COMMUNICATION STRATEGY FOR

THE PROMOTION OF DRIED MORINGA CONSUMPTION AND ENRICHED MORINGA RECIPES IN
ARBA MINCHZURIA WEREDA, WEZEKA KEBELE, ETHIOPIA

UNITED NATIONS INDUSTRIAL DEVELOPMENT ORGANIZATION

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Acknowledgment

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Executive Summary

The communication for behavior change strategy outlines interventions aimed at increasing consumption of the widely available Moringa crop, and identifies key messages and communication channels that will be used to promote Dried Moringa among women and children. The overall goal is to improve food security by working on protein and other nutrient deficiencies among pregnant & lactating women and children by increasing and sustaining production and consumption of Moringa. 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 Trans-theoretical Model of Change (TMC).

The main components of the projects include Moringa plantation, nutrition education, Drying of Moringa and applications of the Dried Moringa on daily diets, demand creation and behavior change motivation. The key messages of the campaign will focus on creating awareness of Moringa; providing education on the nutritional values of Moringa; the applications of Moringa to get the most out of its value; mobilizing community action for increased production and consumption of Moringa dishes and products;

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 Moringa dishes and products in the project target area and beyond. 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. Community leaders will play a key role in delivering these messages to bring a larger impact in adherence. Moringa 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, community meetings and village promotional events. The campaign will also make use of mass media including mass SMS services 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.

A number of influential stakeholders including community based organizations particularly Health extension workers (HEWs), Community Health Promoters (CHPs), schools and community 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 the best use of Moringa, nutritional counseling sessions and cooking demonstrations provided by HEWs will help motivate behavior change to encourage increased consumption of enriched Moringa dishes and moringa powder. The establishment of Moringa clubs, and backyard gardens both in schools and within the community will create demand for products, increase easy access to moringa powder, motivate behavior change, strengthen links between consumers, farmers and vendors, create income generating opportunities as well as ensure sustainability of the project.
Introduction

1.1 Situational Analysis of Ethiopia

Ethiopia is the third most populated African country with a growing population of over 90 million people. Household food insecurity, hunger and undernutrition remain critical issues; the poor nutritional status of women and children has been a consistent problem in Ethiopia. Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition are a significant concern in Ethiopia, where about 5.8 million children under 5 years (38 percent) are suffering from chronic malnutrition (stunting or low height-for-age), according to the most recent Demographic and Health Survey (DHS).

Prevalence of stunting and acute malnutrition (wasting or low weight-for-height) have decreased over the past decade but remain high, with 38 percent of children under 5 years stunted and 10 percent wasted. Twenty-two percent of women of reproductive age are undernourished, leaving their children predisposed to low birth weight, short stature, low resistance to infections, and high risk of disease and death. Children in rural areas are more likely to be malnourished than those in urban areas, with variations in the severity of stunting and wasting by region. Stunting prevalence is greatest between 12–35 months of age, ranging from 35-49 percent.

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. In such settings, food-based strategies promoting consumption of protein & other nutrient rich foods are the most cost effective. 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.

Although Ethiopia has the fastest growing economy in the region, it remains one of the poorest, with 23 percent of its population living below $1.90 a day (World Bank 2017b; Sachs et al. 2017), thereby presenting a challenge for households to afford animal-based diet rich in protein the alternative plant-based protein sources will present cheaper and easier means of acquiring dietary requirements. However, for a society so conservatively disposed to its traditional maize food which is very energy dense instead of nutrient dense, serious measures need to be considered for supplementation.

1.2 Background

Arba Minch Zuria is one of the woreds’ in the Southern Nations, Nationalities, and Peoples’ Region of Ethiopia. It is also one of the resource-rich sites in the country, which is geographically located in the south western part of Ethiopia surrounding Arba Minch town. It is situated to the west of Lake Abaya (at its south end) and Lake Chamo (see Figure 1). Like in many districts of Gamo Gofa Zone, fruits such as banana, mango and papaya are widely produced in Arba Minch Zuria woreda with small-scale irrigation systems.

Based on the 2007 Census conducted by the CSA, this woreda has a total population of 164,529, of whom 82,199 are men and 82,330 women; none of its population are urban dwellers.

1.3 Nutrition Profile of Women and Children in SNNPR

According to Eco Nutrition Situation analysis (2000-2015), the prevalence of stunting is high in the regions and woredas in Ethiopia. 36% in Southern Nation Nationalities Peoples Region. 48% in Tigray & Amhara regions, 20% in Addis Ababa in under 5 children. See the figure below.

