The United Republic of Tanzania

NATIONAL NUTRITION SOCIAL AND BEHAVIOR CHANGE COMMUNICATION STRATEGY
July 2013 – June 2018

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FOREWORD

It is a fact that good nutrition leads to good health, but on the contrary it is little known that the nutrition status of an individual is a mirror of the society itself and a reflection of forces which influence the shape and pattern of the society.

Traditional nutrition programs have made genuine but futile human and material resources investment in nutrition education, health education or information education and communication with the aim of changing people's attitudes and practices.

Official records indicate that Malnutrition has been going from bad to worse. Little improvement in the nutrition status invites an interpretation that the approach with which we implement our programs needs revisiting. This interpretation is affirmed by the realization that mere knowledge and information to individuals have not influenced much in achieving the desired changes in malnutrition status.

It is upon this realization that the National Nutrition Strategy has specifically listed down Social and Behavior Change Communication as one of the main nutrition interventions avenue towards sustainable changes in the country nutritional status.

The development of the NNSBCC Strategy, therefore, comes at the right moment to practically interpret the NNS intentions. The NNSBCC strategy focuses more on the individual and society behaviors and social networks that holds the society together. The strategy seeks to explore and provide guidance to frequently asked questions like why people do behave the way they do, will also give light to the most effective and efficient ways and means to motivate an individual see or perceive things differently.

The NNSBCC will provide an opportunity for critical re-examination of behavioral oriented factors contributing to malnutrition and appropriate interventions to address them for improved nutrition status of the community and the Nation at large.
Let us all work together to change our individual and social behaviors to achieve the noble goal of improving the quality of life of current and future generation Tanzanians.

Regina L. Kikuli
Acting Permanent Secretary
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List of Acronyms and Abbreviations

AMMP	-	Adult Morbidity and Mortality Project
ACC/SCN	-	Administrative Committee on Coordination/ Sub-Committee on Nutrition
AIDS	-	Acquired Immune Deficiency Syndrome
BCC	-	Behavior Change Communication
BFCI	-	Baby Friendly Community Initiative
BFHI	-	Baby-Friendly Hospital Initiative
BMI	-	Body Mass Index
CBO	-	Community Based Organization
CCHP	-	Comprehensive Council Health Plan
CHMT	-	Council Health Management Team
CSR	-	Corporate Social Responsibility
DPG	-	Development Partners Group
DRNCD	-	Diet Related Non Communicable Diseases
FBO	-	Faith Based Organizations
HIV	-	Human Immunodeficiency Virus
HMIS	-	Health Management Information System
IDD	-	Iodine Deficiency Disorders
ICT	-	Information Communications Technology
IEC	-	Information, Education, and Communication
IZiNCG	-	International Zinc Nutrition Consultative Group
JAST	-	Joint Assistance Strategy for Tanzania
KAP	-	Knowledge, Attitudes and Practices
LBW	-	Low Birth Weight
LGA	-	Local Government Authority

M&E	-	Monitoring and Evaluation
MBNP	-	Mwanzo Bora Nutrition Program
MDGs	-	Millennium Development Goals
MKUKUTA	-	*Mkakatiwa Kukuza Uchumina Kupunguza Umaskini Tanzania*
MVC	-	Most Vulnerable Children
NET	-	Nutrition Education and Training Department of the TFNC
NFFA	-	National Food Fortification Alliance
NGO	-	Non-Governmental Organization
NNS	-	National Nutrition Strategy
NSGRP	-	National Strategy for Growth and Reduction of Poverty
NSS	-	Nutrition Surveillance System
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PPP	-	Public-Private Partnership
RHMT	-	Regional Health Management Team
SBCC	-	Social and Behavior Change Communication
SBCC-CAT	-	Social and Behavior Change Communication Capacity Assessment Tool
SCC	-	Social Change Communication
SCN	-	Standing Committee on Nutrition
SUN	-	Scaling Up Nutrition
SWAp	-	Sector Wide Approach
SWOT	-	Strengths, Weaknesses, Opportunities and Threats
TACAIDS	-	Tanzania Commission for AIDS
TDHS	-	Tanzania Demographic and Health Survey
TFNC	-	Tanzania Food and Nutrition Centre
TSED	-	Tanzania Socio-Economic Database

UN SCN	-	United Nations Standing Committee on Nutrition
UN	-	United Nations
UNICEF	-	United Nations Children's Fund
URT	-	United Republic of Tanzania
USI	-	Universal Salt Iodation
VAD	-	Vitamin A Deficiency
VAS	-	Vitamin A Supplementation
WHO	-	World Health Organization

Glossary of SBCC Terms

TERM	DESCRIPTION
Advocacy	A continuous and adaptive process for gathering, organizing, and formulating information into an argument to be communicated through various inter-personal and media channels for raising resources or gaining political and social leadership acceptance and commitment for a development program and preparing society for its acceptance.
Attitude	Personal dispositions towards a particular subject or situation. It is how we generally feel about a particular situation.
Audience	People for whom a particular communication is developed. Audience is also used to describe the total number of readers, listeners or viewers reached by a particular communication message or campaign.
Audience Segmentation	The division of a large audience group (e.g. mothers) into subgroups that share similar qualities or characteristics, such as demographics (first time mothers), similar residence (mothers residing in urban areas), experience (mothers who regularly use health services) or psychographic traits (mothers who feel powerless to change their "fate"). Audiences may be segmented into primary and secondary audiences with the primary audience being the people who typically practice a behavior of interest (say, mothers) and the secondary audience is made up of the people who influence the decision making or practices of people in the primary audience (say, mothers-in-law).
Behavior Change Communication (BCC)	An evidence-based, consultative process for developing communication programming that supports and influences practices that promote more productive and healthier lives. BCC focuses on behaviors and the strategic communication required helping people to change or maintain their behaviors. The BCC process includes identifying, understanding, and segmenting audiences and providing them with relevant communication through well-defined strategies using appropriate mix of inter-personal, group, and media channels including interactive methods.
Behaviors	Actions or response of an individual or group to the environment, the actions of another person, or other stimuli.
Behavior Barriers	A difficulty or obstacle that people face that prevents them from practicing a more desired behavior. These barriers can be perceived or, part of a person's worldview such as a feeling of personal risk in trying a behavior, or they can be physical such as lack of transportation or financial resources to accomplish an action.

Behavior Motivators	A factor influencing individuals to attend to and act upon information and knowledge. Motivations may be intangible as with changes in social status or they may be tangible such as financial incentives linked to certain practices.
Channels	A medium through which a message is transmitted to its intended audience, e.g. print media or electronic media.
Diffusion of Innovations	A process by which innovations (services, products, best practices, behaviors) are spread in a given population over time. There is often a "tipping point" that defines the diffusion process as starting among a few people and becoming widely accepted and a part of standard practice.
Ecologic Model	A framework that describes the relationships between individuals and their environments. It views individual behavior as a product of multiple overlapping individual, social, and environmental influences. This model shows the relationship and influence between individual change and the social context in which the individual operates.
Formative Research	A general term for the investigations conducted for program planning and design. Methods used in formative research may be qualitative or quantitative. Formative research for behavior change programming seeks to provide insight into the what, how and why of current and prospective practices.
Gender	A term used to not only differentiate the sex (male/female) of an individual, but also to describe the roles and relationships ascribed to individuals based on their sex as well as their age, social identity or status, civil status, or sexual orientation.
Gender Roles	Social roles that are considered by most members of a society to be appropriate and expected for males and females; these roles often may vary by sex (male/female), age, social identity or status, civil status, and sexual orientation.
Information, Education and Communication (IEC)	A combination of communication strategies, approaches and methods actively used to empower people towards desirable behavior. IEC focuses on knowledge, information and skills, using approaches that focus on individuals and is based on the assumption that individuals have substantial control over their behaviors and practices.
Marketing, Marketing Communications or Advertising	Informing the public or a specific audience (consumers) about a concept, product or services in a way that compels them to try what is offered. Employs consumer research and specific techniques, including persuasion, to make the concept, products, or services desirable, and attractive. Marketing also includes making concepts, products or services more accessible and at a price that the consumer is willing to pay.
Mass Media	Media having capacity to reach masses of people simultaneously (e.g. radio, television, cell phones, newspapers). Mass media usually target large

	and diverse audiences rather than specific groups or communities, although there are exceptions (e.g. special programs on the radio targeting a specific audience segment; SMS campaigns targeting specific segments who register to receive messages).
Material	A format in which the communication or message is conveyed through a specific channel or medium. This may be a print format used in interpersonal communication (e.g. leaflet, flyer, brochure, a counseling card), or print, audio or visual for either a newspaper, magazine, radio or TV (e.g. testimonials, song, music, sermons, speeches, SMS, video, comics).
Media	Different formats of communication channels. Media may be print (e.g. leaflet, flyer, brochure, poster, and book), audio (e.g. song, music, sermons, speeches, voice, and radio), visual (e.g. television, video, and film), audio-visual, etc. A medium is similar to a communication channel: it is the avenue by which the communication is provided to the audience. Media may be people (e.g. a nurse, a minister, or a field worker) or it may be "mass media" (e.g. a newspaper, brochure, poster, book, radio, television) or mobile media (e.g. cell phone) or digital media (e.g. DVD, iPhone, Internet), or social media (e.g. Internet applications such as Facebook, YouTube, and Twitter).
Media Mix	The use of more than one medium for communication purposes. The specific combination or mix is determined by the characteristics of the audience.
Message	A communication transmitted from sender to receiver that relays meaning. A message may be verbal or non-verbal, written, audio, or visual. A message may transmitted by voice, music, facial expressions, odor or nearly any possible media. Messages may be overt or subtle. A message is not a statement of a behavior, or an instruction: it has elements that define the behavior and who it is for, resolve barriers, and offer a motivation, usually with an emotional appeal.
One Thousand Days (1000 Days)	The first one thousand days of a child's life, counting Day 1 as conception, and continuing up to 24 months of age. The first 1000 days are the "window of opportunity" for nutrition to maximize the potential of the child in terms of cognitive development, physical development, and height.
Positioning	Positioning means creating an image and perception in the mind of the audience. The image should be distinctive, recognizable and familiar to each target audience through consistent tone and brand. Thus, nutrition, nutrition behaviors, nutrition gender roles, nutrition social norms, nutrition services and nutrition commodities should be positioned to be meaningful, appealing to the audiences and to evoke the emotions and aspirations of the

	audience. The values chosen for the concept, product or service should be distinctive and meaningful to each target audience. For example, in a nutrition SBCC strategy targeting breastfeeding mothers, the behaviors of giving colostrum and exclusively breastfeeding for the first six months may be positioned as: (a) an act of love (e.g. "colostrum is a gift of love"), or (b) as responsible parenting, or (c) as a sign of a woman's empowerment.
Positive Role Model	Someone who is respected and revered such that and individual would be willing to patterns one's behavior by following their example.
Public Relations	The management of public relations is a function that strives to help communicate, shape and maintain the philosophy, position, and favorable image of an organization, program or famous person with its constituency. Public relations monitors public opinion and helps the organization, program or person address and adapt to any significant shifts in public opinion in order to maintain a positive image and relationship with the public.
Social and Behavior Change Communication(SBCC)	SBCC for nutrition is a research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving nutrition outcomes. To achieve social and behavior change, SBCC is driven by epidemiological evidence and audience perspectives and needs. SBCC is guided by a comprehensive ecologic model that incorporates change at the individual level as well as at broader environmental and structural levels. Thus, it works at one or more levels: the behavior or action of an individual, supportive behaviors and actions by social networks (families, friends, and peers), collective actions taken by groups or communities, social and cultural structures, policies, laws and the broader socio-political or global environment.
Social Marketing	A strategic communication approach that uses commercial, for-profit marketing approaches that are for the benefit of society or the public. Social marketing approaches begin with evidence-based audience research to help position a product, and to design messages and packaging to make it appealing and desirable. Social marketing also determines the price, distribution, and sales strategy of the product. Social marketing is not motivated by profit, but may include profit-making strategies to support a sustainable product or behavior, and its distribution or scale up.
Self-Efficacy	The belief and confidence in one's ability to do something successfully. Self-efficacy requires self-esteem and is facilitated by an enabling environment.
Social Media	A set of media tools, mainly using Internet, cell phone and other Information and Communication Technologies (ICT) to foster interaction,

	discussion and the establishment of social networks and communities. Social media allow people to rapidly build relationships and share information. Examples of social media are Facebook, LinkedIn, YouTube, Twitter, Blogs, Podcasts, and Tweets.
Social Norms	Rules that a group uses to discriminate between appropriate and inappropriate values, beliefs, attitudes and behaviors – the do's and don'ts of society. They can be explicit or implicit. Failure to conform to norms can result in social sanctions and/or social exclusion.
Social Networks	The web of social relationships that surround and influence individuals. Certain network characteristics, network functions and types of social support make a network effective. The characteristics of networks include: the degree of homogeneity among members, resource exchange, emotional closeness, formal roles, and knowledge, interaction among members, and power and influence among members.
Scaling Up Nutrition (SUN)	Scaling Up Nutrition. A global multi-partner, multi-donor movement to improve nutrition status.
Sunflower Concept	In Tanzania, the national nutrition SBCC Strategy supports the scaling up of the creative concept of a Sunflower to facilitate communication about the first 1000 days. In this concept, child nutrition and growth along the 1000 days is grouped into four main stages, using the sunflower's development as a metaphor: (1) Pregnancy (SEED); (2) Birth to 6 months (SPROUT); (3) 6 – 12 months (BUD); (4) 12 – 24 months (FLOWER). The SBCC strategy promotes desired behaviors, gender roles and social norms for good nutrition for the child during each of the four stages.
Tipping Points	Tipping points" are the leverage points where strategic communication is expected to have the most impact in effective positive social change, in other words: these are the areas where nutrition SBCC interventions should focus in order to impact an enabling environment for nutrition behaviors. Tipping point theory derives from sociology, social change theory, and state-of-the-art social and behavior change communication best practices.
Tone	It represents the "personality" of a message, material, commodity, service or campaign. For example, a tone can be friendly, caring, authoritative, helpful, empowering, optimistic, comforting, reassuring, humorous or joyful. All of these are examples of possible tones for nutrition communication messages, media or campaigns. While tone may change depending on the behavior, audience and messages, it should be consistent within a given campaign, strategy or set of messages or materials that focus on the same audiences or behaviors. The tone of a message is what is perceived by the head and felt by the heart.

EXECUTIVE SUMMARY

PART 1: FRAMEWORK FOR THE NUTRITION SBCC STRATEGY

Background

Why a Nutrition Social and Behavior Change Communication Strategy?

