change programs are often designed in institutional contexts far from the locales where they are administered. Yet, local culture, social and individual factors have a profound influence on people's behaviors around diet and health which might limit the impact of programs that are distal to such local cultures. Additionally, behavior change is influenced by a number of conditions at the individual, interpersonal, social and cultural and policy conditions and social determinants including wealth, education and geography.<sup>1,2</sup> Any expectation of individuals complying with recommended behaviors must be tempered by understanding how people engage in typical behaviors in social, cultural and geographical contexts.

Addressing the challenge of undernutrition on such a vast scale, therefore, requires an understanding of the social, behavioral, and cultural practices that promote and reinforce healthy dietary behaviors at both local and regional levels and that are proximal to people who are expected to follow the recommendations. At the same time, we need social and behavioral change communication (SBCC) campaigns based on principles that are broadly applicable and can be efficient in terms of applying to broader swathes of people rather than narrowly tailored campaigns which may be costly, burdensome and inefficient.

# 0.4

## Focus of this report

With these principles and challenges in view, the Harvard T.H. Chan School of Public Health- India Research Center proposes to develop SBCC strategies and toolkits informed by social and behavioral, communication and implementation sciences but also are designed for implementation at local levels, with the following objectives:

1. Document current social and behavioral change communication (SBCC) strategies, that are being used to promote nutrition seeking behaviors within the communities.
2. Identify promising practices for *Jan Andolan* that are geographically and culturally proximal to people.
3. Disseminate these promising strategies for context specific mass mobilization including effective media, channels and strategic messaging that can be used to scale and promote *Jan Andolan*.



# 0.5

## Overall approach

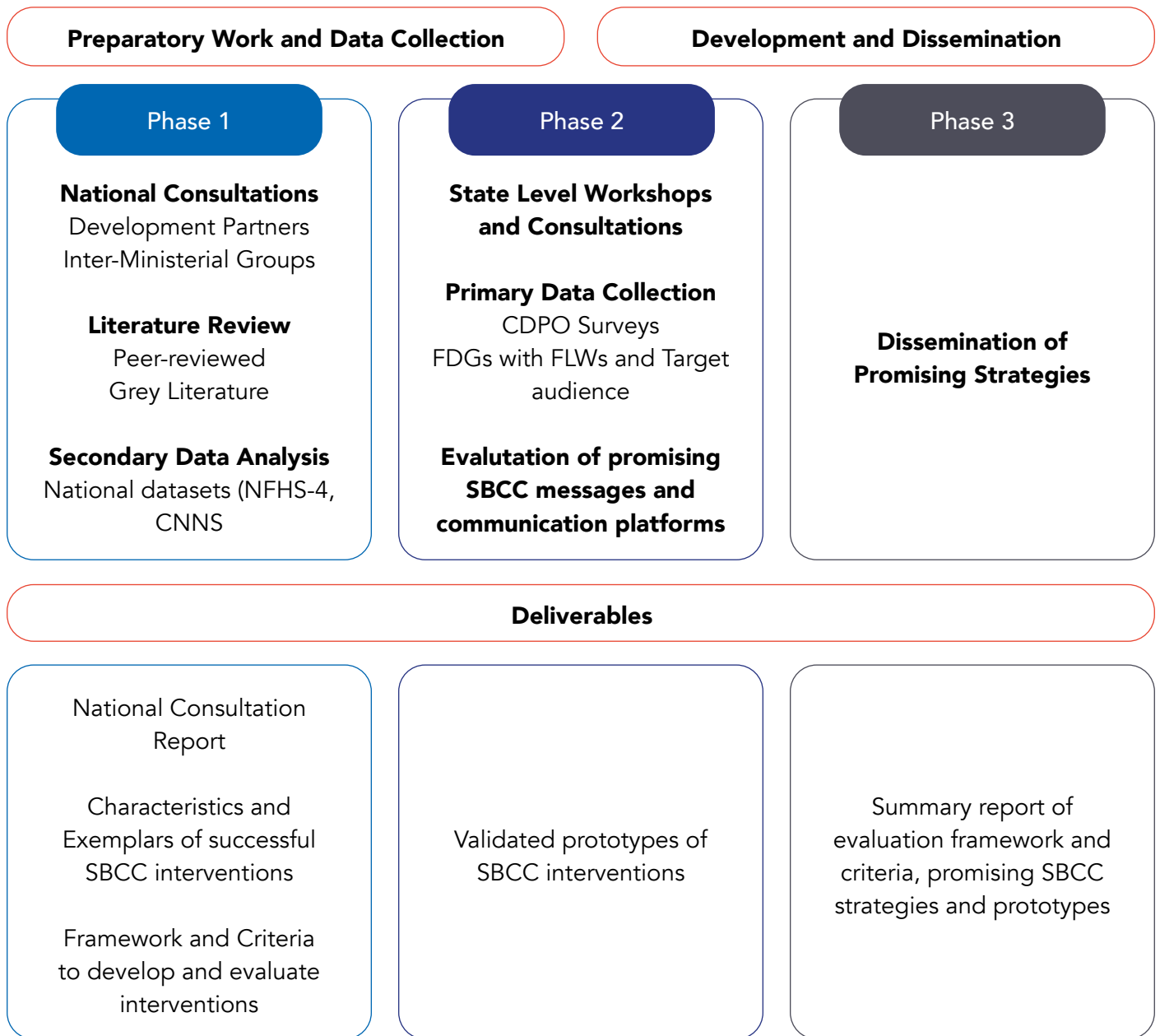
To capture as wide a gamut of SBCC practices at the regional and local levels as possible, we will adopt a multi-methods approach that includes reviews of existing studies, analyses of data, and in-person consultations that canvass and document local dietary practices in the first phase, and systematic surveys of key stakeholders, expert panels, key informant interviews with key stakeholders and focus groups and experiments with the target audience for POSHAN Abhiyaan in subsequent phases. While it is important to take an integrated approach to tackling undernutrition and women and children's development, it is also critical to focus on those practices that are amenable to SBCC strategies. The primary focus will remain the health and nutritional status of pregnant and lactating women and children up to 5 years of age, with a focus on the following themes:

- Pregnant women
- Infant and young child feeding
  1. Ages 0-6 months (focus on breastfeeding practices)
  2. Ages 6 months – 2 years (focus on complementary feeding)
  3. Ages 2-5 years (Stunting and wasting)

The study will be conducted in three Phases (Figure 0.1).

- In Phase 1, we conducted national consultations with key stakeholders including development partners, inter-ministerial groups for departments and Ministries at the national level. We also conducted a focused state-level consultation. This phase also included a review of studies and practices examining the SBCC efforts in maternal and childhood nutrition along with an analysis of existing secondary data.
- In Phase 2, along with the state level consultation, we plan to conduct primary data collection in 4 states through surveys, interviews and focus group discussions held with block-level functionaries, frontline workers and the target audience, pregnant and lactating women, and mothers. Moreover, we will develop and evaluate prototype messages and communication platforms to promote promising practices identified through activities conducted in Phase 1 and 2 so far.
- In Phase 3, we will disseminate the messages and toolkits developed from the promising practices and strategies identified through activities in Phases 1 and 2.

Figure 0.1: Project Flow, Methods, and Deliverables





# 0.6

## What is the significance of the first 1000 days?

The first 1000 days of life, which includes pregnancy and the first two years of life, are a vital period in human development when poor nutrition can have short- and long-lasting consequences on a child's health and development. It provides a window of opportunity when improvements in nutrition can have the greatest impact in populations with poor nutrition.<sup>3</sup>

The World Health Organization (WHO) focuses on a package of Essential Nutrition Actions that can help improve infant and child nutrition.<sup>4</sup> These essential actions protect, promote and support priority nutrition outcomes including exclusive breastfeeding for six months, adequate complementary feeding starting at six months with continued breastfeeding for two years, and appropriate nutritional care of sick and malnourished children.

Following a life-cycle approach to the 1000 days, we focus on the following maternal and child health indicators to document nutritional outcomes:

- **Avoidance of Pre-lacteal feeding:** Pre-lacteal feeding is feeding the newborn anything other than breastmilk before breastmilk is regularly given. It is a barrier for implementation of exclusive breastfeeding practices and increases the risk of neonatal illness and mortality.
- **Early Initiation of Breastfeeding (EIBF):** is defined as initiation of breastfeeding within one hour of birth. It ensures that the infant receives colostrum, or "first milk", which is rich in antibodies and is protective against infectious diseases. EIBF also encourages mother and child bonding, further facilitating regular breastmilk production and improves the rates of Exclusive Breastfeeding too. Skin-to-skin contact immediately after delivery can help enable EIBF.
- **Exclusive Breastfeeding (EBF):** Appropriate infant and young child feeding practices recommend that children should be exclusively breastfed for the first six months of their life, that is they should be given nothing but breastmilk, not even water. Breastmilk is an uncontaminated nutritional source and contains all the required nutrients for the children during the first six months of their life.
- **Complementary Feeding (CF):** After the infant is older than six months, breastmilk is no longer sufficient to meet the nutritional needs of the infant. Therefore, complementary foods should be added to the diet of the child. Complementary foods should

include a variety of foods that meet the child's nutritional requirements, such as fruits and vegetables.

- **Continued Breastfeeding:** Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond.

Apart from the first 1000 days, we also focus on the 2-5 year age group to document nutrition and its allied spheres such as hygiene and sanitation as they are critical factors that influence nutrition-related outcomes such as stunting and wasting.



---

# What do SBCC studies in nutrition tell us?

- 1.1 Introduction
- 1.2 Details of search strategy
- 1.3 Findings from the literature
- 1.4 Non-academic literature
- 1.5 Key-takeaways and recommendations
- 1.6 Limitations and need for further work

# 1.1

## Introduction

It is widely recognized that a nation's health, social and economic outcomes may be improved through nutrition. Accordingly, over decades, India has introduced a number of interventions to target undernourishment at scale and made some advances.<sup>5</sup> Despite these considerable strides, undernutrition continues to pose a significant challenge in India in its varied disease burdens and affected population groups.

These gaps are being aggressively targeted in India's flagship National Nutrition Mission since 2017. However, this strengthening of nutrition programs must be accompanied by an adequate increase in demand from the population for a better nutritional status. Social and behavioral change around maternal and child nutrition in India, can play a key role in targeting nutrition outcomes such as anemia prevalence, birth weight, stunting and wasting. Fundamental habits like food and feeding (of the mother), are likely informed by a multitude of individual, social, cultural, regional and environmental factors. In addition, allied policy areas such as water and sanitation also influence nutrition outcomes. Thus, social and behavior change communication (SBCC) interventions which target water and sanitation habits also leave their imprints on nutrition behaviors. In alignment with this, along with antenatal care, infant and young child feeding, growth monitoring, anemia prevention, and food fortification, Jan Andolan also recognizes allied areas such as immunization, diarrhea management, girls education, hygiene and sanitation as its major areas of foci.<sup>6</sup>

SBCC campaigns to promote healthy nutrition among pregnant women and new mothers has been a subject of interventions in many low- and middle-income countries. The next section reviews studies from the published literature to identify key lessons that can be gleaned from empirical studies.



# 1.2

## Details of search strategy

A search of articles published in peer-reviewed, scientific literature, was organized around existing social and behavioral change interventions combating undernutrition in South Asia: India, Bangladesh, Bhutan, Nepal, Pakistan and Sri Lanka. We developed the search terms in close consultations with the senior staff at the Frances Countway Library of Harvard Medical School and refined them over several rounds. These included:

1. the targeted health area, malnutrition, with a special focus on nutritional outcomes for children, pregnant women and lactating mothers;
2. social and behavioral change communication strategies; and,
3. the context, i.e. India and South Asia (Search terms are in Appendix).

A search using these terms on PubMed, a database of scientific medical literature, identified 946 peer-reviewed articles from India published in the last 6 years, 2014-2020, and 484 articles from the other South Asian countries published from 2014-2019. The titles and abstract of the studies were screened to identify relevant articles. Eligibility criteria included study location (India and South Asia); a nutritional focus on pregnant women, lactating mothers and children; social and behavior change communication interventions or a study of predictors that can inform such interventions; year conducted (2014-2020); and full-text availability in English. Duplicate citations were removed, and titles and abstracts were screened to identify relevant studies. After an initial abstract screening, 759 abstracts from India and 333 abstracts from South Asia were excluded (Figure 1.1).

We then screened the full texts of all potentially relevant articles to assess eligibility. Adult nutrition interventions that are not specific to maternal and child health were excluded. Also, we did not include interventions focused on adolescents. Based on these criteria, 122 articles from India and 85 articles from South Asia were excluded. Full-text articles were analysed and data were synthesized by state/ country, study aim, study design, outcomes and conclusions. Finally, we identified 65 studies from India and 66 studies from South Asia assessing existing knowledge, attitudes and practices (KAP) in the community that can inform the design of interventions around nutrition and social and behavior change. The final set of studies also included intervention studies and their outcomes.

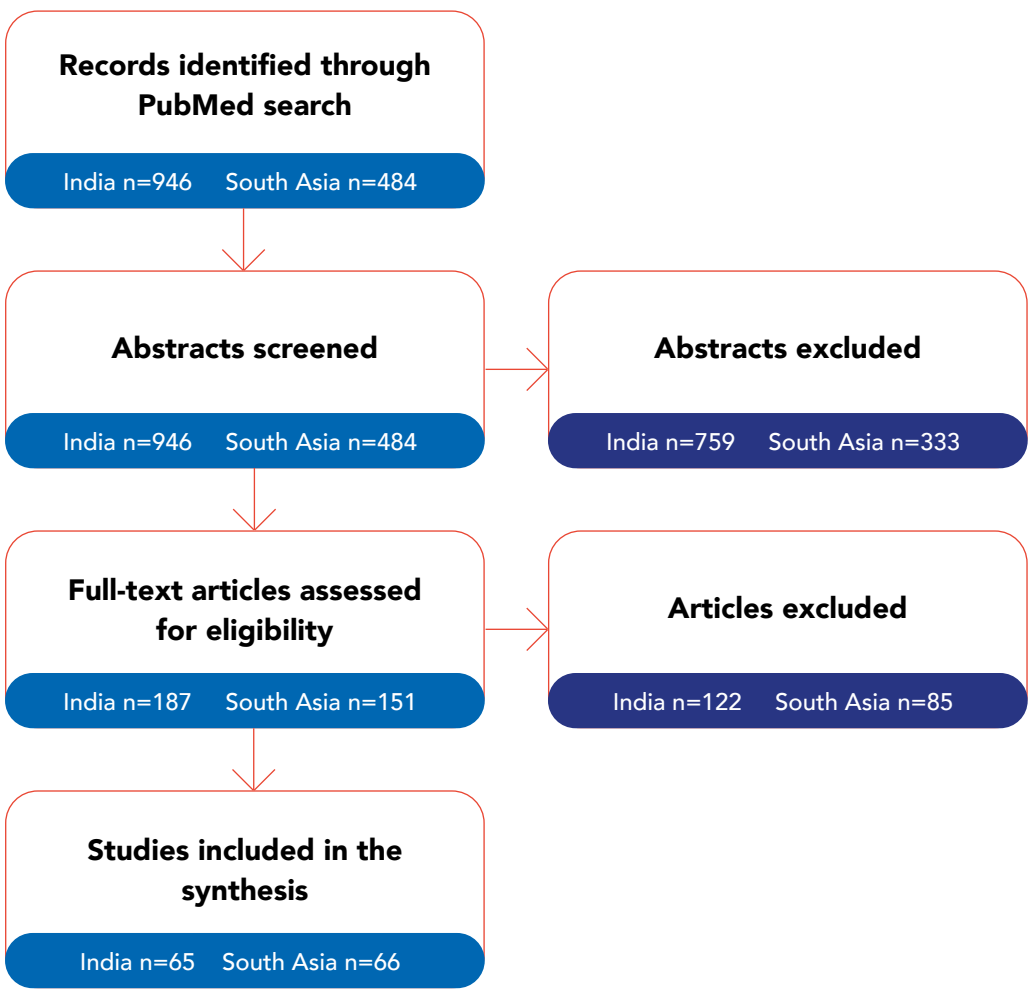
**Inclusion Criteria:**

- Malnutrition
- Nutritional outcomes focused on maternal and child Health
- Social and Behavioral Change Communication
- South Asia (including India)
- 2014-2020 (India), 2014-2019 (rest of South Asia)

**Exclusion Criteria:**

- Adult nutrition interventions (not specific to maternal and child health)
- Studies or interventions in adolescents
- Animal research
- Full-text not available in English
- Studies focusing on non-nutritional outcomes such as early childhood development
- Studies focusing on nutrient supplementation without social and behavioral strategies
- Opinion articles/ Editorials/ Policy Papers
- Prevalence studies documenting undernutrition without documenting behavioral predictors
- Studies measuring infectious diseases, nutritional deficiencies
- Studies on obesity and overnutrition

Figure 1.1: Search Results



# 1.3

## Findings from the literature

The World Health Organization (WHO) recommends that child health interventions can optimally improve infant and child feeding practices, by adopting the 1000-day approach, whereby children are targeted from conception through the first two years of life.<sup>7</sup> Targeting interventions focusing on pregnant women can ensure healthy babies and better knowledge among new mothers to facilitate the promotion of appropriate infant feeding practices. This review of the literature is organized along the 1000-day approach, with a focus on maternal and child nutrition.

The types of interventions identified in the review included interpersonal education and counselling, community mobilization through self-help groups and village meetings, and mass media interventions. It should be noted that the more recent papers from 2019 described interventions focused on Information-Communication Technology (ICT), and the use of mobile phones for targeted communication and community worker supervision. The interventions were delivered in health facilities, communities and/or home/family environments. The target groups for the interventions included health workers, community workers, and women during pregnancy, at delivery and six months post-partum (and their family members). (Figure 1.2)

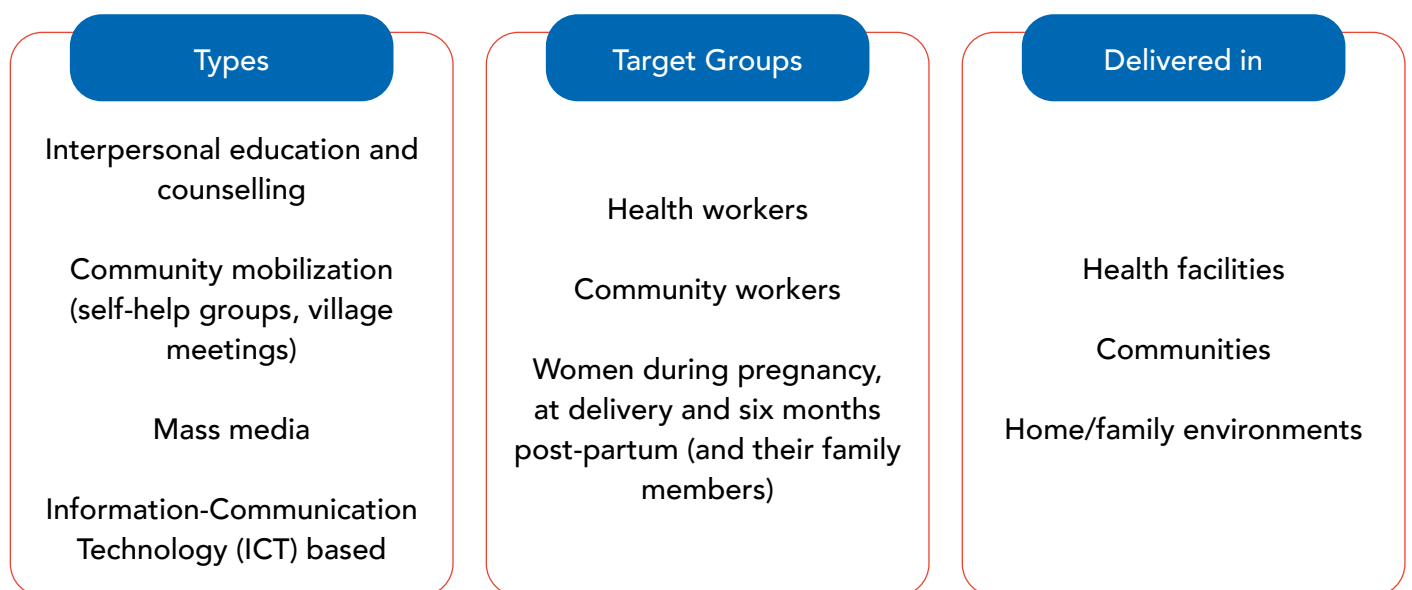


Figure 1.2: Overview of themes identified in literature

## Pregnant women

Over the years, an understanding has developed regarding an intergenerational cycle of malnutrition wherein the effect of poor nutrition is seen across generations.<sup>8</sup> The nutritional status of the mother is critical to the early development of the child. It has been established that ensuring adequate nourishment of pregnant women helps decrease the incidence of low birth weight babies.<sup>7</sup> Antenatal care visits during pregnancy are good contact points between pregnant women and the healthcare system, enabling interpersonal counseling.

A review of studies from 2014-2020 in India and South Asia demonstrated that intervention studies were largely focused around interpersonal counseling of pregnant women by health workers and community workers. Some studies established the usefulness of mobile technology to reach out to pregnant women. Multiple studies documented knowledge and health-seeking behaviors among pregnant women and the predictors of their intention to breastfeed.

Studies describing SBCC interventions during pregnancy, and their outcomes are useful to understand what works. For example, a 2018 study among pregnant women from the Dharavi slums in Mumbai, who received interpersonal home-based counseling from community health workers trained by an NGO, Society for Nutrition, Education and Health Action (SNEHA) found positive breastfeeding outcomes.<sup>9</sup> In the intervention, Community Health Workers (CHWs) visited pregnant women in their homes, with increasing frequency as the pregnancy advanced. Women were encouraged to register for delivery, counseled on preparation for institutional delivery, the importance of iron and folic acid for the baby's growth, and the importance of a nutritious diet. The importance of initiating breastfeeding within one hour of delivery, the benefits of colostrum (mother's first milk), exclusive breastfeeding and avoidance of any pre-lacteal feeds, were particularly discussed.<sup>10</sup> These monthly home-based counselling visits continued from pregnancy through the birth of the child until the child was six months old. The study found a normal weight-for-height of the child and receiving a home visit from a SNEHA CHW was associated with higher odds of exclusive breastfeeding status.<sup>10</sup>

The use of mobile technology in healthcare i.e. mobile health (or mHealth) has been found to improve maternal, neonatal and child



health. A study in Bangladesh concluded that low-cost mobile phone messages have the potential to influence maternal and child health behaviors in resource-poor settings.<sup>11</sup> Studies focusing on the evaluation of such interventions have demonstrated that mobile phones can enable women and their family to receive messages to improve the uptake of existing maternal and child health (MCH) services. One such program called *mMitra* delivered targeted mobile voice messages two times per week to pregnant women in urban slums of Mumbai during pregnancy through the first year after delivery.<sup>12</sup> The 2 minutes long audio messages were based on local and global guidelines, adapted to local cultural nuances and practices, and timed to the gestational stage and developmental age of the fetus or infant. The messages were delivered in a female voice designed to represent an ‘educated but approachable’ female relative. They started with a recognizable jingle to alert the



respondent to pass a shared household phone to the pregnant woman. The pseudo-randomized controlled trial of the *mMitra* intervention demonstrated a positive impact on birth weight, and significantly improved maternal knowledge and practices around complementary feeding.<sup>12</sup>

Several studies focused on knowledge and predictors of breastfeeding. A cross-sectional study from Orissa examined the intention for exclusive breastfeeding in pregnant women, based on the theory of planned behavior which suggests that behavior change is a planned and well thought out act, informed by three constructs, and their mutual interactions.<sup>13,14</sup> In general, under the right circumstances, intentions are strongly associated with behavior change.<sup>1</sup> The three constructs are individual attitudes towards exclusive breastfeeding, subjective norms i.e. whether breastfeeding is approved of or performed by others around them (social pressure and social norms around breastfeeding), and the perceived control i.e. the perception of the ease or difficulty of breastfeeding.<sup>13</sup> It was found that about two-thirds of the 218 rural women intended to exclusively breastfeed their child for 6 months; and higher age, literacy, belonging to a lower caste, and the receipt of breastfeeding education had a significant positive relationship with exclusive breastfeeding intention.<sup>15</sup> However, the study also demonstrated that 61.5% of the 218 pregnant women possessed a strong intention to feed water to their babies during the first 6 months and about 33% showed a positive intention toward prelacteal feeding with something other than mother's milk after birth. This illustrates that exclusive breastfeeding practices as recommended by WHO are not correctly understood by the mothers, suggesting that the awareness generation initiatives are not reaching the targeted audience.<sup>15</sup> The study recommended "tailoring" counseling efforts for breastfeeding to the needs of pregnant women as per their prenatal stage.<sup>14</sup>

Another 2014 qualitative study highlighted the pregnancy-related information needs of women living in village clusters of Delhi.<sup>16</sup> Based on two focus group discussions and 13 in-depth interviews with pregnant women, their relatives and health-care providers, the study found that the lack of access to health care and pregnancy-related health information led participants to rely heavily on information about pregnancy gleaned from elder women, friends, and mothers-in-law and husbands. Doctors and para-medical staff were only consulted during complications. Information seeking

on proper nutrition for a healthy child was a frequent theme in the discussions and interviews, and it was noted that the focus of the family discussions around nutrition was the unborn child and not the mother's health. Pregnant women reported seeking and receiving advice from friends, neighbors, and family, and this leaving them open to various myths and misconceptions about nutrition that are commonly held throughout the country such as 'eating ghee ensures an easy delivery process'.<sup>16</sup>

Some studies have evaluated knowledge of pregnant women about particular food categories. A Bangladesh-based study among rural pregnant women identified the highest knowledge-consumption gap for three food groups including dairy foods, eggs, and dark green leafy vegetables.<sup>17</sup> The analysis showed that diet quality of pregnant women was poor despite having the knowledge, underscoring the need for promoting diet quality through behavior change communication programs.

To summarize, we reviewed 131 studies that focus on both documenting the existing knowledge and behavioral intentions, and on the feeding-related outcomes for interventions during pregnancy including intention to breastfeed and early initiation of breastfeeding. The 131 studies from 2014-2020 in India and rest of South Asia conclude that customized or targeted interpersonal counseling is an effective way of improving knowledge and changing behaviors amongst pregnant women and their family members. The influence of community elders and family members should be taken into consideration while designing targeted social and behavioral change communication interventions such as counseling. Home-based counseling has been shown to bring an improvement in child feeding practices. However, the feasibility of scaling-up such personnel-intense interventions needs further evaluation. And while studies have demonstrated that mobile phones can improve the uptake of existing MCH services, more studies are warranted to study the impact on health outcomes.

## Infant and young child feeding (IYCF)

As has been well established in the literature, exclusive breastfeeding during the first six months and continued breastfeeding for two years and beyond, along with introduction of appropriate complementary foods at six months, contributes significantly to reducing childhood malnutrition and improving child survival.<sup>4</sup>

We reviewed 131 studies from India and South Asia published between 2014-2020 to assess the knowledge on infant and young child feeding, the practices and interventions targeting the same. The findings from the review have been documented as per practices and interventions targeting age-groups 0-6 months with a focus on breastfeeding practices, 6-23 months with a focus on complementary feeding and 2-5 years with a focus on stunting, wasting and allied spheres affecting nutrition such as hygiene and sanitation.