The magnitude of stunting varies significantly from woreda to woreda even in the same zone in southern region. In Gamo Gofa zone, among children, 18.7% were stunted in Kamba woreda, 45.9% were stunted in Arba Minch Zuria Woreda. The distribution of stunting prevalence is also different in specific age groups. Study done in Sodo Zuria woreda, southern Ethiopia showed that prevalence of stunting was 16.7% for infants aged 6-8 months, 33, 3% for infants aged 9-11 months and 50% for children 12 – 24 months. The
finding of stunting in EDHS in 2011 also shows the same pattern of distribution as Sodo Zuria Woreda, 9.3% for infants aged 6-8 months; 21.4% for infants 9-11 months; 32% for children 12-17 months and 47.1% for children 18-23 months. However, one good practice is that breast feeding is a universal practice in this region.

Figures 1: Source: Situation Analysis of the Nutrition Sector Ethiopia, 2000 – 2015

1.4 Dietary Practices

“SNNPR boasts all of the inhabited environments seen elsewhere in Ethiopia: arable highlands (dega), midlands (woina dega) and lowlands (kolla), and pastoral rangelands (bereha). But the most characteristic environment of the Region is a relatively fertile and humid midland which contains the densest rural populations of Ethiopia.

The agricultural system in the Gamo Gofa zone is mixed farming. Households grow enset, barley, wheat, sweet or Irish potatoes (but usually not both), pulses (horse beans, peas and haricot beans) and maize. Maize and haricot beans are primarily planted for green consumption and are the only crops that are intercropped. Farmers do not have any pure cash crops, but they sell some of their food crops. All crop production is rained. Those who own oxen use them for plowing their fields, while those who do not generally cultivate by hand. Cattle, sheep, horses, mules, donkeys and chickens are reared in this livelihood zone, but the types of livestock owned vary considerably from one wealth group to the next. Due to a lack of grazing land, households use a ‘cut and carry’ system for feeding their livestock. Households obtain most of their cash income from crop sales, livestock and livestock product sales, and, in the case of very poor and poor households, casual employment.

The most characteristic product of SNNPR is enset, a food unique to Ethiopia, and in modern times at least, largely confined to southern Ethiopia as a staple. Enset (Ensete ventricosum) is sometimes called ‘False Banana’ because its leaves are so similar to those of the banana plants to which it is related; but it is the starchy base of the plant—the corm and the leaf-sheaths—which provides the foodstuff.

Moringa is another staple food grown at the back yards of each household. The Moringa Tree grown at their back yards together with Maize is a major food item that is added in almost all dishes for the family. However, it’s the fresh Moringa leaf that is traditionally cooked as a vegetable with maize.

1.5 Determinants of Malnutrition and Food Insecurity in Arba Minch Zuria

The determinants of malnutrition and food insecurity are multifaceted. Well known factors accelerating food insecurity in Arba Minch Zuria include a largely rain fed agricultural system and very limited dietary culture mainly high quality protein deficient diet, low crop diversification & limited income opportunities. Child and maternal malnutrition mainly results from chronic food insufficiency, poor diet quality, and insufficient awareness of nutritional needs, limited nutrition knowledge at the household level, inadequate infant feeding practices and poor food habits among a large segment of the population.
1.6 Current Policy and Strategy

Ethiopia developed a National Plan of Action for Nutrition (NPAN) to tackle the problem of malnutrition in the country. HEW’s promote nutrition in the first 1000 days and balanced diet but this hasn’t been very successful in bringing about behavioral change in the society.

1.7 Suitability for the Production, Promotion, and Consumption of Dried Moringa in Arba Minch Zuria

The promotion of Dried Moringa is shows a huge potential as a critical component of strategic interventions aimed at the nutrient deficiency and food insecurity in Arba Minch Zuria. The fresh leaf has a lot of moisture and is not concentrated in nutrients to fulfill the daily requirements for the 1000 days.

Lack of quality Protein in their diet remains a challenge 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 consequences. As mentioned earlier, a food-based approach promoting the consumption of dried Moringa, the inclusion of fish, chicken and eggs is the most promising methods to fight this problem in this setting. Thus, this communication strategy will also discuss the rearing of chickens for chicken meat and egg production as well as the promotion of fish meat along with the dried Moringa communication strategy.
Communication Strategy for Behavioral Change

Communication plays a vital role in providing knowledge, changing people’s attitudes and norms. 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. 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. 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 Moringa in diets make BCC an integral aspect of the overall strategy. Initial projects implemented in Mozambique, Kenya, and South Africa, have successfully used BCC to promote production and consumption of Food Crops.

