

COMMUNICATION STRATEGY

FOR
THE PROMOTION OF ORANGE FLESHED SWEETPOTATOES
IN
TIGRAY, ETHIOPIA



PREPARED BY: MARIAMA M.FOFANA, BA, BSN, RN, MPH
FOR AND ON BEHALF OF
INTERNATIONAL POTATO CENTER (CIP)
WITH FUNDING FROM IRISH AID AND USAID





COMMUNICATION STRATEGY

**FOR
THE PROMOTION OF ORANGE FLESHED SWEETPOTATOES
IN
TIGRAY, ETHIOPIA**

PREPARED

BY:

MARIAMA M.FOFANAH, BA, BSN, RN, MPH

FOR AND ON BEHALF OF

INTERNATIONAL POTATO CENTER (CIP)

WITH FUNDING FROM IRISH AID AND USAID

DISCLAIMER:

The study is made possible by the support of the American People through the United States Agency for International Development (USAID) and by Irish Aid. The contents of this document are the sole responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government and can in no way be taken to reflect the official opinion of Irish Aid.

TABLE OF CONTENTS

ACKNOWLEDGMENT	III
ACRONYMS AND ABBREVIATION	IV
EXECUTIVE SUMMARY	V
INTRODUCTION	1
1.0 Situational Analysis Of Tigray	1
1.1 Background	3
1.2 Nutrition Profile Of Women And Children In Tigray	3
1.3 Dietary Practices	4
1.4 Determinants Of Malnutrition And Food Insecurity In Tigray	4
1.5 Current Policy And Strategy	5
1.6 Suitability For The Production, Promotion, And Consumption Of Ofsp In Tigray	5
2.0 Communication Strategy For Behavioral Change	7
2.1 Purpose	7
2.2 Goals	8
2.3 Objectives:	8
2.4 Primary Target Audiences	8
2.5 Secondary Target Audiences	8
2.6 Strategy Design	9
3.0 Summary Of Findings From Formative Research	9
3.1 Current Feeding Practices	9
3.2 Vitamin A Awareness	10
3.3 Factors That Influence Consumption Of Fruits And Vegetables	10
3.4 Health Communication Contexts	11
4.0 Communication Theoretical Conceptual Framework	12
4.1 Behavioral Model Change	12
4.2 Communication Framework	13
5.0 Core Components Of The Strategy	14
5.1 Overview	14
5.2 Community Outreach/ Interpersonal Communication	14
5.3 Mass Media	15

5.4 Community Mobilization	15
5.5 Training And Capacity Building:	16
5.6 Roles And Responsibilities	16
<i>Interpersonal Communication:</i>	17
<i>Community Events</i>	17
<i>Cooking Demonstrations</i>	17
<i>Sweet Potato Clubs</i>	17
<i>School/Science Clubs</i>	17
<i>Backyard Gardens</i>	18
<i>Print Media</i>	18
<i>Visual Media</i>	18
<i>Utility Media</i>	18
<i>Folk Media</i>	18
<i>Radio</i>	18
6. Monitoring And Evaluation	18
7. Communication Strategy Matrix	20

ACKNOWLEDGMENT

The development of the Behavior Change Communication Strategy for the Promotion of Orange- Fleshed Sweet Potatoes in Tigray was a participatory project facilitated by the invaluable input of a number of stakeholders and partners. We would like to thank and acknowledge all those who contributed to the design of this strategy. Many thanks to the staff of “Better Potato for Better Life” (BPBL) for providing technical guidance, information and support during the development of this strategy. Special thanks to Dr Steffen, Dr Haile and Mr. Gebrehiwot who facilitated field research activities at Mekele. We are greatly indebted to our partners Moms for Moms, Women Association Tigray, the staff of Tigray Regional Bureau of health, the staff of Relief Society of Tigray, community leaders and women groups for participating in the formative research and for sharing their experiences and best practices. The design of this strategy would have been impossible if not for their strong commitment and support. Special gratitude to the women in Hitallow Wajerat Wodera who dedicated time to participate in focused group discussions and in-depth interviews.

We thank the funding agencies; CIP, USAID and Irish Aid for making it possible to undertake the research and design of this strategy.

ACRONYMS AND ABBREVIATION

BCC	Behavior Change Communication
BPBL	Better Potato for Better Life
CHP	Community Health Promoters
CIP	International Potato Center
EDHS	Ethiopia Demographic and Health Survey
ENRI	Ethiopia Nutrition Research Institute
HEW	Health Extension Workers
IEC	Information Education Communication
M&E	Monitoring and Evaluation
M4M	Moms for Moms
NNP	National Nutrition Program
NPAN	National Plan Action for Nutrition
OFSP	Orange-Fleshed sweet Potatoes
RBH	Regional Bureau of Health
REST	Relief Society of Tigray
SCT	Social Cognitive Theory
TMC	Transtheoretical Model of Change
TOT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UNDP	United Nations Development Agency
VAD	Vitamin A deficiency
WAT	Women Association Tigray

EXECUTIVE SUMMARY

Chronic food insecurity and malnutrition remain a major public health problem in Ethiopia. Studies carried out in Ethiopia indicate that about 44% of children aged 6-59 months are undernourished, 1 in 10 die before the age of five and more than half of these deaths are attributed to malnutrition.¹ Closely associated with malnutrition is the prevalence of vitamin A deficiency which is of a particular concern among pregnant, lactating women and children below five. Sadly, vitamin A deficient affects about 7.7 million children and results in an estimated 50,000 deaths each year.² The prevalence of Vitamin A deficiency (VAD) particularly during the critical period of growth (1-5 years) does have serious implications for the health and wellbeing of children. Besides the increased risk of mortality, VAD limits growth, weakens immunity, causes blindness and impairs the normal development of healthy skin and tissues. It is therefore critical to improve the vitamin A status of children to achieve a substantial reduction in overall child mortality in Ethiopia.³

The prevalence of VAD is more noted in the northern region of Tigray where more than 60%⁴ of children are vitamin A deficient. Research findings attribute the cause of VAD among women and children primarily to inadequate consumption of vitamin A rich foods. Major contributing factors of VAD include poverty, limited access to foods rich in vitamin A, lack of awareness of the nutritional value of fruits and vegetables, and traditional feeding practices limiting consumption of vitamin A-rich foods.⁵

Women and children can get adequate amounts of vitamin A by consuming foods such as organ meat, liver eggs and dairy products. However, for the majority of households in poor rural

¹ UNICEF, Ethiopia Country Statistics, 2010. Available at http://www.unicef.org/infobycountry/ethiopia_statistics.html (Last accessed 16 June, 2011) [Hereinafter UNICEF 2010]

² Federal Ministry of Health. Ethiopia National Guideline for the Control and Prevention of Micronutrient Deficiencies. http://www.aedlinkagesethiopia.org/My_Homepage_Files/Download/Micronutrients%20guideline.pdf. (Last Accessed May 30, 2011) {Hereinafter Federal Ministry of health, 2010}