### Age 0-6 months (focus on breastfeeding practices)

Most Community Management of Acute Malnutrition (CMAM) programs are designed to focus on 6-59 months age group. This misses out on the critical age-group of 0-6 months where establishing optimal breastfeeding practices including early initiation of breastfeeding (EIBF) within an hour of birth, avoidance of pre-lacteal feeds and ensuring exclusive breastfeeding (EBF) for 6 months is important.

A 2018 scoping review of peer-reviewed and grey literature, in South Asia, studied the effectiveness of programs and interventions supporting optimal breastfeeding including EIBF, avoidance of pre-lacteal feeds and ensuring EBF for 6 months. Evidence was compiled from 11 studies in Bangladesh, 14 in India, two in Nepal and four in Pakistan, conducted between 1990 and 2015. There were 22 randomized controlled trials and nine quasi-experimental program evaluations. Twenty five studies documented effects on EIBF, 19 studies on EBF, and 10 studies evaluating pre-lacteal feeds.<sup>18</sup> The review reported that interventions with no impact on breastfeeding practices were characterized by short duration of contact, inadequate or irregular frequency of messaging, inappropriate timing and targeting of intervention delivery with respect to the mother's gestational age or to the child's age, and

poor coverage.<sup>18</sup>

In a cross-sectional survey of 4385 recently delivered women, husbands, mothers and mothers-in-law, it was noted that pre-lacteal feeds, that is any feed other than mother's milk given at birth, were less likely to be given when the mothers had higher knowledge, beliefs and self-efficacy (i.e. the belief in their capabilities to feed the baby and to refuse inappropriate feeding practices suggested by others), delivered at a health facility, and mothers/mothers-in-law had attended school. EIBF was positively associated with maternal knowledge, counselling during pregnancy/delivery, and vaginal delivery at a health facility. And EBF was positively associated with maternal knowledge, beliefs and self-efficacy, parity, and socio-economic status.<sup>19</sup> The study reinforced that it 'takes a village' or the whole community including husbands, mothers-in-law, health workers and mothers to improve feeding outcomes, necessitating a holistic approach to intervention design.

Promotion of optimal IYCF practices in the community can be achieved by social and professional support through self-help groups, support groups (with the help of professionals) and para-professionals (with training). Professional support alone has a limited reach while social and peer support from family, friends and neighbors, has the potential for a broader reach. The aim of support groups is to provide peer-driven messages for information dissemination. Studies have reinforced the same. For example, a 2016 qualitative survey interviewing 22 mothers (12 mothers of normal-height children and 10 mothers of stunted children) in an urban slum of Mumbai concluded that Community Management of Acute Malnutrition (CMAM) programs should include social support and counseling training for health workers to engage more closely with mothers. They also emphasized the need to explore the feasibility of a mother-led women's social group for mothers to share information on child rearing; and teaching mothers about healthy eating and the link between nutrition and health.<sup>20</sup> This peer-driven education can help in changing social norms around mothers wherein optimal feeding practices are practiced by most people in a community.

Another study, in 2014 in Uttar Pradesh's Lalitpur district, evaluated the benefits of peer-support through the intervention of forming Mother Support Groups (MSGs) within the community and of peer-counseling. It was observed that IYCF practices improved over



Image Source: Breastfeeding Promotion Network of India (BPNI)

time and were sustained for a period of 5 years in this district with the intervention. Creating a support group with appropriate training and skills in the community also improved the help-seeking behaviors of lactating women in the district. The intervention led to a significant improvement in the number of mothers' believing in the adequacy of their milk supply.<sup>21</sup> The five-year quasi-experimental Lalitpur study findings are supported by similar findings from other studies in India and Bangladesh, and highlight the importance of good practical skill training, the presence of local women in support groups, skilled supervision, a supportive health system, frequent (eight to nine) postnatal contacts, refresher trainings for the groups and incentives for work.<sup>21</sup> Similar results were reported in global meta-analyses of studies evaluating the effectiveness of peer-support interventions to improve IYCF practices.<sup>22,23</sup> The Lalitpur experience also demonstrates that a combination of community-level mother support and professional support is more effective than professional support alone.<sup>21</sup>

The fact that such an intervention could be implemented in an entire district with a population of over a million people using local resource persons indicates that it could be scaled up in other parts of the country.



Another quasi-experimental study evaluated health behavior change intervention integration within Self-Help Groups (SHGs) formed and managed by a microfinance-based women's group. This community mobilization project implemented health discussions in SHG meetings, community outreach activities and linkages with health system in 120 blocks of Uttar Pradesh. This intervention documented improvement in maternal and newborn practices, and also noted that the most marginalized women benefited more through greater program coverage.<sup>24</sup>

Results from a cross-sectional survey in India recommend scale-up of community worker counselling services, with emphasis on summer months and mothers of older infants to improve exclusive breastfeeding rates.<sup>25</sup> In another cross-sectional survey in Odisha, knowledge, attitude, the perception of the ease or difficulty of breastfeeding and the intention for exclusive breastfeeding were measured in rural pregnant women. The study findings conclude that appropriate breastfeeding education sessions need to be tailor-made for prenatal stage to improve exclusive breastfeeding intention and practice.<sup>14</sup>

Although the importance of regular and frequent one-to-one and group counseling visits/ sessions has been recommended by multiple studies, this approach is not easily scalable. Alternative methods like tele-counseling could be utilized. A cluster randomized trial in Tamil Nadu assessed the impact of a postnatal video-based health education program in promoting EBF. The video-based health education program when combined with routine lactation counseling improved the knowledge regarding exclusive breastfeeding among new mothers better than with routine lactation counseling alone.<sup>26</sup>

The literature suggests that peer-support groups with a combination of local mothers in collaboration with health/nutrition workers ensure quality control as well as sustainability after scale-up. Evidence from literature also suggest interventions that reach women and their families with repeated exposure and beginning during pregnancy are more likely to improve early initiation of breastfeeding and exclusive breastfeeding outcomes.

### Age 6 months-2 years (focus on complementary feeding)

Till the age of 6 months, breastmilk is sufficient to meet the infant's growth and developmental needs. Thereafter, to meet their evolving nutritional requirements, solid, semi-solid or soft foods i.e. complementary feeds should be introduced, while breastfeeding continues for up to 2 years of age or beyond. Studies from the literature indicate that there are wide differences in regional prevalence and factors associated with complementary feeding practices in India.<sup>27</sup> For example, data from NFHS-4 indicates that the prevalence of complementary feed introduction among infants aged 6-8 months was highest in the South (at 33%) and lowest in the Central region (at 12%).<sup>28</sup> This warrants specific national and regional efforts to target mothers and families, including those with no education and with limited contact with health services. Complementing the existing programs and services with an enabling environment is needed to support behavior change. This includes improvements in education and income levels which lie outside nutritional interventions but influence nutrition practices.

Studies have demonstrated that nutrition educational interventions delivered through the involvement of frontline health workers can significantly improve the knowledge of mothers regarding complementary feeding and infant feeding practices and this can be further complemented by the inclusion of tracking of undernourished in the routine health system.<sup>29</sup> Job-aids such as mobile phone- and web based-applications can help the frontline workers in tracking their activities, monitoring the malnourished, and in supportive supervision.

A 2017 systematic review of interventions focused on complementary feeding in South Asia in the last 25 years, reported that only 12 intervention studies demonstrated changes in complementary feeding practices as their outcome.<sup>30</sup> Of these, six and five studies each were conducted in Bangladesh, and India respectively, and one in Pakistan. Six of these studies included a randomized design either at the individual or cluster levels. Interpersonal counseling was found to be the most common intervention method, particularly that administered by health workers such as India's Auxiliary Nurse-Midwives (ANMs) and Anganwadi Workers (AWWs), and Pakistan's Lady Health Visitors (LHVs), or a combination of different health workers. Peer educators, mothers' support groups, trained village women who provided information

to other mothers, traditional births attendants, and village-based workers were the other administrators of this counseling. The outcomes assessed included improving the timeliness, frequency, diversity, and minimum adequacy of complementary feeding in children.<sup>30</sup> Authors highlighted the importance of “good practical skills on counselling and supervision, frequent counselling contacts, trainings and incentives for counsellors, and a supportive health system” in improving complementary feeding.<sup>30</sup> They also concluded that trained health workers were more likely to discuss minutiae such as foods that are appropriate for the child.

Another paper reviewed 73 studies on complementary feeding practice in India between 2000-2016 and reported that the most common sources of feeding advice were health-care professionals, including doctors, ANMs, and AWWs, usually at antenatal visits or during immunizations.<sup>31</sup> A family member, usually the grandmother or mother-in-law or other elders, were the next most common source of advice, followed by the media and friends.<sup>31</sup> Cultural influences, employment, food insecurity, gender, inadequate antenatal care, lack of media exposure, lack of parental education, low literacy, poor sanitation, poverty, and price of food were the common barriers identified for complementary feeding.<sup>31</sup> Advice from health-care professionals, birth within a government institute, education of parent, effective antenatal care, family support, literacy status of mother, media exposure, social support group, socio-economic status, support system at work, wealth, autonomy of mother, knowledge of optimal IYCF practices and maternal health were identified as facilitators for complementary feeding.<sup>31</sup>

In other studies, an interesting non-counseling based intervention in Bihar included a low-cost and simple-to-use feeding toolkit consisting of a bowl with marks to indicate meal volume and frequency, a slotted spoon, and an illustrated counseling card to cue optimal dietary practices during the first 1000 days.<sup>32</sup> The bowl and spoon were assessed to be “well accepted by the community” in interviews with pregnant women, breastfeeding women, and mothers of young infants.<sup>32</sup> Additionally, the study found that the tool increased the proportion of pregnant and breast-feeding women taking an extra portion of food per day from 0% to 100%, and the number of meals taken per day from two or three to three or four.<sup>32</sup> For children 6 to 18 months of age, meal frequency, quantity of food consumed during meals, and thickness of the foods increased for all age groups. Children 6 to 8 months of



Image Source: Congressional Hunger Center

age who had not yet initiated complementary feeding all initiated complementary feeding.<sup>32</sup>

In another intervention, video-based agricultural extension platforms developed by women's self-help groups were used to deliver maternal and child health nutrition among rural women in Odisha, with positive results.<sup>33</sup> The intervention employed participatory production of ten low-cost videos promoting best practices and broad dissemination through village-level women's self-help groups, covering areas such as maternal, infant, and young child nutrition practices. The videos were produced after discussions with and mobilization of self-help groups, identification of suitable content for videos, production of videos locally, dissemination through group discussions and follow up. While no health outcomes were evaluated, the study underlined the need for collaborating with existing health services in producing these videos, and the importance of engaging with local cultural norms and beliefs, empowerment of women's group members to champion nutrition; and enhancement of message diffusion through social networks to reach pregnant women and mothers of young children at scale.<sup>33</sup>

Health programs implemented with microfinance-based self-help groups in states like Gujarat, Karnataka and Tamil Nadu have been

found to be associated with improved health behaviors, particularly in the mother's uptake of complementary feeding practices for her child.<sup>34</sup>

In summary, it may be concluded that complementary feeding practices seem to respond well to interventions involving counseling from health workers and community workers, and support groups that empower mothers to follow the optimal feeding practices.

### 2-5 years: Stunting wasting, and other nutrition-related studies

Childhood diarrhea, stunting and wasting pose one of the biggest nutritional challenges for children in the 2-5 years age-group. Apart from the nutritional status at birth, hygiene and sanitation play an important role in the health and well-being of children. Studies based on social and behavioral change communication interventions around sanitation often evaluate sanitation specific outcomes such as perceptions and actions around toilet use, and proper disposal of child stool, ownership of toilets and achievement of reduction or elimination in open defecation at a community level. There is considerable qualitative and descriptive evidence on the impact of these interventions on diarrhea. However, evidence on pressing undernutrition outcomes like stunting and wasting are limited. For example, a 2018 review found 51 of 200 studies, based on Community-Led Total Sanitation (CLTS) campaign interventions from low-income countries, reported some measure of change in health status, often a reduction in diarrheal rates.<sup>35</sup> The review identified 43 implementation- and community-related factors reportedly affecting CLTS.

CLTS is a behavior change framework from Bangladesh founded on interventions aimed at community-level behavioral change, rather than individual or household-focused sanitation interventions. It uses community meetings to elicit disgust, a negative emotion, against the lack of hygiene in the surroundings, often complemented with messaging on village homes and schools to “trigger” strong reactions against “faeces” lying in public places.<sup>36</sup> For instance, one of the activities makes facilitators deliberately use the colloquial term for feces in these meetings.<sup>35</sup>



CLTS has been used in over 50 countries including India, to bring about behavior change around sanitation issues.

Two studies from India (Madhya Pradesh, 2014 and Odisha, 2015) evaluated the erstwhile Total Sanitation Campaign's (TSC) behavior change activities along with toilet subsidies against a control group, and reported no significant difference in child health outcomes such as diarrhea, anemia, or growth outcomes.<sup>37,38</sup> TSC was a behavior change campaign implemented by the government of India based on the CLTS framework.

Since 2014, the Swachh Bharat Mission (SBM) has replaced TSC as government of India's national sanitation campaign. A recent 2019 study reported a decrease in annual Acute Diarrheal Diseases in 2017 and 2018 compared to the last 10 years, after accounting for seasonal and regional variations.<sup>39</sup> While this was attributed to the rollout of the Swachh Bharat Mission (SBM), the study did not evaluate any behavior change interventions.

A 2016 study on Village Health Sanitation and Nutrition Committees (VHSNC) in eastern India, comprised primarily of women found these committees conduct health awareness activities, support medical treatment for ill or malnourished children and pregnant mothers, and monitored community health workers, while none monitored data on malnutrition.<sup>40</sup> Community health and nutrition workers acted as conveners and record keepers for these committees. Key challenges for these committees included irregular meetings, limited understanding of their roles and responsibilities, restrictions on planning and fund utilization, and weak linkages with the broader health system.<sup>40</sup>

While behavior change interventions have been implemented in the allied spheres of nutrition such as hygiene and sanitation, their direct effect on nutritional outcomes are not well-studied. These community-based behavior change interventions around sanitation warrant a more detailed analysis due to their possible applications in targeting child nutrition outcomes.

# 1.4

## Non-academic literature

Non-governmental institutions working in the maternal and child nutrition space have partnered with the government, including the Integrated Child Development Scheme in India in training health workers for counseling, and the production of communication materials such as informational videos, radio and video programs. Many of these organizations describe the nutritional interventions in reports hosted on their websites, including intervention details, implementation challenges and facilitators, and evaluation findings. However, scientific evaluations of these interventions are lacking. Additionally, these appeared to have been implemented at smaller scales in particular parts of the country.



# 1.5

## Key-takeaways and recommendations

### Campaign strategies

- Standard campaign strategies based on communication science seem to matter. For example, for a well-defined target audience, messages that are sent out with regularity and high dose such as repetition appear to be effective.
- Improving the counseling frequency is key in interventions around interpersonal counseling. A review of the studies demonstrates that interventions with no impact on IYCF practices were characterized by short duration, inappropriate timing, irregular frequency of messaging, poor coverage and targeting. This reiterates that the extent of contact between trained workers and mothers is as crucial as the precise content of the interventions.
- In the Indian context, the influence of community elders and family members is high necessitating a multi-factorial holistic approach to counseling engaging men and mothers-in-law, at the individual, household, and community levels. This also points to creating norms within the families to promote healthy nutrition practices.
- There are wide differences in the prevalence of the factors associated with nutrition and feeding practices. This warrants customized regional efforts targeting all populations especially including those with no education and with limited contact with health services.
- Incorporation of feeding counseling during pregnancy and continued promotion of institutional delivery is recommended given the promising association with improved breastfeeding practices.

### Frontline Workers

- Nutrition educational interventions delivered through the involvement of frontline health workers such as Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activists (ASHAs) and Anganwadi Workers (AWWs) can significantly improve the knowledge of mothers regarding pregnancy and feeding practices and this can be further complemented by the inclusion of tracking of undernourished in the routine health system.
- Training frontline health workers to adapt information to the needs of individual mothers through observations of the household and the mother's receptivity to information helps in improving intervention outcomes. The documented literature concludes that customized interpersonal counseling is an effective way of improving knowledge and changing behaviors amongst pregnant women and their family members.
- Providing job aids to health workers and community workers in the form of Information-Communication Technology (ICT) tools (mobile phone- or web based- applications) is helpful for tracking health and nutritional outcomes, supportive supervision and giving more immediate results.

### Women's Groups

- Social networks in the form of peer groups are critical platforms for diffusion of information relevant to the mothers.
- Multiple studies have demonstrated that promotion of optimal Infant and Young Child Feeding (IYCF) practices can be best achieved through MSGs (Mother Support Groups), SHGs and microfinance-based women's groups with appropriate training. This is especially important in areas where women's exposure to mass media is low.

- The fact that MSGs could be scaled in a district (Lalitpur, Uttar Pradesh) with a population of over a million people using local resource persons indicates that it could be scaled up in other parts of the country.

### **Mobile Technology**

- Evidence suggests that mobile health (or mHealth) platforms can be used to improve the quality of care for reproductive age women, pregnant women and new mothers.
- Multiple studies demonstrate that mHealth technologies (tailored text or audio messaging, or direct phone communication) can be used to improve the uptake of existing services and improve RMNCH knowledge and practices.
- Mobile phone and web-based applications are also being increasingly being utilized by health workers to collect pregnancy-related outcome data.
- There are nearly 70 mHealth applications and interventions being implemented in India in the RMNCH sphere that enable training of health workers, delivery of services and monitoring (Patel et al., 2019). However, rigorous evaluations of effects of scaled-up mHealth interventions on health-related outcomes are minimal.

### **Issue of scale**

- Most interventions reported in the literature are done in small and localized settings. The effectiveness and sustainability of scaled-up programs needs to be evaluated.
- Home-based counseling has been shown to bring an improvement in child feeding practices. However, the feasibility of scaling-up such personnel-intense interventions needs further evaluation.



- The use of Information and Communication Technologies (ICTs) and innovations like tele-counseling and video-based health education programs can support existing interpersonal counseling strategies and help in scaling-up. These scaled-up interventions need to be evaluated further for cost-effectiveness.
- While scaling an intervention is imperative, there needs to be a careful balance between the fidelity of the original intervention and adapting it to local culture and context.

### **Collaboration**

- Studies have repeatedly emphasized the need for collaborating with existing health services and engaging with local cultural beliefs to enhance the reach and uptake of messages. Existing formative research on local perceptions can be utilized to develop communication strategies and interventions.
- Nutrition does not exist in isolation. Allied areas like water, sanitation and maternal literacy clearly influence nutrition outcomes.

### **Context of COVID-19**

- The use of existing tele-counseling services and ICTs can be leveraged to overcome the barriers presented by physical distancing.

Lastly, a close understanding of antecedents, factors that lead to behavior change will be helpful as these could be potential levers for change through campaigns.

# 1.6

## Limitations and need for further work

A six-year search of peer-reviewed, scientific literature identified 65 articles from India (and 66 articles from South Asia) documenting social and behavioral practices and interventions combating malnutrition. Most studies assessed knowledge, attitudes and practices around nutrition, but not the SBCC interventions. Many nutrition programmes that are implemented and running were documented in the non-academic literature. Such reports described the components of the interventions but not all of them documented the results. However, these non-academic reports were not evaluated.

The search revealed a paucity of data on social and behavioral interventions against malnutrition. This was reaffirmed by other systematic reviews that also found a limited number of studies on similar topics. Most studies were cross-sectional and focused on assessing perceptions and knowledge. In scientific research, these types of studies are generally considered to be weaker, since data are collected at only one point of time. Longitudinal studies which gather data at multiple points of time, and are considered to be more vigorous, were fewer.

The interventions were limited in geography to a single district or village or slum. Some studies focusing on the evaluation of mobile health interventions demonstrated that mobile phones can enable women and their family to receive messages to improve the uptake of existing MCH services at scale, but more studies are warranted to study their impact on health and nutritional outcomes specifically. The results from the literature search emphasize the need for implementing and evaluating studies on a larger scale to assess scaling-up, sustainability and nutrition-specific outcomes.

In summary, it must be noted that while there are studies documenting the current social and behavioral practices that can be used to inform communication interventions to improve maternal and child health nutrition, the studies evaluating the existing interventions themselves are limited in number. Studies documenting interventions often did not describe all the components of the intervention in detail, and these interventions were often conducted on a smaller regional scale which makes it difficult to draw clear-cut inferences and limits generalizability.

---

# What can we learn about the role of Mass Media in SBCC?

- 2.1 Introduction
- 2.2 Methods
- 2.3 Results
- 2.4 Additional indicators to be considered
- 2.5 Overview of the results
- 2.6 Recommendations

# 2.1

## Introduction

In this section, we will discuss how mass media could be used as a strategic tool to promote healthy behaviors among pregnant women and mothers who are breastfeeding. Mass media are a powerful tool, especially in areas where the target population is large and spread out, and in-person communication channels are unable to penetrate.<sup>41</sup> Different forms of mass media have shown to be effective in educating and persuading audiences to adopt healthy behaviors. Mass media have also been important in creating awareness about health-related programs and campaigns to promote healthy living and improve quality of life.<sup>41</sup> Mass media can promote health through two key strategies: one, their widespread penetration promotes broad reach to key audiences across boundaries, and two, exposure to specific messages in the media are known to shape public knowledge, attitudes, beliefs and behaviors.<sup>42</sup> Media campaigns have been extensively used over the past few decades to induce behavioral changes in populations. This has been done especially in the context of substance use, such as tobacco, alcohol, and illicit drugs.<sup>43</sup>

In South Asian countries, mass media exposure is positively associated with utilization of maternal healthcare services.<sup>44,45</sup> Many low-income countries face poor child survival before five years of age due to inadequate treatment of diarrhea, non-vaccination for preventable diseases, inadequate ANC, and inadequate breastfeeding.<sup>46,47</sup> Mass media campaigns have been used to spread awareness and educate populations about each of these causes.<sup>43</sup> Television and radio are the most popular forms of media for creating awareness amongst large audiences. Moreover, print media, such as magazines and newspapers, and outdoor media, such as billboards and posters, have also proven effective.<sup>43</sup> According to the India's National Family Health Survey 4 (NFHS-4), 2015-16, 65.2% of households own a television and 8.1% of households own a radio. Moreover, 66% of rural women and 92% urban women in India have regular exposure to some kind of mass media.<sup>28</sup> Broadcasting important health-related messages through mass media may help in increasing awareness at the population level.<sup>48</sup>

In India, many intervention programs use mass media as one of the communication tools to create health-related awareness.<sup>49,50</sup> The WHO recommends that health interventions can optimally improve infant and child feeding practices by adopting the 1000-day approach, whereby children are targeted from conception

and pregnancy through the first two years of life.<sup>7</sup> Targeting interventions towards pregnant women, mothers and their families, and the communities can ensure promotion of appropriate feeding practices. In this report, we generate evidence for the associations between exposure to different types of mass media and NFHS-4 maternal and child health indicators that fall in the realm of WHO's 1000-day approach.



# 2.2

## Methods

### Data source

Our report utilizes individual-level data from India's National Family Health Survey 4 (NFHS-4), 2015-16. The NFHS series are nationally representative cross-sectional surveys that provide data on a range of demographic, socioeconomic, maternal and child health outcomes, reproductive health, and family planning. NFHS-4 gathered information from 601,509 households, 699,686 women, and 112,122 men, with a response rate of 97%.

### Sample design

The NFHS-4 used a two-stage stratified sampling design. The 2011 census served as the sampling frame for the selection of primary sampling units (PSUs). The samples were stratified by rural and urban areas, and villages were PSUs in the rural areas, and census enumeration blocks were PSUs in the urban areas. Before the main survey, for each PSU, a household mapping and listing operation was carried out. Selected PSUs with at least 300 households were further segmented into 100-150 household segments. Systematic sampling was used to randomly select two of the segments, with probability proportional to segment size. Hence, an NFHS-4 cluster consists of either a PSU or a segment of a PSU. Twenty-two households were randomly selected with systematic sampling in every selected rural and urban cluster.

### Indicators

In this report, we present information on the maternal and child health Indicators, drawing on WHO's 1000-day approach, and their association with exposure of women to mass media such as newspaper or magazine, radio, television and going to the cinema to watch movies.

### Statistical Analysis

Bivariate associations between indicators of maternal and child health pertaining to WHO's 1000-day approach and exposure to the four types of mass media were examined.\* The independence of these associations was assessed with second-order Rao and Scott corrected chi-square test. The data were analyzed using R version 3.6.1 (2019-07-05). Only statistically significant associations have been discussed in this report.

\* The associations are not controlled for social or demographic variables.



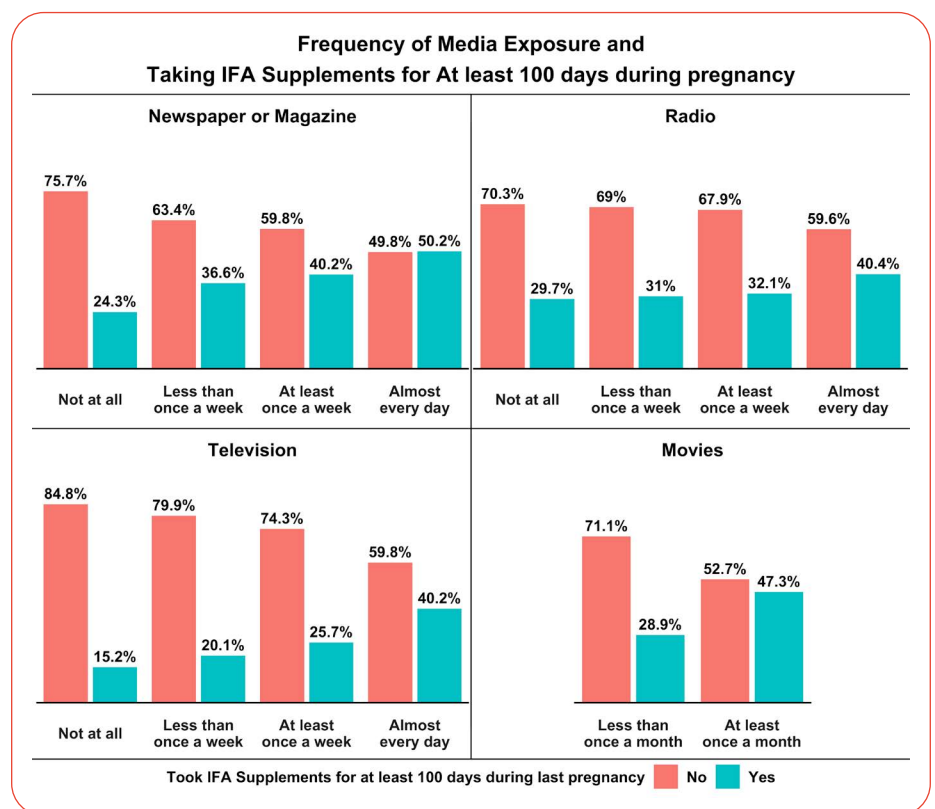
# 2.3

## Results

### Taking Iron Folic Acid (IFA) supplements for at least 100 days during pregnancy

Anemia due to iron deficiency is a serious public health problem in India.<sup>28,51</sup> Anemia in pregnant women can lead to adverse health outcomes like maternal and child mortality, and low birth weight of the child. Therefore, as a part of antenatal care, the Government of India recommends taking IFA supplements for a minimum of 100 days during pregnancy.