Tanzania's National Nutrition Strategy (NNS) calls for the implementation of Social and Behavior Change Communication (SBCC) activities to be guided by a National Nutrition SBCC strategy. SBCC supports the prevention of malnutrition as well as the promotion and maintenance of good nutrition. It helps to build political and society-wide awareness and commitment to nutrition improvement. SBCC also enhances individual behaviors and household practices, promotes collective actions in communities, improves the delivery of nutrition counseling services and the demand for these services, and enhances the overall enabling environment for good nutrition outcomes.

As one of eight strategies under the NNS, SBCC is part of an integrated strategic approach to provide people with nutrition leadership, services, systems, policies, resources, information and messages, and other necessary interventions to facilitate the adoption of desired nutrition behaviors and social change.

What is SBCC?

SBCC is a professional field of expertise that reflects the latest state-of-the art thinking about how to strategically use communication to promote and sustain positive health and nutrition outcomes in the short and longer terms.

The Nutrition and SBCC Landscapes in Tanzania

Malnutrition is one of the most serious health problems affecting infants, children and women of reproductive age. Despite progress made, millions of children and women in Tanzania continue to suffer from one or more forms of under nutrition, including low birth weight, stunting, underweight, wasting, anemia, iodine and vitamin A deficiency. Tanzania has made progress in reducing child under nutrition with reduction of child underweight to 21% (2010) from 31% (1996) and 22% (2004) and child stunting to 42%. Nevertheless, the prevalence of child underweight and stunting in 2010 are still 'high' according to criteria of the World Health Organization (WHO, 1995).

To address this situation, in September 2011 Prime Minister, Honorable Mizengo Kayanza Peter Pinda, launched the National Nutrition Strategy. The National Nutrition Strategy (NSS) identifies a set of services that sectors and agencies need to provide in a harmonized manner in order to establish the conditions under which all can be properly nourished.

Nutrition Landscape Analysis

In 2011, the Tanzania Food and Nutrition Center (TFNC) and the World Health Organization (WHO) conducted a Tanzania Nutrition Landscape Analysis to assess the current nutrition situation as well as the willingness and readiness for scaling up nutrition amongst all key stakeholders. A range of indicators was assessed, including awareness of causes and problems with policies from planning and budgeting to coordination and supervision.

Key findings from the Nutrition Landscape Analysis relevant to the National Nutrition SBCC Strategy include:

- A striking difference between the perceptions of stunting as a major nutrition problem at the different levels. It was mentioned more than 50% of the time at district and national levels, but less than 20% at ward and regional levels. Only 30% of the government stakeholders interviewed mentioned stunting as a major nutrition problem, while more than 90% of partners did so.
- Nutrition is incorporated in some district plans, but not comprehensively within and between all relevant sectors, even in districts with external support.
- There is good potential to scale up nutrition interventions, provided that there is more advocacy to raise awareness of resource mobilization roles and how to operationalize them.
- Coordination structures exist, including the High Level Steering Committee (HLSC), the Food Security and Nutrition Thematic working group, the Nutrition Technical Working Group (TWG), and its technical consultative groups and the Development Partners Group.
- The majority of health workers interviewed reported that they were not confident in delivering most the nutrition services and indicated that they had inadequate counseling skills (e.g. listening and learning skills).
- Health workers have limited availability and access to nutrition IEC/BCC materials; breastfeeding materials and vitamin supplementation were among the most available.
- The existing data collection and reporting systems do not include all major nutrition indicators such as optimal infant feeding indicators. In general poor sharing of nutrition information and limited data from central/regional levels reaches the districts. Analysis and tracking of nutrition data is poor (not good use of statisticians and software at sub-national level) and secondary analysis from TDHS not done and used.

SBCC Landscape Analysis

In 2012, the Mwanzo Bora Nutrition Program conducted a SBCC Landscape Analysis to assess the state of readiness of communication to support nutrition social and behavior change to positively impact nutrition outcomes.

Key findings from the SBCC Landscape Analysis relevant to the National Nutrition SBCC Strategy include:

- Tanzania has a rich communication climate including the use of television, radio, outdoor media, performance arts (music, dance and drama), and new technologies (cell phone, social media, internet) to rapidly expand reach and impact.
- Recent rapid expansion of the private sector has led to the start-up of many creative agencies, advertising and marketing firms.
- Corporate Social Responsibility is gaining traction.
- Nutrition" has not been positioned as an accessible, familiar, "personable" or desirable part of people's day-to-day lives.
- With a few exceptions, most nutrition factual or IEC materials do not touch people's emotions or provide an opportunity to engage or interact with stimulating and participatory media format options (e.g. interactive radio, audio, audio-visual materials, games, contests, competitions, positive role models).
- There is no programmatic use of cultural resources for nutrition communication (dance, music, song, theater, other performance arts, etc.) which are more suited for Tanzania's oral culture and which stimulate emotional engagement and interaction.
- Materials targeting key audience groups like policy makers and men are missing and no nutrition materials address social norms or promote pro-nutrition social change, particularly gender norms beneficial to nutrition.
- Other sectors in the public health field working in Tanzania such as reproductive health, HIV/AIDS and malaria are global leaders in the art and science of SBCC and employ innovative strategies, materials and methods to promote change.
- Although SBCC is recognized as an important area of technical expertise to develop in Tanzania, there is limited exposure or engagement in SBCC theory and practice.
- Institutional structures, mandates and core functions of the technical departments and staff need updating to better align with improved SBCC capacity.
- Emphasis to develop skills in nutrition counseling and monitoring and evaluation for SBCC along with building partnerships with organizations is important in moving forward.

Guiding Principles for Building a National Nutrition SBCC Program

1. The SBCC Strategy Supports the National Nutrition Strategy

All efforts to support the operationalization of the Nutrition SBCC Strategy are always under the broader Vision of the National Nutrition Strategy (NNS) and in support of its objectives. SBCC is but one of eight priority strategies identified under the NNS, and is therefore to be considered a complement and support to the seven other strategies.

2. Leadership is Vital for Achieving Social Change

When it comes to mobilizing the masses, igniting passion in people towards a common goal and motivating people to act towards the said common goal, it isn't possible to unite the people and inspire action without leadership.

3. Continuous Advocacy for Nutrition Social and Behavior Change is Important

Advocacy for nutrition social and behavior change is needed to increase political commitment, and to mobilize resources in terms of funds and technical assistance, to ensure social mobilization, and effective policy response at all levels of government. The community and all interested parties should be effectively mobilized to take action for change in response to behavior change regarding nutrition uptake. Awareness and information campaigns at all levels need to be an essential part.

4. Multi-sectoral Stakeholder Coordination and Accountability from National Level to Grassroots Level is Important

The implementation of a National SBCC Nutrition Program requires the participation and involvement of stakeholders at all levels from the community to the national level, including the public sector (sectoral ministries and institutions, regional secretariats and local government authorities), higher learning and training institutions, professional bodies, private sector, development partners, civil society, media and the community.

5. Practicing and Promoting the State-Of-The-Art (SOTA) in Nutrition SBCC is Important

The wide-spread practice of state-of-the-art (SOTA) SBCC is necessary to the achievement of the NNS objectives. Opportunities to partner, jointly collaborate and network to share and exchange tools, resources and lessons learned in SBCC are to be fostered. Nutrition SBCC implementers in public and private sectors, are strongly encouraged to include the documentation and dissemination of their experiences, lessons learned, information and other resources on SBCC in their work plans and budget lines.

6. Using an Evidence-Based Approach for Decision-Making and Implementation is Important

The Nutrition SBCC Strategy has been informed by the nutrition landscape analysis (TFNC/WHO, 2011); and social and behavior change communication landscape analyses (MBNP, 2012). Data and information from continuous monitoring, and additional research, will be used to guide evidence-based planning and decision-making. Nutrition SBCC evaluation will provide lessons learned to be used for re-planning communication and supporting evidence-based decision-making regarding SBCC and nutrition-related behavior and social change.

7. Ensuring Nutrition Social and Behavior Change Communication that is Equitable and accessible to All is Important

Special considerations are needed to marginalized population found in the community. It is important to systematize the various approaches in order to gain more even and equitable service delivery that will influence change in nutritional status. Select media that is accessible to most people or to all target audiences is also crucial.

8. Ethical Considerations for Social and Behavior Change Communication for Nutrition are Important

There is a distinction between SBCC and social marketing vs. for-profit commercial marketing tactics. SBCC strategies are not motivated by profit. Positioning nutrition products and behaviors to be desirable and appealing to the audiences cannot cross the ethical line and become a means of coercing or manipulating the audience into buying the product or adopting the behavior through "false promises", deceptive, misleading or exaggerated promises or statements, or overly-persuasive tactics.

Leadership and Coordination in Public and Private Sectors

The implementation of the National Nutrition SBCC Strategy requires the participation and involvement of both public and private sectors at all levels so as to ensure nutrition SBCC activities/issues are adequately reflected in respective sectoral policies, strategic plans, legislation, regulations and guidelines that lie within their mandate.

Being a multi sector and multi stakeholder professional domain, SBCC for nutrition is certainly a concern and a responsibility of many players in public, civil and private sectors. These include the following stakeholders:

- PMO
- TFNC
- Line Ministries
- National Nutrition SBCC Consultative Committee
- Political Leaders, Members of Parliament and Councilors
- Regional LGA
- District LGA
- Ward and Village Government Leaders
- Higher Learning Institutions
- Religious Sector
- Private Sector
- Informal Sector
- Traditional Sector
- VIPs and other Celebrities
- Communities
- Others interested in supporting nutrition social and behavior change communication

PART II. STRATEGIC CONSIDERATIONS

Social and Behavior Change Theories that Will Inform Strategic Communication for Nutrition

Conceptual models and theories help to guide strategic thinking in the design of effective nutrition SBCC strategies, messages and materials. The Ecological Model, the Diffusion of Innovations Theory, and eleven Priority Tipping Points for Social Change, have been adopted to inform the Nutrition SBCC Strategy.

The combination of these theories underscores the importance of:

- Thoroughly understanding the perspective of the target audiences, including their day-to-day lives, and using this knowledge in the design of nutrition SBCC messages, materials and activities;
- Family support and particularly the complementary and supportive roles of mothers/wives, fathers/husbands and grandmothers;
- Peer-to-peer communication and social networks in facilitating the rapid diffusion and widespread adoption of nutrition behaviors and norms,
- Broader social influences on nutrition behaviors.

Strategic Objectives and Activities for the Nutrition SBCC Strategy

Three Strategic Objectives (SO), each with sub-objectives, guide the Nutrition SBCC Strategy. Table 1 on the following page provides an overview of the three Broad Strategic Objectives (SO) and sub-objectives for the Nutrition SBCC Strategy.

SO1. ENHANCE NUTRITION BEHAVIORS

Under Strategic Objective 1 of the National Nutrition SBCC Strategy, special attention will be paid to ensuring that audiences benefit from well-designed and consistent messages, and effective, user-friendly tools and material. Behavior change counseling and support for nutrition is to be included into all points of contacts between women, caregivers, family members and service providers.

SO2. ENHANCE THE ENABLING ENVIRONMENT

Strategic Objective 2 focuses on an enabling environment for nutrition social and behavior change and requires the engagement of all levels and sectors of society. A high visibility and enhanced positioning of nutrition in society through leadership, celebrities, VIPs, and mass media, positive perceptions of social norms and gender roles favorable to nutrition, supportive policies, services, systems, laws, and institutions facilitating nutrition social and behavior changes, and sufficient resources mobilized and available to support nutrition social and behavior change are among the key components under this objective.

SO3. ENHANCE CAPACITY FOR SOTA NUTRITION SBCC AT NATIONAL AND DECENTRALIZED LEVELS

Strategic Objective 3 focuses on strengthening capacities at national and decentralized levels. All nutrition stakeholders, including those public and private sectors, informal sectors, and traditional sectors need strengthened capacity in nutrition SBCC in order to offer quality policies, systems, services, programs that give results. Front liners can include media practitioners, as well as outreach workers (Community Health Workers, Agriculture Extension Officers, Community Development Officers, etc.)

Core Elements of Nutrition SBCC Strategies

All national nutrition SBCC strategies shall include, but not necessarily be limited to, the following core elements:

- Problem Statement
- Primary Audiences and Rationale for Audience Segmentation
- Secondary and Tertiary Audiences (Key Influencers)
- Desired Behaviors/Behavior Changes per Audience
- Evidence-Based Analysis of Barriers and Motivators for Behaviors/Behavior Change per audience
- Social Change/Behavior Change Communication objectives per audience
- Strategic approach based on the theory of change
- Positioning and Tone
- Core Messages
- Channels and Materials (per audience)
- Activities
- Targets and Indicators

Table 1: National Nutrition Strategy Strategic Objectives (SO)

SO 1: Enhance the nutrition behaviors of women, caregivers, family and community members, and those who influence them.	**SO 2: Enhance the enabling environment for positive nutrition social and behavior change.**	**SO3: Strengthen capacity to design, manage and implement state-of-the-art (SOTA) Nutrition SBCC at national and decentralized levels.**
1.1 Improve nutrition knowledge, attitudes and related skills	2.1 Enhance visibility and positioning of nutrition at all levels of society	3.1 Strengthen Institutional Capacity to manage and implement SBCC Nutrition programming at national and decentralized levels
1.2 Increase demand for quality nutrition SBCC, services and products	2.2 Improve public perceptions of socio-cultural norms and gender roles favorable to nutrition	3.2 Build and Use an Evidence Base for nutrition SBCC data, information and best practices
1.3 Increase access to quality nutrition SBCC, services and products	2.3 Increase resource mobilization through public and private sector engagement and ownership	3.3 Increase access to and sharing of SOTA Knowledge, Expertise, Tools and Best Practices in SBCC programming
1.4 Increase social support (family, friends, peers) and collective actions for quality nutrition SBCC, services and products	2.4 Increase advocacy to strengthen policies, services and integrated systems supporting nutrition	3.4 Improve coordination for harmonization and streamlining of nutrition SBCC activities
1.5 Improve provider attitudes and provider-client relationships in nutrition information, counseling and other nutrition SBCC services		

Specific guidance on Positioning, Tone, and Branding of National Nutrition SBCC

National nutrition SBCC efforts around national nutrition priorities shall be designed to reduce redundancies, leverage resources, avoid confusing the target audiences with inconsistent or even contradictory communications. Nutrition audiences need to feel reassured through consistent and familiar sources, messages, positioning and tone of nutrition communications.

The nutrition SBCC Strategy will assure that Nutrition's visibility in the public will be substantially increased, and **positioned** in a way to make good nutrition-- and the behaviors, practices, norms and gender roles that are favorable to good nutrition—familiar, desirable, popular and within anyone's reach (i.e. "do-able").