³ Faawi, W et al. Vitamin A Supplementation and Child Mortality; a meta-analysis. The Journal of Nutrition. 1993;134: 231-236. Available at <http://jn.nutrition.org/content/134/1/231S.full#B>. (last accessed on June 20, 2011) [Hereinafter Faawi et al, 1993]

⁴ Ethiopia Central Statistical Agency, Ethiopia demographic health survey (2005). Available at http://www.csa.gov.et/surveys/DHS/Demographic_and_Health_Survey_2005/survey0/index.html (last accessed on June 20, 2011) {Hereinafter Ethiopia Demographic, 2005}

June 12 June 2011. {Hereafter Ethiopia Demographic, 2005}

⁵ Mulugeta, A et al. Child Malnutrition in Tigray, Northern Ethiopia. East African Medical Journal 2010. Vol. 87 (6) 249-254. Available at <http://www.ajol.info/index.php/eamj/article/view/63083>. Last accessed on 15 June, 2011. {Hereinafter Mulugeta, A., 2010}

settings, these foods are expensive and unaffordable. One of the main strategies used in preventing VAD in Tigray, includes a twice- yearly distribution of vitamin A supplements to children and postpartum mothers. In 2005, vitamin supplementation coverage averaged 62% in urban and 44% in rural areas.⁶ This short -term strategy depends heavily on donor support, and sustainability is a serious concern. Vulnerable women and children who are at a higher risk of VAD cannot always access supplements. Accordingly, VAD remains a huge health problem.

To alleviate the problem of VAD in Tigray, the International Potato Center (CIP) with funding from Irish Aid and United States Agency For International Development (USAID) will pilot-test a food-based strategy promoting the production and consumption of orange-fleshed sweetpotatoes (OFSP). OFSP is a relatively cheap and excellent source of vitamin A, energy and other essential vitamins and minerals. About 125gm (1 cup) of cooked OFSP can meet the daily-recommended vitamin A intake of children under five.⁷ Therefore, a food based approach using OFSP will not only provide a suitable option to improve the vitamin A status of children but will also improve overall nutritional status as well provide income generating activities for many poor households in Tigray.

The communication for behavior change strategy outlines interventions aimed at increasing consumption of OFSP, and identifies key messages, target audiences and communication channels that will be used to promote OFSP among women and children. The overall goal is to improve food security and prevent vitamin A deficiency among women and children by increasing and sustaining production and consumption of orange-fleshed sweet potatoes. Primarily, the BCC will target parents/caregivers of children 6-59 months, pregnant and lactating women. Other supporting audiences include family members, Health Extension Workers (HEWs) village health promoters, and policy makers. The development of the strategy is based on formative research involving community stakeholders while its theoretical framework is based on the UNICEF model of communication and the Social Cognitive Theory (SCT) as well as the Transtheoretical Model of Change (TMC).

The main components of the projects include OFSP production, nutrition education, demand creation and behavior change motivation. The key messages of the campaign will focus on creating awareness of VAD; providing education on the nutritional value of OFSP; mobilizing community action for increased production and consumption of OFSP dishes and products;

⁶ Ethiopia Demographic, 2005

⁷ Betty.,B. Evaluating Sweet Potato As An Intervention Food to Prevent vitamin A deficiency. Comprehensive Reviews in Food Science and Food Safety. (2010) Vol 10;2 p 118-130. Available at <http://onlinelibrary.wiley.com/doi/10.1111/j.1541-4337.2010.00146.x/full>.(last accessed 5 May,2011) [Hereinafter Betty, B 2010]

addressing the socio-cultural barriers that may undermine OFSP demand; and enhancing skills needed to sustain production and consumption of OFSP among women and children.

The strategy uses an integrated approach with a variety of communication tools including interpersonal channels, community mobilization, advocacy and mass media to create demand and promote the consumption of OFSP dishes and products in the project target area. Interpersonal activities and community mobilization events will be the primary means of disseminating key messages to the target audience. This will be achieved through intensive community outreach carried out by trained community health promoters using tailored messages delivered face- to face through individual or group discussions. Orange sweet potato dishes and products will be promoted mainly through nutrition counseling sessions, cooking demonstrations, mobile kitchens, school gardens and backyard garden plot demonstrations. All BCC activities will be delivered through home visits, sweet potato clubs, school science clubs, community meetings and village promotional events. The campaign will also make use of mass media to support the dissemination of key messages to the target audience. Print, utility and visual media such as billboards, posters, brochures, leaflets, t-shirts, hats, murals will create awareness and help reinforce key messages of the campaign. In addition, key messages will be communicated using regional radio spots/talk shows and folk media (songs, stories, drama skits).

A number of influential stakeholders including community based organizations particularly Moms for Moms (M4Ms), Women's Association Tigray (WAT), Health extension workers (HEWs), Community Health Promoters (CHPs), schools and religious leaders, will serve as key entry points to reach target audience. Community support and strong partnership between these stakeholders is necessary for the success of the campaign, and the proposed interventions will have a greater impact when implemented holistically. Mass media will create the necessary awareness about OFSP, nutritional counseling sessions and cooking demonstrations provided by HEWs will help motivate behavior change to encourage increased consumption of OFSP dishes. The establishment of sweet potato clubs, and backyard gardens both in schools and within the community will create demand for products, increase easy access to the produce, motivate behavior change, strengthen links between consumers, farmers and vendors, create income generating opportunities as well as ensure sustainability of the project.

INTRODUCTION

1.0 Situational Analysis of Tigray

Ethiopia is the third most populated African country with a growing population of over 80 million people.⁸ The most recent household population index survey accounts for an under-five child population of 15.8%.⁹ The country has an under-five mortality rate of 104 deaths per 1000 live births.¹⁰ Poverty, food insecurity, and chronic malnutrition continue to pose significant threats to the health and well being of Ethiopians particularly women and children. An estimated 39 % of the population lives below the international poverty line of \$ 1.25 per day.¹¹ More than 35 % of households experience food insecurity and 38% of children aged 1-5 are underweight while 47% experience stunted growth¹². Malnutrition contributes up to 58% of death among children under five.¹³ In addition to high morbidity and increased risk of infections, malnutrition does have long-term effects on children's growth, health, cognitive ability and economic productivity.¹⁴ Vitamin A deficiency (VAD) remains a significant public health problem particularly among women and children under five in Ethiopia. The deficiency affects an estimated 7.7 million children under-five and contributes to about 32% of child deaths.¹⁵ It is also associated with blindness, anemia, increased vulnerability to childhood illnesses and high rates of child mortality.¹⁶ It is well documented in many nutritional and health literature that the elimination of vitamin A deficiency is essential to improving the survival of children and other vulnerable groups. Indisputably, Vitamin A is essential for normal vision, gene regulation, immune function,

⁸ UNICEF, Ethiopia Country Statistics, 2010. Available at http://www.unicef.org/infobycountry/ethiopia_statistics.html (Last accessed 16 June, 2011) [Hereinafter UNICEF 2010]

⁹ Ethiopia Demographic 2005

¹⁰ UNICEF 2010.