Figure 2.1

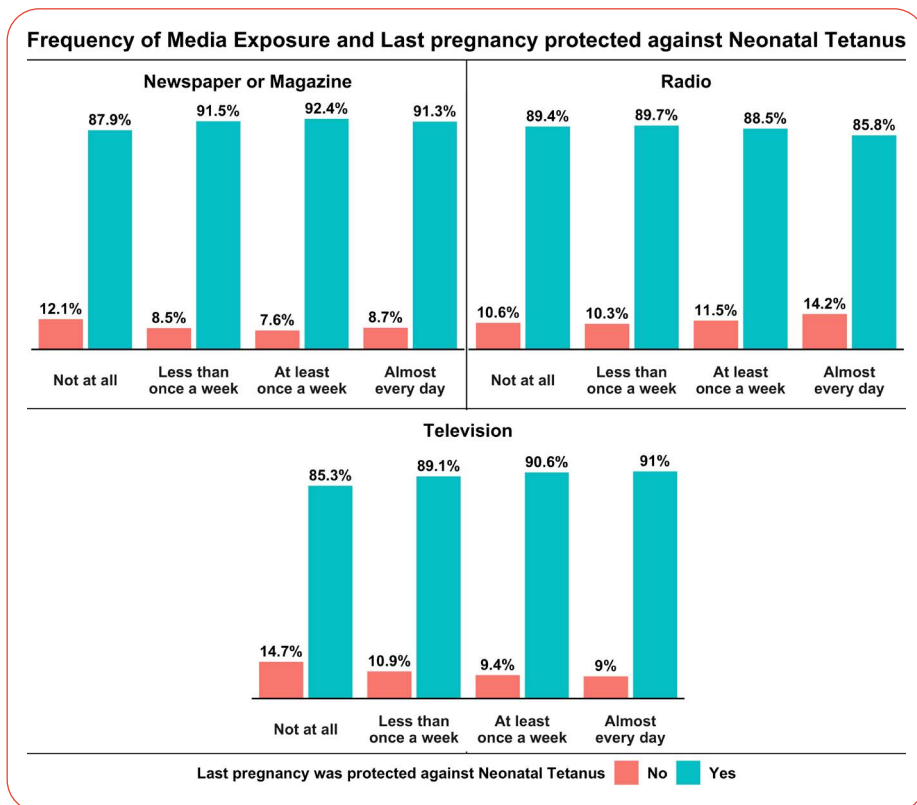


Women who read a newspaper or magazine almost every day are more likely to take IFA supplements for at least 100 days during pregnancy, compared to women who do not read a newspaper or magazine at all (50.2% versus 24.3%). A similar trend is observed for listening to the radio (40.4% versus 29.7%) and watching television (40.2% versus 15.2%). Moreover, women who go to the cinema to watch movies at least once a month are also more likely to take IFA supplements for at least 100 days during pregnancy, compared to women who go to the cinema to watch movies less than once a month (47.3% versus 28.9%). (Figure 2.1) The likelihood of taking IFA supplements for at least 100 days during pregnancy increases with an increase in the frequency of exposure to all four types of mass media.

### Protection against neonatal tetanus

In many developing countries, neonatal tetanus is a major cause of early infant death. This often occurs due to the unhygienic procedures followed during delivery. A birth is protected against neonatal tetanus if the mother has been appropriately vaccinated, that is she has received any of the following: two tetanus toxoid injections during that pregnancy; two or more injections, the last one within three years of the birth; three or more injections, the last one within five years of the birth; four or more injections, the last one within ten years of the birth, or five or more injections at any time prior to the birth.

Figure 2.2

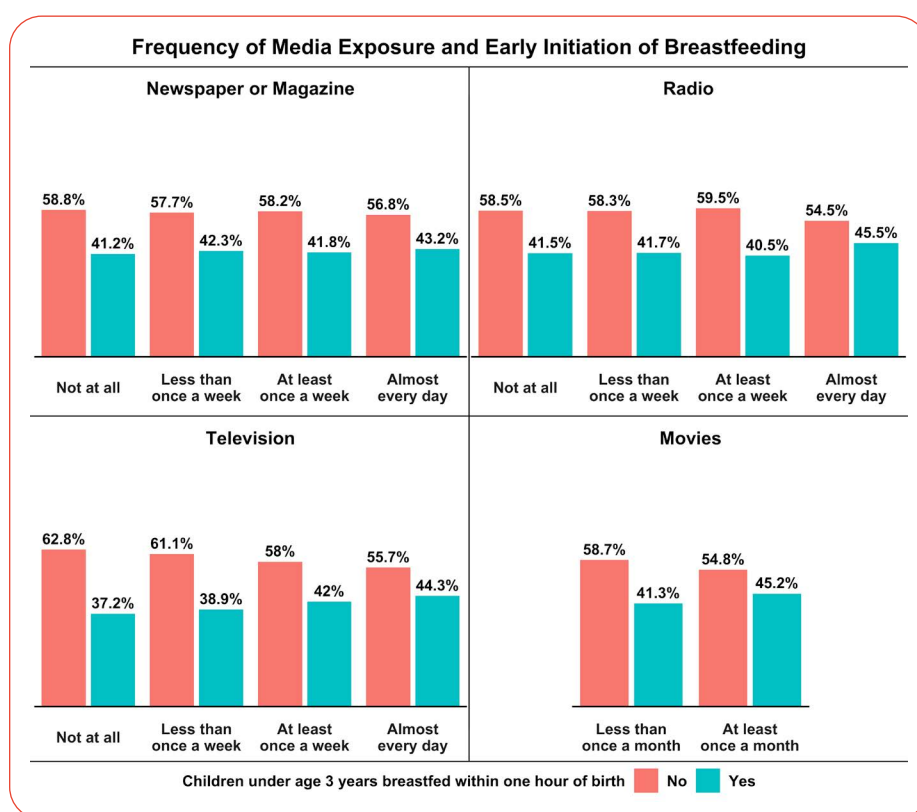


Women who read a newspaper or magazine almost every day are more likely to have their last pregnancy protected against neonatal tetanus, compared to women who do not read a newspaper or magazine at all (91.3% versus 87.9%). Similar pattern was observed for watching television (91% versus 85.3%). However, women who listen to the radio almost every day are less likely to have their last pregnancy protected against neonatal tetanus, compared to women who do not listen to the radio at all (85.8% versus 89.4%). (Figure 2.2) The likelihood of having their last pregnancy protected against neonatal tetanus increases with an increase in the frequency of watching television.

## Early Initiation of Breastfeeding: Children under age 3 years breastfed within one hour of birth

Early Initiation of Breastfeeding (EIBF) is defined as initiation of breastfeeding within one hour of birth. EIBF benefits both the mother and the child. The first breastmilk contains colostrum, a highly nutritious milk, which contains antibodies that protect the newborn from diseases. EIBF also encourages mother and child bonding, further facilitating regular breastmilk production.

Figure 2.3



Women who read a newspaper or magazine almost every day are more likely to initiate breastfeeding within one hour of birth, compared to women who do not read a newspaper or magazine at all (43.2% versus 41.2%). A similar trend is observed for listening to the radio (45.5% versus 41.5%) and watching television (44.3% versus 37.2%). Moreover, women who go to the cinema to watch movies at least once a month are also more likely to initiate breastfeeding within one hour of birth, compared to women who go to the cinema to watch movies less than once a month (45.2% versus 41.3%). (Figure 2.3) The likelihood of initiating breastfeeding within one hour of birth increases with an increase in the frequency of watching television and going to the cinema to watch movies.

### Exclusive Breastfeeding: Children under age 6 months exclusively breastfed

Appropriate infant and young child feeding practices recommends that children should be exclusively breastfed in the first six months of their life, that is they should be given nothing but breastmilk, not even water. Breastmilk is an uncontaminated nutritional source and contains all the required nutrients for the children during the first six months of their life.

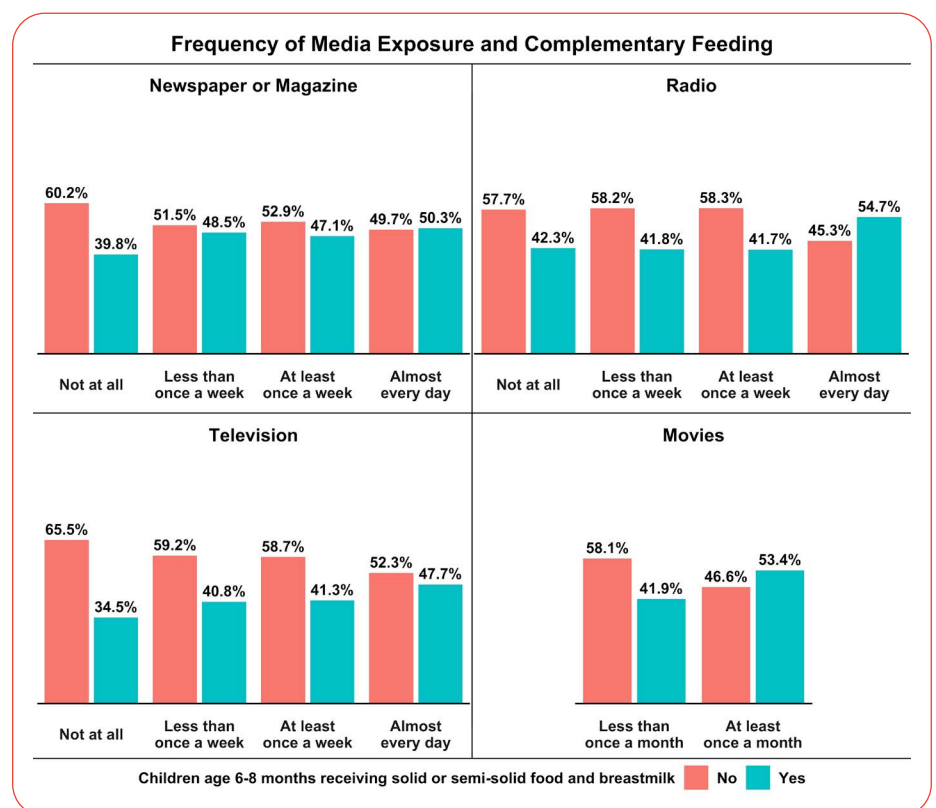
The relationship between exposure to any of the four types of media and exclusive breastfeeding of children under six months was inconclusive.



## Complementary Feeding: Children age 6-8 months receiving solid or semi-solid food and breastmilk

After six months of age, breastmilk is no longer sufficient to meet the nutritional needs of the infant. Therefore, complementary foods should be added to the diet of the child. Complementary foods should include a variety of foods that meet the child's nutritional requirements, like fruits and vegetables.

Figure 2.4



Women who read a newspaper or magazine almost every day are more likely to perform complementary feeding of children after the first six months, compared to women who do not read a newspaper or magazine at all (50.3% versus 39.8%). A similar trend is observed for listening to the radio (54.7% versus 42.3%) and watching television (47.7% versus 34.5%). Moreover, women who go to the cinema to watch movies at least once a month are also more likely to perform complementary feeding of children after the first six months, compared to women who go to the cinema to watch movies less than once a month (53.4% versus 41.9%). (Figure 2.4) The likelihood of performing complementary feeding of children after the first six months increases with an increase in the frequency of watching television and going to the cinema to watch movies.

## **Key take-aways on media exposure, and maternal and child health indicators**

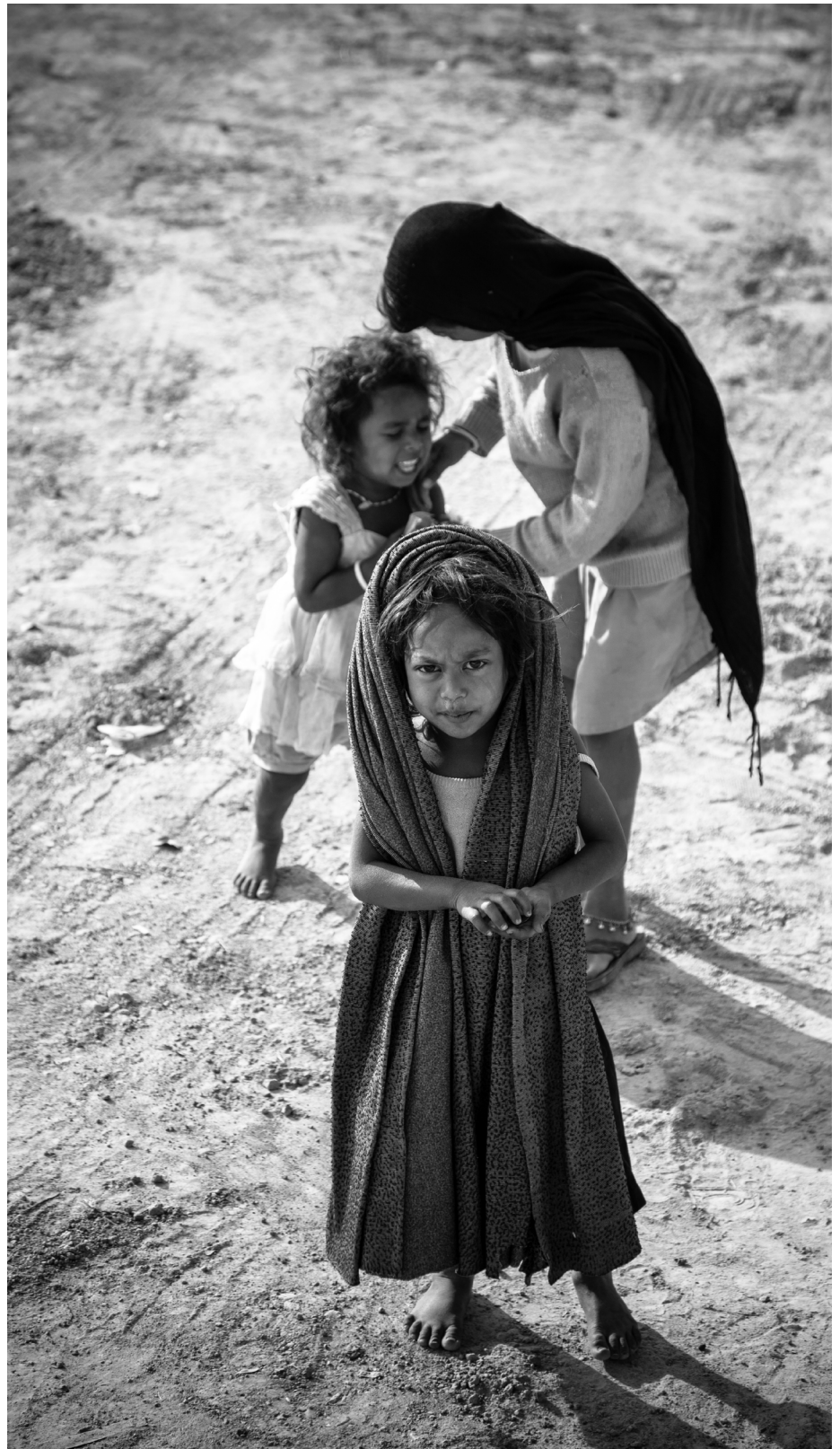
- Women who had some exposure to any of the four types of media were more likely to follow the recommended practice of taking IFA supplements for at least 100 days during pregnancy. For all four types of media, the likelihood of taking IFA supplements increased with an increase in their frequency of exposure.
- Women who had some exposure to newspaper/magazine or television were more likely to be protected from neonatal tetanus. The likelihood of being protected from neonatal tetanus increased with an increase in frequency of exposure to television.
- Women who had some exposure to newspaper/magazine, television or movies were more likely to perform early initiation of breastfeeding (EIBF). The likelihood of performing EIBF increased with an increase in their frequency of exposure to television and movies.
- Women who had some exposure to newspaper/magazine, television or movies were more likely to perform the recommended complementary feeding practices. The likelihood of performing the recommended complementary feeding practices increased with an increase in their frequency of exposure to television and movies.



# 2.4

## Additional indicators to be considered

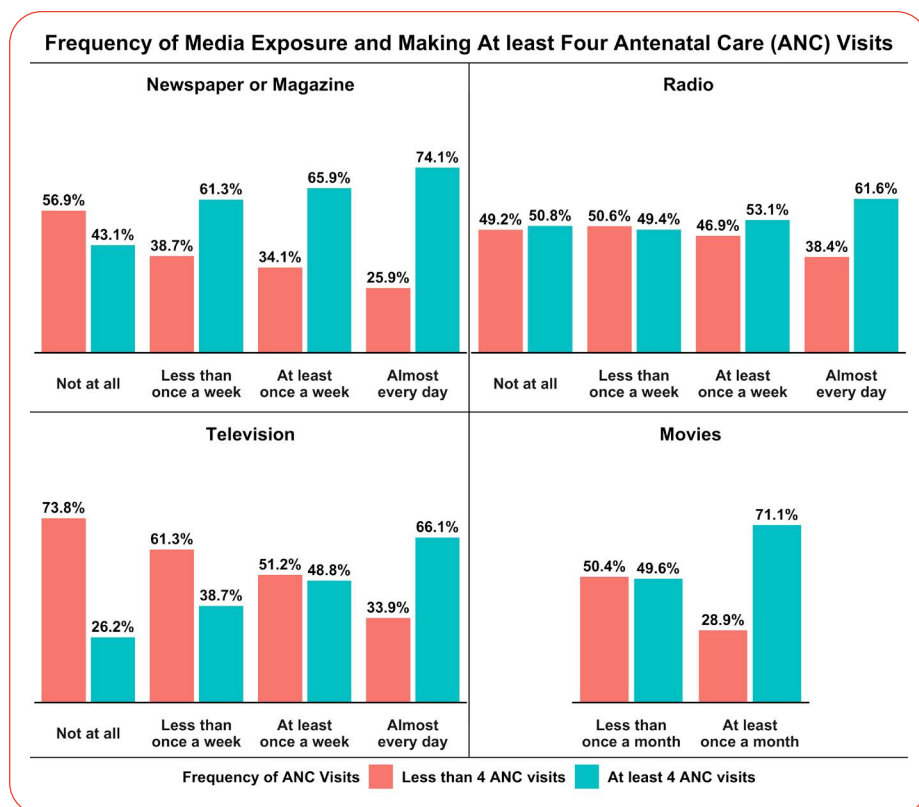
The rich dataset of NFHS offers additional information that is relevant to children's health. While these indicators are not within the control of the Ministry of Women and Child Development (MoWCD), a systems approach to health warrants taking into account these additional indicators.



### Number of Antenatal care (ANC) visits.

Antenatal care is a critical tool that can help promote a positive pregnancy experience by reducing the health risks for mothers and their babies through risk identification, prevention and management of pregnancy-related or concurrent diseases, maternal health education and health promotion.<sup>52</sup> Prior to 2016, WHO recommended to attend at least **four** ANC visits for a healthy pregnancy. However, in 2016, WHO revised their recommendation to at least **eight** ANC visits for a healthy pregnancy. In this report, we present information on making at least four as well as at least eight ANC visits.

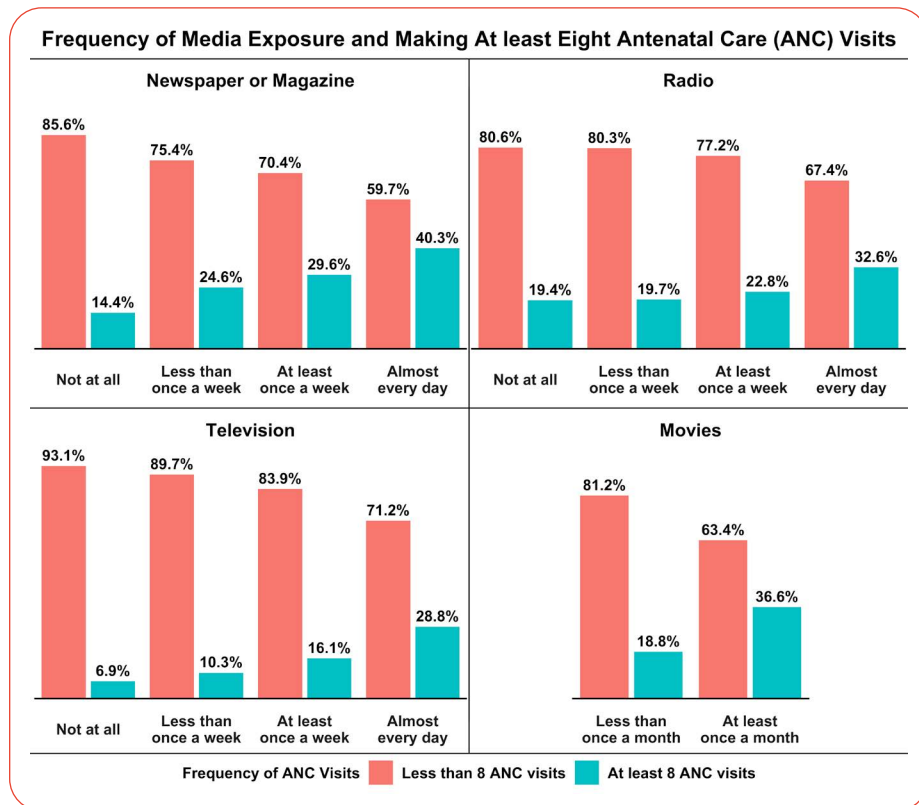
Figure 2.5



Women who read a newspaper or magazine almost every day are more likely to attend at least four ANC visits, compared to women who do not read a newspaper or magazine at all (74.1% versus 43.1%). A similar trend is observed for listening to the radio (61.6% versus 50.8%) and watching television (66.1% versus 26.2%). Moreover, women who go to the cinema to watch movies at least once a month are also more likely to attend at least four ANC visits, compared to women who go to the cinema to watch movies less than once a month (71.1% versus 49.6%). (Figure 2.5) The likelihood of making at least four ANC visits increases with an

increase in the frequency of exposure to newspaper or magazine, television, and movies, suggesting a dose-dependent effect.

Figure 2.6

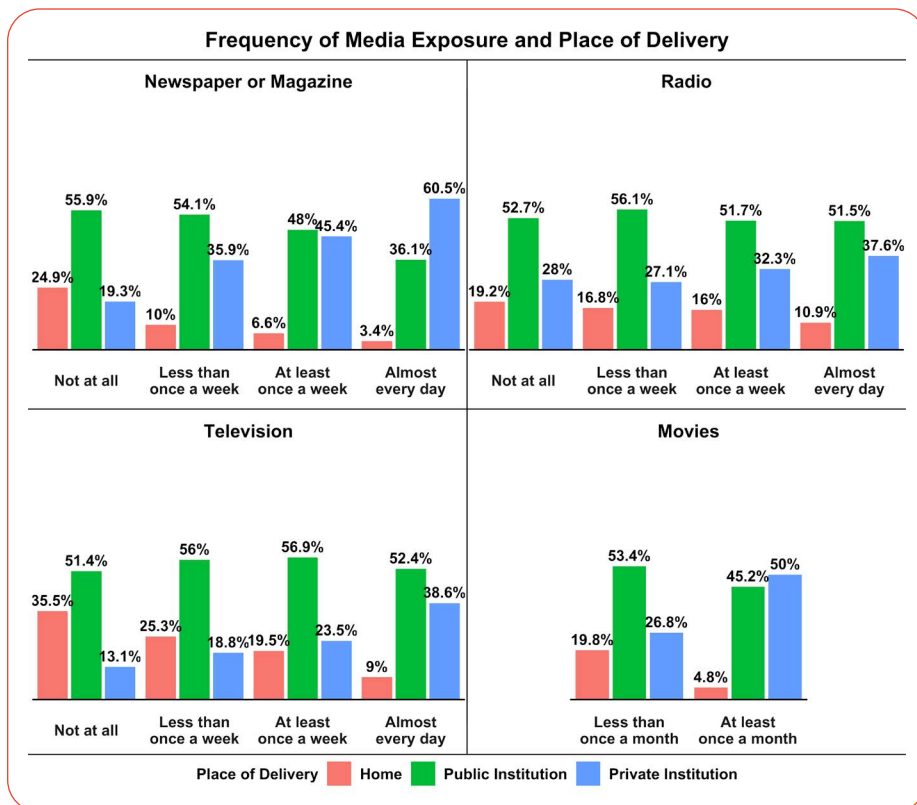


Women who read a newspaper or magazine almost every day are more likely to attend at least eight ANC visits, compared to women who do not read a newspaper or magazine at all (40.3% versus 14.4%). A similar trend is observed for listening to the radio (32.6% versus 19.4%) and watching television (28.8% versus 6.9%). Moreover, women who go to the cinema to watch movies at least once a month are also more likely to attend at least eight ANC visits, compared to women who go to the cinema to watch movies less than once a month (36.6% versus 18.8%). (Figure 2.6) The likelihood of making at least eight ANC visits increases with an increase in the frequency of exposure to all four types of mass media.

## Place of Delivery

Place of delivery, like at home or at a health facility, is an important factor in determining maternal and neonatal mortality.