The **tone** of nutrition messages, materials, activities, campaigns shall foster these positive human emotions: including **love, joy, optimism, hope, faith, altruism, sharing, caring, unity, togetherness, and happiness.**

Branding considerations for nutrition messages, materials campaigns therefore include not only the matter of stakeholder logos, but also include efforts to assure a consistency in image, tone, "look", "feel" and messaging for target audiences. Stakeholder collaboration and consultation on nutrition SBCC campaigns and materials is crucial for this to succeed and is among the guiding principles of the Nutrition SBCC Strategy.

Specific Guidance on Monitoring and Evaluation

Nutrition SBCC data, indicators, and targets shall be integrated into the national nutrition M&E system and contribute to the national reporting on progress and performance in implementing the NNS.

Rapid feedback from, and dialogue with, beneficiaries, service providers and change agents, assures responsive and improved nutrition SBCC messages and activities. The use of new technologies, including cell phone, social media and internet technology supporting interactive monitoring and feedback systems shall be included, where and as appropriate, in the design of the M&E system to facilitate rapid collection of data and audience feedback, dialogue and responsive programming.

PART I: FRAMEWORK FOR THE NUTRITION SBCC STRATEGY

CHAPTER 1. BACKGROUND

1. Why a Nutrition Social and Behavior Change Communication Strategy?

Tanzania's National Nutrition Strategy (NNS) calls for the implementation of Social and Behavior Change Communication (SBCC) activities to be guided by a National Nutrition SBCC strategy. This strategy will be informed by formative research that establishes the key behavior issues to facilitate interventions to prevent malnutrition. The focus is not only on the primary target group, such as women, but also on those who influence the primary target group at all levels, including family members, employers and health service providers. A diversity of channels will be used, including individual and group counseling, informal gathering at community level, formal sessions through health services, school curricula and mass media. A full range of nutrition issues will be covered, including breastfeeding, complementary feeding, dietary improvement, hygiene and sanitation, home care of illnesses and utilization of health services. Special attention will be paid to ensuring that programs and projects use consistent community messages, tools and materials and to inserting behavior change counseling and support for nutrition into all points of contacts between women, care givers and service providers.

Social and Behavior Change Communication (SBCC) supports the prevention of malnutrition as well as the promotion and maintenance of good nutrition. It helps to build political and society-wide awareness and commitment to nutrition improvement. SBCC also enhances individual behaviors and household practices, promotes collective actions in communities, improves the delivery of nutrition counseling services and the demand for these services, and enhances the overall enabling environment for good nutrition outcomes.

SBCC can directly achieve many positive nutrition behavior and social changes, but it cannot achieve all. For example, well-designed SBCC campaigns promoting IFA or Vitamin A can successfully increase demand for these supplements. Yet, without functioning supply chains and sufficient stocks in place in the facilities or communities, the desired levels of use of IFA or Vitamin A cannot be attained no matter how high the demand. As one of eight strategies under the NNS, SBCC is part of an integrated strategic approach to provide people with nutrition leadership, services, systems, policies, resources, information and messages, and other necessary interventions to facilitate the adoption of desired nutrition behaviors and social change.

2. What is SBCC?

SBCC is a professional field of expertise that reflects the latest state-of-the art thinking about how to strategically use communication to promote and sustain positive health and nutrition outcomes in the short and longer terms.

SBCC is also an evidence-based, theory-driven, researched, planned and interactive process. The development of SBCC messages, media and materials begins with a solid understanding of relevant human behaviors and social norms, and what it takes to changes these for positive outcomes. SBCC is informed by formative research to learn more about each target audience, their motivations and their barriers for desired behaviors and social norms. These insights guide the methodical development of messages, media and activities tailored for the right audience at the right time. SBCC draws on the fields of anthropology, psychology, sociology and other social sciences in the design and implementation of effective strategies. SBCC includes advocacy, behavior change communication, and mobilization of groups, communities and society. SBCC has the best impact when it is designed alongside other non-communication interventions as part of an overall strategy.

3. The Nutrition and SBCC Landscapes in Tanzania

Malnutrition is one of the most serious health problems affecting infants, children and women of reproductive age. Despite progress made, millions of children and women in Tanzania continue to suffer from one or more forms of under-nutrition, including low birth weight, stunting, underweight, wasting, anemia, iodine and vitamin A deficiency. Tanzania has made progress in reducing child under-nutrition with reduction of child underweight to 21% (2010) from 31% (1996) and 22% (2004), and reduction of child stunting to 42%. Nevertheless, the prevalence of child underweight and stunting in 2010 are still 'high' according to criteria of the World Health Organization (WHO, 1995).

To address this situation, Prime Minister, Honorable Mizengo Kayanza Peter Pinda, launched the National Nutrition Strategy in September 2011. The strategy is in line with and will contribute to the National Development Vision 2025, National Strategy for Growth and Reduction of Poverty (MKUKUTA II), and the Africa Regional Nutrition Strategy (2005-2015), and Nutrition is also included in the Comprehensive Africa Agriculture Development Programme (CAADP) and the Tanzania Agriculture and Food Security Investment Plan (TAFSIP). The National Nutrition Strategy (NSS) identifies a set of services that sectors and agencies need to provide in a harmonized manner in order to establish the conditions under which all can be properly nourished.

The NNS has eight priority areas that are linked to interventions which have proven feasibility:

- Infant and young child feeding
- Vitamin and mineral deficiencies
- Maternal and child malnutrition
- Nutrition and HIV and AIDS
- Household food security
- Women and children in Difficult Circumstances
- Diet-related non-communicable diseases
- Nutrition surveillance, surveys and information management

The NNS also identifies a set of eight supporting strategies:

- Accessing quality nutrition services
- Advocacy and behavior change communication
- Legislation for a supportive environment
- Mainstreaming nutrition into national and sectoral policies, plans and programs
- Institutional and technical capacity for nutrition
- Resource mobilization
- Research, monitoring and evaluation
- Coordination and partnership

The government is now looking into how to operationalize this at national and district level. To support operationalization, in 2011 the TFNC and WHO conducted a Tanzania Nutrition Landscape Analysis to assess the current nutrition situation as well as the willingness and readiness for scaling up nutrition amongst all key stakeholders. A range of indicators was assessed, including awareness of causes, problems and policies; planning and budgeting; and coordination and supervision.

The objectives of the Nutrition Landscape Analysis were to:

- Provide a methodology for participatory approach to assess challenges and opportunities for scaling up nutrition.
- Provide input in finalizing the National Nutrition Strategy's implementation plan as well as to make recommendation for district-level scale-up and international assistance and investments for accelerating nutrition actions.
- Establish a baseline on the current status of nutrition action, allowing tracking of the progress in future; and
- Guide policy and institutional change and thereby create an environment to scale up nutrition interventions.

3.1 Awareness of nutrition problems among stakeholders

The landscape analysis found that there is a striking difference between the perceptions of stunting as a major nutrition problem at the different levels. It was mentioned as being more than 50 % at district and national level, but less than 20 % at ward and regional level. A possible explanation is that national support from government and partners has focused on district and village levels and to a lesser extend regions and wards. More than 70 % of national level stakeholders mention stunting as a key problem. There are substantial differences in perceptions among government and partners, however: only 30 % of the government stakeholders interviewed mentioned stunting as a major nutrition problem, while more than 90 % of partners did so.

3.2 Awareness of underlying causes among stakeholders

Very few stakeholders at all level—from national government to regional, district ward and village—recognized that insufficient health services can contribute to malnutrition. Lack of knowledge and dietary quality was commonly mentioned, but it was evident that the conceptual framework for malnutrition was not widely understood.

3.3 Political commitment

The commitment to nutrition is evident through the President's participation in the SUN leading group and the Prime Minister's launch of the NNS in September 2011. In addition, it was reported that nutrition has not yet been given enough attention during parliamentarian sessions; however a group of MPs have indicated interest to form a Parliamentary Committee on Nutrition.

Although stakeholders at all levels are willing to scale-up nutrition, these initiatives have not yet been reflected in actual improved nutrition activities at implementation level in districts.

3.4 Nutrition policies, strategies and action plans at central level

The national Food and Nutrition Policy and the National Nutrition Strategy are recognized by almost all development partners, but by few ministries and government institutions. Nutrition is included in policies from health, agriculture and community development, but is limited in other sectors. The Food Fortification standards were recently endorsed and gazetted, and the Maternity Protection and Salt Iodization Acts are in place. The National Regulation for Breast Milk Substitutes (BMS) was developed in 1994 and has been reviewed, but is not yet endorsed. Generally, there is very poor awareness of the legislation, including the National Regulation for BMS, at all levels and in most sectors.

3.5 Planning and budgeting at sub-national level

Nutrition is incorporated in some district plans, but not comprehensively within and between all relevant sectors, even in districts with external support. Nutrition is generally not included in ward and village plans and the few nutrition activities implemented at community level are most commonly lead by CSO. Most districts were found to be weak in integrating nutrition in a comprehensive manner partly because of vertical funding, which leads to incomplete package of interventions and low coverage. The few activities implemented are mainly in the health sector and often either national level programs, such as Vitamin A supplementation and deworming, or programs funded by development partners or NGOs. In Tanzania, nutrition services are mainly delivered through other programs such as IMCI, PMTCT, and RCHS; but in all assessed districts inadequate attention to nutrition was noted in the health plans and budgets. Moreover, only limited nutrition integration was noted in other health programs such as malaria and in other sectors such as agriculture, education, and community development. Nevertheless, the agriculture and health sector do plan for more nutrition interventions, yet a lot of these are not funded. Districts have recently been encouraged to plan and budget for nutrition.

A variety of community-based nutrition and nutrition related activities exist in the districts assessed, including home gardening, vitamin A supplementation, immunization, salt iodation, supplementary feeding and nutrition education. Most of activities are, however, not included in Comprehensive Council Health Plans (CCHP), thus hindering sustainability. Most of the interventions are aimed at income generation and not improving household food and nutrition security. Moreover, trained CORPS for supporting communities to implement nutrition activities are lacking. Mother support groups were not existent at community level, and guidance from central level on implementing community based interventions was weak.

It is evident that districts need guidance in prioritizing nutrition interventions and need support to operationalize the national policies and strategies. When districts do plan for nutrition interventions, the central government needs to prioritize these to the activities which are funded.

Not all districts are aware of the PMO directive to establish a nutrition budget line, but all are ready to follow this directive. Different funding opportunities exist at district level such as health basket fund, TASAF, ASDP, development partners, NGOs, local government block grant, and own fund raising/revenue; but even if districts plan for nutrition activities using these funding opportunities, actual budget allocations are less certain. Most districts themselves, however, have an attitude that they do not play a role in raising funds and that additional funds will be allocated by government

From the Landscape Analysis data collection it is shown that the key donors support nutrition activities for a total of approximately $16.5 million for 2012, and that this amount is either maintained or increasing. The ministries and government institutions show interest in developing new proposals. All in all there seems to be a healthy environment in terms of the potential to scale up nutrition interventions, provided that there is more advocacy to raise awareness of resource mobilization roles and how to operationalize them.

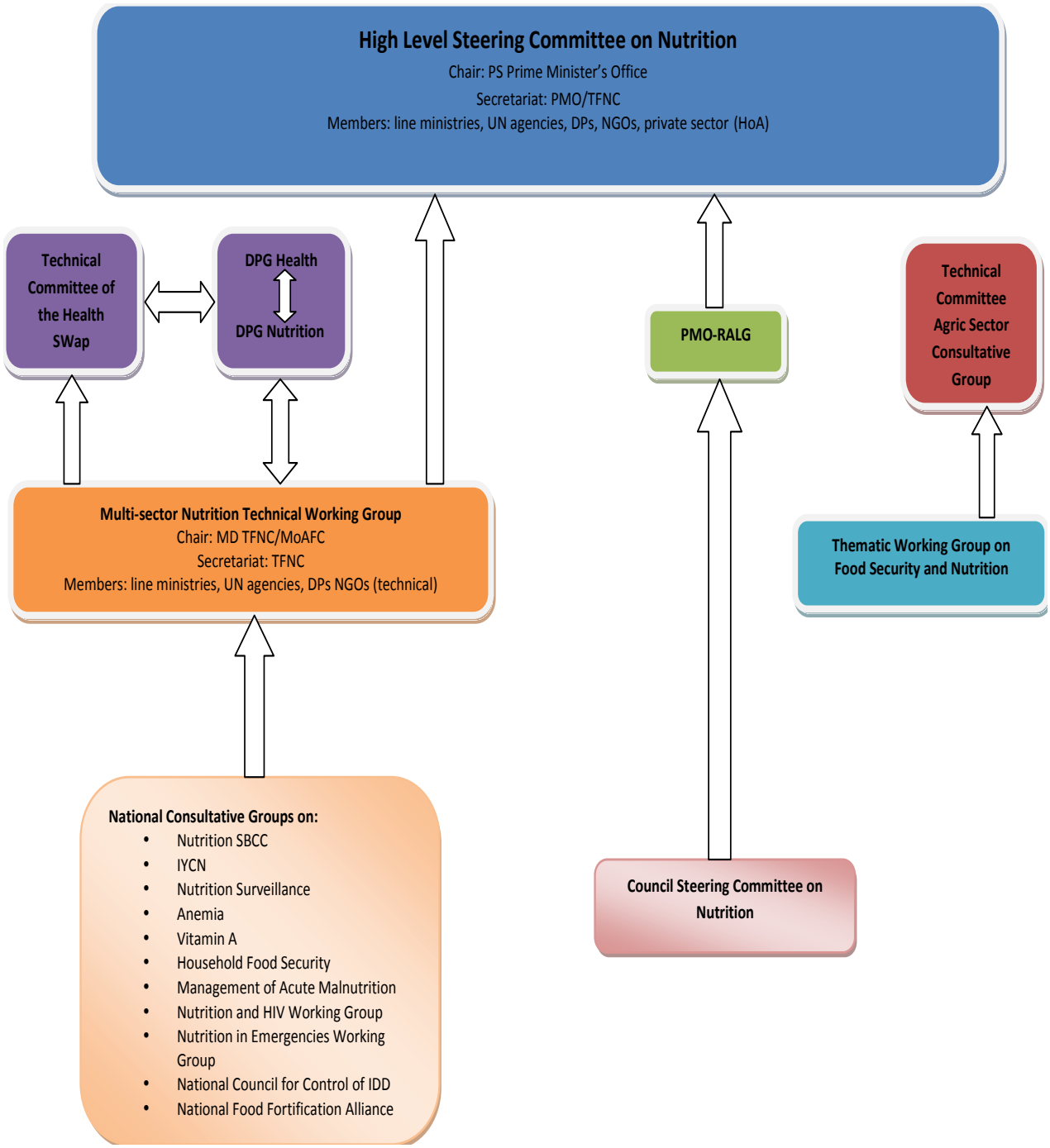
3.6 Nutrition coordination mechanisms at central level and at sub-national level

At central level, there are sound coordination structures with the High Level Steering Committee (HLSC), the Food Security and Nutrition Thematic working group, the Nutrition Technical Working Group (TWG), and its technical consultative groups and the Development Partners Group (see coordination structure below). These bodies are highly recognized by development partners but to a lesser extent amongst ministries and some stakeholders raise concerns that the TWG does not reflect ministries currently represented in HLSC.