¹¹ UNDP, International Human Development Indicators 2010. Available at <http://hdrstats.undp.org/en/indicators/38906.html>. (last accessed on May 25, 2011)

¹² Ethiopia Demographic 2005

¹³ Ibid.

¹⁴ Alderman, H., "Long-Term Consequences of Early Childhood Malnutrition journal (2006). Available at <http://oep.oxfordjournals.org/cgi/content/short/gpl008v1> <http://dx.doi.org/10.1093/oep/gpl008>. (Last accessed 5 June, 2011)

¹⁵ Nutrition Baseline Survey Report for the NNP of Ethiopia. EHNRSI (2009). Available at <http://www.ehnri.gov.et/research-/food-science-a-nutrition/national-nutrition-program> (last accessed on 22 May, 2011) {Hereinafter Nutrition Baseline survey, 2009}

¹⁶ Faawi, W et al. Vitamin A Supplementation and Child Mortality; a meta-analysis. The Journal of Nutrition. 1993;134: 231-236. Available at <http://jn.nutrition.org/content/134/1/231S.full#B>. (last accessed on June 20, 2011) [Hereinafter Faawi et al, 1993]

growth and development particularly for children under five years old.¹⁷ Thus, where appropriate measures are taken to improve the vitamin A status of children, it is estimated that it will reduce child mortality by 23% -33%.¹⁸

VAD occurs primarily due to a lack of adequate dietary intake of vitamin A. Important sources of vitamin A include breast milk, animal based foods such as meat, liver, eggs, dairy products and beta carotene rich plant foods such as orange-fleshed sweet potatoes, carrots, papaya, mangoes and green leafy vegetables.¹⁹ A comprehensive approach that combines three known strategies including supplementation, dietary modification and fortification of staple foods is very effective in preventing vitamin A deficiency in a population²⁰.

Research has shown that although supplementation and fortification programs can be effective, sustainability has been a limiting factor in resource- poor settings with limited access to healthcare and fortified foods.²¹ In such settings, food-based strategies promoting consumption of vitamin A rich foods are the most cost effective²². In addition, dietary intervention, unlike supplementation, can enhance the intake of a number of other important micro and micronutrients, thereby enhancing the overall quality of diet, as well as stimulate income-generating activities that improve the economic situation of disadvantaged populations in a community.²³

Given the fact that more than 39% of Ethiopians live below the poverty line thereby presenting a challenge to many households to afford animal-based diet rich in vitamin A, the alternative plant-based Vitamin A sources will present cheaper and easier means of acquiring dietary requirements of Vitamin A. However, for a society so conservatively disposed to its traditional Enjera (Teff) food which is very rich in iron but lacks Vitamin A, serious measures need to be

¹⁷ Sommer., A, West., K.P., (1996) Vitamin A deficiency: Health, Survival and Vision. New York: Oxford University Press; <http://www.ajcn.org/content/65/1/173.full.pdf>. last accessed on May 19, 2011. {Hereinafter Sommer, A., 1996}

¹⁸ Faawzi et al, 1993

¹⁹ Ibid

²⁰ Underwood B, Vitamin A Deficiency Disorders; International Efforts to control a Preventable "Pox". The Journal of Nutrition. (2004) 134:231-236. Available at <http://jn.nutrition.org/content/134/1/231S.full>. Last accessed on 19 May,2011. {Hereinafter Underwood, B., 2004}

²¹ Ibid

²² Ibid

²³ Ibid

taken to encourage dietary diversification in preference to plant-based vitamin A rich foods such as vitamin A rich OFSP.

1.1 Background

Tigray is situated in the Northern part of Ethiopia bordering Eritrea.²⁴ Its northern region is highly prone to droughts and famines, and for decades has dealt with high prevalence of poverty, infectious diseases, nutritional deficiencies, and food insecurity issues.²⁵ It has a population of 4.3 million people with over 58% living in absolute poverty.²⁶ Tigray is a predominately-rural population (82%).²⁷ Access to basic health and social facilities especially in rural areas remains low as such; in 2005, vitamin A supplementation coverage reached only 65% of children and 17.5% of women in rural areas.²⁸ Although there has been a modest improvement in overall maternal and child health indicators, the local government of Tigray continues to struggle with unacceptable rates of macro and micro nutrient deficiencies.²⁹ The number of food- insecure households remains high, and the State still relies heavily on food aid and safety net programs to fight hunger.³⁰

1.2 Nutrition Profile of Women and Children in Tigray

According to the World Food Program (WFP), food security and vulnerability assessment, 14% of households had poor nutritional consumption, and women and children living in poor rural households are particularly vulnerable to high rates of malnutrition, vitamin A and iron deficiencies.³¹ In 2005, Tigray recorded one of the highest rates of child malnutrition in Ethiopia with stunting, wasting and underweight prevalence rates reaching 46%, 11% and 33% respectively.³² Stunting reflects inadequate height for age, wasting inadequate weight for height and underweight reflects inadequate weight for age.³³ Under-nutrition among women especially in rural area is considerably high; 45% are underweight and 40% are too short for their age.³⁴ In

²⁴ Ethiopia Demographic 2005

²⁵ WFP Ethiopia. Food Security and Vulnerability in selected Towns of Tigray Region (2009) . Available at <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp221389.pdf>. (Last accessed on May20,2011)

²⁶ Ibid

²⁷ Ibid

²⁸ Ibid

²⁹ Ibid.

³⁰ Ibid

³¹ Ibid

³² Mulugeta, A., 2010

³³ UNICEF, 2010

³⁴ Ethiopia Demographic 2005

rural as well as urban households, micronutrient deficiencies are widespread; anemia is prevalent in 56% of children and 29% of women.³⁵ As shown in the 2005 demographic survey, Tigray's vitamin A deficiency prevalence among women is comparatively high; incidence of night blindness during pregnancy averaged 24% compared to a national average of 22%. The prevalence in children is not clearly documented but is likely higher than the national average prevalence of 61%.³⁶

1.3 Dietary Practices

Agriculture plays an important role in the economy of Tigray; most households practice subsistence based farming producing mainly cereals such as teff, millet, sorghum, pulses and livestock.³⁷ Irish potatoes and white fleshed sweetpotatoes are traditionally cultivated and consumed in some parts of Ethiopia. However, the production and consumption of orange-fleshed varieties rich in pro-vitamin A in this region is new.³⁸ Overall, the quality and quantity of food consumed by women and children is nutritionally inadequate and knowledge of vitamin A rich fruits and vegetables among women is very low.³⁹ The Tigrayan most preferred staple food is Enjera, (a type of flat bread made from fermented teff or sorghum) and the typical infant weaning food is low protein cereal based porridge.⁴⁰ Only a few families can afford to consume animal protein, and vitamin A rich vegetables are seasonal. Furthermore, cultural feeding practices and food habits such as low consumption of fruits and vegetables are deeply entrenched in the society and they continue to influence significantly, food choices at the household level.⁴¹

1.4 Determinants of Malnutrition and Food Insecurity In Tigray

The determinants of malnutrition and food insecurity are multifaceted. Well known factors accelerating food insecurity in Tigray include a largely rain fed agricultural system prone to adverse climatic conditions (droughts, inadequate rainfall, low soil fertility), limited access to land, inflation, low crop diversification, limited income opportunities, and weak agricultural

³⁵ Ibid

³⁶ Ethiopia Demographic 2005

³⁷ Tsegaye, D., Availability and Consumption of Fruits and Vegetables in Nine Regions of Ethiopia. Ethiopia Journal of Health Development.(2009) Available at <http://www.ajol.info/index.php/ejhd/article/viewFile/53242/41824>. (Last accessed on 12 May,2011) [Herein after Tsegaye, D., 2009]

³⁸ Consultative Stakeholder Findings . May, 2011.