2.1 Purpose

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

2.2 Goals

The goal of this strategy is to prevent stunting and improve the nutritional status among women and children by increasing and sustaining production and consumption of Moringa in its best form for maximum attainment of its value.

2.3 Objectives

The objectives of this strategy are

I. Increase knowledge and awareness of nutrition and balanced diets.
II. Increase knowledge and awareness of the nutritional benefits of Dried Moringa and its importance in preventing malnutrition.
III. Promote consumption of Dried Moringa dishes and products among women and children.
IV. Promote the consumption of fish meat & its nutritional importance in fulfilling the nutritional requirement of pregnant and lactating mothers as well as children.
V. Increase knowledge on Easy Chicken Rearing Methods and the importance of animal protein during the 1000 days.

2.4 Primary Target Audiences

The primary target audiences for BCC activities are

I. Mothers with children under two years old: they are primary caregivers, responsible for preparing family meals and feeding children.
II. Pregnant and lactating mothers.
2.5 **Secondary Target Audiences**

The secondary target audiences for BCC activities are:

I. Community leaders,
II. Fathers and grand mothers
III. The Regional Bureau of Health
IV. Health Extension workers (HEWs)
V. Non- governmental health organizations,(NGOs)
VI. Community- based organizations, (CBOs).

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

2.6 **Strategy Design**

The strategy was developed with input from members of the primary target audience, Community leaders, project coordinators, Regional HEWs representatives, 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 Wezeka Kebele in Arba Minch Zuria and one of the project implementation areas and a number of stakeholder interviews were conducted with a range of community leaders, project groups, program implementation staff in the area. 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 Moringa especially in the dried form as well as the communication strategies that will promote the process of drying in the project area.

**Current Feeding Practices**

The following are the most relevant feeding practices in the Arba Minch Zuria;

- Babies 0-6 months are exclusively breastfed. Most mothers continue to breastfeed infants until they are about two years old.
- The typical weaning food starts with a cereal based gruel followed by a cereal-based porridge made from a blend of sorghum, wheat, barley, maize and oil. Complementary feedings starts at 8 to 9 months. At 9 months, the respondents that were asked invariably said they give “family” food such as Fosese, Kurku and milk. Fosese and Kurku are the local staple foods made from fresh Moringa leaves and maize flour.
- 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 fish is very low. Among women, however, 10% of respondents said they eat and also feed their children avocados, mangoes and bananas often. These are the three widely available fruits in the region.
- Moringa is a staple food in the region but the culture is to cook fresh Moringa rather than using the dried Moringa.
- 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 Maize, Moringa, Beans, cabbage, and a limited amount of meat products.
3.1 Nutrition Awareness

From the survey conducted, the following are pertinent observations:

- Women in the community have limited awareness about the problem of malnutrition. Even the ones that had the information about nutrition from HEW’s have not changed their behaviors in diet.
- Perception of risk particularly among young children and lactating women is very low.
- Knowledge about the importance of diversified diet for children’s growth and health is minimal.
- Focus on diet is highly focused on energy dense and filling food rather than nutritious.
- Although village volunteers are important partners in mobilizing communities and providing health education, their knowledge and counseling skills need to be strengthened.

3.2 Factors that Influence Consumption of diversified diet

The factors that limit the consumption of diversified diet are:

- Poverty
- Lack of awareness of the value of nutrition
- Lack of skills to diversify food preparation methods
- Traditional feeding practices limiting consumption of fruits and vegetables
- Very limited variety of food culture mainly focused on maize and fresh Moringa leaves.

3.3 Health Communication Contexts

The factors that limit the consumption of diversified diet are:

- Health and nutrition education is provided using a mix of communication channels such as word of mouth, print material, leaflets, billboards, community fairs, meetings, SMS text messages & radio.
- Women community groups, health and agricultural extension workers, community volunteer health promoters and community leaders are very influential at the community level in providing health information.
- Husbands play a key role in influencing the mothers’ actions and practices. Mothers reported that their husbands criticize the HEW’s education especially in family planning.
- Mothers reported that the most effective and preferred source of information was interpersonal communication by the community leaders 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 not believed to be effective means of reaching the mass population in this region as the study revealed that very limited households owned radio and television. However, the study also revealed that mobile phones were widely available thus SMS messages would work better in disseminating messages.
- The use of demonstration plots, mobile kitchens, recipe demonstration and establishment of product presence through women 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.
4.1 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. 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 Trans-theoretical 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. (See Figure 1) 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.