At sub-national level, only a few regions/districts have to-date established a nutrition steering committee working group. For those districts/regions with working groups established, nutrition is still not on the agenda.

The existence of TFNC as a coordinating body is recognized as a key strength by most stakeholders, but many have concerns that TFNC is not playing its role in coordinating nutrition issues effectively.

Figure 1 Coordination structure of multi-sectoral platform



3.7 Mapping of partners and their interventions

It was reported that most partners tend to concentrate in the Central and South-Western regions and to a lesser extend the far South and North West. The prevalence of stunting is high in most of the regions where partners are concentrated, but the areas where the majority of stunted children live have very few partners. Wasting is a most severe problem in the Northern and Central zones, which have a low density of nutrition partners. For indicators such as exclusive breastfeeding and maternal under-nutrition, there was limited correlation with partner focus areas. Other indicators such as HIV prevalence and food security might be the criteria partners use to select their nutrition focus areas partly since programs cover both food security and nutrition.

The interventions are implemented in various partnerships, from large-scale to focused interventions in specific districts. At sub-national level there are good examples of CSO involvement in the LG planning and implementation. However, there are less partnerships and involvement at ward and village level. There are also examples of private sector partnerships in nutrition and mechanisms that can advise on public-private partnerships. The private sector is involved in some district coordinating committees (e.g., Lindi and Iringa), but actual partnerships are mostly with NGOs/CSOs and not the LG. Generally, there is a high interest from both central and local governments and partners (e.g. NGOs and CSOs) to implement programs jointly, but lack of a fully functioning coordination mechanism seems to be a limiting factor. With proper support and follow up the recently established steering committees and nutrition focal persons/officers might be able to strengthen the nutrition coordination and partnerships.

3.8 Supervision and support to districts and facilities

Stakeholders recognize the existence of the government administrative system for supervision and the majority make use of this both from national and regional level to districts and from districts to ward, villages and facilities. However, the support and supervision on nutrition is irregular and inadequate and poorly integrated into the supervision system. Although routine supervision might be regular in the assessed districts, it does not necessarily include nutrition.

3.9 Capacity to accelerate action in nutrition

The capacity to accelerate action in nutrition was assessed by looking at various indicators, including the number and qualification of nutrition professionals and their distribution in the country at different levels. Other indicators looked at availability, quality and accessibility of supplies used in delivery of nutrition services at all levels. The supplies include guidelines/protocols, IEC materials, equipment, supplements and therapeutic foods.

3.9.1 Availability of Nutrition Focal Persons at sub-national and national levels

All line ministries reported having a nutrition focal person with relevant qualifications (degree level), however, only the MoHSW, MAFC and MOCDGC have full time staff as per the Prime Minister's directives. All NGOs and DPs have at least one staff working on

nutrition, although in some NGOs the staff working on nutrition also have other duties and do not work full time on nutrition.

Currently there are 33 known District Nutrition Officers and 29 Nutrition Focal Points; however the process of deploying and employing nutrition officers is still going on in some districts. None of the assessed wards and villages are aware of the existence of district level nutrition officers/focal persons

It is clear that more advocacy at all levels is needed to ensure the right working conditions for the Nutrition Officers/Focal Persons and that structured and regular support and supervision for these are needed.

3.9.2 Availability of training opportunities and plans

A range of nutrition training opportunities supported by the government and NGOs are available using standard national training guidelines. Most health workers interviewed acknowledged having received training on IYCN, SAM, ENA, IMCI, IECD, FANC, HBC, Nutrition and HIV, fruits and vegetable gardening, food preparation and/or project planning.

Despite the existence of the training opportunities and relevant guidelines, some of the guidelines are not harmonized and some of the training materials are not translated to Kiswahili. The training opportunities at district and community are limited and not easily accessible. No training plans on nutrition were seen in any of the districts, hence training is always ad hoc. Most training lacked follow up or post training supervision and the impact of trainings conducted is not always measured though few NGOs conduct refresher trainings and coaching.

3.9.3 Health worker confidence, capacity, motivation and support

The majority of health workers interviewed reported that they were not confident in delivering most of the nutrition services and indicated that they had inadequate counseling skills (e.g. listening and learning skills). This was especially the case in areas where they were not trained, e.g. healthy eating/NCDs. Where staff had received training, they demonstrated much better counseling skills. Group education and one-to-one counseling was provided in RCH and CTC services, but not in other departments. Time for counseling was seen inadequate, especially in health facilities with few staff, and there was generally a concern of not having an appropriate place for counseling. Health workers also complained of lack of technical support and mentoring especially in private facilities.

3.9.4 Health worker knowledge and perception on implementing nutrition interventions

Most health workers felt that they did not have adequate knowledge to implement nutrition interventions and programs. They also mentioned that supplies and funding for nutrition are inadequate. The majority of health workers mentioned they needed better coordination and have defined roles. District authorities showed willingness to invest human resources and provide adequate time for nutrition activities.

Although a majority of health worker interviewed claimed that they were not confident in delivering nutrition services, they were able to answer correctly most of the questions on their knowledge of nutrition actions implemented. The poor perception of the definition of what nutrition interventions are might be a reason for health workers lack of confidence.

3.9.5 Protocols, IEC material and supplies

The majority of health workers reported having access to nutrition and nutrition-related protocols and guidelines. The most widely available materials include those related to breast feeding and vitamin supplementation. IEC materials related to severe acute malnutrition, growth monitoring and family planning/pregnancy spacing were not accessible. It was noted that despite low accessibility of many nutrition related materials, few recognized the problem of having access to relevant nutrition guidelines e.g. management of acute malnutrition, complementary feeding and IEC materials for nutrition care for people living with HIV. Lack of proper dissemination and orientation was mentioned as main factor causing difficulty in using guidelines and protocols.

3.10 Awareness and management of nutrition indicators and use of nutrition data

There are information systems which are used to collect and mange nutrition data/information at different levels. These include MTUHA/HMIS, TDHS, FSNA/RVA and MUCHALI. Indicators collected include stunting, wasting and underweight. Nutrition data is also collected from specific programs and stakeholders report that the data collected is used for planning and budgeting at national and sub-national level.

Nevertheless, stakeholders mentioned some weaknesses regarding collection, management and use of nutrition data, including limited access, dissemination and sharing of data. Furthermore a majority of stakeholder—especially at sub-national level—were not aware of existing information systems and which indicators are collected. The existing systems do not include all major nutrition indicators such as optimal infant feeding indicators. In general, poor sharing of nutrition information and limited data from central/regional level reaches the districts.

Analysis and tracking of nutrition data is poor (not good use of statisticians and software at sub-national level) and secondary analysis from TDHS not done and used, partly because it is difficult to get permission to use the data for further analysis for publishing.

3.11 Implementation of nutrition activities at the facilities

Most of the facilities assessed implemented de-worming, zinc supplementation and nutrition education. The latter is implemented within the RCH department which is present in all levels from dispensary to hospitals. De-worming and Vitamin A Supplementation is implemented routinely at all levels and in campaigns twice per year.

3.12 Availability of nutrition supplies and equipment at the facilities

A majority of visited health facilities had a good supply of ORT but had serious shortages of other important supplies. Therapeutic supplies and supplements such as RUTF and micronutrient supplements (including IFA, F75 and F100) were either non-existent or were available in limited supply. Equipment, such as hemocue and length boards were available in very few facilities. It was also noted that availability of functioning child weighing scales and MUAC tapes was poor. This situation indicates a serious need for improving supplies and equipment in the health facilities.

4. The SBCC Landscape in Tanzania

4.1 Social change in Tanzania: An overview of social, political, and economic aspects and the evolution of state-of-the-art SBCC

Social change is not new to Tanzania. Tanzanians have experienced significant social change and transformations in social conditions, opportunities and attitudes. Within the context of governance and the political environment, major social changes include a shift from traditional leadership to colonialism, the struggle for independence, the union of Tanganyika and Zanzibar for a United Republic of Tanzania, the Arusha Declaration, and the transformation from being a single party state to multi-partisan. Within the context of the economy, Tanzania's economy has been growing by an average of 5 percent per annum between 1985 and 2011, and the country has experienced a large influx of new trade, new businesses, imports, and new technologies including ICT to accelerate reach and scale of commercial opportunities.

Within the context of nutrition communication, Tanzania has also experienced a process of transformation. During the 1960s and 1970s, nutrition education materials in Tanzania were almost exclusively in print format—primarily as leaflets, posters, brochures and handbooks—and were packed with information. The materials included facts, details and instructions that experts knew were technically sound explanations of food and nutrition, and the importance of nutrition to health, growth and development. The method of communicating nutrition information prioritized the written word over illustrations or graphics. Nutrition education talks or sessions were also held with individuals or groups to disseminate information and reinforce skills.

In 1974, a new professional field of practice, known as Information, Education and Communication (IEC), replaced the older nutrition education approach. IEC recognized the added-value of the science of communication, and adopted methodologies and lessons from marketing and advertising. Audience research and the importance of developing communication materials that are attractive and appealing to audiences became important concepts in the practice. As a result, the development of nutrition education materials began

to include efforts to understand audience perspectives first, and to try to make nutrition information simpler, clearer and more tailored to specific audiences. Attractive photos and colorful graphics were included in the design of nutrition print materials, and posters were added to the standard menu of leaflets, brochures and pamphlets. The use of radio in nutrition education emerged as a major innovation of the times, offering a new media option to disseminate nutrition information and education.

In the 1980s and 1990s, new theories from the social and behavioral sciences improved the science and the art of strategic communications. The analysis of behavioral influences—barriers and motivators to behavior change—became a critical step in the design of health communication strategies. Behavioral research revealed that peer support, family support, human emotions, and other factors exert as much—if not more—influence on human behavior as knowledge. As a result, by the 1990s IEC had evolved into a new field of practice: Behavior Change Communication (BCC). A decade later (the 2000s), BCC evolved and into Social and Behavior Change Communication (SBCC), in which the state-of-the-art of behavior change communications recognizes the importance of the broader social environment including policies, systems, structures, as well as culture, religion, social support, and the influence of family, friends and peers on human behavior.

4.2 Tanzania SBCC Landscape Analysis

In 2012, the Mwanzo Bora Nutrition Program conducted a SBCC Landscape Analysis to assess the state of readiness of communication to support nutrition social and behavior change to positively impact nutrition outcomes. The objectives of the 2012 Tanzania SBCC Landscape Analysis were to:

- Assess: (a) the current status of Tanzania's communication capacity and efforts to address social and behavioral barriers to improve the nutrition status; (b) the potential to meet the goals of the NNS for advocacy and communication given present status, including untapped opportunities; and (c) national capacity to develop, lead and implement a robust SBCC Nutrition program; and
- Make recommendations for the development of a National SBCC Nutrition Strategy.

4.2.1 Communication climate

Tanzania has a rich communication climate including the use of television, radio, outdoor media, and new ICT technologies to rapidly expand reach and impact. Mass media is pervasive, especially radio. Telecommunication is an entry point, as seen through various mobile money and voucher initiatives and a vibrant 'm-health' community. Tanzania has many cultural communication resources, including a strong oral tradition and the performance arts (music, dance, drama). Recent rapid expansion of the private sector has led to the start-up of many creative agencies, advertising and marketing firms. Corporate Social Responsibility is also gaining traction.

4.2.2Nutrition communication materials

The review found many factual and information, education and communication (IEC) print materials covering key nutrition topics. While some of these materials meet the needs of the NNS mandate, there are few that address the broad social and behavior change vision of the NNS. "Nutrition" has not been positioned as an accessible, familiar, "personable" or desirable part of people's day-to-day lives. With a few exceptions, most nutrition factual or IEC materials do not touch people's emotions or provide an opportunity to engage or interact with stimulating and participatory media format options (e.g., interactive radio, audio, audio-visual materials, games, contests, competitions, positive role models). There is no programmatic use of cultural resources for nutrition communication (dance, music, song, theater, other performance arts, etc.) which are more suited for Tanzania's oral culture and which stimulate emotional engagement and interaction. In general, both the new communication technologies and the traditional communication channels remain untapped. Materials targeting key audience groups like policy makers and men are missing and no nutrition materials address social norms or promote pro-nutrition social change, particularly gender norms beneficial to nutrition. Other sectors in the public health field working in Tanzania such as reproductive health, HIV/AIDS and malaria are global leaders in the art and science of SBCC and employ innovative strategies, materials and methods to promote change.

4.2.3 Institutional SBCC capacity

Although SBCC is recognized as an important area of technical expertise to develop in Tanzania, there is limited exposure or engagement in SBCC theory and practice. Employees in the Government and at CSOs are experienced nutrition scientists and are respected by nutrition stakeholders. However, capacity development to strengthen skills in nutrition SBCC is needed. Institutions and individuals are well positioned to influence implementation of the NNS. Institutional capacity for the Government and CSOs can be strengthened to complement the strong private sector capacity of creative and production agencies and the academic sector. Institutional structures, mandates and core functions of the technical departments and staff need updating to better align with improved SBCC capacity. Emphasis to develop skills in nutrition counseling and monitoring and evaluation for SBCC along with building partnerships with organizations is important in moving forward.

CHAPTER 2. GUIDING PRINCIPLES FOR BUILDING A NATIONAL NUTRITION SBCC PROGRAM

1. The SBCC Strategy Supports the National Nutrition Strategy

All efforts to support the operationalization of the Nutrition SBCC Strategy are always under the broader Vision of the National Nutrition Strategy (NNS) and in support of its objectives. SBCC is but one of eight priority strategies identified under the NNS, and is therefore considered to be a complement and support to the seven other strategies.
A well planned and properly executed SBCC strategy is an area that is vital to successful behavior change and meeting the goals of the NNS. The National Nutrition SBCC strategy analyzes the situation in Tanzania, resources needed, and the ways that social mobilization at the community and national level can be organized to advocate for nutrition priorities. The Nutrition SBCC Strategy includes objectives and activities that target the Higher Steering Committee (Line Ministries), Parliament and District Council, and that support the development of policies critical to the success of the NNS. It also identifies objectives and activities supporting broader social mobilization in all sectors of society, including families and communities.