³⁹ Mulugeta, A., 2010

⁴⁰ Ibid.

⁴¹ Ibid.

policies.⁴² Child and maternal malnutrition mainly results from chronic food insufficiency, poor diet quality, and insufficient awareness of nutritional needs and high rates of infections, limited nutrition knowledge at the household level, inadequate infant feeding practices and poor food habits among a large segment of the population⁴³. The 2005 DHS survey found that in Tigray, only 25% of children aged 6-35 months consume foods rich in vitamin A. In a survey, assessing knowledge of vitamin rich fruits and vegetables 51% of women in Tigray were unable to identify a single source of vitamin A.⁴⁴ Moreover, although 16% of respondents named fruit and vegetables as good sources of vitamin A, none of the sources identified included OFSP⁴⁵.

1.5 Current Policy and Strategy

Ethiopia developed a National Plan of Action for Nutrition (NPAN) to tackle the problem of malnutrition in the country. Efforts to control VAD are mainly supplementation and dietary modification.⁴⁶ As of date, much emphasis is placed on supplementation of children 6 to 59 months with two doses of vitamin A per year.⁴⁷ The government of Tigray is currently implementing the national policy of mass distribution of vitamin A supplements among children and women as primary intervention. However, supplementation coverage among children under five only averaged 40% in urban areas and 35% in rural areas.⁴⁸ Production and consumption of fruits and vegetables such as mangoes, papaya, and carrots is encouraged at the household level to increase dietary intake of vitamin A. However, although an excellent source of pro-vitamin A, OFSP is not cultivated or consumed in the region.

1.6 Suitability for the Production, Promotion, and Consumption of OFSP in Tigray

The promotion of OFSP is showing huge potential as a critical component of strategic interventions aimed at combating vitamin A deficiency and food insecurity in Sub-Saharan Africa.⁴⁹ The new OFSP varieties contain high levels of beta- carotene, a precursor to vitamin

⁴² Van deer veen. A and Tagel G., Effects of Policy interventions on food security in Tigray, Northern Ethiopia. *Ecology and society* (2011) 16 (1) 18. Available at <http://www.ecologyandsociety.org/vol16/iss1/art18/>. Last accessed 28 May, 2011)

⁴³ Mulugeta, A., 2010.

⁴⁴ Ethiopia Demographic, 2005

⁴⁵ Ibid

⁴⁶ Federal Ministry of Health. Ethiopia National Guideline for the Control and Prevention of Micronutrient Deficiencies. http://www.aedlinkagesethiopia.org/My_Homepage_Files/Download/Micronutrients%20guideline.pdf. (Last Accessed May 30, 2011) {Hereinafter Federal Ministry of health, 2010}

⁴⁷ Ibid

⁴⁸

⁴⁹ Betty, B 2010

A, good source of energy, fiber, and other essential vitamins such as vitamin C, iron, vitamin B6, riboflavin, thiamine, magnesium and niacin.⁵⁰ Research has shown that regular intakes (125 grams per day or half-cup) of orange-fleshed sweet potato varieties can provide the recommended daily amount of vitamin A for children under-five years of age and pregnant or lactating women.⁵¹

As demonstrated in recent studies, OFSP makes an excellent food security crop and its production is less labor intensive. Most varieties of OFSP are drought resistant, and therefore suited to the low rainfall conditions prevalent in Tigray.⁵² They can be produced year round, stored for considerable periods and can be used as a main ingredient in the production of a variety of secondary products such as breads, cakes, chips, drinks, starch, animal feed and flour.⁵³ Preliminary studies conducted in East Africa showed that OFSP is well accepted by children and has been used to increase vitamin A status and reduce food insecurity in several food- based interventions.⁵⁴

VAD and food insecurity remains high in the region and there is an urgent need to explore innovative, cost effective methods to reach the most vulnerable populations who continue to suffer devastating consequences. As mentioned earlier, a food-based approach promoting the consumption of orange-fleshed sweet potatoes is a proven intervention in combating VAD particularly in resource-poor settings. The Orange fleshed sweetpotato is a novel crop in Tigray, increasing its consumption among women and children, depends on a strategy that promotes OFSP production at the household level, adequate nutrition education and appropriate behavioral change communication.

⁵⁰ Ibid.

⁵¹ Low W, Arimond M, Osman N. et al Food based Approach; Introducing orange-fleshed sweet potatoes increased serum retinol in young children in rural Mozambique. *The Journal of Nutrition*. (2007) 137 (5) 320-327. Available at <http://jn.nutrition.org/content/137/5/1320.long>. (Last accessed on May 5, 2011) {Hereinafter Low, W., 2007}

⁵² Betty B, 2010

⁵³ Ibid

⁵⁴ Hagenimana, V. et al , Enhancing Vitamin A Intake in Young Children in Western Kenya. (2001) at 376-384. Available at <http://archive.unu.edu/unupress/food/fnb22-4.pdf>. (Last accessed 26 May, 2011) {Hereafter Hagenimana, V., 2001}

2.0 Communication Strategy For Behavioral Change

Communication plays a vital role in providing knowledge, changing people's attitudes and norms.⁵⁵ Behavior change communication (BCC) is the "strategic use of communication and social marketing tools to promote positive health outcomes". A nutrition behavior- change strategy provides individuals with the necessary resources, knowledge, skills, motivation and reinforcement needed to encourage positive change in health behavior.⁵⁶ Research has shown that food -based strategies that encourage food production with change in nutrition behavior and practices significantly increase the chances of achieving nutrition outcomes and impacts.⁵⁷ Although difficult to quantify, there is substantial evidence that BCC is effective in changing health behaviors on a population level. Thus, a majority of programs promoting consumption of OFSP make BCC an integral aspect of the overall strategy. Initial projects implemented in Mozambique,⁵⁸ Kenya,⁵⁹ and South Africa⁶⁰, have successfully used BCC to promote production and consumption of OFSP.⁶¹

2.1 Purpose

The communication for behavior change strategy outlines interventions aimed at increasing consumption of OFSP, and identifies key messages, target audiences and communication channels that will be used to promote OFSP among women and children. The purpose is to develop a well-coordinated campaign to promote the production and consumption of OFSP among women and children in Tigray through the development of evidenced based behavior change strategies using a mix of communication channels specific to the community needs.