Figure 2.7

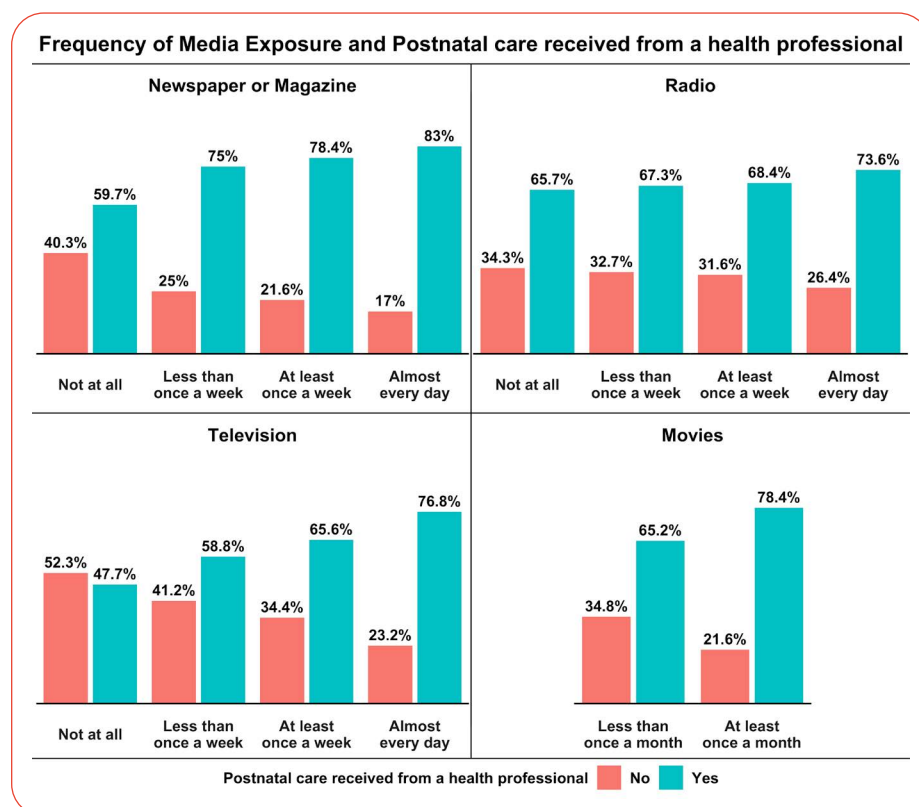


Women who read a newspaper or magazine almost every day are less likely to give birth at home or at a public institution but more likely to give birth at a private institution, compared to women who do not read a newspaper or magazine at all (home: 3.4% versus 24.9%, public institution: 36.1% versus 55.9%, private institution: 60.5% versus 19.3%). A similar trend is observed for listening to the radio (home: 10.9% versus 19.2%, public institution: 51.5% versus 52.7%, private institution: 37.6% versus 28%). Women who watch television almost every day were less likely to give birth at home but more likely to give birth at a public or a private institution, compared to women who do not watch television at all (home: 9% versus 35.5%, public institution: 52.4% versus 51.4%, private institution: 38.6% versus 13.1%). Moreover, women who go to the cinema to watch movies at least once a month are less likely to give birth at home or at a public institution but more likely to give birth at a private institution, compared to women who go to the cinema to watch movies less than once a month (home: 4.8% versus 19.8%, public institution: 45.2% versus 53.4%, private institution: 50% versus 26.8%). (Figure 2.7)

## Postnatal care received from a health professional within two days of delivery

A large percentage of maternal and neonatal deaths happen within the first 24 hours after childbirth. Therefore, a timely postnatal care from a health professional can treat delivery-related complications for both the mother as well as the infant by initiating timely and appropriate care, thereby reducing mortality. Moreover, it can serve to provide the mother with vital information on how to care for the baby and herself. As recommended by the Ministry of Health and Family Welfare (MoHFW), all women who deliver in a health facility should receive a postnatal check within the first 24 hours, and women who give birth outside a health facility should receive postnatal care from a health professional within the first 12 hours after delivery. In this report, we present information on receiving postnatal care from a healthcare professional as well as receiving postnatal care from a healthcare professional within two days of delivery.

Figure 2.8

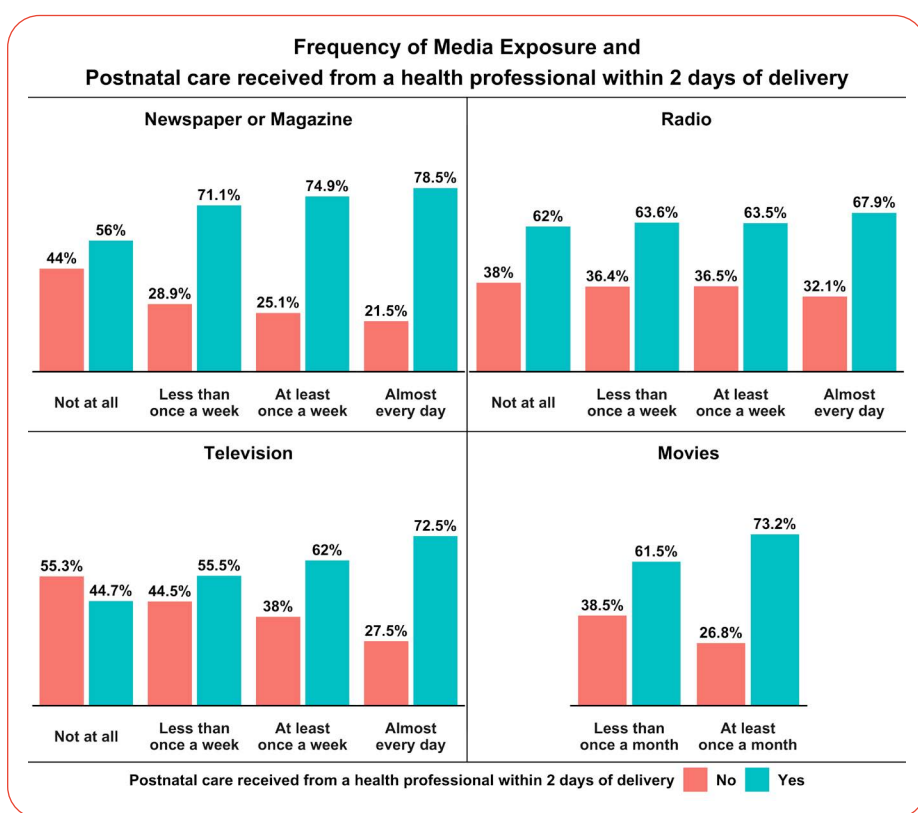


Women who read a newspaper or magazine almost every day are more likely to receive postnatal care from a health professional, compared to women who do not read a newspaper or magazine at all (83% versus 59.7%). A similar trend is observed for listening



to the radio (73.6% versus 65.7%) and watching television (76.8% versus 47.7%). Moreover, women who go to the cinema to watch movies at least once a month are also more likely to receive postnatal care from a health professional, compared to women who go to the cinema to watch movies less than once a month (78.4% versus 65.2%). (Figure 2.8) The likelihood of receiving postnatal care from a health professional increases with an increase in the frequency of exposure to all four types of mass media.

Figure 2.9



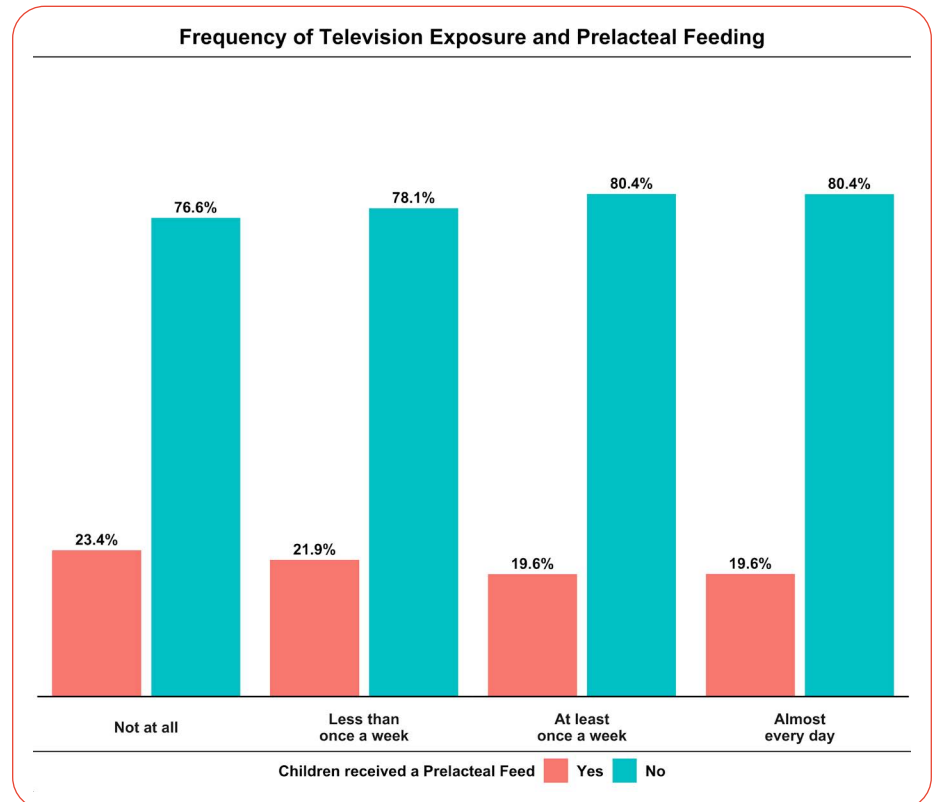
Women who read a newspaper or magazine almost every day are more likely to receive postnatal care from a health professional within 2 days of delivery, compared to women who do not read a newspaper or magazine at all (78.5% versus 56%). A similar trend is observed for listening to the radio (67.9% versus 62%) and watching television (72.5% versus 44.7%). Moreover, women who go to the cinema to watch movies at least once a month are also more likely to receive postnatal care from a health professional within 2 days of delivery, compared to women who go to the cinema to watch movies less than once a month (73.2% versus 61.5%). (Figure 2.9) The likelihood of receiving postnatal care from a health professional within 2 days of delivery increases with an increase in the frequency of reading newspaper or magazine, watching television and going to the cinema to watch movies.



## Prelacteal Feeding

Prelacteal feeding is feeding the newborn anything other than breastmilk before breastmilk is regularly given, and it is highly discouraged.

Figure 2.10



Women who watch television almost every day are more likely to not perform prelacteal feeding, compared to women who did not watch television at all (80.4% versus 76.6%). (Figure 2.10)

## Key take-aways on the relationship between media exposure, and additional indicators relevant to infant health

- Women who had some exposure to any of the four types of mass media were more likely to make at least four antenatal care visits. Women who had some exposure to any of the four types of mass media were more likely to make at least eight antenatal care visits and their likelihood increased with an increase in their frequency of exposure.
- Women who had some exposure to any of the four types of mass media were less likely to deliver at home. Women who had some exposure to Newspaper or magazine, or movies were less likely to deliver at a public institution. Women who had some exposure to newspaper/magazine, television or movies were more likely to deliver at a private institution.
- Women who had some exposure to any of the four types of mass media were more likely to receive postnatal care from a healthcare professional within two days of delivery.
- Women who had some exposure to television were less likely to perform prelacteal feeding.

















# 2.5 Overview of the results

 Likelihood of behavior increases with media exposure

 Likelihood of behavior decreases with media exposure

\* Significant relationship with behavior with no clear trend

n.s. No significant relationship

Maternal and Child Health Indicators pertaining to WHO's 1000-day approach	Newspaper/ Magazine	Radio	Television	Movies
<b>Antenatal care indicators</b>				
Taking Iron Folic Acid (IFA) supplements for at least 100 days during pregnancy				
Protection against neonatal tetanus		*		n.s
<b>Infant and Young child feeding practices</b>				
Early initiation of breastfeeding				
Exclusive breastfeeding	n.s.	n.s.	n.s.	n.s
Complementary feeding				

 Likelihood of behavior increases with media exposure

 Likelihood of behavior decreases with media exposure

**\*** Significant relationship with behavior with no clear trend

**n.s.** No significant relationship

Additional Indicators Considered	Newspaper/ Magazine	Radio	Television	Movies
<b>Antenatal care visits</b>				
At least four Antenatal care visits				
At least eight Antenatal care visits				
<b>Place of delivery</b>				
Home				
Public Institution		*	*	
Private Institution				
<b>Postnatal care indicators</b>				
Postnatal care received from a healthcare professional				
Postnatal care received from a healthcare professional within two days of delivery				
<b>Prelacteal feeding practices</b>				
Prelacteal Feeding	n.s.	n.s.		n.s.

# 2.6

## Recommendations

- Exposure to different types of mass media is positively associated with the recommended maternal and child health practices. Therefore, they can be used to disseminate messages related to a variety of these practices and create awareness amongst women in India.
- Communicating via mass media can be especially beneficial in areas where the target population is large and spread out and interpersonal communication channels are unable to penetrate or expensive to penetrate.
- This form of communication can also be used to overcome barriers such as those presented during the time of the COVID-19 pandemic.
- As compared to interventions that require interpersonal communications, using a less labor-intensive communication tool like mass media will allow the interventions to be carried out at scale.



---

# What are some of the SBCC strategies being implemented in the field?

3.1 Overview

3.2 Interpersonal counselling and community conversations

3.3 Cultural platforms

3.4 Media

3.5 Community mobilization

3.6 Recommendations



# 3.1

## Overview

The reviews of studies on interventions and the analyses of data from NFHS provide a rich context on what type of interventions have worked or not worked in the past and reach of platforms that appear to be strongly associated with POSHAN Abhiyaan indicators. Yet, another critical factor that has a profound influence on dietary practices of young mothers is local cultural norms within their families and communities. Culture provides basic foundation for belief systems and informs practices that are acceptable and maintained over generations. Departments and Ministries at Central and state level, as well as non-governmental organizations have been adept to adapting local cultural practices to promote healthy nutrition. These promising practices include interventions that have the potential to promote nutrition seeking behaviors that are culturally proximal but require empirical validation and support. Despite the lack of empirical evidence behind them, unearthing such local practices has two distinct advantages:

- They are culturally proximal to people which facilitates easier adoption of recommended behaviors,
- They are usually engaged at scale which is distinct advantage over interventions done in tightly controlled settings where “real world” conditions are difficult to replicate.

The next section explores these culturally proximal practices.

To this end, Ministry of Women and Child Development in partnership with the Harvard Chan India Research Center organized three consultations with over 25 representatives from leading development partners, 23 representatives from state and UT women and child development departments, and over 90 state-level stakeholders from Uttar Pradesh, respectively. The primary goal of the sessions was to canvass the learnings and experiences on social and behavioral change communication (SBCC), as well as case studies and strategies used to advance the *Jan Andolan* program of POSHAN Abhiyaan.

### Methods

The sessions included presentations from development partners, representatives from different ministries, and presentations from selected states. Following the presentations, brainstorming sessions were conducted to seek detailed input on the promising practices promoted through SBCC strategies across all states. These discussions provided an overview of the model practices

being undertaken across the country to address undernutrition, whether by state governments or development partners. Participants identified criteria to determine appropriate messages and platforms for the dissemination of key information on nutrition, local social and cultural practices to encourage community mobilization for nutrition. Discussions also covered the role of state governments in promoting *Jan Andolan* through identifying, disseminating and scaling up the promising practices as well as outlining the resources required for scaling up activities under *Jan Andolan*. The following sections provide an overview of practices, platforms and activities conducted by a variety of stakeholders in partnership with the centre and state to promote the uptake of nutrition seeking behaviors across priority themes for *Jan Andolan* and POSHAN Abhiyaan.



# 3.2

## Interpersonal counselling and community conversations

As discussed in Section 1, which discusses learnings from SBCC studies in nutrition, interpersonal counselling and community conversations are an effective intervention for generating awareness and influencing changing behaviors amongst pregnant women and their family members, particularly when carried out by frontline health workers. The following practices describe interpersonal counselling initiatives undertaken by frontline health workers, SHGs, and other partners, for the promotion of healthy dietary practices:



### Optimal breastfeeding

Diverse programs and campaigns were conducted across the country, to highlight key information on breastfeeding practices and generate awareness among pregnant women, lactating mothers, families and communities. An exemplar practice is the 'No Water, Only Breastmilk' campaign in Uttar Pradesh, which was conducted to support *Anganwadi* workers (AWWs) in generating community awareness on reducing water intake among infants aged 0-6 months. AWWs utilized community events such as community meetings, Take Home Ration (THR) distribution days, Village Health Sanitation and Nutrition Days (VHSNDs), AAA (ANM, Anganwadi worker, ASHA) meetings, *Bachpan Diwas*, *Mamta Diwas*, *Ladli Diwas*, and *Suposhan Swasthya Mela* for disseminating messages on optimal breastfeeding practices. During beneficiary meetings, messages on breastfeeding were written on the hands of caregivers in *mehndi*, to remind them to feed children only breastmilk and not water. AWWs also organized competitions, door-to-door campaigns, wall writing events, and rallies with support from other ICDS officials and functionaries, development partners, SHGs, district nutrition specialists, and local influencers.

Some states leveraged partnerships to ensure widespread dissemination of messages on the importance of colostrum and early initiation of breastfeeding – while the WCD department in Tamil Nadu worked with private hospitals, medical staff, and nursing students to conduct home visits and rallies, the Role Model Program in Puducherry enlisted AWWs, local influencers, and community leaders such as MLAs and dignitaries to promote community participation.

Example of a popular slogan: “If the children are hungry, breastfeed them, if you feel that they are thirsty, then also breastfeed them till they are 6 months of age”



### Complementary feeding

Demonstrations and home visits were used as platforms to promote complementary feeding among mothers. ‘Food and Feeding Demonstrations’ were organized for mothers in *Anganwadi* centers (AWCs) in Odisha, to enable group discussions on different aspects of complementary feeding and demonstrate recipes sourced from a local food compendium. AWWs in Chandauli, UP conducted home visits and sessions with mothers on complementary feeding, and also provided counselling at community events and meetings.



### Adequate dietary diversity

AWCs provided a common platform for community events that could be used for the dissemination of messages on dietary diversity. Programs like the *Mata Angat-Pangat-Dabba* Party program for pregnant mothers in Maharashtra, which involved gatherings at AWCs where mothers shared food and advice with one another, attempted to provide a conducive environment for the adoption of appropriate dietary practices during pregnancy with support and counselling from AWWs.

AWWs also organized recipe competitions at AWCs on block- and village-level community-based event days, to counsel the community on utilizing the variety of products available under the supplementary nutrition program, such as *meetha daliya*, *meetha khurma*, *gulgule*, *barfi*, *malpua*, *daliya*, *kheer*, *namkeen*, *namkapare*, *dhokla*, *khichdi*, *tehri*, *idli*, *meetha ladoo*, *katli*, and *gujhiya*.



### Anemia prevention

IFA supplement distribution and counselling efforts by frontline workers aimed to enable pregnant and lactating mothers and children to tackle anemia and undernutrition and increase their awareness on anemia prevention. While AWWs in Haryana made use of home visits and VHSNDs at AWCs to carry out a pilot distribution program to provide IFA supplementation and nutrition counselling to pregnant and lactating mothers, AWWs in Assam prepared and distributed *laddoos* using local ingredients given by district authorities, to highlight the importance of locally available nutritious food in tackling iron deficiencies and fighting anemia and undernutrition.



### Nutrition promotion

Nutrition promotion activities through interpersonal counselling spanned a wide range of communities and settings. Efforts to increase awareness on nutrition were conducted through home visits in Delhi, to educate pregnant women on appropriate cooking practices and nutrient-rich recipes. Faith leaders were also enlisted to engage with the community to address traditional beliefs and break myths and taboos about nutrition. Tribal communities in Andhra Pradesh received nutrition education through nutrition hubs comprising of 20-25 AWCs; recipe demonstrations were organized at the hubs to cultivate awareness on food preservation and recipes for pregnant and lactating women.

Nutrition education activities were also conducted in schools, to counsel school-going children on healthy diets. At the individual level, *Bal-panchayats*, who were school- or class-level Health Monitors, held the responsibility of planning and conducting nutrition awareness activities for their school and community. At a wider community level, the *Khana* Program was launched with the goal of increasing awareness on nutrition and balanced diets among school-going children, through nutrition awareness workshops, food festivals, dramas and 'nutrition weeks'.



### Antenatal care

AWCs served as a common channel for role model programs and cooking competitions conducted to disseminate messages on antenatal care. Pregnant and lactating women seeking antenatal care and consuming iron tablets acted as role models and engaged with other mothers at community-based events, to provide advice on problems faced during pregnancy. Cooking competitions, on the other hand, were focused on involving husbands. Men were taught to make delicacies using *Balamrutham* powder (weaning food), which were distributed in AWCs.

# 3.3

## Cultural platforms

*Considering the influence of culture and tradition on Indian diets, numerous culturally proximal practices have been implemented to improve maternal and child nutrition and emphasize the importance of balanced diets. The following practices describe events that have been utilized as platforms for the dissemination of key messages on dietary diversity, anemia prevention and complementary feeding.*



### Complementary feeding

Cultural events played a focal role in generating awareness around healthy complementary feeding practices across states. In particular, *Annaprashan Diwas*, which translates to 'grain initiation day' and is an event that celebrates the introduction of solid food into an infant's diet, served as an opportunity for AWWs to improve awareness on the quality of complementary foods and feeding practices among pregnant women, mothers, and children. Counselling efforts at AWCs included educating mothers and family members about locally available nutritious food for young children and generating awareness and support among family members and the community during the transition from mother's milk to semi-solid and later solid diets. These events also included discussions on the preparation of complementary foods, supervised feeding of children and nutrition counselling for mothers, facilitated by AWWs. In Madhya Pradesh, Gujarat, and Tripura, the event hosted demonstrations by AWWs and ASHAs for mothers and caretakers of infants, on using a *katori* and a spoon as a standardized measure. *Pratham Aahar* events in Assam were organized to promote initiation of complementary feeding, with the purpose of preventing undernutrition among children. On the other hand, *Matri Amrit* ceremonies were organized specifically for pregnant women in their last trimester, to provide them with local fruit and pulses and motivate them to choose institutional delivery and practice appropriate care during pregnancy.





### Adequate dietary diversity

Local festivals and cultural community-based events provided a prime opportunity for nutritional counselling for pregnant and lactating women and community members on dietary diversity. *Poshan Bathukamma*, a 9-day floral festival held in Telangana, served as a platform for generating awareness on the consumption of nutritious food and benefits of dietary diversity, through culturally affiliated messaging and demonstrations. Nutritious food was arranged alongside seasonal flowers, to convert the floral Bathukamma into a *Poshan Bathukamma* and generate conversations around the nutritional value of the food on display.

Community-based events, such as *Annaprashan Diwas* and *Godhbharai*, and local festivals such as *Tija - Pora*, *Rakhi*, *Hareli*, *Kamarchhat*, *Ganesh Puja*, *Holi*, and *Janmashtami*, were also utilized for the dissemination of nutrition messaging through folk dances and songs, where POSHAN messages were integrated with festive rituals.



### Anemia prevention

An exemplar practice advocating for anemia prevention was *StreeDhan*, an awareness initiative focused on preventing anemia among adolescent girls and young mothers. The initiative was launched by AWWs, ANMs and ASHAs in Uttarakhand, to emphasize that 'along with GOLD, women should also invest in their IRON'. Instead of the gold that is typically distributed to women during Diwali season, frontline workers distributed healthy fruits and vegetables among women in the community, as well as IFA kits to help women and adolescent girls address anemia in their community.



### Nutrition promotion

*Godhbharai*, or a traditional baby shower, is a key cultural event for pregnant mothers. For the purpose of nutrition promotion, these events were also used as a platform to provide counselling to pregnant mothers on nutrition, anemia prevention, breastfeeding, and hygiene and sanitation, and have even been held at community-based events, such as *Suposhan Chaupal*, a community-based

event for increasing awareness on nutrition and sanitation during National Nutrition Month. Along with the customary gift basket comprising of THR and food rich in vitamins and iron to highlight the importance of fighting undernutrition and anemia, pregnant mothers also received a *Bal Suposhan Gullak*, an earthen 'piggy bank', which encouraged them to start saving money for the wellbeing of their soon-to-be-born child.

*Suposhan Diwas* is another event which was facilitated by AWWs and ASHAs to educate husbands and foster supportive responsibility among male family members, regarding nutritious diets during pregnancy, the importance of antenatal care checkups for women, and the importance of IFA supplementation, complementary feeding and growth monitoring. *Bhajan Sandhyas* with motivational messages on *paushtik khana* (healthy food) were also organized for mothers at *Sashakta Mahila Kendras* in Himachal Pradesh, to encourage healthy dietary choices.



# 3.4

## Media

As highlighted in Section 2, exposure to mass media among women was found to be associated with a higher likelihood of seeking antenatal and postnatal care, and a lower likelihood of delivering at home. The following practices describe communication materials and media resources that were used in promoting healthier behaviors and dietary practices among pregnant and lactating women, mothers, and children:



### Optimal breastfeeding

The dissemination of information, education and communication (IEC) material is a key theme in many health awareness campaigns. One such campaign is the Mothers' Absolute Affection (MAA) program, which was launched nationwide, to promote healthy breastfeeding practices through the dissemination of IEC material and pictorial representations on appropriate feeding behaviors. The program also provided information and counselling on breastfeeding to mothers and supported capacity enhancement and training initiatives for nurses, ANMs and ASHAs.



### Adequate dietary diversity

"ChittuKuruviSedhiTheriyuma", a bi-monthly newsletter that was published and distributed at AWCs in Tamil Nadu, aimed to be a comprehensive accessible resource for community members regarding dietary diversity, nutrition, sanitation and IYCF practices. Across the state, posters and radio jingles were also utilized to spread key messages on nutrition and dietary diversity.



### Anemia prevention

Booklets and calendars were deployed as channels for increasing awareness on anemia prevention. AWCs in Telangana promoted a period tracking sheet and calendar which aimed to tackle anemia in adolescent girls, through messages related to nutrition and hygiene for adolescents. A similar calendar has been developed for pregnant and lactating women, to increase their awareness regarding anemia prevention. Another such resource is the *Poshan* Calendar, a graphic counselling card with pictorial representations of appropriate feeding behaviors, which was used to highlight the

side-effects of the IFA supplement. It was also used as a goal-tracking device to remind pregnant and lactating mothers to take the supplement.

Pilot interventions focused on iron and folic acid consumption during pregnancy also used tools such as flipbooks, story cards and IFA calendars. Frontline workers trained to improve the uptake of IFA pills during pregnancy used these tools to counsel pregnant women on IFA supplementation and to provide reminders.



### Nutrition promotion

Promotion of healthy dietary practices was carried out through numerous platforms across states, including visual media, recipe demonstrations, and counselling. In Gujarat, a program called *Hello Sakhi Hello Doctors* aimed to raise POSHAN-related awareness through YouTube videos in partnership with Doordarshan. The videos provided information on the importance of the first 1000 days, Take Home Ration (THR) and fortified food, breastfeeding and complementary feeding, IFA supplementation, and the ICDS scheme. Short videos on nutrition education and myth-busting were also released in Mizoram, Nagaland, and Tripura and discussed at community-based events and talk shows with doctors and specialists. In particular, religious leaders were engaged to dismantle myths linked to postnatal care, such as the unsafe custom of fasting for two days post-delivery.

Cooking and recipe demonstrations were used for the promotion of local nutritious recipes amongst the community. Assam promoted local and ethnic food practices through cooking demonstrations in the tea gardens and included information on nutrition education in the quarterly *Poshan* magazine, in collaboration with educational institutions in Lakhimpur district. *Amma ki Smritiyaan*, an event organized by ICDS functionaries for the promotion of old traditional recipes utilizing millets and local food items in Uttarakhand, hosted cooking demonstrations by elderly women at AWCs and provided traditional recipe booklets used by older women in the community to increase awareness regarding locally sourced ingredients.

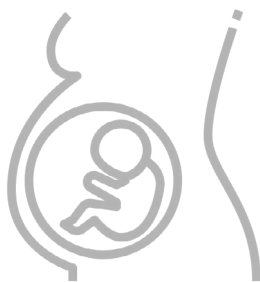
Many states and UTs used innovative methods to promote healthy dietary practices among the community, in addition to mass media

and demonstrations. *Poshan* Helpline was launched in Chandigarh for tele-counselling on nutrition, anemia prevention, and support for migrant populations. The helpline was facilitated by CDPOs, block coordinators, health workers, and community radio stations.

To increase awareness on nutrition as part of conscious marketing through corporate social responsibility initiatives, television advertisements on nutritious food and healthy diets were strategically aired at times children were expected to be watching.

Another initiative was the launch of *Tiki Mausii* by the WCD department in Odisha. *Tiki Mausii*, a mascot dressed in local attire, became the face of critical messages that highlighted the importance of nutrition for girls and involving men in tackling malnutrition, and was often featured in mass media, A/V kits, standees and wall paintings.