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*Table 1. Adapted from TMC model of change*

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 varied diets using dried Moringa and its importance, 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 dried Moringa in varied diets by women and children). Interventions at this 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. 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. 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. 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”. 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.

I. Advocacy: “interventions aimed at influencing political and social leadership to ensure resources and support for successful implementation of health program”.

II. Fathers and grand mothers

III. 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”.

IV. Health Extension workers (HEWs)

V. 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”
Core Components of the Strategy

5.1 Overview

One of the main goals of BPBL is to create demand and increase consumption of dried Moringa dishes and other Moringa products among women and children in specific woredas within Arba Minch Zuria and beyond. Moringa is already a staple in this area in its fresh form. However, this study is focused in promoting the dried Moringa in order to get the best out of this “(Meketa)” leaf. Thus, in order to achieve the desired project outcomes, there is need to promote the mass production & drying of Moringa at the community level through the establishment of backyard, school and community gardens. This will ensure easy access to produce, and dry also 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 6-24 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 Moringa production, drying of Moringa and using the dried form in diets, 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 SMS messaging. Each of these strategies is considerably strengthened, if implemented synergistically and simultaneously. Together, they provide the community with the necessary tools needed to achieve the desired behavior change. Proposed BCC activities will focus on creating awareness, mobilizing community action for increased production and consumption of diversified Moringa dishes and products, providing nutrition education, addressing the socio-cultural barriers that may undermine Moringa demand, and enhancing skills needed to sustain consumption of dried Moringa 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 dried Moringa, provide education about diversified diets, promote consumption of dried Moringa, and mobilize community support. Since the main outcome of the campaign focuses on changing dietary behavior to support increased consumption of dried Moringa, 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 or television will create needed impact particularly because of lack of these technologies at household level. 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 (dried Moringa) becomes familiar in the project area, interactive SMS messaging featuring campaign key messages can be incorporated into the mass media strategy. As an alternative to the challenges of technology, 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. Known & influential community leaders shall be used in the communication tools to have persuasive impacts.

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 Dried Moringa. 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 Moringa 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 and know how to transfer the knowledge in the right way intended. 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 the proper drying process of the Moringa Leaf, nutritional value of the dried Moringa, and improving IPC skills. Key teaching points should cover a comprehensive overview of the values of nutrition, and the role of the dried Moringa to achieve this goal 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. “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: Women groups, HEWs and possibly community leaders. Their activities will be supported by NGOs working on the same goal, agricultural extension workers, school clubs and community based CHPs. They will coordinate all IPC and social mobilization activities at the community and household level in all project areas. Women groups & HEWs will use their strong community influence and broader reach to coordinate with mothers to ensure that program activities reach the target audience. On the other hand, HEWs’ will provide their strong health promotion skills in the areas of health education and skill demonstration. TOT’s will put in place monitoring and evaluation systems to ensure activities are carried out as planned.

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 Dried Moringa.

**Cooking Demonstrations:** TOT’s will coordinate and implement activities at the household levels with the Women Groups. Cooking sessions will be led by trained TOT’s and supported by CPHs, HEWs and women groups using mobile kitchens. Participants will learn how to prepare & dry the Moringa leaf, cook and eat Dried Moringa. They will also have the opportunity to explore different recipes, processing methods and infant feeding practices.

**Moringa Clubs:** the establishment of a Moringa club in the community is highly recommended. The main implementing partners shall be the Women Groups mainly in the project group as they are involved in the mass production and could possibly create a micro enterprise for drying the Moringa. Leaders in this groups 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 Moringa club will provide a forum for community discussions, it will bring together Moringa farmers, local fruit and vegetable vendors, mothers, business men and community leaders. The links created between these various community partners is crucial for project sustainability.