⁵⁵ Sydnier, L., Health Communication Campaigns and Impact on Behavior. *Journal of Nutrition Education and Behavior* (2007). Vol. 39 (2) 32-40. Available at [http://www.jneb.org/article/S1499-4046\(06\)00654-3/abstract](http://www.jneb.org/article/S1499-4046(06)00654-3/abstract). (Last accessed on May 15, 2011) {Hereinafter Sydnier, L., 2007}

⁵⁶ Ibid.

⁵⁷ Betty B, 2010

⁵⁸ Low, W., 2007

⁵⁹ Hagenimans V, Oyunga M, Low J et al. (1999). The effects of women farmers' adoption of Orange Fleshed-Sweet Potatoes; Raising Vitamin A Intake in Kenya. Available at <http://www.icrw.org/files/publications/The-Effects-of-Women-Farmers-Adoption-of-Orange-Fleshed-Sweet-Potatoes-Raising-Vitamin-A-Intake-in-Kenya.pdf>. (Last accessed on May 10, 2011)

⁶⁰ Van Jaarsveld P et al. B-carotene Rich Orange –Fleshed Sweet Potatoes Improves the Vitamin Status of Primary School Children Assessed With the Modified-Relative-Dose-Response Test. *The American Journal of Clinical Nutrition* (2005) Vol 81(5) 1080-87. Available at <http://www.ajcn.org/content/81/5/1080.full>. (last accessed on May 15, 2011).

2.2 Goals

The goal of this strategy is to improve food security and prevent vitamin A deficiency among women and children by increasing and sustaining production and consumption of orange-fleshed sweet potatoes.

2.3 Objectives:

The objectives of this strategy are:

- i. Increase knowledge and awareness of VAD.
- ii. Increase knowledge and awareness of the nutritional benefits of OFSP and its importance in preventing vitamin A deficiency.
- iii. Promote consumption of sweetpotato and orange-fleshed sweetpotato dishes and products among women and children.
- iv. Empower women with skills to produce sweetpotato and OFSP dishes and motivate behavior change in food habits to increase consumption of OFSP
- v. Mobilize community support for increased production, marketing and consumption of Orange Fleshed Sweet Potatoes and Sweetpotatoes in Tigray

2.4 Primary Target Audiences

The primary target audiences for BCC activities are

- i. Mothers with children under five years old: they are primary care givers, responsible for preparing family meals and feeding children.
- ii. Pregnant and lactating mothers: they are at high risk of VAD

2.5 Secondary Target Audiences

The secondary target audiences for BCC activities are:

- i. Community leaders,
- ii. Fathers and grand mothers
- iii. Tigray Regional Bureau of Health
- iv. Religious leaders,
- v. Health Extension workers(HEWs)
- vi. Non- governmental health organizations,(NGOs)
- vii. Community- based organizations, (CBOs).

These groups influence decisions that affect production and consumption of OFSP at the community and household level.

2.6 Strategy Design

The strategy was developed with input from members of the primary target audience, Woreda leaders, project coordinators, Regional Bureau of Health Officials, HEWs representatives, the leadership of Women Association in Tigray (WAT) Moms for Moms, (M4Ms) The Relief Society of Tigray (REST) and other stakeholders. The process began with a literature review of relevant data on health, nutrition and health communication in Ethiopia. A field visit was made to Mekele and one of the project implementation areas and a number of stakeholder interviews were conducted with a range of policy makers, program implementation staff, development partners and service providers. The research gathered important data through focused group discussions and interviews with mothers, key informants, community health workers and community leaders. The process provided an invaluable opportunity to involve the community in identifying and prioritizing their needs. It also explored in detail the attitudes, behaviors, barriers and motivating factors that may influence consumption of OFSP as well as the communication strategies that will promote OFSP in the project area.

3.0 Summary of Findings from Formative Research

3.1 Current Feeding Practices

The following are the most relevant feeding practices in the Tigray region:

- Babies 0-6 months are exclusively breastfed. Most mothers continue to breastfeed infants until they are about two years old.
- The typical weaning food is a cereal-based porridge made from a blend of Teff, sorghum, wheat, barley, vegetables and oil. Complementary feedings starts at 7 to 8 months. In poor rural household however, infants are not given special meals. They usually eat any available adult food such as bread, Enjera, Shiro, Irish potatoes and milk.
- The frequency and amount of food given to children varies a lot. There is no fixed number of meals and food is offered only when the child demands it or becomes available.

- Generally, the consumption of meat, chicken, eggs, fruits and vegetables is very low. Among women, it is estimated at 24.6% and 9.5% respectively. In children aged 6-59 months consumption of fruits and vegetables rich in vitamin A is about 25%.
- White fleshed sweet potatoes is not very common in the diet and households are not familiar with orange -flesh sweet potatoes varieties
- Women determine household food intake: they find or buy all ingredients needed and prepare meals. They are also the primary caregivers of children
- Pregnant and lactating mothers do not follow special diets or consume special meals; they eat mainly Enjera, Shiro, Irish potatoes, cabbage, and a limited amount of meat products.

3.2 Vitamin A Awareness

From the survey conducted, the following are pertinent observations:

- Women in the community have very little awareness about the problem of vitamin A deficiency.
- Perception of risk particularly among young children and lactating women is very low
- Knowledge about the importance of vitamin A for children's growth and health is minimal.
- Key message on VAD prevention focus on vitamin A supplements
- Messages about vitamin A rich sources do not include consumption of OFSP.
- Although village volunteers are important partners in mobilizing communities and providing health education, their knowledge and counseling skills need to be strengthened.

3.3 Factors that Influence Consumption of Fruits and Vegetables

The factors that limit the consumption of fruits and vegetable are:

- Poverty
- Seasonal availability of fruits and vegetables
- Lack of awareness of the nutritional value of fruits and vegetables
- Lack of skills to diversify food preparation methods

- Traditional feeding practices limiting consumption of fruits and vegetable
- Low production of fruits and vegetables due to limited access to farm, land, irrigation and planting materials.
- Lack of proper post harvest storage facilities

3.4 Health Communication Contexts

- Health and nutrition education is provided using a mix of communication channels such as word of mouth, print material, leaflets, billboards, theater, community fairs, rallies, meetings, demonstrations, radio, and television.
- Women community groups, health and agricultural extension workers, community volunteer health promoters and religious leaders are very influential at the community level in providing health information.
- Mothers reported that the most effective and preferred source of information was interpersonal communication by the health staff and village volunteers.
- Health information in print such as posters, flyers, and brochures are used by community HEWs to aid in nutrition education and counseling.
- Radio and television are an effective means of reaching the mass population with awareness creation messages. Community stakeholders particularly men have reasonable access to radio broadcast produced by local FM stations.
- The use of demonstration plots, mobile kitchens, recipe demonstration and establishment of product presence through sweet potato clubs combined with intensive nutritional counseling is the most practical channel of communication. This approach has several benefits: it enhances the learning process, provides participants concrete information and visual experience, increases self- efficacy, mobilizes community stakeholders, empowers women to take action, and ultimately motivate adoption of desired behaviors.