Common hashtags used were: #TikiTalks  
#MenstreamingMalnutrition and #MenAgainstMalnutrition



### Antenatal care

To generate awareness on antenatal care, the Mother and Child Protection Card (MCPC) was developed to provide key messages highlighting the importance of antenatal and postnatal care among mothers. The MCPC is a counselling card for pregnant, post-partum women and under-five children, that provides short messages on accessible services delivered through ICDS and NRHM, and practices for achieving good health for the mother and child. These messages include information on the importance of ANC check-ups, institutional delivery, and early and exclusive breastfeeding, and also provide parenting tips.

Example of parenting tips: Feeding, playing and communicating with children helps them to grow and develop physically and intellectually” and “Talk, smile and be patient to encourage the child to eat”.

# 3.5

## Community mobilization

*Community and social mobilization is one of the key activities under Jan Andolan, primarily due to the importance of multi-sectoral participation, which is crucial for the success of the program. The following practices describe initiatives and events that focus on involving the community, stakeholders, and numerous partners working towards the goal of improving nutritional outcomes for pregnant and lactating women, mothers, and children.*



### Complementary feeding

To rally community members and stakeholders around increasing awareness on complementary feeding practices, community events and melas were used as platforms to encourage healthy dietary practices for mothers and children. *Upari Aahaar Abhyaas Diwas* is a weekly event designated to reinforce complementary feeding practices among families who attended *Annaprashan Diwas*. Through weekly meetings at AWCs, peer-focused learning, collective problem solving, and awareness generation among mothers on age-appropriate complementary feeding practices, dietary diversity, and the adequacy and frequency of responsive feeding, these events aimed to strengthen the uptake of complementary feeding practices.

Similarly, *POSHAN Mela*, which was organized to display block-wide food diversity to attendees, showcased feasible home-based complementary feeding techniques, with the goal to mobilize communities towards adopting desirable practices of complementary feeding.

Frontline workers and SHGs provided support for the facilitation of such events; in Bihar, *Upari Aahaar Abhyaas Diwas* was conducted at AWCs with their help along with that of Panchayati Raj members, teachers, infrastructure development authorities, *Krishi Vigyan Kendras*, and medical bodies. Other community and complementary feeding-focused initiatives facilitated by them deployed intensive counselling and messaging through platforms like *Annaprashan Diwas*, *Mamta Diwas*, and beneficiary meetings.





### Adequate dietary diversity

Dietary diversity was promoted by SHGs and women *sarpanches* at the *Panchayat* (village council) office, through numerous community-focused initiatives. The development of nutri-gardens, which are community- or household-based gardens used for the cultivation of nutritious crops to improve nutritional security, was used as an opportunity to disseminate information on local dietary habits, provide cooking demonstrations to promote nutritious recipes among mothers, and discuss the importance of dietary diversity and protein in local diets. In Haryana, Assam, and Madhya Pradesh, promotion of nutri-gardens was carried out at AWCs during VHSNDs and community gatherings. Haryana, in particular, promoted millet usage among mothers and male community members across 100 AWCs per district.

Special VHSNDs also hosted nutrition counters to promote local nutritious food using the 3D Approach: dialogue with the community; display of local produce; and demonstration of food preparations from ICDS supplementary nutrition recipes. Local produce was utilized as part of complementary feeding demonstrations on *Annaprashan Diwas*, while *Haat Bazaars* hosted stalls by farmers to encourage sales of fresh produce. Across events, amla-laden nutrition baskets were distributed as part of felicitation ceremonies, similar to the *Poshan Thali* concept of *Godhbharai*.

Fairs like POSHAN *melas*, millet *melas* and food *melas* were used to increase accessibility to information on nutrition across Karnataka, Tripura and Puducherry. These were organized in remote areas to promote millet consumption, provide information on nutrition and dietary diversity through demonstrations, and host interactive sessions and stalls displaying nutritious indigenous food.

Awareness campaigns like the *Sampoorna Thaalika* project (based on the My Plate campaign in the United States) were also launched at AWCs in Kerala to emphasize the importance of including micronutrients, vegetables, fruits, grains, dairy and meat in children's diets, and to reduce the incidence of non-communicable diseases. Nutrient danglers were put up at the AWCs to increase awareness on micronutrients, and key messages were disseminated through posters, pamphlets and regular newsletters like *Sampushta Keralam*.

“Jo Khayein wahi Ugaayen - Jo Ugaayein wahi Khayein”.



## Anemia prevention

Efforts to increase awareness on anemia prevention included dissemination of key messages through a variety of platforms. While the RANI project (Reduction in Anemia through Normative Assessment), launched and monitored by SHGs, provided training and awareness generation on anemia prevention to mothers and mothers-in-law through videos and brochures supporting adaptive learning, the *Veerangana Dal* initiative was launched specifically to encourage school-going girls to attend school and learn about nutrition, health, and supportive government schemes. This was facilitated through enlisting the help of adolescent girls, who were identified and trained as groups of *sakhis* or *sahelis* to provide counselling to younger girls on healthy dietary practices, deworming medicines and anemia prevention at group activities at schools, AWCs, POSHAN rallies and other community events.

Other events focused on supporting adolescents were also held. These included events like *Poshan Pathshala*, which was organized by the Madhya Pradesh WCD department at AWCs, to sensitize adolescents and communities on anemia prevention and host recipe competitions and anthem-writing competitions to increase awareness regarding iron-rich food, balanced diets and government schemes like *Betibachao*, *Betipadhao*, *Ujjwala Yojana*, and *Swadhar Yojana*. 'Food Days' were also organized at AWCs in Chhattisgarh every month, alongside *Kishori Diwas* events, to emphasize the importance of nutrition, anemia prevention, sanitation and health for adolescent girls.

States also focused their efforts on generating awareness around anemia prevention among community members outside of these settings. In Chandigarh, mobile Anganwadi vans under POSHAN Abhiyaan carried nutritious food for infants and pregnant and lactating women at construction sites. The vans were decorated with IEC material focused on the importance of the first 1000 days and anemia prevention.



## Nutrition promotion

Nutrition promotion activities relied on a variety of community-focused channels to boost community awareness on healthy dietary practices and encourage a collaborative and supportive spirit among community members for the improvement of maternal and child nutrition.

Through community platforms such as *Jan Manch* (exhibitions) in Himachal Pradesh and community halls under the *Dadi Nani ki Rasoi* initiative in Punjab, promotion of home-based nutritious recipes for pregnant and lactating women, counselling and distribution of booklets on the importance of the first 1000 days emphasized the importance of balanced and nutritious diets. One highlight is the *Jeevika* scheme, which utilized behavior change communication to promote exclusive breastfeeding, complementary feeding practices, anemia prevention and the consumption of nutritious food through SHG platforms, community awareness rallies, home visits by community leaders, cooking demonstrations and video shows with community actors.

Other initiatives included traditional rath processions for dissemination of messages on nutrition in the local dialects of Particularly Vulnerable Tribal Groups (*Jiban Sampark*) in Odisha, school- and AWC-level cooking competitions organized to promote healthy breakfast recipes, and cyclethons like *Swasth Bharat Yatra* which were organized as part of Eat Right *melas* and conventions, to disseminate messages on balanced and healthy diets in community settings.

In other states, community-based groups and meetings became platforms for the dissemination of information and resources on nutrition. Family support groups were encouraged at AWCs, for the purpose of imparting information on the first 1000 days of a child's life and sharing mothers' experiences. In Tamil Nadu, mother groups and AWWs launched role model systems where experienced mothers could share messages on pregnancy and breastfeeding. States like Chhattisgarh, Odisha, and Bihar utilized the *Swabhimaan* Programme to initiate efforts to improve the nutritional status of adolescent girls and women through monthly meetings with SHGs on relevant issues for women (*maitribaitak*) and adolescent girls (*Kishori Samooh*), in addition to the delivery of integrated packages of essential nutrition-sensitive interventions via women's collectives. For adolescents, POSHAN clubs, such as

the *Swachh Poshan* health club launched in schools in Assam, convened youth groups for discussions on nutrition awareness and physical, mental and spiritual wellbeing.

A large number of events also allowed for the dissemination of key messages on nutrition, healthy feeding practices, and appropriate care for the first 1000 days of a child's life. Recurring events like *Mamta* week, where SHGs conduct door-to-door counselling for mothers on the importance of antenatal care, and *Bal Divas* organized at schools and AWCs in Gujarat to celebrate children's milestones with nutrition-related gifts and expose them to model nutrition-related behaviors, allowed for a consistent and widespread emphasis on the importance of nutrition. Another such event is *Poorna Divas*, which was organized under the PURNA (Prevention of Under Nutrition and Reduction of Nutritional Anemia among Adolescent Girls) project in Gujarat, to provide adolescents with education on menstrual hygiene and overall nutrition and health.

Fixed day events such as VHSND/MAMTA Divas, Immunization Day, *Annaprashan Day* and *Ankur Diwas* were used to promote pregnancy care, immunization, complementary feeding and early childhood care.

An exemplar practice to encourage complementary feeding practices was the celebration of *Purak Aahar Ratna Utsav*, where mothers reported to be ensuring complementary feeding initiation, dietary diversity, and an appropriate quantity and frequency in complementary feeding on at least three occasions by community mobilizers, were identified as "Champions of CF" or "*Purak Aahar Ratnas*" by the Village Organization (VO) and SHG members.



### Antenatal care

Community initiatives like VHSNDs, meetings, and walkathons were conducted to foster community-wide support for antenatal care seeking. Under POSHAN Abhiyaan, VHSNDs have been branded as community mobilization events, through the inclusion of *melas* like *Suposhan Swasthya Mela* at existing VHSNDs. To increase awareness around health and nutrition services such as health examinations, growth monitoring, and nutrition counselling with demonstrations of complementary feeding practices, these expanded VHSNDs organized at sub-centres for pregnant women,

adolescent girls and children have been used by frontline health workers, *Gram Pradhan* members, and village influencers as opportunities to provide nutrition and hygiene counselling.

Traditional community bangle ceremonies conducted in convergence with health departments were also used to promote antenatal care seeking among pregnant mothers in Tamil Nadu, and educate family members on child care, nutrition, IYCF practices and sanitation.

Community meetings for pregnant women organized by SHGs under the *Sanjhi Sehat* program in Madhya Pradesh aimed to address issues on maternal and neonatal health, nutrition and hygiene through 22 community meetings per project cycle.

Moreover, as a way to convene the community and encourage healthy lifestyle choices, walkathons with t-shirt distribution and street plays were organized in Puducherry to generate awareness among community members and disseminate messages in local languages on the themes of POSHAN Abhiyaan.





## Key take-aways

Across the country, a diverse range of promising practices are being conducted to promote healthy dietary and feeding practices under the mandate of *Jan Andolan* and POSHAN Abhiyaan. Some highlights from the practices compiled above include:

### Cultural Festivals and Demonstrations

Festivals and local cultural events were explored as platforms for the dissemination of messages on nutrition and dietary diversity among women and children across states. Socio-cultural events such as *Godhbharai* and *Pratham Aahar/Annaprashan* ceremonies were used to spread awareness about the importance of complementary feeding and these allowed frontline health workers to engage directly with pregnant and lactating women and mothers in the community, to counsel them on healthy feeding and dietary practices. Culturally sensitive demonstrations among tribal populations further ensured the dissemination of nutrition-related messaging among communities with lower access to information and resources.

### Traditional and Folk Platforms

Use of traditional and folk platforms and the involvement of community elders provided other channels through which exposure to dietary diversity and local nutritious food items was encouraged among mothers and children. Demonstrations of traditional recipes and role model programs provided channels through which young mothers could reach out to older women for support and advice on healthy feeding practices. Nutrition-focused messaging through folk dances and songs performed at local events went on to highlight the role of traditions and cultural platforms in promoting the uptake of evidence-based practices for health and nutrition.

### Community Mobilization

Another key theme emerging from the practices was the emphasis on the role of family members and community involvement. Promotion of healthy nutritional practices at VHSNDs and community-focused activities such as walkathons and cooking competitions not only aimed to increase community-wide awareness and discussion on maternal and child health, but also attempted to foster a supportive environment for mothers and children at the community level. Various food festivals such as Millet *Mela*, Food *mela* and Poshan *Mela* brought communities together and facilitated group



discussions on nutrition and healthy dietary practices.

### **Information-Communication Technology and Mass Media**

Information-communication technology and mass media have the potential to play a strong role in the dissemination of key information on nutrition, largely due to their vast reach and potential for scalability. Initiatives such as the *Poshan* Helpline, follow-ups on WhatsApp, and YouTube videos served as innovative ways to improve community awareness on nutrition. Additionally, IEC materials such as the POSHAN Calendar and the Mother and Child Protection Card provided mothers with easily accessible resources for making informed choices regarding nutritional needs of their children.



# 3.6

## Recommendations

- Cultural and traditional events act as vehicles for the dissemination of nutrition-related messaging, as observed at events such as *Annaprashan* and *Godhbharai*. Such events can be used to promote a wider range of healthy dietary practices, particularly those with roots in tradition and cultural beliefs, as well as those that enlist the support of older and experienced members of the community.
- Strategies to improve the coverage of interpersonal counseling may be considered, to ensure all pregnant and lactating women, mothers, and children in the community receive the benefits of counselling. Initiatives that involve and educate other family members such as husbands, mothers-in-law, fathers, and elderly women may help cultivate a supportive and healthy environment for women and children as well.
- SHGs and mother's groups can facilitate more role modeling programs to support and educate young mothers and pregnant women on health and nutrition and implement SBCC strategies within such programs to promote dietary practices appropriate to the local context. Innovative community platforms such as cooking competitions for the promotion of healthy dietary practices may further promote the uptake of local and nutritious food items while simultaneously involving and educating other family members on health and nutrition.
- Practices utilizing information-communication technology and mass media may be scaled up for wider reach, considering common platforms for such practices included online channels like YouTube, as well as offline resources disseminated widely through AWCs such as graphic counseling cards and newsletters.
- For widespread dissemination of key messages related to *Jan Andolan*, tapping into folk media may



support awareness generation at a broader level and allow communities to engage with nutrition messaging to a greater extent through media and entertainment channels.



---

# Conclusion

4.1 Conclusion and  
recommendations

4.2 References

An abstract graphic composed of several overlapping, semi-transparent geometric shapes in shades of gray. The shapes include a large triangle on the left, a vertical rectangle in the center, and a horizontal rectangle at the bottom right, all overlapping to create a complex, layered composition.

# 4.1

## Conclusion and recommendations

Keeping in mind the mandate of POSHAN Abhiyaan and the importance of the first 1000 days of life, this report outlines findings from a review of the existing literature and data analyses on the role of mass media in SBCC campaigns. Moreover, these findings have been bolstered by information collected on regional promising practices that highlight cultural beliefs and social attitudes towards health and nutrition across the states and union territories of India. In this section, we summarize the emerging themes in the form of the following SBCC platforms used to disseminate key messages on health and nutrition among communities:

### Interpersonal education and counseling

#### What does the literature show?

- A review of the studies demonstrated that the extent of contact between community workers and mothers is as crucial as the content of the intervention.
- Improving the counseling frequency is key in interventions around interpersonal counseling. The evaluations of interventions show that for SBCC interventions a well-defined target audience, and messages that are sent out with regularity and high dose are effective.
- Training frontline health workers to adapt intervention to the needs of individual mothers through observations helps in delivering customized interpersonal counseling. This has been seen to be an effective way of improving knowledge and changing behaviors amongst pregnant women and their family members.
- Home-based counseling has been shown to be associated with better child feeding practices. However, the feasibility of scaling-up such personnel-intense interventions needs further evaluation.
- A multi-factorial approach is advised to counseling and engaging men and mothers-in-law at the individual, household and community levels.

#### What do the practices show?

- Home visits conducted by trained AWWs facilitated targeted counseling for pregnant women and mothers, with widespread dissemination of key messages on optimal breastfeeding, complementary feeding, adequate dietary diversity and anemia prevention.

- Counseling was not limited to the target populations of pregnant and lactating women, and children only but was extended to the members of the family and elderly community through initiatives such as role model programs, the RANI project for mothers-in-law, and cooking competitions for men.
- From the promising practices observed, it is clear that interventions involving interpersonal counseling equally rely on an increased frequency of contact with community members through community-based events such as VHSNDs, THR distribution days and *Mamta Diwas*.
- Based on these observations, strategies to improve the reach of interpersonal counseling measures for all community members may facilitate a more conscious and supportive environment for the improvement of maternal and child nutrition.

## Community mobilization (SHGs and village meetings)

### What does the literature show?

- Peer-support groups such as self-help groups, mother support groups and microfinance-based women's groups are important platforms for diffusion of information especially where women's exposure to mass media is low.
- Studies have evaluated that such support groups can be scaled up using local resource persons.
- Allied areas such as water and sanitation can influence nutrition and we need more studies documenting the maternal and child health and nutrition outcomes in behaviors change campaigns targeting sanitation.

### What do the practices show?

- Collaborations between frontline health workers and local partners helped facilitate community-based events such as *Upari Aahaar Abhyaas Diwas* and *Purak Aahaar Ratna Utsav* for the dissemination of key messages on nutrition and health.
- SHGs and AWCs were observed to be central to the organization of nutrition promotion activities. While AWCs frequently served as platforms for support groups, community-based events and initiatives to support adolescents (e.g. *Poshan Pathshala* and *Bal Diwas*), SHG members were often organizing these events as well as role modeling programs, with support from other partners.
- VHSNDs emerged as another key platform among the practices



- through initiatives like *Suposhan Swasthya Mela* and special nutrition counters to promote dietary diversity, VHSNDs have been expanded into community mobilization events.
- A range of activities were targeted towards communities with lower access to resources. POSHAN *melas* were organized in remote areas, and tribal communities were provided education through ‘nutrition hubs’ comprising of 20-25 AWCs, with messaging in local dialects.

## Mass Media

### What does the literature show?

- Mass media can be leveraged to overcome the barriers where-in the target population is large and spread-out and in-person communication channels are unable to penetrate.
- Mass media can help in scaling-up interventions.

### What do the data show?

- Newspaper/magazine exposure was positively associated with consumption of Iron Folic Acid (IFA) supplements for at least 100 days during pregnancy, protection against neonatal tetanus, early initiation of breastfeeding (EIBF) and complementary feeding.
- Radio exposure was positively associated with consumption of IFA supplements for at least 100 days during pregnancy, EIBF and complementary feeding.
- Television exposure was positively associated with consumption of IFA supplements for at least 100 days during pregnancy, protection against neonatal tetanus, EIBF, and complementary feeding, and negatively associated with prelacteal feeding.
- Movie exposure was positively associated with consumption of IFA supplements for at least 100 days during pregnancy, EIBF and complementary feeding.
- Mass media interventions are less labor intensive, and the secondary analysis of the National Family Health survey (2015-2016) indicates that mass media exposure is positively associated with most maternal and child health indicators. Therefore, mass media can be used to promote maternal and child health at scale.

### What do the practices show?

- Mass media interventions were deployed at a large scale through the promising practices. Initiatives such as the launch

of *Tiki Mausi* and the MAA program targeted wider populations through the utilization of mascots and informative pictorial representations of appropriate practices for awareness generation and nutrition education.

- AWCs provided a common platform for the distribution of IEC materials, such as recipe booklets, period tracking calendars, and newsletters on nutrition like *ChittuKuruviSedhiTheriyuma* in Tamil Nadu.
- Mass media such as the *Poshan* Calendar were specifically used to remind women to take measures to safeguard their health. In the case of the Calendar, it was also used to remind women to take the IFA supplement.
- The scale and ease of dissemination of key messages through mass media highlights the fact that such practices may overcome barriers imposed by physical distancing.

## Information-communication technology

### What does the literature show?

- Multiple studies demonstrate that tailored text or audio messaging, or direct phone communication can be used to improve maternal and child health knowledge and practices and also lead to an uptake of existing services.
- Mobile and web-applications and ICT tools can also aid community health workers in tracking health and nutrition outcomes, enabling a responsive feedback loop based on results.
- The use of ICTs and services like tele-counseling and video-based health education programs can complement interpersonal counseling and also help in scaling up. However, rigorous evaluations of effects of scaled-up mHealth interventions on health-related outcomes are minimal.

### What do the practices show?

- Practices involving ICTs targeted widespread dissemination of key messages on nutrition through videos. The *Hello Sakhi Hello Doctors* program aimed to increase awareness on the first 1000 days of life and optimal feeding practices through YouTube, while some states released videos on nutrition education and myth-busting.
- These practices also involved elements of counseling, such as the POSHAN helpline in Chandigarh which was used to provide telehealth counselling through channels such as community

radio stations.

- ICT tools, such as mobile phone- or web-based applications, were also used to provide job aids to community workers.
- Considering the flexibility that ICT-based practices allow in terms of the messaging and services provided, such practices may be deployed at a larger scale post cost-effectiveness evaluations.

## Cultural platforms

### What does the literature show?

- Studies have repeatedly emphasized the need for collaborating with existing health services and engaging with local cultural beliefs to enhance the reach and uptake of messages.
- Existing formative research on local perceptions and beliefs can be utilized to develop communication strategies and interventions

### What do the practices show?

- Cultural events and festivals such as *Annaprashan Diwas*, *Godhbharaj*, and *Poshan Bathukamma* were observed to be common anchors for the dissemination of messages on breastfeeding, complementary feeding, and dietary diversity for pregnant women and lactation mothers.
- Messaging often utilized cultural context for increased uptake. This was observed in initiatives like *StreeDhan* in Uttarakhand, which attempted to increase awareness on anemia prevention among adolescent girls and young mothers during festival season.
- Considering the importance tradition and culture inherently hold among communities across India, future strategies may deploy culturally affiliated messaging for better understanding and increased affinity of healthy dietary practices.

Overall, the findings from the review of literature, data analyses and promising practices provide an overview of key factors that may influence the promotion of healthy dietary behaviors among pregnant women, lactating mothers, and children. Through an integrated approach in the next phase, we aim to utilize primary data and state-level consultations to conduct message testing experiments, and definitively map out effective SBCC strategies that promote maternal and child health and nutrition across India.

# 4.2

## References

1. Glanz K, Rimer BK, Viswanath K 'Vish', editors. Health behavior: Theory, research, and practice, 5th ed. Hoboken, NJ, US: Jossey-Bass/Wiley, 2015.
2. Berkman LF, Kawachi I, Glymour MM. Social Epidemiology. Oxford, UK: Oxford University Press, 2015 DOI:10.1093/med/9780195377903.001.0001.
3. Martorell R. Improved nutrition in the first 1000 days and adult human capital and health. *Am J Hum Biol Off J Hum Biol Counc* 2017; 29. DOI:10.1002/ajhb.22952.
4. Organization WH. Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva PP - Geneva: World Health Organization <https://apps.who.int/iris/handle/10665/326261>.
5. Bhutta ZA, Das JK, Rizvi A, et al. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *Lancet (London, England)* 2013; 382: 452–77.
6. JAN ANDOLAN-Guidelines. <https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/Guidelines/JanAndolanGuidelines-English.pdf> (accessed May 5, 2020).
7. Essential Nutrition Actions: Improving maternal, newborn, infant and young child health and nutrition. 2013 [www.who.int/about/licensing/](http://www.who.int/about/licensing/) (accessed Dec 14, 2020).
8. Branca F, Piwoz E, Schultink W, Sullivan LM. Nutrition and health in women, children, and adolescent girls. *BMJ* 2015; 351: h4173.
9. Chanani S, Wacksman J, Deshmukh D, Pantvaidya S, Fernandez A, Jayaraman A. M-Health for Improving Screening Accuracy of Acute Malnutrition in a Community-Based Management of Acute Malnutrition Program in Mumbai Informal Settlements. *Food Nutr Bull* 2016; 37: 504–16.
10. Chanani S, Waingankar A, Shah More N, Pantvaidya S, Fernandez A, Jayaraman A. Participation of pregnant women in a community-based nutrition program in Mumbai's informal settlements: Effect on exclusive breastfeeding practices. *PLoS One* 2018; 13: e0195619.
11. Alam M, D'Este C, Banwell C, Lokuge K. The impact of mobile phone based messages on maternal and child healthcare behaviour: a retrospective cross-sectional survey in Bangladesh. *BMC Health Serv Res* 2017; 17: 434.
12. Murthy N, Chandrasekharan S, Prakash MP, et al. The Impact of an mHealth Voice Message Service (mMitra) on Infant Care Knowledge, and Practices Among Low-Income Women in

- India: Findings from a Pseudo-Randomized Controlled Trial. *Matern Child Health J* 2019; 23: 1658–69.
13. Ajzen I. The theory of planned behaviour is alive and well, and not ready to retire: a commentary on Sniehotta, Presseau, and Araújo-Soares. *Health Psychol Rev* 2015; 9: 131–7.
  14. Behera D, Anil Kumar K. Predictors of exclusive breastfeeding intention among rural pregnant women in India: a study using theory of planned behaviour. *Rural Remote Health* 2015; 15: 3405.
  15. Behera D, Pillai AKK. Intention toward optimal breastfeeding among expecting mothers in Angul district of Odisha, India. *Indian J Public Health* 2016; 60: 81–5.
  16. Das A, Sarkar M. Pregnancy-related health information-seeking behaviors among rural pregnant women in India: validating the Wilson model in the Indian context. *Yale J Biol Med* 2014; 87: 251–62.
  17. Shamim AA, Mashreky SR, Ferdous T, et al. Pregnant Women Diet Quality and Its Sociodemographic Determinants in Southwestern Bangladesh. *Food Nutr Bull* 2016; 37: 14–26.
  18. Benedict RK, Craig HC, Torlesse H, Stoltzfus RJ. Effectiveness of programmes and interventions to support optimal breastfeeding among children 0-23 months, South Asia: A scoping review. *Matern Child Nutr* 2018; 14 Suppl 4: e12697.
  19. Young MF, Nguyen P, Kachwaha S, et al. It takes a village: An empirical analysis of how husbands, mothers-in-law, health workers, and mothers influence breastfeeding practices in Uttar Pradesh, India. *Matern Child Nutr* 2020; 16: e12892.
  20. D'Alimonte MR, Deshmukh D, Jayaraman A, Chanani S, Humphries DL. Using Positive Deviance to Understand the Uptake of Optimal Infant and Young Child Feeding Practices by Mothers in an Urban Slum of Mumbai. *Matern Child Health J* 2016; 20: 1133–42.
  21. Kushwaha KP, Sankar J, Sankar MJ, et al. Effect of peer counselling by mother support groups on infant and young child feeding practices: the Lalitpur experience. *PLoS One* 2014; 9: e109181.
  22. Sudfeld CR, Fawzi WW, Lahariya C. Peer support and exclusive breastfeeding duration in low and middle-income countries: a systematic review and meta-analysis. *PLoS One* 2012; 7: e45143.
  23. Renfrew MJ, McCormick FM, Wade A, Quinn B, Dowswell T. Support for healthy breastfeeding mothers with healthy term babies. *Cochrane database Syst Rev* 2012; 5: CD001141.