2. Leadership is Vital for Achieving Social Change

All through history, whether it was for abolishing social norms, overcoming social evils or modernizing history, social change has been impossible without the right kind of leadership. When it comes to mobilizing the masses, igniting passion in people towards a common goal and motivating people to act towards the said common goal, it isn't possible to unite the people and inspire action without leadership.

3. Continuous Advocacy for Nutrition Social and Behavior Change is Important

3.1 Advocacy for Political Commitment

Political commitment is an indispensable element of successful nutrition programs and community development. Political commitment is necessary to enable communities to explore possibilities for solving their nutritional problems and translate perceived possibilities into action programs. Political commitment demands a decentralization of power. It also demands that governments, institutions, and communities adopt the approaches and processes that lead to community self-reliance and empowerment.

At the national and local levels, the political environment that will foster social development will also support community nutrition programming. Translated into concrete action, policies related to poverty alleviation, population and gender issues, education, food security, health, agriculture, and decentralization are a prerequisite for such an environment.

These policies will need to be supported by appropriate institutional frameworks with leadership and outreach to the community level.

3.2 Advocacy for Resource Mobilization

The funding of the implementation of the National nutrition SBCC Strategy requires rigorous resource mobilization from within and outside the country. The Human and financial resources availability are key towards effective national response to addressing the nutrition priorities. Among the different kinds of resources necessary to achieve sustained nutrition social and behavior change are financial and technical support.

Financial Support

Implementing programs need financial support to finance research for informed decision making and facilitate activities around mobilizing, developing programs, implementing and evaluating programs. Allocation of more funds from the development partners in nutrition and related SBCC is necessary in government plans and budget is paramount important.

Technical Support

SBCC for nutrition is admittedly still a new area of professional expertise in the field of nutrition in Tanzania. That being the case, technical support in SBCC needs to be mobilized alongside technical support for other aspects of implementation and monitoring of the National Nutrition Strategy.

3.3 Advocacy for Social Mobilization

Social mobilization is a process of generating public will by actively securing broad consensus and social commitment within civil society to fight malnutrition. That is, social mobilization seeks to convert knowledge into demonstrable action. The community and all interested parties should be effectively mobilized to take action for change in response to behavior change regarding nutrition uptake.

3.4 Advocacy for Policy Response in higher steering committee (line ministries), Parliament, council level

The effective and efficient implementation of the national nutrition SBCC is largely dependent on the policy response at all levels and in higher steering committee, media, telecom and corporate social responsibilities. Coordinated policy response in all areas including financial, economic, supervision, evaluation and field management is crucial. Awareness and information campaigns at all levels need to be an essential part.

4. Multi-sectoral Stakeholder Coordination and Accountability from National Level to Grassroots Level is Important

The implementation of a national SBCC Nutrition Program requires the participation and involvement of stakeholders at all levels from the community to the national level, including the public sector (sectoral ministries and institutions, regional secretariats and local government authorities), higher learning and training institutions, professional bodies, private sector, development partners, civil society, media and the community. All concerned parties

share responsibility for the successful implementation of the Strategy and should acknowledge and embrace its responsibilities.

Coordination and partnerships is one of eight priority strategies of the National Nutrition Strategy. A coordinated response through SBCC is needed across a range of sectors, including health, food and agriculture, water supply and sanitation, and education. A harmonized development and use of SBCC messages, materials and strategies maximizes the use of available technical and financial resources and can create greater synergy of efforts. Public-private partnerships and collaboration with NGOs and private sector media and communication agencies can increase the opportunities for delivering and scaling up nutrition services.

5. Practicing and Promoting the State-Of-The-Art (SOTA) in Nutrition SBCC is Important

SBCC is still a new professional domain of knowledge and technical expertise in Tanzania, particularly in the area of nutrition. Nevertheless, good and promising practices in SBCC strategies and programming exist in the country, and technical expertise is available here and there. The wide-spread practice of state-of-the-art (SOTA) SBCC is necessary to the achievement of the NNS objectives. Learning, sharing, and adopting best practices in SBCC through partnerships, networks within the nutrition community and other sectors implementing SBCC in and outside of Tanzania is important to enhance quality and effectiveness of nutrition messages, materials, and activities. Opportunities to partner, jointly collaborate and network to share and exchange tools, resources and lessons learned in SBCC are to be fostered. Nutrition SBCC implementers in public and private sectors, are strongly encouraged to include the documentation and dissemination of their experiences, lessons learned, information and other resources on SBCC in their work plans and budget lines.

6. Using an Evidence-Based Approach for Decision-Making and Implementation is Important

The nutrition SBCC strategy has been informed by the nutrition landscape analysis (TFNC/WHO, 2011); and social and behavior change communication landscape analyses (MBNP, 2012).

Implementers will continuously monitor social and behavior change processes, the effectiveness of messages and the communication channels used. Data and information from this monitoring, and additional research, will be used to guide evidence-based planning and decision-making. Nutrition SBCC evaluation will provide lessons learnt to be used for re-planning communication and supporting evidence-based decision-making regarding SBCC and nutrition-related behavior and social change.

7. Ensuring Nutrition Social and Behavior Change Communication that is Equitable and accessible to Allis Important

As a nation, we need to use different nutrition communication approaches, depending upon the resources and expertise available or even adopted new and innovative methods in order to achieve better nutritional situations for vulnerable target groups. It is important to systematize the various approaches in order to gain more even and equitable service delivery that will influence change in nutritional status. Select media that is accessible to most people or to all target audiences is also crucial.

Special considerations are needed for marginalized populations found in the community. These groups normally share the common determinants related to social exclusion and poverty and, as a result, they are prevented from participating fully in the economic, social, and political life of the society in which they live. They include homeless (absolute and relative), substance addicted individuals, street youth, single parents, individuals with visual or physical challenges, aboriginals, mentally ill, Gay, Lesbian, Bisexual and Transgender (GLBT) individuals, ethnic minorities, and immigrants or refugees.

Development of policies that allow marginalized population to obtain knowledge—thereby empowering them to educate others in their own language and ways—is important.

Development of policies and strategies that will help in reaching women and address other gender differences and needs is significant

8. Ethical considerations for social and behavior change Communication for nutrition are Important

Ethics is a code of thinking and behavior governed by a combination of personal, moral, legal, and social standards of what is right. Although the definition of "right" varies with situations and cultures, its meaning in the context of a community intervention involves a number of guiding principles with which most community activists and service providers agree on. The guiding principal is that ethical communication should protect the quality of all nutrition SBCC and consequently lead to the improved nutrition status of individuals and the Tanzania society.

8.1 Ethical communications

Questions of right and wrong arise whenever people communicate. Ethical communication is fundamental to responsible thinking, decision making, and the development of relationships and communities within and across contexts, cultures, channels and media. Moreover, ethical communication enhances human worth and dignity by fostering truthfulness, fairness, responsibility, personal integrity, and respect for self and others.

8.2 Special considerations regarding marketing and advertising

There is a distinction between SBCC and social marketing vs. for-profit commercial marketing tactics. SBCC and social marketing do learn and apply lessons from marketing, including audience research, strategic positioning, messaging, placement, price, and the well-considered use of insights on the emotions and aspirations of the audience. Nevertheless, positioning nutrition products and behaviors to be desirable and appealing to the audiences

cannot cross the ethical line and become a means of coercing or manipulating the audience into buying the product or adopting the behavior through "false promises;" deceptive, misleading or exaggerated promises or statements; or overly-persuasive tactics.

SBCC strategies are not motivated by profit. For example, although the social marketing for nutrition products may include financial incentives for volunteers to do community-based distribution, the marketing and communication about these products should not be driven by the desire to increase profits.

There is a need for carefully considered guidelines for collaboration and partnership with for-profit companies and business. While such companies are expected to make a profit, ethical considerations guiding nutrition communications and marketing must be clear.

CHAPTER 3. LEADERSHIP AND COORDINATION IN PUBLIC AND PRIVATE SECTORS

1. National Leadership and Coordination Structures for Nutrition SBCC

The implementation of the National Nutrition SBCC Strategy requires the participation and involvement of both public and private sectors at all levels so as to ensure nutrition SBCC activities/issues are adequately reflected in respective sectoral policies, strategic plans, legislation, regulations and guidelines that lie within their mandate.

1.1 Role of PMO

Under the PMO is a High Level National Steering Committee for Nutrition established to ensure comprehensive and coordinated understanding and action in responding to nutrition challenges in Tanzania. The committee includes senior representatives from the Government, Development Partners, Private Sector and Civil Society.

Its main role is to serve as an inter-ministerial monitoring body of the National Nutrition Strategy (NNS). In addition, the PMO:

- Ensures that capacity building in SBCC is planned and implemented at national, regional and district/council levels
- Ensures SBCC is an integral part of all nutrition interventions across sectors
- Invests adequate resources in Nutrition programs to ensure SBCC interventions achieve measurable results at the country level
- Enhances coherence and synergy in the delivery of nutrition SBCC interventions through coordination at all levels.

1.2 Role of TFNC

The role of TFNC is to:

- Provide SBCC strategic leadership for all sectors by advocating for resources for nutrition
- Ensure harmonization and alignment of messages and materials across partners, approaches, target priorities, audiences and aim to influence key factors and sector financing.
- Provide guidance, training and technical support to local government authorities (LGA), and councils and other implementing agencies.
- Expand the evidence base demonstrating communication intervention impact on SBCC and thus contribute to the reduction of the burden of malnutrition
- Assisting nutrition focal points in identifying the districts key nutrition problems and planning for related SBCC interventions ,

- Assist the four front line sectors of health, agriculture, community development and education to design nutrition SBCC interventions, integrate them into district plans and budgets, and oversee the implementation
- Assist LGAs in identifying and integrating SBCC indicators in existing monitoring tools
- Provide technical support to media and other stakeholders to ensure validity and credibility of communication messages sent to communities
- Provide technical support to LGAs in conducting needs assessments on SBCC
- Monitor and Evaluate SBCC project/program progress.

1.3 Role of Line Ministries

Under the guidance of PMORALG, all line ministries (MoHSW, MoAFS, MoCDGC, MoL, MoW, MoIYC, MoEVT, MoF, and Planning Commission) are responsible for an overall coordination, technical leadership and guidance on the implementation and monitoring of the National Nutrition SBCC Strategy, as well as coordinating, monitoring and evaluating the implementation of the National Nutrition SBCC Strategy by different stakeholders.

1.3.1 Role of Ministry of Information, Youth, Sports and Culture (public & private)

- **Role of Media** The media is responsible for highlighting the problem of malnutrition in Tanzania, advocating for action, and reporting on progress and violation of child rights; supporting appropriate nutrition; and highlighting best practices, failures and successes in the alleviation of the problem.
- **Tanzania Chamber of Commerce** Being a mediator in dispute, the chamber of commerce can be used as an asset to local communities in disseminating correct and adequate information to the community, mobilizing resources, planning events and promoting nutrition best practices
- **Tanzania National Business Council** may be a partner in sponsoring specific SBCC events, implementation of nutrition SBCC, and in monitoring and evaluating nutrition SBCC activities, as to their effectiveness and/or unintended impact
- **Tanzania Chamber of Commerce for Women** is an umbrella organization uniting sectoral business women's associations, companies, and individuals who have agreed to form a united front to advocate, lobby and network for the well-being of their businesses and prosperity of women entrepreneurs. The association can be used as an entry point to empower women and advocate for change towards better nutrition practices and good nutrition.

1.4 Role of the National Nutrition SBCC Consultative Group

The role of the NNSBCC Consultative Group is to:

- Participate in the development of guidelines for, and provide ongoing guidance to support, the design, development and dissemination of consistent, effective messages, materials and national documents for social and behavioral change for nutrition.

- Participate in monitoring, documenting and evaluating SBCC/nutrition materials, messages, programs and activities.
- Review and approve nutrition SBCC materials.
- Review evidence and results based nutrition problems for designing strategic communication messages and share knowledge.
- Identify expertise among Nutrition Partners to promote sharing knowledge and experience in support of SBCC functions.
- Build stronger national, regional and global partnerships and networks to share knowledge and experience.
- Mobilize and coordinate Nutrition Partners, stakeholders and resources to support implementation of nutrition SBCC activities.
- Provide expertise in SBCC technical areas such as formative research, objectives, message and materials design, advocacy and social change strategies, implementation, and M&E.
- Periodically review effectiveness of existing SBCC approaches vs. targets.

2. Decentralized Leadership and Coordination Structures

2.1 Role of Regional LGA

- Coordinate capacity building activities, provide technical assistance and promotion to Local Government Authorities on all interventions related to nutrition SBCC Strategy.
- Facilitate dialogue among various main regional stakeholders on review of implementation reports related to Nutrition SBCC biannually during each Regional Consultative Committee Meetings.
- Establish and regularly update inventories of key regional stakeholders involved in Nutrition SBCC.
- Include nutrition SBCC issues in regularly-conducted supportive supervisory visits to District authorities, including nutrition SBCC items integrated into supervisory checklists.
- Ensure that relevant regional data on Nutrition SBCC is collected and submitted to PMORALG, according to agreed format and schedule.
- Ensure development of comprehensive annual District Nutrition SBCC plans for the Council in line with their respective guidelines, so that interventions related to Nutrition SBCC are planned, implemented, monitored, evaluated and reported according to the agreed schedule.
- Compile periodic regional Nutrition SBCC activities implementation reports and submit them to PMORALG.
- Ensure comprehensiveness and quality assurance according to existing best practices and National guidelines and strategies in response to Nutrition SBCC.
- Promote and facilitate the development of comprehensive annual Nutrition SBCC district plans for the Council in line with their respective guidelines.

2.2 Role of Districts LGA

- Identification and mapping of existing District key Nutrition SBCC stakeholders;
- Provide technical support on SBCC to identified key Nutrition stakeholders
- Conduction of capacity building activities to key stakeholders on all up-dates related to key Nutrition SBCC;
- Facilitates dialogues among District key Nutrition SBCC stakeholders with regards to their activities implementation reports biannually during each District Consultative Committees;
- Establishes and regularly up-dates inventories of key District stakeholders involved in Nutrition SBCC;
- Ensure relevant district data on Nutrition SBCC is collected and submitted to Regional Secretariat according to agreed format and schedule;
- Ensure that interventions related to Nutrition SBCC are planned, implemented, monitored, evaluated and reported according to the agreed schedule;
- Prepare periodic reports on Nutrition SBCC activities and submits them to the Regional Secretariat;
- Ensure development of comprehensive annual District Nutrition SBCC plans for the Council in line with their respective guidelines.