4. Communication Theoretical Conceptual Framework

4.1 Behavioral Model Change

The Behavioral theory is based on the assumption that all behavior is learned and that environmental and internal factors are related to one’s behavior.⁶² Theories and models help program planners understand external and internal issues, and the dynamics that lead to behavioral changes. Use of these frameworks provides the basis for selection of specific behavioral strategies to achieve program objectives. Theories help planners in identifying the most suitable target audiences, and the most appropriate methods for stimulating change, and outcomes for evaluation. The interventions proposed in this strategy are based on specific constructs of Social Cognitive Theory (SCT) and the Transtheoretical Model of Change (TMC). TMC provides a framework for development of effective interventions to promote health behavior change. It construes change as a process involving progress through a series of stages.⁶³ (See Figure1) Recognizing these stages and designing appropriate interventions based on the individual current stage is crucial to behavior change and more likely to achieve better outcomes.

Figure 1

Stage 1	Stage 2	Stage3	Stage 4	Stage 5	Stage 6	Stage 7
Unaware of the issue	Unengaged by the Issue	Deciding about acting	Decided not to act	Decided to act	Acting	Maintenance

Adapted from TMC model of change⁶⁴

Based on the formative research analysis, a large segment of our target population are still in the first two stages. Using this model as a guide and based on the target population’s low awareness of VAD and importance of OFSP, awareness creation and nutrition education will be central during the initial stages of the campaign. Following successful knowledge and awareness creation, communication efforts will be aimed at motivating the key desired behavior (consumption of orange-fleshed sweet potatoes by women and children). Interventions at this

⁶² Sydner, L., Health Communication Campaigns and Impact on Behavior. *Journal of Nutrition Education and Behavior* (2007) Vol. 39 (2) 32-40. Available at [http://www.jneb.org/article/S1499-4046\(06\)00654-3/abstract](http://www.jneb.org/article/S1499-4046(06)00654-3/abstract). (last accessed on May 16, 2011) { Hereafter Sydner, L., 2007}

⁶³ Joanne M, et al. State of the Evidence Regarding Behavior Change Theories and Strategies in Nutrition Counseling to Facilitate Health and Food Behavior Change. *Journal of American Dietetic Association*. (2010) 111 (6) 879-891. Available at <http://adaeal.com/files/Docs/Spahn%20et%20al%202009.pdf> (last accessed on June 20, 2011) {Hereafter Joanne, M., 2010}

⁶⁴ Ibid

level will include intensive counseling about benefits of the behavior, persuasion to try new behavior, and skill building through demonstration and modeling.

In addition to TMC, constructs of Social Cognitive Theory (SCT) will also guide core elements of the strategy. SCT assumes that people learn by observing other's social interactions, experiences, and outside media influences.⁶⁵ This theory suggests that, the likelihood that an individual will change a health behavior depends on three important factors including self-efficacy, goals and outcome expectancies.⁶⁶ Behavior change is achieved mainly through observational learning; nutrition strategies used in SCT include demonstration and modeling, social support, reinforcement, goal setting, stimulus control and motivation.⁶⁷ In the proposed strategy, specific emphasis is placed on promoting self-efficacy and social support. Self-efficacy is defined as an "individual's perception of his/her ability to plan and take action to reach a particular goal".⁶⁸ Building self-efficacy in our target population will include developing women's skills through cooking and feeding demonstrations, recipe trials, social persuasion, problem solving and social modeling sessions organized in home or community settings.

4.2 Communication Framework

The framework for the strategy is adopted from (UNICEF) Communication for Development Model, which assumes that effective communication depends on the synergistic use of advocacy, social mobilization and behavior development communication.⁶⁹

- i. Advocacy:” interventions aimed at influencing political and social leadership to ensure resources and support for successful implementation of health program”.
- ii. Social Mobilization: a process “that engages and motivates a wide range of partners and allies at national and local levels to raise awareness of and demand for a particular development objective through face to face dialogue “
- iii. Behavior Development Communication: is a participatory process that is based on formative research. The process “provides participants with relevant information and motivation through well defined strategies, using an audience-appropriate mix of interpersonal, group and mass media channels and participatory methods”

⁶⁵ Ibid

⁶⁶ Ibid.

⁶⁷ Ibid

⁶⁸ Sydner, L., 2007

⁶⁹ UNICEF. Communication For Development (2011) Available at http://www.unicef.org/cbsc/index_42347.html. (last accessed June 15, 2011)

5. Core Components of the Strategy

5.1 Overview

One of the main goals of BPBL is to create demand and increase consumption of OFSP dishes and sweet potato products among women and children in specific woredas within Tigray. OFSP is not currently cultivated in this area and limited access to produce is a major obstacle to effective promotion at the household level. Thus in order to achieve the desired project outcomes, there is need to promote the production of OFSP at the community level through the establishment of backyard, school and community gardens. This will ensure easy access to produce, create income-generating activities for women and ensure sustainability of the project. The strategy will be implemented as a community-based intervention targeting primarily mothers/caregivers of children aged 6-59 months. The supporting audiences are husbands, grandparents, HEWs, CBOs, NGOs, Regional policy makers, health center staff, community leaders, Woreda committees. The core components will include OFSP production, nutrition education, demand creation and behavior change motivation. The strategy centers on using interpersonal communication, community-level behavior-change communication activities, community mobilization strategies and mass media. Each of these strategies is considerably strengthened, if implemented synergistically and simultaneously. Together, they provide the community with the necessary tools needed achieve the desired behavior change. Proposed BCC activities will focus on creating awareness, mobilizing community action for increased production and consumption of OFSP dishes and products, providing nutrition education, addressing the socio-cultural barriers that may undermine OFSP demand, and enhancing skills needed to sustain consumption of OFSP among women and children.

5.2 Community outreach/ Interpersonal Communication

Following consultations with relevant stakeholders, and based on the communication context of the project area, consensus was reached that interpersonal communication (IPC) will be the most effective and efficient way to reach the target audience. It is therefore highly recommended that community outreach through (IPC) be key in the implementation of the proposed BCC strategy. IPC involves face-to-face delivery of campaign messages to the target audience. Important elements include problem solving, counseling, health education, skill demonstration, motivation and reinforcement. Using these techniques, key campaign messages can be delivered to program participants using face-to-face or small group discussion sessions.

IPC will be effectively used to raise awareness about VAD, provide education about OFSP, promote consumption of OFSP, and mobilize community support. Since the main outcome of the campaign focuses on changing dietary behavior to support increased consumption of OFSP great emphasis should be placed on hands on interactive motivation and skill building techniques (preparation and cooking demonstrations, recipe trials, and appropriate infant feeding techniques) rather than didactic based. Proposed IPC activities can take place during home visits, community meetings, social club gatherings, community festivals, and health center visits. This strategy will make effective use of existing social networks or interpersonal relationships (family, friends, acquaintances, neighbors and colleagues) that bind people together to enhance the communication process.

During IPC sessions, participants will have the opportunity to clarify key messages, discuss how to overcome potential barriers and explore suitable options based on participants needs. The success of this strategy relies on the frequency of message delivery, skill level and commitment of CHPs.