24. Hazra A, Atmavilas Y, Hay K, et al. Effects of health behaviour change intervention through women's self-help groups on maternal and newborn health practices and related inequalities in rural india: A quasi-experimental study. *EClinicalMedicine* 2020; 18: 100198.
25. Das A, Chatterjee R, Karthick M, Mahapatra T, Chaudhuri I. The Influence of Seasonality and Community-Based Health Worker Provided Counselling on Exclusive Breastfeeding - Findings from a Cross-Sectional Survey in India. *PLoS One* 2016; 11: e0161186.
26. Adhisivam B, Vishnu Bhat B, Poorna R, Thulasingham M, Pournami F, Joy R. Postnatal counseling on exclusive breastfeeding using video - experience from a tertiary care teaching hospital, south India. *J Matern neonatal Med Off J Eur Assoc Perinat Med Fed Asia Ocean Perinat Soc Int Soc Perinat Obstet* 2017; 30: 834–8.
27. Dhami MV, Ogbo FA, Osuagwu UL, Agho KE. Prevalence and factors associated with complementary feeding practices among children aged 6-23 months in India: a regional analysis. *BMC Public Health* 2019; 19: 1034.
28. International Institute for Population Sciences - IIPS/India, ICF. India National Family Health Survey NFHS-4 2015-16 . 2017. <http://dhsprogram.com/pubs/pdf/FR339/FR339.pdf>.
29. Sharma N, Gupta M, Aggarwal AK, Gorle M. Effectiveness of a culturally appropriate nutrition educational intervention delivered through health services to improve growth and complementary feeding of infants: A quasi-experimental study from Chandigarh, India. *PLoS One* 2020; 15: e0229755.
30. Aguayo VM. Complementary feeding practices for infants and young children in South Asia. A review of evidence for action post-2015. *Matern Child Nutr* 2017; 13 Suppl 2. DOI:10.1111/mcn.12439.
31. Manikam L, Prasad A, Dharmaratnam A, et al. Systematic review of infant and young child complementary feeding practices in South Asian families: the India perspective. *Public Health Nutr* 2018; 21: 637–54.
32. Collison DK, Kekre P, Verma P, et al. Acceptability and utility of an innovative feeding toolkit to improve maternal and child dietary practices in Bihar, India. *Food Nutr Bull* 2015; 36: 24–32.
33. Kadiyala S, Morgan EH, Cyriac S, Margolies A, Roopnaraine T. Adapting Agriculture Platforms for Nutrition: A Case Study of a Participatory, Video-Based Agricultural Extension Platform in India. *PLoS One* 2016; 11: e0164002.



34. Saha S, Kermode M, Annear PL. Effect of combining a health program with a microfinance-based self-help group on health behaviors and outcomes. *Public Health* 2015; 129: 1510–8.
35. Venkataramanan V, Crocker J, Karon A, Bartram J. Community-Led Total Sanitation: A Mixed-Methods Systematic Review of Evidence and Its Quality. *Environ Health Perspect* 2018; 126: 26001.
36. Sigler R, Mahmoudi L, Graham JP. Analysis of behavioral change techniques in community-led total sanitation programs. *Health Promot Int* 2015; 30: 16–28.
37. Patil SR, Arnold BF, Salvatore AL, et al. The effect of India's total sanitation campaign on defecation behaviors and child health in rural Madhya Pradesh: a cluster randomized controlled trial. *PLoS Med* 2014; 11: e1001709.
38. Pattanayak SK, Yang J-C, Dickinson KL, et al. Shame or subsidy revisited: social mobilization for sanitation in Orissa, India. *Bull World Health Organ* 2009; 87: 580–7.
39. Dandabathula G, Bhardwaj P, Burra M, Rao PVVP, Rao SS. Impact assessment of India's Swachh Bharat Mission - Clean India Campaign on acute diarrheal disease outbreaks: Yes, there is a positive change. *J Fam Med Prim care* 2019; 8: 1202–8.
40. Srivastava A, Gope R, Nair N, et al. Are village health sanitation and nutrition committees fulfilling their roles for decentralised health planning and action? A mixed methods study from rural eastern India. *BMC Public Health* 2016; 16: 59.
41. unite for sight. Health Communication Course: Module 5 - The Role of Media in Health Promotion. Unite for Sight. 2010.
42. Viswanath K, Ramanadhan S, Kontos EZ. Mass Media. In: *Macrosocial Determinants of Population Health*. New York, NY: Springer New York, 2007: 275–94.
43. Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. *Lancet* 2010; 376: 1261–71.
44. Fatema K, Lariscy JT. Mass media exposure and maternal healthcare utilization in South Asia. *SSM - Popul Heal* 2020; 11. DOI:10.1016/j.ssmph.2020.100614.
45. Dhawan D, Pinnamaneni R, Bekalu M, Viswanath K. Association between different types of mass media and antenatal care visits in India: a cross-sectional study from the National Family Health Survey (2015-2016). *BMJ Open* 2020; 10: 42839.
46. Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS. How many child deaths can we prevent this year? *Lancet* 2003; 362:

- 65–71.
47. Kuhnt J, Vollmer S. Antenatal care services and its implications for vital and health outcomes of children: Evidence from 193 surveys in 69 low-income and middle-income countries. *BMJ Open* 2017; 7. DOI:10.1136/bmjopen-2017-017122.
  48. Kumar G, Choudhary TS, Srivastava A, et al. Utilisation, equity and determinants of full antenatal care in India: analysis from the National Family Health Survey 4. *BMC Pregnancy Childbirth* 2019; 19: 327.
  49. Murukutla N, Yan H, Wang S, et al. Cost-effectiveness of a smokeless tobacco control mass media campaign in India. *Tob Control* 2018; 27: 547–51.
  50. Curtis V. Explaining the outcomes of the ‘Clean India’ campaign: Institutional behaviour and sanitation transformation in India. *BMJ Glob Heal* 2019; 4: e001892.
  51. Anand T, Rahi M, Sharma P, Ingle GK. Issues in prevention of iron deficiency anemia in India. *Nutrition* 2014; 30: 764–70.
  52. World Health Organization. WHO Recommendation on Antenatal care for positive pregnancy experience. 2016 DOI:ISBN 978 92 4 154991 2.

We would also like to attribute select stock images and icons from this report to Freepik and Flaticon.

---

# Appendix

- 5.1 What do SBCC studies in nutrition tell us?
- 5.2 What can we learn about the role of Mass Media in SBCC?
- 5.3 What are some of the SBCC strategies being implemented in the field?

# 5.1

## What do SBCC studies in nutrition tell us?

### Appendix 1: Search terms

#### Setting 1: India

("India"[Mesh] OR india[tiab])

#### Setting 2: South Asia without India

("Asia, Western"[Mesh] NOT "Middle East"[Mesh] NOT "India"[Mesh] OR india[tiab])

#### Health topic i.e. malnutrition

("Malnutrition"[Mesh] OR undernutrition[tiab] OR malnourishment\*[-tiab] OR nutritional deficiency\*[-tiab] OR feeding[tiab] OR breastfeeding [tiab] OR complementary feeding[tiab] OR 1000days[tiab] OR nutrition supplementation[tiab] or food fortification[tiab] OR IYCF[-tiab]) OR "Breast Feeding"[Mesh]) OR "Child Nutritional Physiological Phenomena"[Mesh]) OR "Maternal Nutritional Physiological Phenomena"[Mesh]) OR "Nutritional Requirements"[Mesh]) OR "Weaning"[Mesh]) OR "Nutrition Policy"[Mesh])

#### Type of intervention i.e. behavioral change communication

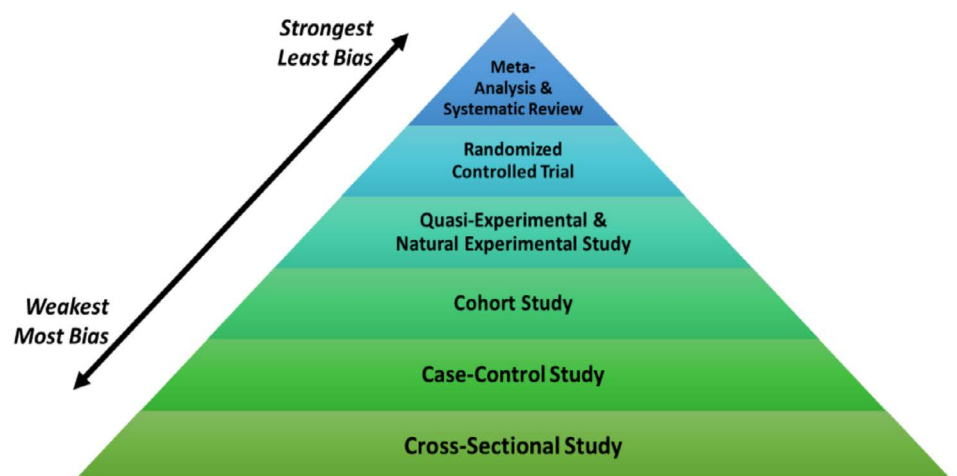
"Communications Media"[Mesh] OR "Community Health Services"[Mesh] OR "Community Health Workers"[Mesh] "Health Behavior"[Mesh:NoExp] OR "Health Knowledge, Attitudes, Practice"[Mesh] OR "Health Promotion"[Mesh] OR "School Health Services"[Mesh] OR "Self-Help Groups"[Mesh] OR "Social Support"[Mesh] OR behavior\*[-tiab] OR behaviour\*[-tiab] OR campaign\*[-tiab] OR communicate[tiab] OR communicating[tiab] OR communication[tiab] OR community based[tiab] OR community health[tiab] OR community intervention\*[-tiab] OR educate[tiab] OR education[tiab] OR educational[tiab] OR habit[tiab] OR habits[tiab] OR health information[tiab] OR health promotion[tiab] OR knowledge[tiab] OR mass media[tiab] OR public awareness[tiab] OR radio[tiab] OR school based[tiab] OR schools[tiab] OR self help\*[-tiab] OR social mobilization[tiab] OR social network\*[-tiab] OR social norm\*[-tiab] OR social support\*[-tiab] OR street theater[tiab] OR street theatre[tiab] OR support group\*[-tiab] OR train[tiab] OR trained[tiab] OR training[tiab] OR village health worker\*[-tiab] OR "Communication"[Mesh:NoExp] OR "Advertising as Topic"[Mesh] OR "Communication Barriers"[Mesh] OR "Health Communication"[Mesh] OR "Information Dissemination"[Mesh] OR "Information Seeking Behavior"[Mesh] OR "Public Service Announcements as Topic"[Mesh] OR "Communications Media"[Mesh:NoExp] OR "Mass Media"[Mesh] OR "Government Publications as Topic"[Mesh] OR "Gray Literature"[Mesh] OR "Pamphlets"[Mesh] OR "Telecommunications"[Mesh:NoExp] OR "Telephone"[Mesh] OR "Internet"[Mesh] OR "Health Education"[Mesh] OR "Counseling"[Mesh:NoExp] OR

advertisement[tiab] OR advertising [tiab] OR billboard\*[tiab] OR brochure\*[tiab] OR campaign\*[tiab] OR cell phone\*[tiab] OR communication[tiab] OR counseling[tiab] OR counselor\*[tiab] OR government publication\*[tiab] OR gray literature[tiab] OR grey literature[tiab] OR information dissemination[tiab] OR information distribution[tiab] OR information sharing[tiab] OR internet[tiab] OR health education[tiab] OR health fair\*[tiab] OR health information[tiab] OR health literacy[-tiab] OR health mela[tiab] OR health promotion[tiab] OR literacy[tiab] OR media [tiab] OR mobile phone\*[tiab] OR pamphlet\*[tiab] OR patient education[tiab] OR public service ad\*[tiab] OR public service announcement\*[tiab] OR radio[tiab] OR sms[tiab] OR social marketing[tiab] OR social media[tiab] OR telecommunication\*[tiab] OR telephon\*[tiab] OR television[tiab] OR text messag\*[tiab] OR texting[-tiab])

## Appendix 2: Types of studies and why they matter?

The purpose of a research study in epidemiology is to identify and quantify the relationship between an exposure and a health outcome. The hallmark of such a study is the presence of at least two groups, including a comparison group. Epidemiologic studies fall into the following categories:

- Observational studies
- Experimental studies
- Systemic Review & Meta-Analysis



### Observational studies:

In an observational study, the investigator simply observes the exposure and disease status of each study participant. The common types of observational studies are:

1. Cross sectional study:

- Cross-sectional studies measure exposure and disease status at the same time and are better suited to descriptive epidemiology than causation.
- Asks: Is a particular variable associated with another particular variable?

2. Case-Control study:

- In a case-control study, subjects are enrolled according to whether they have the disease or not, then are questioned or tested to determine their prior exposure. Differences in exposure prevalence between the case and control groups allow investigators to conclude that the exposure is associated with the disease.
- Asks: Is a particular exposure more likely to have occurred among cases compared to controls?

3. Cohort study:

- In a cohort study, subjects are enrolled or grouped based on their exposure, then are followed to document occurrence of disease. Differences in disease rates between the exposed and unexposed groups lead the investigators to conclude that exposure is associated with disease.
- Asks: Is a particular exposure associated with development of the outcome later on?

**Experimental Study Design:**

In an experimental study, the investigator determines the exposure for the study subjects and then tracks the individuals or communities over time to detect the effects of the exposure. The common types of experimental studies are:

1. Natural Experimental study:

- In a natural experimental study, someone or something other than the researchers intervenes to change the independent variable and assign participants non-randomly to treatment or comparison condition
- Asks: How do outcomes differ between the treatment and comparison groups?

2. Quasi-Experimental study:

- In a quasi-experimental study, researchers intervene to change the independent variable and assign participants non-randomly to treatment or comparison condition
- Asks: How do outcomes differ between the treatment and comparison groups?



### 3. Randomized Controlled Trial:

- In a randomized controlled trial, researchers intervene to change the independent variable and assign participants randomly to treatment or control condition. It is also known as the “gold standard” in study designs.
- Asks: How do outcomes differ between the treatment and control groups?

### 4. Pseudo randomized Controlled Trial:

- In a pseudo-randomized controlled trial, the researchers intervene to change the independent variable, but the participants assigned to treatment or control condition is not truly random. This does not give each of the participants the same chance to be included in each of the study groups.
- Asks: How do outcomes differ between the treatment and control groups?

### Systemic Review & Meta-Analysis:

Systematic reviews and meta-analyses present results by combining and analyzing data from different studies conducted on similar research topic. They can yield powerful results that could usually only be achieved using large-scale RCTs, which are difficult to perform in individual studies.

#### 1. Systematic review:

- A systematic review methodically searches for all completed studies in a topic area, reviews eligible studies for quality and describes the findings of the studies.

#### 2. Meta-analysis:

- A meta-analysis calculates overall effect estimates across studies
- Asks: What is known from the entire body of research on this topic?

# 5.2

## What can we learn about the role of Mass Media in SBCC?

### Appendix 1

#### Indicators Considered by the MoWCD

Table 1: Frequency of Media Exposure and Taking IFA supplements for at least 100 days during pregnancy

Taking IFA supplements for at least 100 days during pregnancy	Frequency of Media exposure				p-value
<b>Newspaper</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>No</b>	75.7%	63.4%	59.8%	49.8%	<0.001
<b>Yes</b>	24.3%	36.6%	40.2%	50.2%	
<b>Radio</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>No</b>	70.3%	69.0%	67.9%	59.6%	<0.001
<b>Yes</b>	29.7%	31.0%	32.1%	40.4%	
<b>Television</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>No</b>	84.8%	79.9%	74.3%	59.8%	<0.001
<b>Yes</b>	15.2%	20.1%	25.7%	40.2%	
<b>Movies</b>					
	<b>Less than once a month</b>		<b>At least once a month</b>		
<b>No</b>	71.1%		52.7%		<0.001
<b>Yes</b>	28.9%		47.3%		

Table 2: Frequency of Media Exposure and Last pregnancy protected against neonatal tetanus

Last pregnancy protected against neonatal tetanus	Frequency of Media exposure				p-value
<b>Newspaper</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>No</b>	12.1%	8.5%	7.6%	8.7%	<0.001
<b>Yes</b>	87.9%	91.5%	92.4%	91.3%	
<b>Radio</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>No</b>	10.6%	10.3%	11.5%	14.2%	<0.001
<b>Yes</b>	89.4%	89.7%	88.5%	85.8%	
<b>Television</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>No</b>	14.7%	10.9%	9.4%	9.0%	<0.001
<b>Yes</b>	85.3%	89.1%	90.6%	91.0%	
<b>Movies</b>					
	<b>Less than once a month</b>		<b>At least once a month</b>		
<b>No</b>	10.8%		10.3%		0.293
<b>Yes</b>	89.2%		89.7%		

Table 3: Frequency of Media Exposure and Early Initiation of Breastfeeding

Early Initiation of Breastfeeding	Frequency of Media exposure				p-value
<b>Newspaper</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	0.044
<b>No</b>	58.8%	57.7%	58.2%	56.8%	
<b>Yes</b>	41.2%	42.3%	41.8%	43.2%	
<b>Radio</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	0.013
<b>No</b>	58.5%	58.3%	59.5%	54.5%	
<b>Yes</b>	41.5%	41.7%	40.5%	45.5%	
<b>Television</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	<0.001
<b>No</b>	62.8%	61.1%	58.0%	55.7%	
<b>Yes</b>	37.2%	38.9%	42.0%	44.3%	
<b>Movies</b>					
	<b>Less than once a month</b>		<b>At least once a month</b>		<0.001
<b>No</b>	58.7%		54.8%		
<b>Yes</b>	41.3%		45.2%		

Table 4: Frequency of Media Exposure and Exclusive Breastfeeding of children under 6 months

Exclusive Breastfeeding of children under 6 months	Frequency of Media exposure				p-value
<b>Newspaper</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	0.953
<b>No</b>	45.0%	44.9%	44.6%	44.0%	
<b>Yes</b>	55.0%	55.1%	55.4%	56.0%	
<b>Radio</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	0.488
<b>No</b>	44.5%	46.4%	46.5%	48.1%	
<b>Yes</b>	55.5%	53.6%	53.5%	51.9%	
<b>Television</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	0.165
<b>No</b>	45.9%	45.7%	42.4%	44.6%	
<b>Yes</b>	54.1%	54.3%	57.6%	55.4%	
<b>Movies</b>					
	<b>Less than once a month</b>		<b>At least once a month</b>		0.863
<b>No</b>	44.8%		45.2%		
<b>Yes</b>	55.2%		54.8%		

Table 5: Frequency of Media Exposure and Complementary Feeding

Complementary Feeding	Frequency of Media exposure				p-value
<b>Newspaper</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>No</b>	60.2%	51.5%	52.9%	49.7%	<0.001
<b>Yes</b>	39.8%	48.5%	47.1%	50.3%	
<b>Radio</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>No</b>	57.7%	58.2%	58.3%	45.3%	0.003
<b>Yes</b>	42.3%	41.8%	41.7%	54.7%	
<b>Television</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>No</b>	65.5%	59.2%	58.7%	52.3%	<0.001
<b>Yes</b>	34.5%	40.8%	41.3%	47.7%	
<b>Movies</b>					
	<b>Less than once a month</b>		<b>At least once a month</b>		
<b>No</b>	58.1%		46.6%		<0.001
<b>Yes</b>	41.9%		53.4%		

## Additional Indicators to be Considered

Table 6: Frequency of Media Exposure and making at least four Antenatal care (ANC) visits

Frequency of ANC Visits	Frequency of Media exposure				p-value
<b>Newspaper</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>Less than four ANC visits</b>	56.9%	38.7%	34.1%	25.9%	<0.001
<b>At least four ANC visits</b>	43.1%	61.3%	65.9%	74.1%	
<b>Radio</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>Less than four ANC visits</b>	49.2%	50.6%	46.9%	38.4%	<0.001
<b>At least four ANC visits</b>	50.8%	49.4%	53.1%	61.6%	
<b>Television</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>Less than four ANC visits</b>	73.8%	61.3%	51.2%	33.9%	<0.001
<b>At least four ANC visits</b>	26.2%	38.7%	48.8%	66.1%	
<b>Movies</b>					
	<b>Less than once a month</b>		<b>At least once a month</b>		
<b>Less than four ANC visits</b>	50.4%		28.9%		<0.001
<b>At least four ANC visits</b>	49.6%		71.1%		

Table 7: Frequency of Media Exposure and making at least eight Antenatal care (ANC) visits

Frequency of ANC Visits	Frequency of Media exposure				p-value
<b>Newspaper</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
Less than eight ANC visits	85.6%	75.4%	70.4%	59.7%	<0.001
At least eight ANC visits	14.4%	24.6%	29.6%	40.3%	
<b>Radio</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
Less than eight ANC visits	80.6%	80.3%	77.2%	67.4%	<0.001
At least eight ANC visits	19.4%	19.7%	22.8%	32.6%	
<b>Television</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
Less than eight ANC visits	93.1%	89.7%	83.9%	71.2%	<0.001
At least eight ANC visits	6.9%	10.3%	16.1%	28.8%	
<b>Movies</b>					
	<b>Less than once a month</b>		<b>At least once a month</b>		
Less than eight ANC visits	81.2%		63.4%		<0.001
At least eight ANC visits	18.8%		36.6%		

Table 8: Frequency of Media Exposure and Place of Delivery

Place of Delivery	Frequency of Media exposure				p-value
<b>Newspaper</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
Home	24.9%	10.0%	6.6%	3.4%	<0.001
Public Institution	55.9%	54.1%	48.0%	36.1%	
Private Institution	19.3%	35.9%	45.4%	60.5%	
<b>Radio</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
Home	19.2%	16.8%	16.0%	10.9%	<0.001
Public Institution	52.7%	56.1%	51.7%	51.5%	
Private Institution	28.0%	27.1%	32.3%	37.6%	
<b>Television</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
Home	35.5%	25.3%	19.5%	9.0%	<0.001
Public Institution	51.4%	56.0%	56.9%	52.4%	
Private Institution	13.1%	18.8%	23.5%	38.6%	
<b>Movies</b>					
	<b>Less than once a month</b>		<b>At least once a month</b>		
Home	19.8%		4.8%		<0.001
Public Institution	53.4%		45.2%		
Private Institution	26.8%		50.0%		

Table 9: Frequency of Media Exposure and Postnatal care received from a health professional

Postnatal care received from a health professional	Frequency of Media exposure				p-value
<b>Newspaper</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	<0.001
<b>No</b>	40.3%	25.0%	21.6%	17.0%	
<b>Yes</b>	59.7%	75.0%	78.4%	83.0%	
<b>Radio</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	<0.001
<b>No</b>	34.3%	32.7%	31.6%	26.4%	
<b>Yes</b>	65.7%	67.3%	68.4%	73.6%	
<b>Television</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	<0.001
<b>No</b>	52.3%	41.2%	34.4%	23.2%	
<b>Yes</b>	47.7%	58.8%	65.6%	76.8%	
<b>Movies</b>					
	<b>Less than once a month</b>		<b>At least once a month</b>		<0.001
<b>No</b>	34.8%		21.6%		
<b>Yes</b>	65.2%		78.4%		

Table 10: Frequency of Media Exposure and Postnatal care received from a health professional within 2 days of delivery

Postnatal care received from a health professional within 2 days of delivery	Frequency of Media exposure				p-value
<b>Newspaper</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	<0.001
<b>No</b>	44.0%	28.9%	25.1%	21.5%	
<b>Yes</b>	56.0%	71.1%	74.9%	78.5%	
<b>Radio</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	<0.001
<b>No</b>	38.0%	36.4%	36.5%	32.1%	
<b>Yes</b>	62.0%	63.6%	63.5%	67.9%	
<b>Television</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	<0.001
<b>No</b>	55.3%	44.5%	38.0%	27.5%	
<b>Yes</b>	44.7%	55.5%	62.0%	72.5%	
<b>Movies</b>					
	<b>Less than once a month</b>		<b>At least once a month</b>		<0.001
<b>No</b>	38.5%		26.8%		
<b>Yes</b>	61.5%		73.2%		



Table 11: Frequency of Media Exposure and Prolactal Feeding

Prelactal Feeding	Frequency of Media exposure				p-value
<b>Newspaper</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>Yes</b>	20.7%	22.0%	20.5%	21.3%	0.087
<b>No</b>	79.3%	78.0%	79.5%	78.7%	
<b>Radio</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>Yes</b>	21.0%	21.0%	19.3%	20.7%	0.217
<b>No</b>	79.0%	79.0%	80.7%	79.3%	
<b>Television</b>					
	<b>Not at all</b>	<b>Less than once a week</b>	<b>At least once a week</b>	<b>Almost every day</b>	
<b>Yes</b>	23.4%	21.9%	19.6%	19.6%	<0.001
<b>No</b>	76.6%	78.1%	80.4%	80.4%	
<b>Movies</b>					
	<b>Less than once a month</b>		<b>At least once a month</b>		
<b>Yes</b>	21.0%		19.8%		0.178
<b>No</b>	79.0%		80.2%		

# 5.3

## What are some of the SBCC strategies being implemented in the field?

### Appendix 1

#### List of Invitees for the National Consultations with Development Partners

- National Institute of Nutrition
- Tata Trusts
- Consortium of DPs
- UNICEF
- CARE India
- IPE Global
- Center for Social and Behavioural Change
- George Washington University
- Public Health Foundation of India
- Salaam Bombay Foundation
- The Global Alliance of Improved Nutrition
- Piramal Foundation
- Project Concern International
- World Bank
- EKJUT
- GIZ
- Alive and Thrive
- Dimagi
- Confederation of Indian industries

### Appendix 2

#### List of Invitees for the State-level Consultation in Uttar Pradesh

- ICDS
- District Programme Officers
- Child Development Project Officers
- Officials from UNICEF
- World Bank
- Public Health Foundation of India
- Uttar Pradesh Technical Support Unit
- Tata Trusts
- Piramal Foundation

### Appendix 3

#### Interpersonal Counselling and Community Conversations

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT/ Partner
Optimal Breastfeeding	Spreading awareness on breastfeeding through home visits	Lactating Mothers	Importance of colostrum, early initiation of breast feeding, i.e., within one hour and exclusive breastfeeding.	WCD works along with the health department to sensitize private hospital.  Rallies are organized by medical practitioners, nursing students and staff	Tamil Nadu
	Role Model Program	Pregnant and lactating mothers	Involving local influencers, including local MLAs and dignitaries to explain the importance of breast feeding and colostrum.	AWWs, influencers and community leadership  Elderly women are also invited to promote community participation.	Puducherry
	“No Water, Only Breastmilk” campaign- to support AWWs to generate awareness among the community to stop water intake among infants aged 0-6 months.  LOCATION- 100 selected blocks of 25 High Priority Districts of Uttar Pradesh.	Lactating Mothers Families Community	Massive awareness campaigns were conducted by the joint effort of TSU and functionaries of ICDS and other departments.  Dissemination of messages by AWWs during their home visits, community meetings, THR distribution days, Community-based events, VHNDs, AAA meetings, Bachpan Diwas, Mamta Diwas, Ladli diwas, Suposhan Swasthya Mela  AWWs also organized various competitions, Poshan Sapath (oath), Door-to-door campaigns, wall writings.  Rallies of various beneficiaries/ community members on “No Water, Only Breastmilk” were also organized.  Slogans like “If the children are hungry, breastfed them, if you feel that they are thirsty, then also breastfed them till their age of 6 months” were used and were immensely effective and popular among the masses.  The messages on breastfeeding is written on the hands of the caregivers in mehendi during the beneficiary meetings It motivates the caregivers to actively participate in the meetings and also reminds them to feed their child with only breastmilk not water.  Messages are even written on the walls - so that the family members do not feed the baby with water even by mistake.	ICDS officials at all levels- district, block, sector and villages. Influencers at the village level like Gram Pradhan. District Nutrition Specialists School Teachers and students PRI members AWWs ASHAs Poshan Sakhis Self-Help Groups (SHGs).	UP-TSU