2.3 Role of Ward Executive Officer

- Collect implementation reports from the villages, compile and submit key issues for action by the district
- Ensure nutrition SBCC is a priority agenda in all Ward Executive Council forums to share experiences
- Organise annual forums of village leaders in the ward to share experiences on the nutrition behavioral practices

2.4 Role of Village Government

- Mobilize villagers in taking actions for change of the behavior regarding nutrition by addressing barriers at the household level
- To identify and promote traditions and customs which contribute positively to better nutrition practices and discourage those with negative impacts
- To collaborate with CSOs who are implementing the nutrition SBCC strategy in their villages. .

2.5 Role of Community

- Participate in the design and implementation of programs as per nutrition SBCC strategy
- Provide feedbacks about the progress of implemented activities by SBCC stakeholders in the community

- To own and be part of the implementation and sustainability plan of the programs

3. Role of Political Leaders

- Political leaders need to be aware of SBCC concepts and are responsible for incorporating Nutrition SBCC Strategy concerns in their party manifestos.
- To influence opinions and initiate change in the general population about nutrition social behavior change
- To mobilize groups of people to take action towards implementing nutrition SBCC strategy

3.1 Members of Parliament

- Create and promote an enabling environment for desirable nutrition behaviors
- Inclusion of the nutrition awareness creation and behavior change in the political party manifestos
- Be role models in practicing desirable behaviors for nutrition in their constituencies, during parliamentary sessions as well as in other forums and events
- Participate in the forums on the nutrition and influence decision making
- Advocate for better policies towards food production and consumption
- Mobilize resources for nutrition SBCC strategy implementation

3.2 Councilors

- Be the agent of change in nutrition behaviors by providing strategic leadership for the implementation of nutrition SBCC strategy in their constituencies.
- Identification and supporting of vulnerable families and solicit support from within and outside their constituencies
- Mobilize resources for nutrition SBCC strategy implementation

4. Role of Civil Society

Civil society includes national and international NGOs, CBOs, FBOs, and political parties. NGOs, CBOs and FBOs these are responsible for:

- Advocating for nutrition as a human development issue,
- Mobilizing resources for implementation of the Strategy,
- Providing technical and financial support to LGAs in the implementation of Strategy and supporting them in capacity development and management of nutrition activities.
- Incorporating nutrition interventions in community-based programs
- Ensure effective linkages to the health care system and other relevant sectors.
- To advocate for enabling environment –socially, politically, and economically to facilitate smooth adoption to nutrition SBCC

- Mobilize resources for nutrition SBCC strategy implementation
- Provide technical and financial support to LGAs in the implementation of the strategy.

5. Role of Higher Learning Institutions

Public and private higher learning institutions in the country training in health, agriculture, community development and communication will be responsible for developing curricula or integrating nutrition SBCC in the undergraduate, postgraduate and continuing education programs to produce adequate agents of social and behavior change for improved Tanzanians' nutrition status. Student placement/field work and internship and supervision will be arranged in collaboration with the TFNC. Similarly, these institutions will be responsible for undertaking research and provide technical assistance on nutrition SBCC and provide evidence to inform decisions made on nutrition-related issues.

6. Role of Religious Sector

The religious sector is responsible for mobilizing their followers in taking actions promoting behavior change regarding nutrition, gender norms and social roles, favorable to nutrition. The religious sector is responsible for advocating for social services and resource mobilization to implement the Strategy in line with laws, regulations and guidelines.

7. Role of Private Sector

The private sector includes a diversity of areas that have the potential to support the nutrition SBCC Strategy. This support may be provided through:, either through financial or in-kind support, corporate social responsibility support, partnership in designing, disseminating or integrating nutrition messages, media, or policies within ongoing private sector activities. The private sector may include any of the below areas:

- Arts and Entertainment
- Media, Telecommunications, other Communications
- Businesses (including hotels, restaurants, pubs, bars, groceries, supermarkets, fuel stations, theaters, cinemas, pharmacies, clothing, etc.)
- Industries (plastics companies, meat industry, dairy industry, beverage industry, agriculture etc.)
- Transporters
- Professional Associations

8. Role of Informal Sector

A development-orientated institutional perspective needs to emphasize more explicitly the role of informal institutions in shaping formal ones (such as the law). It is therefore necessary

to further analyze the ways in which informal institutions (customs) gradually change the actions and interactions of agents in all sorts of social organizations (households, groups and villages, as well as firms and governments). The activities comprising the informal sector are marked by a number of characteristics including: ease of entry, reliance on indigenous resources, family/household ownership of the enterprise, small-scale operatives, high labor intensity, use of traditional technology and skills acquired outside the formal education system, and operating in unregulated and competitive markets. These characteristics put informal sector at a sensitive area when thinking of bringing change in a society.

8.1. Food vendors and machinga

Food vendors sell food, usually at temporary events such as farmers' markets or festivals, or via mobile food units such as carts. Unlike standalone restaurants, food vendors often are part of a community of businesses selling food at a common location, creating a critical mass that encourages customers to gather. Machinga also goes about carrying goods from house to house or in the street to endeavor to sell them.

- Since food vendors or machinga access individuals and families easily, they can serve as an entry point for nutrition SBCC messages and materials

9. Role of Traditional Sector

Tradition sector use approaches to health which belongs to the traditions of each community and have been handed down from generation to generation. Traditional systems in general had to meet the needs of the local communities for many centuries, so it should be prioritized. Traditional medicine contributes to improving the quality of life of those who suffer from minor illnesses or from certain incurable diseases including those resulted from poor nutrition.

9.1. Kungwi and Ngariba

In African tradition there is what we call *jandonaunyago* where by young boys and girls are separated from the community so as to be prepared for adulthood. The instructions are given by elders. The syllabus is based on morals, secrets of clan, education on sexual and reproductive health, personal hygiene and housekeeping, etc. The education is formal though it is not written.

The Kungwi and Ngariba can play a big role in preparing youth to become better and health generation, they can advocate for use of iron tablets, and the importance of diversified diet in their development, and can assist in discouraging harmful nutrition-related practices. Even those who will not go for formal education will be informed by these traditional educators on nutrition behaviors for the betterment of their nutrition status.

9.2. Traditional Healers' Association

Some of the documented and undocumented local and indigenous knowledge, technology and practices contribute to improving the quality of life of those who suffer from minor illnesses or from certain incurable disease including those resulting from poor nutrition. Traditional healers know the socio-cultural background of the people; they are highly respected and experienced in their work; economic considerations; the distances covered in reaching a health facility; the strength of traditional beliefs; and the shortage of health professionals, particularly in rural areas, to name just a few. Tradition healers may have a role of;

- Promoting behaviors focus in improving nutrition status. related to healing practices
- Entry point in addressing some of the barriers in improving nutrition status or promoting desired behaviors

9.3 Traditional Birth Attendants' Association

TBAs remain a vital resource in Tanzania, particularly in the provision of maternal and child health care services. With availability of requisite tools and equipment, close supportive supervision, access to continuing education and recognition by the formal health system, trained traditional birth attendants can effectively contribute towards efforts to decrease maternal and newborn mortality rates in the country. Both governmental and non-governmental bodies should give the necessary recognition and support to this cadre of traditional health service providers.

Role of TBAs in maternal and child health

- Advocate for maternal and infant nutrition and related disciplines such as Family Planning,
- Advocate and encourage women, and families to go for ANC services at a health facility,
- Nutrition counseling service and educating the pregnant women on the importance of personal and environmental hygiene, nutrition, immunization, malaria prevention and healthy behavior.
- Encourage the mothers to breastfeed and educate mothers on how to care for their newborns.

9.4. Other Traditional Leaders

Traditional leaders have a role in spear the movement and inspire people and motivate them in terms of social change, particularly in terms of serving as positive role models and promoting gender roles favorable to nutrition.

Use of traditional media, ngoma, theater groups and other traditional and cultural channels are favorable to nutrition SBCC.

10. Role of VIPs and Celebrities

VIPs and celebrities are important in that they command a following, and receptive constituents could emulate positive nutritional practices promoted by these influential people. They will have to have the authority and moral standing. The messenger is as important as the message and therefore a careful selection from the primary and secondary target audiences would follow. The task would be for the group to create awareness and motivation for positive nutritional practices. They have the power and influence. They can create public interest.

10.1 National level

- At this level VIPs from the private sector, former politicians, e.g. Former President Mwinyi, Mama Maria Nyerere could be used for their acceptability (legitimacy) they have with the public and on decision makers.
- Celebrities who can enhance the SBCC strategy outcomes, e.g. Lady JD.
- Increased opportunity for making public statements at national events
- Catalyst for public will
- Inclusion in formative research

10.2 Local level

- Share same socio-cultural background.
- Can be equipped to stimulate and sustain interest in their communities (create salience)
- Accessible
- Inclusion in formative research
- Support and anchor for the higher National Level

11. Others with interest in nutrition, communication, social and behavior change

Being a multi sector and multi stakeholder professional domain, SBCC for nutrition is certainly a concern and a responsibility of many players in public, civil and private sectors beyond the specific institutions and agents mentioned in this strategy document.

It is critical for the national SBCC consultative committee in collaboration with national nutrition coordination secretariat under PMO to ensure proper guidance and oversight for harmonization of all SBCC nutrition interventions being planned, budgeted and implemented by different institutions and structures at different levels in the country.

PART II. STRATEGIC CONSIDERATIONS

1. Strengths Weaknesses Opportunities and Threats (SWOT) Analysis

The 2011 Nutrition Landscape Analysis and the 2012 SBCC Landscape Analysis serve as the basis for understanding the major Strengths, Weaknesses, Opportunities and Threats (SWOT) of the overall nutrition SBCC Landscape in Tanzania, and inform the design of an effective nutrition SBCC strategy.

Strengths and **Weaknesses** constitute the positive or negative factors, respectively, that can be within the manageable interests and control of the National Nutrition SBCC Strategy. O**pportunities** and **Threats** constitute the positive or negative factors, respectively, that can influence the successful outcome of the National Nutrition SBCC Strategy but which are outside of its manageable interests and control.

Table 1 on the following pages provides a summary of the SWOT analysis.

Table 1: SWOT Analysis Summary

Strengths	Weaknesses
• Stakeholder awareness of stunting is more than 50% at district and national level • 90% of partners perceive stunting as a major nutrition problem • General stakeholder awareness of food insecurity as a contributor to malnutrition • Health workers have access to nutrition and nutrition-related protocols and guidelines. • IEC materials on Breastfeeding , Vitamin A supplementation materials exist • Factual print materials covering key topics exist (BF, complementary feeding, diet diversity, Vit A, HIV/AIDS and nutrition, micronutrient powders, food fortification, blended flours) • IEC materials targeting mothers of young children, health workers, CHWs, volunteers exist • Nutrition radio scripts developed by nutrition stakeholders exist	• Awareness of stunting and micronutrient deficiency not well recognized or understood (lack of recognition that all children have potential to grow adequately) • Only 30% of government stakeholders perceive stunting as a major nutrition problem • Very few stakeholders perceive VAD or ID anemia, particularly maternal anemia, as some of the major nutrition problems in Tanzania • Conceptual framework for malnutrition not widely understood among stakeholders: poor understanding of underlying causes of malnutrition • Nutrition problem seen as one of food availability not of caring practices or insufficient health and nutrition services • Generally poor awareness of legislation effecting nutrition among stakeholders • Health workers lack adequate nutrition knowledge and nutrition counseling skills (e.g. listening, learning, dialogue, negotiation skills) • Maternal anemia and IFA IEC/BCC materials non-existent. • Limited IEC/BCC nutrition materials available and accessible for HWs and beneficiaries in health facilities and communities • Few advocacy materials available for policy makers and public • Majority of materials use a written instruction-based format, requiring moderate-to-high levels of literacy; • Few nutrition materials address behavior barriers and motivators • While attractive, most nutrition materials are devoid of emotional appeal and are not engaging or interactive • Programmatic use of cultural resources for nutrition communication (e.g. music, arts, dance, drama) nearly non-existent • Disproportionate reliance on print materials requiring literacy in a society with a strong oral tradition and culture- very few audio, audio-visual or other media formats available

	• Few materials focusing on other primary audiences and influencers (e.g. men, grandmothers) • Few to no nutrition activities use family/community mobilization strategies to galvanize peer support/family support • Few materials designed for farmers or integrate nutrition into agriculture activities • Little to no interactive programming on radio • Few to no nutrition materials address social change, social norms, gender roles (couple communication, partner/family support, positive roles for men and women) • Cell phone technology, social media, ICT, traditional media nearly untapped • Lack of behavior and social change indicators and methods to measure progress • Nutrition counseling not yet fully recognized as a priority professional area of expertise: not operationalized, no training curriculum for nutrition counseling, peer counseling/peer education for nutrition not yet fully developed or operationalized through curriculum or strategies of CSOs or government
Opportunities	**Threats**
• Political commitment evident, willingness to scale up nutrition, Parliamentary Committee on Nutrition initiated • Food Fortification Standards, Maternity Protection Act, Salt Iodization Act, National Regulation for BMS • Nutrition incorporated in some district plans • Vertical funding leads to incomplete package of nutrition interventions and low coverage • Healthy funding environment for scaling up nutrition: donors support approx. $16.5 million (2012). • Coordination structures in place at national level (HLSC, TWG, DPG, TFNC). • MOHSW, MAFC and MOCDGC have full-time staff as Nutrition Focal Persons. • Human resources available for scale-up: mobilization underway for full-time District Nutrition Officers and Nutrition Focal Points. • Rich communication climate in Tanzania with lessons, best practices in BCC including use of new communication strategies and technologies from other health sector areas (HIV/AIDS, RH/FP, Malaria)	• Political commitment and willingness among stakeholders not yet operationalized at district level • Nutrition not included in ward and village plans • Nutrition activities not common in sectors other than health and agriculture- with limited funds • Inadequate attention to nutrition in district health plans and budgets • Limited integration of nutrition in programs such as malaria, agriculture, education, community development • Most nutrition activities in district plans aimed at income generation and not improving household food & nutrition security • Insufficient ministry representation at TWG. • District Nutrition Steering Committees not well functioning. • Limited LG-CSO partnerships and involvement at ward and village level. • Irregular support and supervision system for nutrition.