5.3 Mass Media

Mass media includes radio, print media, visual media, utility media and traditional media. The communication of key messages using mass media will serve to raise awareness, promote knowledge extend reach, reinforce IPC activities and create a supportive social environment for behavior change. Given the communication context of the project areas, it is very unlikely that extensive use of radio will create needed impact particularly during the initial stages of the project. To achieve cost effective strategies it is recommended that initial use of mass media be focused on print, visual, utility and traditional media (billboards, leaflets, murals, t-shirts, drama, songs etc). As the product (OFSP) becomes familiar in the project area, radio spots, talk shows and interactive call in programs featuring campaign key messages can be incorporated into the mass media strategy. As an alternative to the more expensive radio spots, key messages can be recorded on video CD/audio CDs. This media can be played in government offices, health centers and during social events. All mass media should be developed in the local language; message content should be clear and focus on the key messages. Billboards and murals should be displayed in strategic locations and be very self-explanatory.

5.4 Community Mobilization

Community Mobilization serves as the strategy for motivating both primary and secondary target members to become active participants in promoting production, marketing and consumption of OFSP. When used effectively, it stimulates community action by promoting community dialogue

and collective action. Existing social groups and development groups such as community associations, woreda health committees, productive safety net public work gathering, schools and social clubs can help mobilize action to raise awareness, provide education and influence policies and behaviors at the community and household levels. These social gatherings provide suitable venues to engage participants and promote key campaign messages. This approach can expand program reach and increases sustainability furthermore, it will create strong links between OFSP producers, vendors and community women.

5.5 Training and Capacity Building:

As revealed in the formative research, HEWs, CHPs, and community leaders are perceived by the community as the most reliable sources of health information, and interpersonal communication is the overwhelming channel of choice for receiving health information. Negatively, the research also found that these agents often lacked up-to-date information about vitamin A. To ensure proper implementation of the BCC strategy, HEWs, CHPs will need updated knowledge, job aids and communication skills training. This can be achieved through the development of a “Training of Trainers” (TOT). The Training should focus on increasing conceptual knowledge about vitamin A, nutritional value of sweet potato and OFSP, and improving IPC skills. Key teaching points should cover a comprehensive overview of VAD, (prevalence, causes, risk factors, signs and symptoms, health consequences, and guidelines on preparation and feeding techniques , preventive measures) a fact sheet on the nutritional value and importance of OFSP, and guidelines on adequate maternal and child feeding practices. More emphasis should be placed on improving participant’s competency in organizing interactive individual or group discussions, cooking demonstrations, community media events and advocacy activities. TOT sessions will be provided to the main implementing partners M4M ,WAT , HEPs, agricultural extension workers, as well as representatives of select CBOs and NGOs. “TOT” participants will in turn train their CHPs, HEWs, and other community volunteers who will be assigned a schedule for community outreach with the target audience.

5.6 Roles and Responsibilities

The following community based organizations will serve as major implementers of the strategy; M4Ms, WAT ,HEWs and possibly community religious leaders. Their activities will be supported by NGOs such as REST, GIZ, Helzetah, agricultural extension workers, school science clubs and community based CHPs. They will coordinate all IPC and social mobilization activities at the community and household level in all project areas. WAT and HEWs will use their strong community influence and broader reach to coordinate with M4Ms to ensure that program

activities reach the target audience. On the other hand, M4Ms will provide their strong health promotion skills in the areas of health education and skill demonstration. M4Ms and WAT will put in place monitoring and evaluation systems to ensure activities are carried out as planned. The project director and program coordinator will assume overall planning, monitoring and implementation roles to ensure that program objectives are met.

These are some of the key relevant communication channels identified:

Interpersonal communication: this includes IPC activities (one on one or group nutrition sessions) facilitated by CHPs, HEWs, and family members. Key messages will be disseminated during one on one counseling sessions, group discussions, health center talks, workshops, community events, social club gatherings and community meetings.

Community Events: The BCC strategy supports Community events such as traditional festivals, launches, parades, exhibitions, community fairs, rallies, and meetings. They are cost effective, yet powerful channels for communicating key messages and mobilizing the community to adopt consumption of OFSP.

Cooking Demonstrations : M4Ms and WAT will coordinate and implement activities at the household levels. Cooking sessions will be led by trained CPHs, HEWs and women groups using mobile kitchens. Participants will learn how to prepare, cook and eat OFSP. They will also have the opportunity to explore different recipes, processing methods and infant feeding practices.

Sweet Potato Clubs: the establishment of a sweet potato club in the community is highly recommended. The main implementing partners M4M and WAT will provide leadership and direction to club members. This club will serve mainly as a support group and can take up the main responsibility of organizing cooking demonstrations in the community. In addition to cooking activities, a sweet potato club will provide a forum for community discussions, it will bring together OFSP farmers, local fruit and vegetable vendors, mothers, bakery owners and community leaders. The links created between these various community partners is crucial for project sustainability.

School/Science Clubs: promotion of sweet potato clubs in schools can play a vital role in creating awareness, disseminating nutrition information and creating demand for sweet potato products. Science teachers can provide lessons on the nutritional value of OFSP and importance of vitamin A. School-aged children can pass on information obtained in these clubs to families at the household level. In addition, schools can be used as venues for community events promoting OFSP.

Backyard Gardens: the promotion of backyard gardens will enhance community participation, provide easy access to OFSP and provide income-generating activities for women.

Print media: Print materials with key messages will include colorful leaflets, booklets, posters and stickers, fact sheets, calendars, flip charts, counseling cards developed in the local language to aid IPC discussions. They are very valuable in reinforcing key messages.

Visual media: includes photographs, murals, billboards, signs and point of sale displays with key messages. They can be used in a variety of situations to create awareness, aid discussion and reinforce messages.

Utility media: refers to products like t-shirts, caps, market stall umbrellas, badges, plastic bags. This media channel provides opportunities for repetitive messaging and can be effectively used to promote dialogue and to support community outreach activities such as drama, parades and events. T-shirts and caps may also be used as a reward mechanism to motivate participation in BCC activities.

Folk Media: refers to songs, drama, and stories. Songs and stories are a familiar means of communication used in traditional settings. Key messages will be incorporated into songs and drama skits. This media can also be used to supplement IPC discussions, reinforce messages and mobilize the community to collective action.

Radio: the use of radio spots will be limited; radio spots airing interviews with discussion panels focusing on benefits of OFSP will be piloted during the second phase of the campaign. The use of VCD/audio spots can be explored as an alternative to radio spots. Programs featuring key messages can be developed in to 3-10 minutes VCD/audio spots. These can be aired in health centers, community events or used during group discussions

6. Monitoring and Evaluation

Monitoring and evaluation involves an assessment of activities to determine whether the interventions were delivered as recommended and evaluate the extent to which the program objectives were met. The successful implementation of the strategy will depend on continuous monitoring and evaluation of program delivery. To ensure maximum participation and better outcomes, effective supervision and monitoring system should be established at all levels

It is important that a program coordinator/BCC supervisor ensure that accurate program data is collected, community workers are trained and all BCC activities are implemented as planned. The process of behavior change related to food habits is very dynamic and the need for

adjustments may arise during different stages of strategy implementation. To avoid ongoing problems with message clarity, the monitoring and evaluation plan should include an effective feedback system to track possible problems with program delivery, message content and target group response. Any identified field based problems should be immediately addressed. The monitoring plan will also include an effective system of monitoring mass media strategy activities.