**School Clubs & the local University:** promotion of the Dried Moringa clubs in schools can play a vital role in creating awareness, disseminating nutrition information and creating demand for Moringa products. Science teachers can provide lessons on the nutritional value of Dried Moringa and importance of nutrition in schools so that members of the family are aware and supportive. School-aged children can pass on information obtained in these clubs to families at the household level. The study has shown that older sibling’s take a big role in raising their younger siblings thus bringing them on board can have a meaningful impact. In addition, schools can be used as venues for community events promoting Dried Moringa.

**Backyard Gardens:** the promotion of backyard gardens will enhance community participation, provide easy access to the Moringa leaves and provide self-sustaining options 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 the Dried Moringa 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.

**SMS Messaging:** refers to short and key message transmission to community members via their mobile phones. This can serve as a reminder of the benefits of the Dried Moringa and sending a short how-to messages for mothers.

### Monitoring and Evaluation

The following community based organizations will serve as major implementers of the strategy; Women groups, HEWs and possibly community leaders. Their activities will be supported by NGOs working on the same goal, agricultural extension workers, school clubs and community based CHPs. They will coordinate all IPC and social mobilization activities at the community and household level in all project areas. Women groups & HEWs will use their strong community influence and broader reach to coordinate with mothers to ensure that program activities reach the target audience.

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### Communication Strategy Matrix

<table>
<thead>
<tr>
<th>Communication Objective</th>
<th>Target Audience</th>
<th>Key Message</th>
<th>Strategy</th>
<th>Communication Channel</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCREASE KNOWLEDGE AND AWARENESS OF NUTRITION &amp; BALANCED DIET</strong></td>
<td>Mothers/caregivers with children under Two years old</td>
<td>Lack of Proper nutrition deficiency affects child’s health, development, growth, intelligence and his/her ability to</td>
<td>Outreach by CHP using tailored messages delivered through individual/group discussions</td>
<td># outreach sessions held</td>
<td># of participants reached</td>
</tr>
<tr>
<td></td>
<td>Husbands/grandparents/family members</td>
<td>Add animal PROTEIN to the dishes when possible. Meat, Chicken, Fish, Milk &amp; Eggs are important for growth &amp; development.</td>
<td>IPC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community leaders/health/CHP providers/CBOs, NGOs</td>
<td>Rear Chickens, Go out fishing! Your children need these foods to grow! Take charge of your children’s future!</td>
<td>Key messaged delivered during health fairs, market days, promotional events, rallies, community festivals, community meetings, women association meetings, school clubs, Moringa clubs</td>
<td># of mass media distributed</td>
<td># of radio spots/VCD/audio spots played in health facilities and during community and promotion events, rallies, health fairs organized</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children need animal source to grow well! Gamo Gofa is rich, go out fishing, and feed your children!</td>
<td>Community mobilization on Mass media Advocacy</td>
<td># of community festival organized</td>
<td></td>
</tr>
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<tr>
<td>INCREASE KNOWLEDGE AND AWARENESS OF THE NUTRITIONAL BENEFITS OF DRIED MORINGA AND ITS IMPORTANCE IN PREVENTING MALNUTRITION</td>
<td>Mothers/caregivers with children under five</td>
<td>The best way to gain the nutrients out of “Me-keta” Moringa is in its dried form.</td>
<td>Outreach by CHP using tailored messages delivered through individual/group discussions</td>
<td>#outreach sessions held</td>
<td>#of participants reached</td>
</tr>
<tr>
<td></td>
<td>Husbands/grandparents/family members</td>
<td>Dried Moringa: the cheapest, fastest and easiest means of meeting your family’s nutritional needs.</td>
<td>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</td>
<td>#of mass media distributed</td>
<td># of radio spots/VCD/audio spots played in health facilities and during community events</td>
</tr>
<tr>
<td></td>
<td>Community leaders/health/CHP providers, NGOs, CBOs</td>
<td>Dried Moringa has a lot of Nutrients: our “Meketa” to eliminate malnutrition from our community!</td>
<td>Key messaged delivered during health fairs, market days, promotional events, rallies, community festivals, community meetings, women association meetings, school clubs, Moringa clubs</td>
<td># of radio spots/VCD/audio spots played in health facilities and during community events</td>
<td># of community and promotion events, rallies, health fairs organized</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children need animal source to grow well! Gamo Gofa is rich, go out fishing, and feed your children!</td>
<td>Advocacy</td>
<td>#of community festival organized</td>
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<tr>
<td><strong>PROMOTE CONSUMPTION OF DRIED MORINGA AND DIFFERENT DISHES AND PRODUCTS AMONG WOMEN AND CHILDREN</strong></td>
<td>Mothers/caregivers with children under five</td>
<td>Dried Moringa contains more nutrients to meet your child needs for good health.</td>
<td>Outreach by CHP using tailored messages delivered through women’s clubs, individual/group</td>
<td></td>
<td># of outreach sessions, # of mass media Distributed</td>
</tr>
<tr>
<td></td>
<td>Husbands/ grandparents/family members</td>
<td>Dry and store Moringa! It’s your responsibility! Easy! Always sprinkle the dried Moringa on your dishes to meet your Child’s daily requirements.</td>
<td>Key messages delivered through Mass media: billboard, posters, t-shirts, murals leaflets, health facility inserts, point of sale displays, songs, drama, sms messages, community mobilization</td>
<td></td>
<td># of participants reached, # of VCD/audio spots</td>
</tr>
<tr>
<td></td>
<td>Community leaders/health providers</td>
<td>Dishes are easy, quick to prepare for the whole family</td>
<td>Advocacy</td>
<td>Promotional events, meetings, community events, rallies, exhibitions, community festivals, meetings, Moringa clubs, Cooking demonstrations session</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protect the health of your children; give them dried Moringa regularly with diverse diet.</td>
<td></td>
<td></td>
<td># of participants reached, # of cooking sessions organized</td>
</tr>
<tr>
<td>Communication Objective</td>
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<tr>
<td>Promote the consumption of Fish Meat and its nutritional importance in fulfilling the nutritional requirement of pregnant and lactating mothers as well as children</td>
<td>Mothers/caregivers with children under five</td>
<td>Fish is an excellent source of nutrients for you &amp; your children’s diet for growth &amp; development.</td>
<td>IPC</td>
<td>T shirts, murals, leaflets, leaflets, health facility inserts, songs, drama, community outreach sessions held</td>
<td># of participants Reached</td>
</tr>
<tr>
<td></td>
<td>Husbands/grandparents/family members</td>
<td>Fishing is Easy! Feed the gift of nature to your family and provide nutrients essential for your children’s growth &amp; development.</td>
<td>Community Mobilization</td>
<td>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</td>
<td># of mass media Distributed</td>
</tr>
<tr>
<td></td>
<td>Community leaders/health providers</td>
<td>Your Pregnant or Lactating wife/daughter must eat fish to deliver &amp; nourish a</td>
<td>Mass media</td>
<td>Keymessage delivered during health fairs, market days, promotional events, rallies, community festivals, community meetings, women association meetings, school clubs, Moringa</td>
<td># of participants reached</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fish &amp; include that in their children’s meal.</td>
<td>Advocacy</td>
<td></td>
<td># of community and promotion events organized</td>
</tr>
</tbody>
</table>