• Abundant cultural communication resources for nutrition, including Tanzanian society's strong oral tradition • Booming informal sector film industry • 26 million cell phone subscriptions in Tanzania, whose adult population is 24 million • Muhimbili University of Health and Allied Sciences is initiating a Behavior Change curriculum and an SBCC curriculum for graduate and professional development degrees • Strong private sector capacity for c communications (creative agencies, production agencies, media and telecommunications, marketing, warehousing & distribution companies)	• Poorly performing supply chains and frequent stock-outs of key nutrition and nutrition-related commodities (IFA , Vitamin A, de-worming, SP). • Most line Ministries does not have full-time Nutrition Focal Persons, District Nutrition Officers and ward-level Nutrition Officers insufficient numbers with unclear roles. • Limited time for nutrition counseling in health facilities, and lack of appropriate place for nutrition counseling. Lack of technical support and mentoring for nutrition counseling. • Limited exposure of nutrition stakeholders to SOTA in SBCC, strategies, materials and activities are out of sync with current knowledge base and best practices in SBCC programming • Little to no prior exposure of government and CSO staff to SBCC theory or practice, lack of training and mentoring to upgrade SBCC capacity at national and decentralized levels • Current institutional mandates and structures not fully aligned with role of developing and managing a national SBCC nutrition strategy and programming (e.g. TFNC does not have an SBCC Department, but does have a Nutrition Education & Training Department; MoHSW does not have an SBCC Division but does have a Health Promotion Unit, MOAFS does not have SBCC Division but does have an Extension Unit)

2. Recommendations emerging from the Nutrition Landscape Analysis, the SBCC Landscape Analysis, and the SWOT

The below recommendations are generated from the preceding analysis, and are addressed in the national SBCC Nutrition Strategy through its strategic objectives, guiding principles, and guidance on core elements for the design and implementation of SBCC strategies addressing the nutrition priorities.

- Through multi-sector participation, develop a multi-year, multi-sectoral National SBCC Nutrition Strategy to address nutrition behaviors and "tipping points" for positive nutrition social change.

- Ensure high public awareness of the main nutrition problems, its causes, consequences and how to alleviate malnutrition and promote good nutrition at all levels.
- Advocate for increased engagement, ownership and commitment among stakeholders at all levels, including government, development partners, NGOs and private sector to broaden funding for nutrition activities at national and decentralized levels

- Strengthen capacity of lead government and civil society agencies in state-of-the-art SBCC Nutrition program implementation, including the design of evidence-based strategies with effective messages and multi-media materials that address targeted audiences.

- Strengthen capacity at community and facility levels to develop and implement nutrition SBCC activities, prioritizing interpersonal communication, social support, and performance arts.

- Assure the integration of nutrition SBCC data, indicators and targets into the national nutrition M&E systems, including consolidating, compiling, disseminating and utilizing existing and new data through coordinated efforts from community level through districts and regions to national level

3. Social and Behavior Change Theories that Will Inform Strategic Communication for Nutrition

3.1 Overview of Theories

The NNS calls for a broad spectrum of actions across different levels and groups in order to impact the nutritional status of Tanzanians. SBCC decision-makers and implementers need to use select the most feasible and effective approaches in order to effect sustainable behavior and social change. Conceptual models and theories help to guide strategic thinking in the design of effective nutrition SBCC strategies, messages and materials.

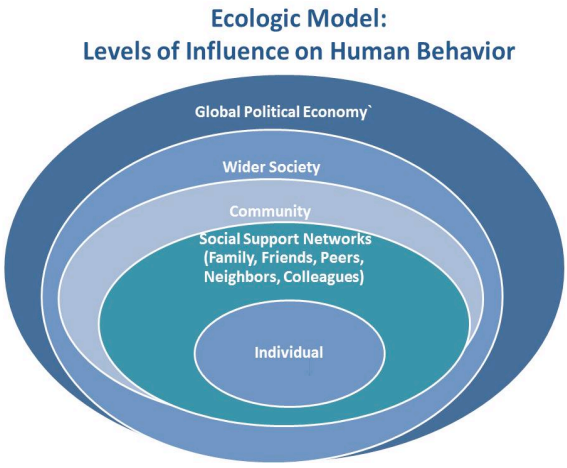
The Ecological Model, the Diffusion of Innovations Theory, and eleven Priority Tipping Points for Social Change, have been adopted to inform the nutrition SBCC strategy. The combination of these theories underscores the importance of:

- Thoroughly understanding the perspective of the target audiences, including their day-to-day lives, and using this knowledge in the design of nutrition SBCC messages, materials and activities;
- Family support and particularly the complementary and supportive roles of mothers/wives, fathers/husbands and grandmothers,
- Peer-to-peer communication and social networks in facilitating the rapid diffusion and widespread adoption of nutrition behaviors and norms,

- Broader social influences on nutrition behaviors.

3.1.1 The Ecologic Model

According to the Ecologic model[1], behavior is influenced by a number of factors, including: *intra-personal factors* (characteristics of the individual such as knowledge, attitudes, behavior, self-concept and skills); *inter-personal processes* including formal and informal social networks and social support systems (including the family, peers, friends, and colleagues); *community factors*(relationships among organizations, institutions and informal networks within defined boundaries), the *wider society, including public policies and institutional factors* (e.g. government institutions and systems, social institutions, including religion, formal and informal rules and regulations for operation, national, regional and district laws and policies, etc.), and the global political economy (e.g. international trade laws, domestic and international value chains, foreign aid, import/export taxes for foods, etc.). Behavior change strategies, therefore, should range from skills development at the intra-personal level, to strategic communication, to policy advocacy, to improved systems and supply chains, to social mobilization at various levels.



The Ecologic Model acknowledges the importance of the interplay between the individual and the environment, and considers multi-level influences on behavior. In this regard, the individual is considered important but not sufficient in the process of behavior change: many other factors influence behavior and therefore must be addressed at the different spheres of influence.

3.1.2 The Diffusion of Innovations Theory

The Nutrition SBCC Strategy applies the **diffusion of innovations theory**[2] to support the wide-spread adoption of positive nutrition social and behavior change. The main concept in this theory is that all nutrition knowledge, behaviors, norms, practices, gender roles, or commodities must have the following qualities if they are to be widely diffused and adopted to scale:

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[1] *Ecological Models Revisited: Their Uses and Evolution in Health Promotion Over Two Decades.* Richard, L., Gauvin, L, and Raine, K. Annu. Rev. Public Health 2011. 32:307–26.

[2] Everett M. Rogers, *Diffusion of Innovations*, Fifth Edition 2003, Free Press, New York, p221

- they have relative advantages or benefits that are appealing and make sense *from the audience's point of view*;
- they are compatible with the existing values, practices and day-to-day lives of the audiences;
- that they are simple and easy to adopt, maintain or use;
- they are easy to try out;
- they have observable results, that is, people can see the knowledge, behavior, norm, roles, or commodities being practiced or used and can observe the impact; and
- Peer-to-peer conversations and peer networks are absolutely critical in spreading nutrition knowledge, behaviors, norms, practices, gender roles or commodities.

The bottom line is that understanding the lives and daily needs of the targeted audiences is imperative for the successful diffusion and widespread adoption of nutrition behavior and social change. SBCC requires negotiation and dialogue with these audiences to identify and promote "do-able" nutrition behaviors, rather than "ideal behaviors" that may either not make sense to the audience, or may not be feasible for them without adequate support. Promoting "do-able" nutrition behaviors in a way that takes into account the audience's own perspective is thus a theory-based approach that guides the entire SBCC process: from planning, to design, to implementation, to monitoring and evaluation.

3.1.3 Priority Tipping Points for Social Change supporting Nutrition

"Tipping points" are the leverage points where strategic communication is expected to have the most impact in effective positive social change, in other words: these are the areas where nutrition SBCC interventions should focus in order to impact an enabling environment for nutrition behaviors. Tipping point theory derives from sociology, social change theory, and state-of-the-art social and behavior change communication best practices.

The Nutrition SBCC strategy prioritizes nine tipping points for social, behavioral and institutional changes leading to positive nutrition outcomes[3]. These are adapted within Strategy Objectives and examples of activities supporting nutrition and behavior change, provided in the following section (Section B).

Visibility and positioning of nutrition at all levels of society
Members of the targeted audiences are able to define nutrition broadly and perceive consequences of malnutrition a cause of action for better nutrition status. Leaders at all levels

3

The nine priority tipping points are adapted from theories and ideas originating in *The Tipping Point: How Little Things Can Make a Big Difference,* M. Gladwell, 2000; Women's Funding Networks' *Making the Case*™ Framework for 5 Indicators for Social Change, and the *2012 Tanzania SBCC Landscape Analysis*, Mwanzo Bora Nutrition Program 2012.

and capacities, including political leaders, religious and traditional leaders, celebrities or VIPs, are committed, responsible and accountable for achieving the goals and objectives of the National Nutrition SBCC Strategy.

Institutional Capacity for Nutrition SBCC
Institutions and their staff or volunteers understand and apply SBCC theories in developing, implementing, monitoring, evaluation and re-planning for nutrition SBCC programs.

Leadership
All leaders at all levels and capacities, including political leaders, religious and traditional leaders, celebrities or VIPs, are committed, responsible and publically visible and vocal in advocating for positive nutrition behaviors and social change.

Stakeholder Engagement and Ownership
A greater number and a more diverse array of people, organizations and stakeholders in Tanzanian society are engaged in nutrition as a result of advocacy and nutrition SBCC.

Positive Gender Norms
Enhanced gender norms favorable to good nutrition behaviors and outcomes are perceived by communities and wider society as 'normal', appropriate and positive. This includes men's supportive and proactive roles as husbands/partners, fathers and heads-of-household, grandmothers' influence on the care and feeding of their grandchildren, mothers' increased efficacy in adopting nutrition behaviors and good practices in a supportive family environment, and couple/family dialogue and joint decision-making.

Positive Role Models
Through their own experiences, individuals, couples and families with best nutrition practices motivate others to overcome real-life barriers and adopt positive nutrition behaviors and gender norms.

Social Support
Families, peers, community groups, social networks, communities, neighborhoods act or work together for a common cause and engage in collective action to support nutrition.

Advocacy for Resource Mobilization and Improved Policies, Systems, Services supporting Nutrition
Greater resources (human, financial and logistical) are mobilized from a wider and more diverse array of sectors of society, including government, civil society, religious, entertainment, private, and for-profit for positive nutrition behavior and social change.

Innovations & New Technologies
New or improved technologies from different sectors (e.g. agriculture, water, livestock, and telecommunications/ICT) are used to quickly diffuse and scale-up positive nutrition ideas, information, attitudes, and "do-able" behaviors and social norms. These behavior-promoting innovations include low-input/low-cost technologies such as:

- Sack or pot gardens to make it easier for families to grow and consume vegetables through gardens growing close to where food is prepared and which require little water, weeding, or time;
- "Tippy taps" to make it easier for families to routinely wash hands with soap and water

prior to preparing food or feeding infants and young children;

- Cell phone Video Demonstrations to make information about how to make enriched porridges more accessible and reliable;
- Pre-recorded nutrition voice and text messages available through free subscription to a telephone "Nutrition Helpline", to help make nutrition information more friendly, consistent, accessible; or
- Interactive radio programming to help make it easier for the general public or specific audience segments to engage in dialogue or to vote on a nutrition issue.

4. Strategic Objectives and Activities for the Nutrition SBCC Strategy

4.1 Overview of the SBCC Strategic Objectives

Three Strategic Objectives (SO), each with sub-objectives, guide the Nutrition SBCC Strategy. Table2 below provides an overview of the three Broad Strategic Objectives (SO) and sub-objectives for the nutrition SBCC strategy. A description of the Strategic Objectives is provided on the following pages.

Table 2: National Nutrition Strategy Strategic Objectives (SO)

SO 1: Enhance the nutrition behaviors of women, caregivers, family and community members, and those who influence them.	**SO 2: Enhance the enabling environment for positive nutrition social and behavior change.**	**SO3: Strengthen capacity to design, manage and implement state-of-the-art (SOTA) Nutrition SBCC at national and decentralized levels**
1.2 Improve nutrition knowledge, attitudes and related skills	2.2 Enhance visibility and positioning of nutrition at all levels of society	3.5 Strengthen Institutional Capacity to manage and implement SBCC Nutrition programming at national and decentralized levels
1.6 Increase demand for quality nutrition SBCC, services and products	2.5 Improve public perceptions of socio-cultural norms and gender roles favorable to nutrition	3.6 Build and Use an Evidence Base for nutrition SBCC data, information and best practices
1.7 Increase access to quality nutrition SBCC, services and products	2.6 Increase resource mobilization through public and private sector engagement and ownership	3.7 Increase access to and sharing of SOTA Knowledge, Expertise, Tools and Best Practices in SBCC programming
1.8 Increase social support (family, friends, peers) and collective actions for quality nutrition SBCC, services and products	2.7 Increase advocacy to strengthen policies, services and integrated systems supporting nutrition	3.8 Improve coordination for harmonization and streamlining of nutrition SBCC activities
1.9 Improve provider attitudes and provider-client relationships in nutrition information, counseling and other nutrition SBCC services		

SO 1: Enhance the nutrition behaviours of women, caregivers, family and community members, and those who influence them.

Under the NNS, the behavior change communication goal aims to *improve nutrition behaviors and practices.* As noted in the NNS, the full range of nutrition and malnutrition issues will be covered in nutrition SBCC and related services, including breastfeeding, complementary feeding, dietary diversity and improvement, hygiene and sanitation, home care of illnesses, utilization of health services, and improved food security. Special attention will be paid to ensuring that audiences benefit from well-designed and consistent messages, and effective, user-friendly tools and material. Behavior change counseling and support for nutrition is to be included into all points of contacts between women, caregivers, family members and service providers.

SO1.1 Improve nutrition knowledge, attitudes and related skills

While awareness-raising and increasing knowledge are on the menu of activities selected to impact behaviors, they are not themselves the end goal. Since the strategic approach and priority interventions of nutrition SBCC focus on behaviors, improved knowledge must be accompanied by improvements in attitudes and nutrition-related skills. When combined, these increase people's self-efficacy in trying, adopting and maintaining new nutrition behaviors.

SO1.2Increase demand for quality nutrition SBCC, services and products

While the NNS aims to improve quality services through supply side enhancement, the strategy will create demand for quality nutrition services, products and nutrition SBCC on the side of the consumers, beneficiaries or audiences.

SO1.3 Increase access to quality nutrition SBCC, services and products across sectors

Improving nutrition services is the first Strategic Objective of the NNS (SO1). Under this objective, the NNS calls for updating and disseminating guidelines, standards, protocols, job aids and other technical tools for nutrition, and disseminating these to the districts. National Nutrition SBCC strategies shall directly support this strategic objective of the NNS by addressing provider attitudes and practices in delivering nutrition information, counseling and services across the sectors.