7. Communication Strategy Matrix

Communication Objective	Target Audience	Key message	Strategy	Communication Channel	Indicators
INCREASE KNOWLEDGE AND AWARENESS OF VAD	Mothers/caregivers with children under five	Vitamin A deficiency affects child’s health, vision, growth, intelligence and ability to fight disease	IPC Community mobilization Mass media Advocacy	Outreach by CHP using tailored messages delivered through individual/group discussions	# outreach sessions held # of participants reached
	Husbands/grandparents/family members	Vitamin A deficiency is bad for your family’s health; it is common in women and young children		Key messages delivered through Mass media: posters, brochures, T-shirts, caps health facility inserts, billboards, songs, murals, market stalls, banners on mobile vans, drama, interactive radio spots/VCD/audio spots played	# of mass media distributed Songs and drama skit developed # of participants reached
	Community leaders/health /CHP providers/CBOs,NGOs	vitamin A deficiency is a silent killer: unite against its elimination		in health facilities and during community events Key messaged delivered during health fairs, market days, promotional events, rallies, community festivals, community meetings , women association meetings school science clubs, Potato clubs	# of radio spots/VCD/audio spots played in health facilities and during community events # of community and promotion events , rallies, health fairs organized #of community festival organized

Communication Objective	Target Audience	Key message	Strategy	Communication Channel	Indicators
INCREASE KNOWLEDGE AND AWARENESS OF THE NUTRITIONAL BENEFITS OF OFSP AND ITS IMPORTANCE IN PREVENTING VITAMIN A DEFICIENCY	Mothers/caregivers with children under five	OFSP has lots of Vitamin A and other nutrients. You and your child need it for healthy eyes, growth energy, and stronger immunity	IPC Community mobilization Mass media Advocacy	Outreach by CHP using tailored messages delivered through individual/group discussions	# outreach sessions held # of participants reached
	Husbands/grandparents/family members	OFSP: the cheapest, fastest and easiest means of meeting your vitamin A needs.		Key messages delivered through mass media: Billboard, posters, t-shirts, murals, leaflets, leaflets, health facility inserts, point of sale displays songs, drama, community presentations, interactive radio spots/VCD/audio spots played in health facilities and during community events	# of mass media distributed Songs and drama skit developed # of radio spots/VCD/audio spots played in health facilities and during community events
	Community leaders/health /CHP providers, NGOs, CBOs	OFSP has a lot of vitamin A :our community needs it for health and strength		Key messaged delivered during promotional events, women's clubs, sweet potato club, community promotional events, rallies, community festivals, community meetings. Link community and fruits and vegetable vendors	# of community and promotion events organized #of community festival organized # of participants reached

Communication Objective	Target Audience	Key message	Strategy	Communication Channel	Indicators
PROMOTE CONSUMPTION OF SWEET POTATO AND OFSP DISHES AND PRODUCTS AMONG WOMEN AND CHILDREN	Mothers/caregivers with children under five	OFSP contains all the Vitamin A your child needs for good health You want a healthy, strong happy child? Give them vitamin A rich cooked OFSP daily.	Community outreach Community mobilization Advocacy	Outreach by CHP using tailored messages delivered through individual/group discussions cooking demonstration sessions Key messages delivered through Mass media: billboard, posters, t-shirts, murals, leaflets, leaflets, health facility inserts, point of sale displays songs, drama, community presentations , Promotional events, women’s clubs, meetings, community events, rallies, exhibitions, community festivals, meetings, Sweet potato clubs, Cooking demonstrations session	# of outreach sessions conducted # of mass media distributed #of participants reached #of VCD/audio spots broadcasted # of community and promotional events organized #of community festival organized # of participants reached # of cooking sessions organized
	Husbands/grandparents/family members	Protect the health of your children ; give them vitamin A rich orange fleshed sweet potatoes regularly			
	Community leaders/health providers	Protect the future; give them the orange that gives health			

Communication Objective	Target Audience	Key message	Strategy	Communication Channel	Indicators
EMPOWER WOMEN WITH SKILLS TO PRODUCE OFSP AND OFSP DISHES AND MOTIVATE BEHAVIOR CHANGE IN FOOD HABITS TO INCREASE CONSUMPTION OF OFSP	Mothers/caregivers with children under five	At 6 months, your child is ready to enjoy delicious, tasty and nutrition OFSP	IPC Community mobilization Mass media Advocacy	Outreach by CHPs using tailored messages delivered through individual/group discussions.	# of participants reached
		Add fat to OFSP when possible		Cooking demonstrations using mobile kitchens, sweet potato garden plot demonstration, exhibitions	# of mass media distributed Songs and drama skit developed
	Husbands/grandparents/family members	Help babies eat until they are used to eating OFSP OFSP is easy, quick to prepare for the whole family Help and encourage the child to eat		Mass media: Billboard, posters, t-shirts, murals, leaflets, leaflets, health facility inserts, songs, drama, market stalls, community presentations, interactive radio spots/VCD/audio spots played in health facilities and during community events	# of radio spots/VCD/audio spots played in health facilities and during community events
	Community leaders/health providers	Make it possible: ensure women and children get enough vitamin A by eating OFSP		promotional events, women's clubs, meetings, community promotional events, exhibitions, rallies, community festivals, community meetings.	# of community and promotion events organized #of community festival organized # of participants

Communication Objective	Target Audience	Key message	Strategy	Communication Channel	Indicators
MOBILIZE COMMUNITY SUPPORT FOR THE INCREASED PRODUCTION AND CONSUMPTION OF OFSP	<p>Mothers/caregivers with children under five</p> <p>Husbands/grandparents/family members</p> <p>Community leaders/health providers</p>	<p>VA is needed for good health, growth and energy: ensure your family eats OFSP.</p> <p>OFSP gives health: Let us ensure our women and children eat it. Ensure you have a healthy family</p> <p>Let us invest in our community's health: eat orange</p> <p>Prepare your child for the future/a healthy mother and baby starts with good nutrition: eat orange flesh sweet potatoes</p>	<p>IPC</p> <p>Community mobilization</p> <p>Mass media</p> <p>Advocacy</p>	<p>Mass media: Billboard, posters, t-shirts, murals, leaflets, leaflets, health facility inserts, songs, drama, community presentations , interactive radio spots</p> <p>interactive radio spots/VCD/audio spots played in health facilities and during community events</p> <p>promotional events, women's clubs, sweet potato club , school science clubs, meetings, community promotional events, rallies, community festivals, community meetings</p>	<p># outreach sessions held</p> <p># o f participants reached</p> <p># of mass media distributed</p> <p># of radio spots/VCD/audio spots played in health facilities and during community events</p> <p>#of participants reached</p> <p># of community and promotion events organized</p> <p>#of community festival organized</p> <p># of participants reached</p>