# of community festival Organized
# of participants reached
<table>
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<tr>
<th>Communication Objective</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Increase knowledge on</td>
<td>Mothers/</td>
<td>Animal source is an important part of your and your children’s diet for growth &amp; development</td>
<td>IPC</td>
<td>shirts, murals, leaflets, leaflets, health facility inserts, songs, drama, community presentations</td>
<td># outreach sessions held</td>
</tr>
<tr>
<td>Easy Chicken Rearing</td>
<td>caregivers</td>
<td>Rearing chicken at home gives access to meat and egg, a good source of nutrition</td>
<td>Community Mobilization</td>
<td>interactive radio spots, VCD/audio spots played in health facilities and during community events</td>
<td># of participants Reached</td>
</tr>
<tr>
<td>methods and the</td>
<td>children under five</td>
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<tr>
<td>importance of animal</td>
<td>Husbands/</td>
<td>Let us make quality food available for the family Rearing chicken is Easy, Follow the guidelines!</td>
<td>Mass media</td>
<td>promotional events, women’s clubs, school clubs, meetings, community promotional rallies, community festivals, community meetings</td>
<td># of participants reached</td>
</tr>
<tr>
<td>protein during the 1000</td>
<td>grandparent(s)/</td>
<td></td>
<td></td>
<td></td>
<td># of community and promotion events organized</td>
</tr>
<tr>
<td>days</td>
<td>family members</td>
<td></td>
<td></td>
<td></td>
<td># of community festival organized</td>
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<td></td>
<td>Community leaders/</td>
<td></td>
<td></td>
<td></td>
<td># of participants reached</td>
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<td></td>
<td>health providers</td>
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</tbody>
</table>


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