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT/ Partner
Complementary Feeding	Prioritising Complementary feeding promotion as a key ICDS service – A case study from Chandauli	Mothers of young children	<p>The project aims to strengthen the capacity of AWWs and improve quality of community based events and home visits to deliver counselling around complementary feeding.</p> <p>One of the many activities that have been undertaken under this project is the development of the model sites for peer learning. Many of the AWWs of the model sites have demonstrated exceptional skills to deliver messages around child food and feeding at the community level.</p> <p>Joint supportive supervision visits with district officials were promoted at the intervention sites so that the officials could appreciate the difference in the quality of annaprashan events and home visits and how they are changing the lives of young children.</p> <p>A approach (Assess, Analyse, Act) was used for the home visits, allotting responsibility to supervisors to convey the information to AWWs. A monthly review meeting plan was also held in which the supervisors shared their observations and support provided by them.</p> <p>AWWs conducted quality sessions with mothers on complementary feeding and booklets were also shared by the ICDS department at all AWCs.</p> <p>Chandauli was also offered fund by NITI Aayog .The department decided to utilise this opportunity to push for IEC and BCC activities aimed at awareness generation on optimal child food and feeding behaviours and proposed a “POSHAN Rath” for reaching out to communities.</p>	<p>Supervisors AWCs AWWs NGO's (Rama Foundation) Community meetings Community events Annaprashan event Home Visits</p> <p>TOOLS USED- Booklets</p>	UNICEF
	<p>Food and Feeding Demonstration using local food items-</p> <p>Implementation of Food and Feeding Demonstration sessions at AWCs using the compendium of locally available food items</p>	Mothers	Importance of locally available food items for complementary feeding.	<p>AWCs</p> <p>Four mothers' meetings were conducted in each month on different aspects of complementary feeding.</p> <p>Recipe demonstration sessions were conducted at AWCs using local food compendium, counselling flip books and videos.</p>	<p>Odisha</p> <p><a href="https://niti.gov.in/sites/default/files/2020-02/Poshan_Abhayaan_2nd_Report.pdf">https://niti.gov.in/sites/default/files/2020-02/Poshan_Abhayaan_2nd_Report.pdf</a></p>

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT/ Partner
<b>Adequate Dietary Diversity</b>	<p>Mata "Angat"- "Pangat" - "Dabba" Party</p> <ul style="list-style-type: none"> <li>Provides conducive environment for effective adoption of required dietary practices during pregnancy</li> <li>Women bring fresh and diverse food in their lunch boxes, which is then shared among the group</li> <li>Inculcates the feelings of self-care and taking due precautions for the birth of a healthy child.</li> <li>After lunch, IFA tablets consumption is encouraged in presence of Anganwadi worker</li> </ul>	Pregnant mothers	<p>Interpersonal Persuasion and Role Modelling</p> <p>Dietary practices during pregnancy</p> <p>Importance of dietary diversity</p> <p>Anemia Prevention and IFA supplementation</p>	In Nanded, programme is being implemented in 270 Anganwadi centres with coverage of 2192 pregnant women through 90 Lady Supervisors of ICDS.	Maharashtra
	<p>Innovation in taste- Using recipes as an entry point for community participation.</p> <p>Variety in supplementary nutrition programme of ICDS was provided.</p>	0-6 year old children Pregnant and lactating women Adolescent girls	<p>The aim was to break the monotony in taste and educating families on its nutritive value using innovating approaches.</p> <p>The department's strategy of delivering supplementary nutrition in sealed hygienic packets appealed to the community leading to greater demand for the product and increased attendance at Aanganwadi centres.</p> <p>Each group receives three packets of ready to eat ration on a monthly basis with packets consisting of meetha daliya, namkeen daliya and meetha laddoo. The date for distribution is announced by the Aanganwadi workers.</p> <p>Recipe competition are organized at block and village level with the aim of educating community on ways the supplementary nutrition could be used at household level and products like meetha daliya, meetha khurma, laddoo, gulgule, barfi, malpua, daliya and kheer, namkeen daliya, namkapare, dhokla, khichdi, daliya, tehri and idli, meetha Laddoo, laddoo, katli, gujhiya, cake are made.</p>	AWWs AWCs Community based event days	Government led  UNICEF and BMGF-TSU through monitoring studies conducted on the field have found that 60-80% of the centers are organizing nutrition cum recipe counters during the Suposhan Swastha Mela (practice 1) and that the average attendance at these counters is higher than in Village Health and Sanitation Days  Testimonial-TBC
<b>Anemia Prevention</b>	<p>Distribution of IFA and counselling</p> <p>Pilot in Gurugram, identified 10 villages in one district where IFA were distributed to all pregnant &amp; lactating mothers and nutrition counselling was provided to the beneficiaries</p>	Pregnant and lactating mothers	<ol style="list-style-type: none"> <li>Counselling on eating diverse food.</li> <li>Counselling to address Anemia</li> </ol>	AWC Home Visits VHSND	Haryana



Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT/ Partner
	“AMLA-GUR” Candy-  An innovation from a small district to fight anemia is being considered to replicate to other districts	Mothers, pregnant women and children	Importance of locally available nutrient foods to fight anaemia and malnutrition	Anganwadi workers, supervisors and mothers have been engaged to prepare and distribute the ‘laddoos’ with the ingredients given by the district authorities.	Generating scientific evidences on nutritive value through Tezpur university and cell biology test through Biotech Park Guwahati, Assam
<b>Nutrition Promotion</b>	Home visits to educate women on appropriate cooking practices for improved nutrition	Pregnant women	Awareness about appropriate cooking practices.  Innovative nutrition rich recipes (live cooking demonstrations)	AWCs, “MahilaMandals”	Delhi
	Nutrition Education for Tribal Communities	Tribal Communities: pregnant and lactating women	Modeling through demonstration: Nutrition hubs consisting of 20-25 AWCs created in tribal areas where recipe demonstration is done using locally available materials for PW and LW and communities are taught about how to preserve food.	AWCs	Andhra Pradesh
	POSHAN Monitors	Mothers, School children/ adolescents, Teachers, Parents, Communities	<ul style="list-style-type: none"> <li>School level/Class level “bal-panchayats” to implement school level and community level nutrition awareness activities</li> <li>“Bal-panchayats” plan and implement school level and community level nutrition awareness activities.</li> </ul> “Health Monitor” Badge.	School children/ adolescents, Teachers, Parents, Communities	Salaam Bombay Foundation
	Khana Program <ul style="list-style-type: none"> <li>Knowledge on health and nutrition</li> </ul> Increasing awareness on nutrition and balanced diet)	School children/ adolescents, Teachers, Parents, Communities	<ul style="list-style-type: none"> <li>Video Sessions on health and nutrition activities (School level)</li> <li>Workshops, drama, nudge video (community level)</li> <li>Health monitoring, nutrition week, healthy practices within budgets</li> <li>Nutrition awareness workshops, nutrition</li> <li>Mothers and their children working together towards healthy dietary habits.</li> <li>Food festivals</li> </ul>	School children/ adolescents, Teachers, Parents, Communities	Salaam Bombay Foundation
	Involvement of Faith Leaders as change leaders in the community.	Community	Since Faith Leaders better understand the local context, they are more successful in reaching out to the local people and inspiring them to break myths and taboos about nutrition. <ul style="list-style-type: none"> <li>Faith Leaders can also address traditional beliefs and social norms that can contribute to better nutrition status of the area.</li> </ul>	Community Engagement	Piramal Foundation



Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT/ Partner
<b>Antenatal Care</b>	Local role models  While conducting Community Based Events, Pregnant Women (PW) who are seeking ANC and are consuming iron tablets are called upon and provided positive reinforcement and encouraged to serve as local role models.	Pregnant and lactating women	Use of positive reinforcement on public platforms and modeling as a SBCC strategy.  Women are encouraged to share their feelings and discuss solutions to the problems they have faced during the pregnancy.	Community Based events at AWCs	Andhra Pradesh
	Cooking competitions with involvement of husbands  Organization of cooking competitions where husbands are involved in cooking for their pregnant wives and children.  Involving husbands has increased number of ANC (antenatal care) visits as per CAS data.	Pregnant women along with the male members of family	Dissemination of messages on the importance of nutrition and ANC (antenatal) cares.  Officials motivated men to experiment and make delicacies using “Balamrutham” powder (weaning food) given in anganwadi.	Anganwadi Centers (AWCs)	Telangana  <a href="https://www.newindianexpress.com/states/telangana/2019/sep/25/all-for-health-and-nutrition-telanganas-men-sweat-it-out-in-the-kitchen-2038705.html">https://www.newindianexpress.com/states/telangana/2019/sep/25/all-for-health-and-nutrition-telanganas-men-sweat-it-out-in-the-kitchen-2038705.html</a>

## Appendix 4

## Cultural Platforms

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT/Partner
<b>Complementary Feeding</b>	<p>"Annaprashan Diwas"</p> <p>Demonstrations by field functionaries (ASHAs, AWWs) and giving a "katori" and spoon for a standardized measure.</p> <p>Primary target group are asked to get home-cooked food (<i>dal, chawal or khichdi</i>) for demonstration.</p>	<p>Mothers with children aged 6 to 9 months</p> <p>Care takers within the family such as grandfather, grandmother, father or elder brothers/sisters of all participating infants.</p>	<p>Counselling on complementary feeding based on "katori" as a measure.</p> <p>Messages include-</p> <ul style="list-style-type: none"> <li>To create awareness among the family and the community about the initiation of complementary food.</li> <li>To educate the mothers and family members about locally available nutritious food for young children.</li> <li>To foster supportive responsibility among the family members and the community in the process of transition from mother's milk to semi-solid and later solid diets</li> <li>To ensure complementary feeding is initiated for all the infants who have completed 6 months of age.</li> <li>Demonstrations about the preparation and feeding of complimentary foods using food already cooked at home, and using as many different items as available.</li> </ul>	<p>AWWs and ASHAs along with community leaders</p>	<p>Madhya Pradesh, Gujarat, Tripura</p> <p><a href="https://icdswcd.nic.in/nnm/NNMWebContents/LEFT-MENU/CBE/CBE-Guidelines-English.pdf">https://icdswcd.nic.in/nnm/NNMWebContents/LEFT-MENU/CBE/CBE-Guidelines-English.pdf</a></p>
	<p>"Pratham Aaahar" (Annaprashan): To promote initiation of complementary food after completion of 6 months of a child with the view of preventing malnutrition. While "Matri Amrit" is a ceremony organized for pregnant women in the last trimester and comprises of providing nutritious food like locally available fruits, pulses etc.</p>	<p>Children and Pregnant Women</p>	<p>AWWs and other health functionaries counsel pregnant women by interacting personally with them and motivating them for institutional delivery and appropriate care during pregnancy</p>	<p>AWCs</p>	<p>Assam</p>
	<p>"Annaprashan" Annaprashan day, a fixed-day, fixed-time and fixed site strategy to improve the quality of complementary foods and feeding practices for children under two.</p>	<p>Mothers and caregivers of infants-6 to 9 months old</p>	<p>Annaprashan day has four key Components-Preparation of complementary foods, hand washing with soap, supervised feeding of children and nutrition counselling to mothers.</p>	<p>Anganwadi workers</p>	<p>UNICEF</p> <p>Read more- <a href="https://poshan.ifpri.info/files/2014/06/Nutrition-Moves.-States-create-promising-change-in-India.pdf">https://poshan.ifpri.info/files/2014/06/Nutrition-Moves.-States-create-promising-change-in-India.pdf</a></p>

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT/Partner
<b>Adequate Dietary Diversity</b>	<p>"Poshan Bathukamma"</p> <p>"Bathukamma" is a 9-day floral festival celebrated predominantly by the Telangana and some parts of Andhra Pradesh in the month of September or October. During this festival beautiful flowers are stacked and arranged with different seasonal flowers.</p>	Pregnant and Lactating women	<p>The state of Telangana is trying to convert this floral "Bathukamma" into "Poshan Bathukamma" by arranging nutritious food alongside the flowers and talking about their benefits/nutrition value.</p> <p>Demonstration with culturally-affiliated messaging</p>	Anganwadi centres and home visits	Telangana
	<p>"Poshan Vatika"</p> <p>The government has launched the "PoshanVatika" scheme to raise the nutrition level of people, especially women and children.</p> <p>"Haat Bazaar" at local bazaar and 'PoshanVatika' at house of beneficiaries where 100+ locally available leafy vegetables are identified, including a low cost, easily available initiative like adding 'drumstick leaves' that helps in increasing the nutritional value of the food.</p> <p>The families are encouraged to grow different vegetables, mostly local varieties, and fruits in their backyard spaces, primarily for home consumption, and are provided with the critical inputs, including seeds.</p>	Pregnant and lactating Women Children Community	<ul style="list-style-type: none"> <li>Nutrition Messaging through folk dance and songs .</li> <li>Capturing the Opportunity of local festivals like - <i>Tija - Pora, Rakhi, Hareli , Kamarchhat, Ganesh Puja, Holi ,Janmashtami and Integrating rituals with POSHAN messages.</i></li> </ul> <p>Promotion of local regional foods which are high in nutritional value with a focus - on growing drumsticks, green leafy vegetables and fruit trees.</p> <p>The "PoshanVatikas" are a source of fresh and healthy food for children and pregnant mothers, and also for the Anganwadi community kitchens in remote areas of the state that focus on child support and welfare.</p>	<p>Community based events using traditional festivals like "Annaprashan" and "Godhbharai"</p> <p>Schools and Colleges</p> <p>Local Bazaars</p> <p>AWC's</p>	<p>Chhattisgarh</p> <p><a href="https://www.outlookindia.com/website/story/india-news-drumstick-trees-local-vegetables-fruits-in-poshan-vatikas-powering-nutrition-mission-in-chhattisgarh/327722">https://www.outlookindia.com/website/story/india-news-drumstick-trees-local-vegetables-fruits-in-poshan-vatikas-powering-nutrition-mission-in-chhattisgarh/327722</a></p>
<b>Anemia Prevention</b>	<p>"StreeDhan"</p> <p>Gifting healthy fruits and vegetables instead of gold and gifts to women members of the community along with the distribution of IFA kits</p>	Adolescent girls, young mothers and members from the community	<p>During "Dhanteras" and "Diwali" season, unique initiative was started to spread awareness among women that along with GOLD women should also invest in their IRON.</p>	<p>Implementing platform-WCD (AWW) and Health Department (ANM, ASHA)</p> <p>Challenges include sustaining the convergence effort between WCD and Health and availability of Digital Haemometer to conduct large scale Anaemia tests.</p>	Uttarakhand

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT/Partner
Nutrition Promotion	<p>"Suposhan Diwas"</p> <p>To create awareness and educate husbands about the relevance of maternal and child nutrition to foster supportive responsibility among men in the family to ensure the practice of recommended maternal, infant and young child behaviours at home</p>	Husbands of pregnant woman and fathers of children less than 2 years of age	<p>Eating a healthy and nutritious diet during pregnancy is important to meet the needs of the growing foetus.</p> <p>The need for ante-natal care (ANC) checkups for women, what they entail and why they are important.</p> <p>Consumption of one IFA tablet a day during pregnancy (at least 100 IFA tablets) and why it is important.</p> <p>Importance of Complimentary Feeding and growth monitoring.</p>	AWW and ASHA as facilitators	<p>Gujarat</p> <p><a href="https://icds-wcd.nic.in/nnm/NM-Web-Contents/LEFT-MENU/CBE/CBE-Guidelines-English.pdf">https://icds-wcd.nic.in/nnm/NM-Web-Contents/LEFT-MENU/CBE/CBE-Guidelines-English.pdf</a></p>
	"Bhajan Sandhyas"	Mothers	Motivational messages on "PaushtikKhana" (Healthy Food)	"SashaktaMahila Kendra" (SMK)	Himachal Pradesh
Antenatal Care	<p>Bal Suposhan Gullak-a small earthen pot piggy bank is given to the mother and she is asked to start saving for the well-being her child who is about to be born.</p>	Pregnant Women	<p>"Suposhan Chaupal" was organized as a community based event during the 'National Nutrition Month' to increase the awareness on nutrition, healthy lifestyle and sanitation among the people.</p> <p>Godhbahrai was organized at the event where all the beneficiaries were gifted a basket consisting vitamin rich fruits, iron and nutrients rich vegetables and THR(Take Home Rations).</p> <p>Along with the basket the AWWs also gifted them a small earthen pot piggy bank, encouraging her to start saving for her soon to be born child and counselling her with the different stages of pregnancy, This pot is named as "Bal Suposhan Gullak"</p> <p>This encourages the mother to be more responsible and vigilant for the nutrition and well-being her child as well as herself.</p> <p>Along with the Godbharai event, to spread the message of nutrition and healthy lifestyle all the locally available iron and nutrient rich vegetables and fruits were displayed to the beneficiaries for promoting a healthy lifestyle.</p> <p>The pregnant women as well as adolescent girls were explained the need of having an iron rich diet to prevent anemia and blood deficiency.</p>	District Magistrate Officials AWWs	TATA TRUSTS
	<p>"God Bharai"</p> <p>"God Bharai", a traditional ritual performed for pregnant mothers in the communities is utilized as a platform to invite pregnant mothers to AWCs.</p>	Mothers in the third trimester	Importance of nutrition in pregnancy, especially addressing anemia. Counselling on- Anemia prevention, Hygiene, sanitation and safe drinking water and Breastfeeding.	Anganwadi Centers	Uttar Pradesh, Bihar, Madhya Pradesh, Tripura



## Appendix 5

## Media

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
<b>Optimal breastfeeding</b>	MAA program: IEC material Mothers' Absolute Affection: A nation-wide programme for promoting breastfeeding	Lactating mothers, Husbands & Families	<ul style="list-style-type: none"> <li>Pictorial Representation of appropriate feeding behaviours.</li> <li>Communication for enhanced awareness.</li> <li>Training and capacity enhancement of nurses. at government institutions, and all ANMs and ASHAs.</li> <li>Information and counselling to support mothers for breastfeeding.</li> <li>Mothers' meetings.</li> <li>Monitoring and impact assessment</li> </ul>	Mass media  Mid media  ASHAs	Consortium of DPs  Read more- <a href="https://www.nhp.gov.in/maa-(mothers%E2%80%99-absolute-affection)-programme-for-infant-and-young-child-feeding_pg">https://www.nhp.gov.in/maa-(mothers%E2%80%99-absolute-affection)-programme-for-infant-and-young-child-feeding_pg</a>
<b>Adequate Dietary Diversity</b>	“ChittukuruviSedhiTheriyuma”  60,000 copies of Bi monthly Newsletter “Chittukuruvi” is being printed and distributed to all the field functionaries of the ICDS project. A total number of 3,60,000 copies of newsletter is printed and supplied every year.	Community  Primary: Ante Natal, Post Natal mothers, Adolescent Girls  Secondary: Care givers, Husband, In Laws.  Tertiary: Community, media, training institute and faculty	Importance of minimum dietary diversity and dietary density.  Emphasis on the quality of food.  Messages on the negative impact of junk food.  Bi-monthly newsletter consisting 36 pages (including cover pages) is printed in full color with articles on healthy nutrition, sanitation, hygiene and IYCF practices	“ChittukuruviSedhiTheriyuma” the Bi monthly newsletter is being published and distributed to all the Anganwadi centers to spread latest information about various programs.  Media and interpersonal communication.  Radio jingle, Posters and Home visit.	Tamil Nadu
<b>Anemia Prevention</b>	Period Tracking sheet and Calendar	Adolescent girls, pregnant and lactating women	For tackling anemia in adolescent girls a ‘Period Tracking Sheet’ has been developed which also contains the messages related to nutrition and hygiene for adolescents. On similar lines, a calendar has also been developed for Pregnant women and Lactating women.	AWC	Telangana
	Poshan Calendar	Pregnant and Lactating Mothers	Pictorial Representation of appropriate feeding behaviours	A graphic counselling card to increase the ability to cope with the side-effects of the IFA pill and a goal-tracking device to address the barrier of forgetfulness.	Center for Social and Behavioural Change  <a href="http://csbc.org.in/work/anemia-mukt-bharat/">http://csbc.org.in/work/anemia-mukt-bharat/</a>

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
	<p>Iron &amp; Folic Acid Consumption in Pregnancy- Pilot Intervention</p> <p>LOCATION-Behta block of Sitapur district</p>	Pregnant Women	<p><b>OBJECTIVES-</b></p> <ul style="list-style-type: none"> <li>Improvement in the proportion of women receiving 180 IFA tablets during pregnancy.</li> <li>Improvement in the proportion of women consuming 180 IFA tablets during pregnancy.</li> <li>Improvement in the knowledge and practices of women with respect to IFA compliance and consumption of IFA tablets during pregnancy.</li> </ul> <p>Improving Knowledge of the FLWS - Training on IFA module, job aids and tools. All the FLWs (ANM, AWW and ASHA) were trained on IFA module.</p> <p>Improving Service Delivery - Early registration and timely receipt of IFA tablets as per HB status remaining gestational age. The distribution pattern of IFA tablets formulated for the PW in pilot area was 90:90 (normal HB) or 180:180 (anemic) in the first 2 ANC visits</p> <p>Usage of IFA Job Aids and Tools - Flipbook and Story Cards were used by the FLWs to counsel PW . IFA Calendar was used as a reminder tool for the PW</p> <p>Extensive counseling was provided as per the counseling package</p>	<p>ANMs AWWs ASHAs ASHA Sangini ASHA Sangini Mentor Poshan Sakhis AWCs Home visits Beneficiary Meetings</p> <p><b>TOOLS USED-</b> Flipbooks Story Cards IFA Calendar</p>	UPTSU
<b>Nutrition Promotion</b>	Short videos and use of mass media	Communities at large	<p>Nutrition education and busting myths and misinformation</p> <ul style="list-style-type: none"> <li>Engaging religious leaders to break the myths and taboos related to post-natal care practices. (ex- in few areas of Tripura there is a custom of fasting for two days post-delivery, as this can have adverse effect on the health of the mother, religious leaders are engaged to educate the community)</li> </ul> <p>As forest is the main source of obtaining vegetables and fruits, knowledge disseminated through ILA (Incremental Learning Approach) training for picking out nutrient-rich foods. (For ex- raw banana is rich in iron).</p>	<p>Media and community-based events</p> <p>Use of influencers Talk Shows with Doctors and Specialists Short videos created by Dreamz Unlimited – National Award-Winning agency Local Religious leaders</p>	Mizoram, Nagaland, and Tripura



Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
	<p>Collaboration with the college of Home Science in Lakhimpur district</p> <p>To promote nutrition education, college of home science in Lakhimpur district converged with "POSHANAbhiyaan" for cooking demonstration on optimal nutrition in tea garden areas.</p>	Mothers and adolescents	Nutrition Education based on local and ethnic food practices	Quarterly Poshan Magazine & Youth Parliament	Assam
	<p>"Amma Ki Smritiyaan" –</p> <p>Booklets prepared on old traditional recipes especially based on millets and locally grown vegetables/ fruits.</p>	Mothers	<p>Health benefits of these nutrition rich and delicious food was communicated to women and children of the village.</p> <p>Local and traditional food recipes are prepared through community participation.</p>	<p>ICDS functionaries invite mothers and adolescents to AWCs where elderly women demonstrate cooking of traditional recipes with locally grown crops.</p> <p>Use of booklets and demonstrations given by older women from the community.</p>	Uttarakhand
	<p>Hello "Sakhi", Hello Doctors</p>	Mothers	<p>POSHAN related awareness-</p> <ul style="list-style-type: none"> <li>• Importance of first 1000 days of child.</li> <li>• Information about Take home ration and fortified food.</li> <li>• Importance of breastfeeding and complimentary feeding.</li> <li>• Information about IFA tablets.</li> <li>• Information about ICDS.</li> </ul>	You tube videos in partnership with "PrasarBhartia/ Doordarshan"	<p>Gujarat</p> <p>Exemplar videos- <a href="https://www.youtube.com/watch?v=mG2OF0f8RZY">https://www.youtube.com/watch?v=mG2OF0f8RZY</a></p> <p><a href="http://prasarbharti.gov.in/playvideo2.php?l=GGMVPi_g6Us">http://prasarbharti.gov.in/playvideo2.php?l=GGMVPi_g6Us</a></p>
	<p>"Poshan Helpline" is created for "Suvidha", "Shikayat" and "Sujaav". Call centre is open from Monday to Friday 9.00 to 5.00 pm</p> <p>The residents of Chandigarh can book home visits and call for any queries on POSHAN Helpline.</p> <p>Block coordinator gets the calls for enquiry/ information and then it relays to the CDPO and the concerned Health Worker for action.</p> <p>Follow up on WhatsApp or home visit is also done.</p>	Pregnant women or young mothers	<p>Main queries relate to the below-</p> <ul style="list-style-type: none"> <li>• What kind of food they should eat or make for their children?</li> <li>• If they are anemic, what food or medicine they should take?</li> <li>• How frequently they have to weigh their new born child?</li> <li>• Some of them belong to migrant populations so they have queries regarding where they have to go and what facilities they can avail from AWCs.</li> </ul>	<p>Telehealth (Tele-counselling), facilitated by CDPOs, Block Coordinators and Health Workers</p> <p>Community Radio Stations</p>	<p>Chandigarh</p> <p><a href="http://chdpr.gov.in/dashboard/?q=node/80704">http://chdpr.gov.in/dashboard/?q=node/80704</a> and <a href="https://indianexpress.com/article/cities/chandigarh/now-a-mobile-helpline-to-book-anganwadi-visits-in-chandigarh-6199325/">https://indianexpress.com/article/cities/chandigarh/now-a-mobile-helpline-to-book-anganwadi-visits-in-chandigarh-6199325/</a></p>

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
	TV Advertisements Conscious marketing as part of CSR-for TV advertisements	Children, family members, women	Airing advertisements related to nutritious food especially when children are watching TV.	Airing advertisements during the time when children watch TV	Public Health Foundation of India
	"Tiki Masi"		Spreading the message of nutrition and the health needs of a girl child through a mascot dressed up as a local character, called "Tikki Masi".  W&CD Department mascot, providing critical messages Involving men through hashtags like "Menstreaming Malnutrition" and "#MenAgainstMalnutrition"	Mass Media Community Conversations A/V kits Standees Wall paintings #Tikitalks	Odisha
<b>Antenatal Care</b>	Mother and Child Protection Card (MCPC)  MCP card is a recording and counselling card for pregnant, post-partum women and under-five children. It provides information on various types of services delivered through ICDS and NRHM, which the family can access for the growth and development of their children and health of the mothers. It also outlines health and nutrition care practices for achieving good health for the mother and her child	Mothers in antenatal, natal and postnatal care.	Short and simple messages displayed on MCPC cards are found to be effective.  <ul style="list-style-type: none"> <li>Care During Pregnancy with importance of regular ANC check-up is essential during pregnancy.</li> <li>Danger signs which indicate that pregnant woman be taken to the hospital immediately.</li> <li>Ensure Institutional Delivery and Preparation in case of Home Delivery.</li> <li>Early and exclusive breastfeeding 0-6 months.</li> </ul> Parenting tips like "Feeding, playing and communicating with children helps them to grow and develop physically and intellectually" and "Talk, smile and be patient to encourage the child to eat"	MCPC Card	Tata Trusts

## Appendix 6

### Community Mobilization

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
Complementary Feeding	<p>“Upari Aahaar Abhiyaan Diwas”</p> <p>Fixed days to encourage active participation of target beneficiaries targeted to ensure sustenance and continuity of Complementary Feeding after initiation of CF during “AnnaprashanDiwas”.</p> <p>Protocol: Every Friday for 10 consecutive Fridays at AWC.</p> <p>Protocol: Mothers/caretakers get or carry cooked food from home</p> <p>Scalability: This is a zero budget activity that can be undertaken easily by every household</p>	Community, women	<p>Reinforcing complementary feeding among families with children aged 6 – 9 months who have attended “AnnaprashanDiwas”.</p> <p>The main objective is to reinforce the behaviour through repetition of the practice and messages, addressing queries and doubts, ensuring continuity of the behaviour thus leading to sustenance of the behavior.</p> <p>Messages focus on the importance of dietary diversity, age appropriate complementary feeding, adequacy and frequency and responsive feeding.</p>	<p>AWCs</p> <p>Platforms/Media - VHSND, AWC, TV, Radio, community Radio, Print media, Outdoor media, Mobile, Schools and Colleges, Single Screen Cinema Theatres</p> <p>Networks – ASHA, AWW, SHG, PRI members, Teachers, IDA, KVK, Medical bodies</p>	<p>Bihar</p> <p><a href="https://www.careindia.org/bihar/pdf/newroom/Care_Newsletter_November_2019.pdf">https://www.careindia.org/bihar/pdf/newroom/Care_Newsletter_November_2019.pdf</a></p>
	<p>“UpariAhaarAbhyaasDiwas”: On-going practice in the State of Bihar using ICDS as a delivery platform to strengthen complementary feeding practices.</p> <ol style="list-style-type: none"> <li>Capacity building of ICDS, Health Staff, and SHG members on Complementary Feeding</li> <li>Intensive counselling and messaging by FLWs and SHG members.</li> <li>Community Mobilization</li> <li>Annaprashan Drive</li> </ol>	Mothers of 6-9 months old children	<ul style="list-style-type: none"> <li>Mothers meet once every week at AWCs, bring food from home and feed children together.</li> <li>Peer to peer learning and collective problem solving is encouraged.</li> <li>Mothers are explained the importance of dietary diversity, age appropriate complementary feeding, adequacy and frequency and responsive feeding.</li> </ul>	Anganwadi Centres	CARE India

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
	LOCATION- Rudauli Block of Ayodhya District	<p>Frontline workers – AWWs, ASHAs, Mukhya Sevikas, Poshan Sakhis</p> <p>Mothers with children aged 6-8 months Mothers with children aged 6-23 months</p>	<p><b>OBJECTIVES-</b></p> <ul style="list-style-type: none"> <li>To improve the timely introduction of complementary feeding in children 6-8 months of age</li> <li>To improve dietary diversity in children 6-23 months of age</li> <li>To improve meal frequency in children 6-23 months of age</li> </ul> <p>The capacity building comprised of a one-day training followed by continuous mentoring and handholding of FLWs to improve knowledge, demonstration and counselling skills on CF.</p> <p>Existing platforms like Annaprashan Diwas, Mamta Diwas, beneficiary meetings, were utilized for mobilizing women and for group counselling.</p> <p>Available platforms and contact points were mapped and leveraged for counselling and messaging by FLWs and SHG members</p> <p>Repeated messaging on optimal CF practices from multiple sources.</p> <p>The importance of CF was linked to immediate benefits such as a child “falling sick less often” and reduced episodes of diarrhoea as well as longer term aspirations such as ‘becoming a doctor’.</p>	<p>ICDS Supervisors AWWs ASHAs Mukhya Sevikas Poshan Sakhis Self-Help Groups (SHGs).</p> <p><b>TOOLS USED-</b> Tracking list of 5-23 months children. CF calendar Brochures Flip books 250 ml bowl and spoon Mapping of local foods</p>	UPTSU, Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) and Alive and Thrive
	POSHAN Mela -at Block Level celebrated as a grand affair to address complementary feeding through Jan Andolan.	Mother's committees Development partners Community members residing in the Block	<p>The unique features of POSHAN Mela were-</p> <ul style="list-style-type: none"> <li>Display of food diversity of each Block to the participants.</li> <li>Showcase of feasible home-based complementary feeding techniques along with linkages of various services at the doorsteps</li> <li>Mobilizing communities to influence their behaviours towards adopting desirable practices of complementary feeding.</li> <li>Organisation and execution of POSHAN Mela based on interdepartmental convergence</li> </ul> <p>Demonstration of locally available nutritious produce, easy-to-cook recipes, WASH practices.</p> <p>Knowledge on various home-based complementary foods .</p> <p>Exhibition of easy-to-cook food preparations and recipes based on the existing dietary practices.</p>	Departments of ICDS, Health and Family Welfare, PRI, SRLM, and DW&S (SBM)	Piramal Foundation



Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
			Growth monitoring and screening of children and suggestion of referrals based on their nutritional status		
Adequate Dietary Diversity	"Nutri-gardens" and Local recipes- "Nutri-gardens", local diet recipes and dietary habits in Uttarakhand	Mother Groups	Usually 10-12 nutritious recipes were selected and demonstrated to community	SHG groups, Local women and Women Sarpanches	Tata Trusts
	Community Conversations	Women and women "sarpanches"	Studying local dietary behaviours, IPE found that the consumption of eggs is very low in the community especially pregnant women's and children (6 months- 6years). So, they have chosen women from community and women sarpanches to talk about the importance of eggs and protein in their diets.	Meetings are conducted at Panchayat Office, state of Odisha	IPE Global
	"SampoornaThaalika" – a challenge to include nutritionally complete meals for every meal.  Taken from the My Plate campaign of US.  <ul style="list-style-type: none"> <li>Used as a tool to promote a well-balanced plate to encourage a balance of portions.</li> <li>By showing a balance of healthy foods, MyPlate helps to get the right amount of energy and nutrients each day.</li> </ul>	Team to follow up with states on documenting the missing information on Children	<ul style="list-style-type: none"> <li>Awareness on the importance of nutrients and micronutrients in diets</li> <li>Awareness on the inclusion of vegetables, fruits, grains, dairy products, and meat in adequate amounts in the daily diet and bring down instances of non-communicable diseases such as diabetes mellitus.</li> </ul>	Posters and pamphlets in anganwadicenters and regular newsletters like "SampushtaKeralam"  Nutrient Dangles-to increase the awareness about nutrients and micronutrients in the diet	Kerala  <a href="https://www.thehindu.com/news/cities/Tiruvananthapuram/governors-pat-for-state-on-child-nutritionlevels/article29719566.ece">https://www.thehindu.com/news/cities/Tiruvananthapuram/governors-pat-for-state-on-child-nutritionlevels/article29719566.ece</a>
	"Millet Mela" and "Food mela" in Bangalore, Karnataka  Organized in conjunction with Department of Agriculture at sector and block level for promoting the consumption of millets by live demonstration of food items with a focus on millets.  "POSHAN Melas" in Tripura  Poshan Melas were organized in 'Hard to reach areas' of the District with focus on TTADC(Tripura Tribal Autonomous District Council)	Community	Dietary diversity and nutrition education  Focus on consumption of millets for prevention of diabetes, high cholesterol and obesity.  Community mobilization on nutrition and health. Stalls were setup displaying various nutritious indigenous food and interactive sessions were organized to sensitize community members.	WCD + Department of Agriculture Festivals/Fairs	Karnataka, Puducherry, Tripura  <a href="https://www.deccanherald.com/city/3-day-millet-fest-kicks-off-in-bengaluru-732079.html">https://www.deccanherald.com/city/3-day-millet-fest-kicks-off-in-bengaluru-732079.html</a>

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
	Fresh and local produce – A powerful approach to promote nutrition	Pregnant Women Lactating Women Children Community	<p>Promotion of locally available fruits and vegetables is done using 3D Approach- Dialogue with community, Display of local produce and Demonstration of its use as part of food preparations made from ICDS Supplementary nutrition recipes and home cooked food.</p> <p>Nutrition counters are set up at health subcenter on Suposhan Swasthya Mela i.e special Village, Health, Sanitation and Nutrition days to emphasize on the use of locally produced vegetables and fruits.</p> <p>Use of local produce at Aanganwadi centres as part of complementary feeding demonstrations of young children during the Annaprashan Divas and informing pregnant women about its use during Godbharai diwas.</p> <p>Produce like Sahjan, Amla, Green leafy vegetables like palak, bathua are promoted in the community to enhance awareness and improve the nutritive value of food being consumed.</p> <p>Haat Bazaars with stalls are organized at large scale to involve farmers to come at a common place to sell their fresh produce.</p> <p>Amla laden nutrition baskets as a part of the felicitation ceremony at different events. The idea of nutrition basket came from the Poshan Thali concept of Godbharai. The is now being used as a advocacy tool.</p>	Commissioners District Magistrates District Programme officer AWCs AWWs Community events Haat Bazaars Suposhan Swasthya Mela i.e special Village, Health, Sanitation Nutrition days.	UNICEF
	Nutri Gardens	Mothers	<p>Nutrition Education on the importance of micronutrient rich diet</p> <p><i>“Jo KhayeinwahiUgaayen - Jo UgayeinwahiKhayein”</i></p> <p>(To encourage the organic growing of nutritive vegetables and fruits)</p> <p>Community lead innovation and ownership for long term nutrition benefits</p>	VHSND, AWCs, community gatherings and dedicated Kitchen Gardens at AWCs in Madhya Pradesh	Haryana, Assam, Madhya Pradesh  Madhya Pradesh: <a href="https://icds-wcd.nic.in/issnip/IS-SNIP-Web-Contents/LEFT%20SIDE%20TABS/8-Pilots%20&amp;%20Innovations/Community%20Based%20Events/MadhyaPradesh.pdf">https://icds-wcd.nic.in/issnip/IS-SNIP-Web-Contents/LEFT%20SIDE%20TABS/8-Pilots%20&amp;%20Innovations/Community%20Based%20Events/MadhyaPradesh.pdf</a>
	Promotion of Millets and Nutri gardens at AWCs (100 AWCs per district)	Mothers and male members of the community	<p>Awareness about Millet usage</p> <p>Involvement of male members</p>	NSS counsellors VHSND, AWCs, Community gatherings	Haryana



Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
Anemia Prevention	<p>“Poshan” on wheels</p> <p>Mobile Anganwadi Vans under “Poshan Abhiyan”, which carry nutritious food for the infants, expectant and lactating mothers especially at the construction sites.</p> <p>Every day hot cooked meal is provided to the children at the identified construction sites.</p>	School children/ adolescents of construction workers	<p>The vehicle is decorated with IEC material especially on importance of 1000 days and anemia.</p> <p>The main aim of these vans is to cover the uncovered marginalized population on the construction sites as, because of their unique migrant nature.</p>	Construction sites	Chandigarh <a href="http://chdpr.gov.in/dashboard/?q=node/81037">http://chdpr.gov.in/dashboard/?q=node/81037</a>
	<p>The RANI Project</p> <p>(The Reduction In Anemia through Normative Assessment)</p> <p>The trainers are trained by SHGs and are provided information and reminders.</p>	Mothers of reproductive age(15-45 years) Mother-in-laws	<ul style="list-style-type: none"> <li>Community level Anemia prevalence status is provided to influence individual and collective social norms.</li> <li>Adaptive learning through ongoing monitoring and feedback loops.</li> <li>Busting myths and misconceptions for pregnant women.</li> </ul>	Self Help Groups Videos and printed brochures	<p>IPE Global George Washington University</p> <p>Read more- <a href="https://rani.gwu.edu/science/our-approach">https://rani.gwu.edu/science/our-approach</a></p>
	<p>“PoshanPathshala” and Healthy Recipe Competition</p> <p>To encourage community participation, Women and Child Development Department also organized a contest on writing Poshan anthem(s).</p>	Adolescents and community	<p>Sensitization of communities on anemia prevention, iron rich food and balanced diet.</p> <p>Awareness on government schemes like “Betibachao, Betipadhao”, “Ujjwala Yojana”, “Swadhar Yojana”</p>	ANCs Schools	<p>Madhya Pradesh <a href="https://narmadanchal.com/?p=313">https://narmadanchal.com/?p=313</a></p> <p><a href="https://mp.mygov.in/en/task/write-anthem-%E2%80%98poshan-abhiyan%E2%80%99/?page=0%2C5">https://mp.mygov.in/en/task/write-anthem-%E2%80%98poshan-abhiyan%E2%80%99/?page=0%2C5</a></p>
	<p>‘Food Day’ and observing “KishoriDiwas”</p> <p>Dedicated ‘Food Day’ and observing “KishoriDiwas” for adolescent girls every month.</p>	Adolescents	Creating awareness within the communities about the importance of nutrition, anemia prevention, sanitation and health.	AWCs	Chhattisgarh
	<p>“Veerangana Dal”</p> <p>One “Sakhi” and two “sahelis” are identified in each group and are trained as volunteers.</p> <p>Meetings and group activities at AWCs are conducted, where counselling on the importance of healthy dietary practices, deworming medicines, anemia prevention is done.</p>	Adolescent girls (11-14 years)	These groups encourage other girls to attend schools and are sensitized about health and nutrition, government schemes, healthy lifestyle and activities like kitchen gardening.	Schools SHGs “Panchayat Bhawans” AWCs, “POSHAN” Rallies Cycle Rallies “Prabhat Pheris” Health camps Home visits	UP Information from a hindi article- <a href="https://www.patrika.com/hathras-news/up-govt-girls-empowerment-program-under-scheme-for-adolescent-girls-5522808/">https://www.patrika.com/hathras-news/up-govt-girls-empowerment-program-under-scheme-for-adolescent-girls-5522808/</a>

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
Nutrition Promotion	"Dadi Nani kiRasoi"	Pregnant and lactating mothers	Avoid junk food  Promote home based nutritious recipes	AWCs - Community hall	Punjab
	Role Models for spreading messages	Mothers, Peers & care takers.	Messages on early registration of pregnancy and breastfeeding.  Exchange of messages within mother groups led by an experienced mother as a model for motivation	Mother groups and AWWs	Tamil Nadu
	Fixed day	Parents and members of the community	Fixed dates to spread the messages on pregnancy care, immunization, complimentary feeding and early childhood care.	VHSND/MAMTA Divas Immunization Day "Annaprashan Day" "Ankur Diwas"	Most states – ex. Odisha
	"Jan Manch" platform	Primary: Female & Children, Adolescent Girls  Secondary: Male	Community platforms are used for recipe demonstration, counselling and distribution of booklets which focus on the importance of first 1000 days	AWWs, ASHAs, Panchayat workers use a combination of platforms like Jan Manch (Exhibitions)  Outdoor Media  Social Media (Live Streaming)	Himachal Pradesh
	"Swabhimaan" Programme  Delivery of an integrated package of 18 essential nutrition specific and nutrition-sensitive interventions via women's collectives promoted by "Aajeevika" and the "Deendayal Antyodaya Yojana" – National Rural Livelihoods Mission (DAY-NRLM) to improve the nutritional status of adolescent girls and women in Bihar, Chhattisgarh and Odisha.  This is done under "Swabhimaan Programme"- an umbrella of community-led interventions across various states.	Pregnant and Lactating women Adolescent girls Couples	<ul style="list-style-type: none"> <li>Awareness drive to promote dietary diversity</li> <li>Discussion on the topic of integrated nutrition: agriculture, hygiene and sanitation behaviors.</li> <li>Promotion of traditional foods in "maitribaitmaks" through food demonstrations.</li> <li>Counselling sessions for the women at risk and training sessions for them to make them more nutrition-oriented in their food behaviour.</li> <li>At-risk individuals also receive a welcome kit with essential nutrition and health items.</li> <li>Promotion of Nutri gardens.</li> </ul>	Trained community cadres of VOs – community resource persons (CRPs or "PoshanSakhis") – facilitating monthly meetings with women's SHGs on women specific issues ("maitribaithak") and adolescent girl related ("KishoriSamooH") using participatory learning and action cycle methodology.  Strengthening VHSND services to improve access to antenatal care, family planning and micronutrient supplementation	Chhattisgarh, Odisha, Bihar <a href="http://www.roshni-cwca.in/UploadDocument/SWABHIMAAAN%20%20Odisha%20Report.pdf">http://www.roshni-cwca.in/UploadDocument/SWABHIMAAAN%20%20Odisha%20Report.pdf</a> and <a href="https://www.indiaspend.com/how-womens-collectives-in-odisha-villages-are-driving-health-reforms/">https://www.indiaspend.com/how-womens-collectives-in-odisha-villages-are-driving-health-reforms/</a> and <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6342298/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6342298/</a>

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
	Family Support Groups	Mothers and couples with new born child	Meet at AWCs and share their experiences with each other. Also, important information about first 1000 days of child is being imparted to couples by AWWs.	Anganwadi Centres	Tata Trusts
	<p>"Mamta" Week</p> <p>Celebrating "Mamta" week, every month, in which SHGs and women identified from the community, go door to door in spreading the messages on importance of ANC and other important issues.</p> <p>This has significantly increased the participation of communities in VHSNDs in Odisha.</p>	Mothers	<p>Focus on Interpersonal communication and door to door messaging -</p> <ul style="list-style-type: none"> <li>Importance of antenatal care</li> </ul> <p>Increased awareness about maternal and child health</p>	<p>SHGs</p> <p>Members of the community</p> <p>Village Health and Nutrition Days</p>	IPE Global
	<p>Jeevika Scheme</p> <p>It supports social and economic empowerment of the rural poor in Bihar through Women Empowered (WE)-type groups.</p> <p>Through this collaboration with JEEVIKA, PCI aims to generate community awareness and engage them around key issues related to CF practices and enable mothers to have hands-on experience.</p> <p>This includes line listing of target beneficiaries and recognizing and rewarding positive deviants and program personnel.</p>	<p>Pregnant and lactating mothers, family members, and children up till 3 yrs. of age</p> <p>Mothers of children aged 6-12 months</p>	<p>Behaviour Change Communication:</p> <ul style="list-style-type: none"> <li>Increase consumption of nutritional food in terms of food quantity and frequency.</li> <li>Exclusive breast feeding and complementary feeding.</li> <li>Reduction in Anemia among pregnant women and lactating mothers.</li> </ul>	<ul style="list-style-type: none"> <li>SHG platform</li> <li>Collective cooking and feeding demonstrations</li> <li>Community rallies for awareness</li> <li>Home visits by community leaders</li> <li>Video show with community actors.</li> <li>Recipe preparation and feeding demonstration by mothers</li> <li>Three Follow up visits at home and in SHG meetings</li> </ul>	<p>JEEVIKA/Project Concern International</p> <p>Read more- <a href="https://www.pciglobal.org/annual-report-2017-jeevika/">https://www.pciglobal.org/annual-report-2017-jeevika/</a></p>

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
	<p>“PoshanRatna”; “PurakAaharRatnas”</p> <p>“PurakAaharRatnas” are felicitated by VO and SHG members during a special felicitation event called the “PurakAaharRatna Utsav”.</p>	<p>Mothers of young children (between the age of 6-11 months)</p> <p>Mothers of younger children (new cohorts of 5 to 12 months)</p>	<ul style="list-style-type: none"> <li>Mothers are encouraged to prepare and demonstrate the recipes (with at least four food groups) for CF</li> <li>The process of preparing the most interesting and innovative recipes is captured.</li> <li>Community Mobilizers (CMs) of JEEVIKA follow up with mothers of young children (between the age of 6-11 months old), during their weekly SHG meetings, for continuing the recommended CF practices for their children on day-to-day basis.</li> <li>Mothers who have been reported practicing initiation, diversity, quantity, and frequency in CF on at least three occasions are identified as “Champions of CF” or “PurakAaharRatnas”</li> </ul>	<p>ASHAs and AWWs</p> <p>Community Mobilizers (CMs) of JEEVIKA</p> <p>Representatives from Health, ICDS and Panchayati Raj Institutions (PRI)</p> <p>Mothers of young children (between the age of 6-11 months)</p>	<p>Project Concern International</p> <p>Read more- <a href="https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/Review-Meetings/RM_10-10-2018/JEEVIKA-Government-of-Bihar.pdf">https://icds-wcd.nic.in/nnm/NNM-Web-Contents/LEFT-MENU/Review-Meetings/RM_10-10-2018/JEEVIKA-Government-of-Bihar.pdf</a></p>
	<p>“Poshan Rathas”</p> <p>Using traditional “Rath” processions for delivering key messages on nutrition.</p>	<p>Members of the community with a specific focus on PVTGs-Particularly Vulnerable Tribal Groups (Jiban Sampark)</p>	<ul style="list-style-type: none"> <li>“Raths” for delivering key messages</li> <li>Use of local dialect for messaging</li> </ul> <p>Strengthening Inter Personal Communication (IPC)</p>	<p>Modern “Rath” processions with community engagement</p> <p>Community engagement through WSHGs –Women Self Help Groups (Shakti Varta)</p>	<p>Odisha</p> <p><a href="https://www.jagran.com/jharkhand/jamshedpur-poshan-rath-jamshedpur-anm-dc-office-rath-tata-20096568.html">https://www.jagran.com/jharkhand/jamshedpur-poshan-rath-jamshedpur-anm-dc-office-rath-tata-20096568.html</a></p>
	<p>POSHAN Clubs</p>	<p>Adolescents</p>	<p>An innovative idea to convene youths for a comprehensive action on nutrition awareness through communication in peer groups.</p> <p>Exemplar- Goalpara district, where the district administration has been initiating innovative activities for introducing healthy habits through ‘Swachh Poshan Health’ clubs among the school communities.</p> <ul style="list-style-type: none"> <li>Messages include the importance of nutritious food, healthy eating, and the significance of physical, mental and spiritual wellbeing.</li> </ul>	<p>Groups-based platforms</p>	<p>Assam</p> <p><a href="http://www.assamtribune.com/scripts/detailsnew.asp?id=feb1220/state052">http://www.assamtribune.com/scripts/detailsnew.asp?id=feb1220/state052</a></p>



Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
	"Bal Divas"	Children in pre-school education	Recognizing and acknowledging children's achievements and celebrating birthdays at AWC; nutrition related gifts are also given to children.  Modelling through recognition of desired behaviours related to nutrition	Schools	Gujarat
	"Poorna Divas" and "kishori" divas  PURNA - Prevention of Under Nutrition and Reduction of Nutritional Anemia among Adolescent Girls- project to eliminate malnutrition among girls.	Adolescents	Education on life skills, menstrual hygiene health and nutrition	AWCs	Gujarat
	Conducting school and anganwadi level cooking competitions.	School children/ adolescents, Teachers, Parents, Communities	<ul style="list-style-type: none"> <li>Mothers from the communities brainstorm and cook along with their children.</li> <li>Healthy breakfast recipes.</li> <li>Winning recipes criteria are time management, affordability, nutritive value, availability of ingredients, innovation and taste.</li> </ul>	School children/ adolescents, Teachers, Parents, Communities	Salaam Bombay Foundation
	"SWASTH BHARAT YATRA"- "Poshan Yatra" like "Swaccha Yatra" or a Cyclathon	Community	It provides the trigger for cascading the message of 'Eat Right India' to every corner of the country. The community is enlightened on the importance of eating healthy, balanced and safe food.	Eat Right Mela, Eat Right Conventions, Poster competitions	GAIN Read more- <a href="https://fssai.gov.in/swasthbharatyatra/events">https://fssai.gov.in/swasthbharatyatra/events</a>
Antenatal Care	Walkathon, Anganwadi Demo, and home visits.  ANM pay visit to mothers for ANC in case mothers skip ANCs check-up and put a date on the wall of their homes. They guide husbands to ensure timely and regular consumption of iron tablets by pregnant women.	Pregnant women & their Husband.	Counselling messages include: care of new born for mothers expecting her first child, importance of iron tablet and tracking the weight of new born.  Hoardings are also laid across the beach in Puducherry containing messages related to "POSHANAbhiyaan" translated into local language.	Home visits for Inter-Personal Counselling (IPC)  Hoardings during "POSHANMAAH", they organize walkathon with the help of adolescent girls, distribute t-shirts, and conduct street plays.	Puducherry \

Target Behaviors and Target Themes of Jan Andolan	Description of SBCC activities	Audience (Primary, Secondary, and Tertiary)	Strategic messaging (Content, framing and frequency of exposure)	Delivery platforms (Individuals/Influencers Community Groups, types of Media)	State/UT
	<p>Mass community bangle ceremony (1000 ANC per half a day event)</p> <p>Using traditional rituals to promote ante-natal care in convergence the health department.</p>	<p>Primary: Antenatal mothers, peers</p> <p>Secondary: Husband/ care givers, Mother in laws,</p> <p>Tertiary: Health Staff, SHGs, media, policy planner.</p>	<ul style="list-style-type: none"> <li>To educate the target audience on the elements of child care, nutrition, hygiene and sanitation.</li> <li>To orient on infant and young child feeding practices</li> <li>To sensitize the care givers about the importance the antenatal care.</li> </ul>	Home visits and community events at the village level	Tamil Nadu
	"SanjhiSehat" programme with NRLM (National Rural Livelihood Mission)	Pregnant Women	<p>Issues of maternal and neonatal health, nutrition and hygiene are addressed in a participatory manner through 22 community meetings in one project cycle.</p> <p>Convergence that encourages communities to adopt healthy dietary practices.</p>	Self Help Groups	<p>Madhya Pradesh</p> <p>Other partners- New Concept, in partnership with "Ekjut"</p> <p><a href="http://www.newconceptinfo.com/node/421">http://www.newconceptinfo.com/node/421</a></p>
	Suposhan Swasthya Mela- It is a special event organized on a monthly basis across 20,000+ subcentres in the state every month jointly by ICDS, health and the PRI department.	Pregnant women Adolescent girls Young children	<p>The "mela" organized at subcentre on first Wednesday of every month is an expansion of existing Village, health, Sanitation and Nutrition Days (VHSNDs). The effort is directed to take VHSNDs beyond Routine Immunization sessions and give special focus to nutrition and hygiene services and counselling which are important determinants of good health.</p> <p>The mela is an attempt of department of ICDS to brand VHSNDs as community mobilization events under Poshan Abhiyaan and spread awareness on the basket of health and nutrition services provided through this platform</p> <p>Arrangement of recipes made from Supplementary Nutrition.</p> <p>Health examination of underweight children by ANM and screening of SAM cases is done by the health department.</p> <p>Antenatal, growth monitoring and counselling services.</p> <p>Counselling sessions on nutrition, weighing, sanitation are done along with complementary feeding demonstrations and are monitored by government officials.</p>	AWWs ASHAs ANMs Gram Pradhan Village Influencers	Government Led





नए समाज की ओर  
Towards a new dawn