Sub-objective 1.3 of the Nutrition SBCC Strategy expands the focus of the NNS for improved quality of nutrition services to explicitly include nutrition SBCC as a nutrition service. As with other nutrition interventions, nutrition SBCC must be delivered at scale and with high coverage if it is to have impact on prevalence of malnutrition at the population level. National nutrition SBCC strategies designed under this strategic objective will focus on delivering a package of high-impact nutrition SBCC interventions. National and District nutrition SBCC services will be well managed, of high quality and accessible to all, particularly women and children and other vulnerable groups, but also key influencers such as husbands, partners and grandmothers. Accessibility will be enhanced through the multi-sectoral approach that expands nutrition SBCC beyond the traditional development sectors, and to include other sectors of society, including religion, arts, and culture.

SO1.4 Improve social support (family, friends and peers) and collective actions for desired nutrition behaviors and practices

Strengthening family, peer and community support Nutrition SBCC is a necessary component of sustainable efforts to reduce malnutrition, and to promote and maintain positive nutrition behaviors contributing to good nutrition outcomes.

SO1.5 Improve provider attitudes and provider-client relationships in nutrition information, counseling and other nutrition SBCC services

The NNS calls for updating and disseminating guidelines, standards, protocols, job aids and other technical tools for nutrition and disseminating these to districts. The strategy directly supports this strategic objective of the NNS by addressing provider attitudes and practices in delivering nutrition information, counseling and services across the sectors.

Depending on the nutrition priority area, providers of nutrition information, counseling and other SBCC services include facility-based health workers, community health workers, traditional birth attendants and traditional healers, agriculture extension workers, agriculture produce venders, community development officers, Community Owned Resource Persons (CORPs), women's and men's peer support group leaders, religious leaders, performance artists, and other strategic communicators, particularly at community levels, who may be identified, trained and supported to provide quality nutrition SBCC and related services.

SO 2: Enhance the enabling environment for positive nutrition social and behavior change.

Strategic Objective 2 focuses on an enabling environment for nutrition social and behavior change and requires the engagement of all levels and sectors of society. A high visibility and enhanced positioning of nutrition in society through leadership, celebrities, VIPs, and mass media, positive perceptions of social norms and gender roles favorable to nutrition, supportive policies, services, systems, laws, and institutions facilitating nutrition social and behavior changes, and sufficient resources mobilized and available to support nutrition social and behavior change are among the key components under this objective.

SO2.1 Increase visibility and profile of nutrition at all levels of society

The NNS priority strategies 3 (three) and 4 (four) prioritize nutrition legislation, and mainstreaming nutrition into national and sectoral policies, plans and programs. National Nutrition SBCC strategies shall directly support this strategic objective of the NNS by giving nutrition a greater profile: keeping nutrition high on the political agenda as well as consistently visible in society.

SO2.2 Improve public perceptions of socio-cultural norms and gender roles favorable to nutrition

Beyond nutrition-specific content, nutrition messages, materials and activities will include the promotion of values, attitudes, norms, gender roles and practices favorable to nutrition.

SO2.3 Increase resource mobilization through public and private sector engagement and ownership

Nutrition programming, including nutrition SBCC, needs human resources and a sizeable financial envelope right from preparatory stage, implementation stage and exit/continuity stage. The social and nutrition landscapes in Tanzania indicate that resources within the public and private sector can be more effectively mobilized through greater engagement of stakeholders.

SO2.4 Increase advocacy to strengthen policies, services and integrated systems supporting nutrition

A supportive environment for positive nutrition outcomes includes strong policies, good services, and functioning, efficient systems within and across sectors. Advocacy to mobilize leaders, decision-makers, and implementers must include a strong evidence base as well as tools to help communicate the evidence convincingly and in a way that leads to concrete actions.

SO 3: Strengthen capacity to design, manage and implement state-of-the-art (SOTA) Nutrition SBCC at national and decentralized levels.

Successful implementation of nutrition SBCC hinges not only on good policies, plans and huge budgets but also on the capacity of frontline implementers to effectively deliver behavior changing nutrition information, education and counseling services at facility, community, and household levels. Institutional and technical capacity for nutrition is one of the eight priority strategies of the NNS. Nutrition needs to attain the required institutional and technical capacity that is necessary in the decentralization framework. As LGAs are now responsible for implementation of nutrition services, it is essential that there be district level nutrition focal points that are accountable for the delivery of quality nutrition services, and supportive structures at the regional and national level to provide technical backstopping, guidance and supportive supervision. Increasing the numbers and quality of human resources for nutrition at all levels and in all relevant sectors is critical for improving the quality of nutrition services. For health service providers, pre-service and in-service training courses need to keep pace with latest policies, strategies, guidelines and scientific thinking.

Strategic Objective 3 focuses on strengthening capacities at national and decentralized levels. All nutrition stakeholders, including those public and private sectors, informal sectors, and traditional sectors need strengthened capacity in nutrition SBCC in order to offer quality policies, systems, services, programs that give results. Front liners can include media practitioners, as well as outreach workers (Community Health Workers, Agriculture Extension Officers, Community Development Officers, etc.)

SO3.1 Strengthen Institutional Capacity to manage and implement SBCC Nutrition programming at national and district levels

Institutions and individuals are well positioned to influence implementation of the NNS. Institutional capacity for the Government and CSOs can be strengthened to complement the

strong private sector capacity of creative and production agencies and the academic sector. Institutional structures, mandates and core functions of the technical departments and staff need updating to better align with improved SBCC capacity. SBCC training and mentoring is also important strategy to explore. Emphasis to develop skills in nutrition counseling and monitoring and evaluation for SBCC along with building partnerships with organizations is important moving forward.

SO3.2 Build and Use an Evidence Base for nutrition SBCC data, information and best practices

Informed decision-making on policies, programs and resource mobilization for nutrition and nutrition SBCC is supported by a robust evidence base. Data, information and other knowledge already exists in Tanzania, and is available through existing monitoring and evaluation systems. Within the NNS, nutrition indicators and data sources for monitoring have already been identified.

Under the Nutrition SBCC Strategy, additional data, information, monitoring, reporting, feedback and documentation will be generated and supported as a complement to the overall nutrition monitoring and evaluation system.

SO3.3 Increase access to and sharing of SOTA Knowledge, Expertise, Tools and Best Practices in SBCC programming

SOTA knowledge, expertise, tools and best practices in SBCC are available in Tanzania in other areas of the health sector, as well as globally. Although SBCC is admittedly new in the nutrition arena in Tanzania, best practices and lessons learned also exist and are growing in number. This sub-Objective focuses on assuring the necessary networking, documenting, disseminating, sharing and accessing of all that the state of the art of SBCC has to offer to the implementation of the National Nutrition Strategy for positive nutrition outcomes

SO3.4 Improve coordination for harmonization and streamlining of nutrition SBCC activities

This sub-objective focuses on maximizing efficiencies and effectiveness in using limited resources for nutrition. Avoiding redundancies, promoting streamlining and leveraging, and assuring coordination for harmonized development and use of nutrition SBCC messages, materials and activities are priority issues to address through careful planning of activities and sufficient stakeholder communications and consultations.

4.3 Examples of Activities supporting the Achievement of the Strategic Objectives

Examples of activities supporting each Strategic Objective are provided in **Table** 3 on the following pages.

STRATEGIC OBJECTIVES FOR NATIONAL NUTRITION SBCC

S01. ENHANCE NUTRITION BEHAVIORS

1.1 Improve nutrition knowledge, attitudes and related skills

Examples of Activities contributing to this sub-objective:

- Formative research identifying behavior barriers and ways to overcome them
- Identify and engage qualified and experienced creative agencies, printers, artists.
- SBCC messages, media and materials design workshops to support consistent messages and positioning, harmonized approaches, and do-able behaviors through a wider diversity of media formats (audio, audio-visual, performance, print, digital)
- Workshops with musicians, theater troupes, motivational speakers, and leaders to develop consistent and appropriate messages, performance, talking points for speeches, and sermons
- Nutrition education and counseling through home visits and facility-based work
- Group education and community meetings on nutrition
- Nutrition radio talk shows and programs
- Dissemination of nutrition IEC materials to households, community leaders, and facilities

1.2 Increase Demand for Quality nutrition SBCC, services and products

Examples of Activities contributing to this sub-objective:

- Formative research identifying behavior barriers and ways to overcome them
- Identify and engage qualified and experienced creative agencies, printers, artists
- Nutrition Campaign and social marketing workshops to develop materials and strategies for demand creation
- Training of peer educators to support demonstrations and trials of nutrition products, nutrition services and nutrition behaviors
- Monitoring and Evaluation workshops to develop indicators, and design interactive systems for receiving and giving feedback from audiences and consumers

1.3 Increased Access to and Uptake of nutrition SBCC in homes, communities, and facilities

Examples of Activities contributing to this sub-objective:

- Materials development workshops to develop nutrition SBCC communication resources for frontline change agents (CHWs, agriculture extension workers, CDOs, religious leaders, peer educators, health workers)
- Training and refresher courses in nutrition counseling and interpersonal communication skills for frontline change agents
- Home visits for nutrition education and counseling by outreach workers, such as trained CHWs and agriculture extension workers, etc.
- Wide dissemination of greater variety of SBCC materials ("multi-media") prioritizing use in family/home, community, and facilities
- New technologies supporting rapid scale up and reach (mNutrition: cell phone videos, SMS, voice messages, social media, interactive radio, low-input technologies to make behaviors easier to do, such as sack gardens, tippy taps for hand washing, approved blended flours, child feeding bowls, etc.)

1.4 Increase social support (family, friends, peers) and collective actions for quality nutrition SBCC, services and products

Examples of Activities contributing to this sub-objective:

- Activities promoting couple/family communication and Support (e.g. sermons delivered at places of worship, community meetings, couple workshops and other events for couples/families)
- Peer Support Groups (mothers' support groups, fathers' support groups, grandmother support groups, couple support groups)
- Increased Social Networks
- Positive Role Models (individuals, couples and families with good nutrition practices repeatedly motivating their peers through their own examples).
- Community groups, peer support groups, social support networks, communities, neighborhoods act or work together for a common cause and collective action to support nutrition (e.g. community childcare, women's informal credit and loan etc.)

1.10 Improve provider attitudes and provider-client relationships in nutrition information, counseling and other nutrition SBCC services

Examples of Activities contributing to this sub-objective:

- Nutrition Provider Helpline with free phone calls and SMS providing daily motivational messages, pre-recorded information and advice in response to frequently asked questions, and live mentors
- Profiling and dissemination of stories and interviews with Positive Role Models for health workers, community health workers, agriculture extension officers and other nutrition service providers through mass media
- Mentoring and support visits by positive role models to their peers working in the delivery of nutrition services
- Award ceremonies and other public recognition incentives for high-performing providers
- Motivational Speaking, workshops and seminars promoting positive provider attitudes

- Integration of nutrition counseling and interpersonal communication skills in existing nutrition training tools and curriculum
- Materials and tools development workshops to design new job aids and reminder tools as complements to existing nutrition service delivery resources
- Integrating client exit surveys and client voting systems to identify high-performing nutrition providers with good provider-client relationships

SO2. ENHANCE THE ENABLING ENVIRONMENT

2.1 Enhance visibility and positioning of nutrition at all levels of society

Examples of Activities contributing to this sub-objective:

- National multi-media nutrition campaign using mass media (radio, TV, cell phones), social media, performance arts, music, song, VIPs, religious leaders, promotional materials, outdoor (billboards, posters), contests, and community mobilization.
- Orientation meetings and facilitation of travel and public speaking engagements for leaders at all levels and capacities, including political leaders, religious and traditional leaders, celebrities or VIPs.
- Organization and management of special events celebrating nutrition-related days or weeks at national, district ward and village levels (e.g. World Breastfeeding Week, Mothers' Day, Children's Day, Special 1000 Days events, Village Nutrition Days etc.) and prioritize the delivery of nutrition BCC services through these.
- Private-Public Partnership orientation meetings and workshops to facilitate negotiations between LGAs, Ministries, and private sector (e.g. meat industry, dairy industry, produce industry, telecommunications companies, etc.) for corporate sponsorship for nutrition communication materials, nutrition events, nutrition products, and the promotion of behaviors, social norms and gender roles supporting nutrition.
- Orientation meetings, workshops and preparation of Press Kits for journalists, reporters, radio show hosts and DJs.

2.2 Improve public perceptions of socio-cultural norms and gender roles favorable to nutrition

Examples of Activities contributing to this sub-objective:

- Workshops for religious leaders to develop sermons applying religious teachings to promote enhanced roles for men, women, grandmothers and families to support positive maternal and child nutrition behaviors.
- Workshops for musicians and singers to develop popular songs promoting positive social norms and gender roles supporting specific gender roles favorable to nutrition.
- Orientation workshops and facilitation of speaking tours for VIPs, celebrities and positive role models to publically advocating for positive gender roles and family responsibilities supporting nutrition.

2.3 Increase resource mobilization through public and private sector engagement and ownership

Examples of Activities contributing to this sub-objective:

- Identify vulnerable members of the populations and mobilize local resources in

support of their nutrition care.

- Support development and dissemination of complementary tools to help ongoing nutrition budget planning and resource allocation by LGAs, Ministries, NGOs and private sector include nutrition SBCC activities.
- Provision of loans and capital to support income generating activities at community and household levels.
- Sensitization meeting for private sectors to advocate for CSR in support of nutrition.
- Advocacy workshops to public and private sector decision makers for nutrition SBCC resource allocation.
- Advocacy and fundraising campaigns through social media, radio, and targeted publications for private sector and individual donors.

2.4 Increase Advocacy to strengthen policies, services and integrated systems supporting nutrition

Examples of Activities contributing to this sub-objective:

- Orientation seminars for policy makers and stakeholders to share evidence base and advocate for specific policies, resources, and positive change.
- Stakeholder meetings and advocacy visits to lobby for improved supply chains for IFA, Vitamin A, Deworming tablets, SP and other commodities needed to promote nutrition
- Integrate IFA and maternal nutrition counseling into other nutrition related interventions such as Safe Motherhood and Agriculture Sector Development Program (ASDAP)
- Advocacy and public awareness raising on national nutrition policies and issues
- Stakeholder consultations and meetings to ensure that nutrition SBCC is adequately reflected in the policies, strategies and plans and is focused on the most vulnerable groups.
- Workshops with key stakeholders to develop and disseminate multi-sector resource mobilization plans
- Documentation, dissemination and distributions of best practices and evidence based to support informed decisions about policies and improvements to services and systems

SO3. ENHANCE CAPACITY FOR SOTA NUTRITION SBCC AT NATIONAL AND DECENTRALIZED LEVELS

3.1 Strengthen Institutional Capacity to manage and implement SBCC Nutrition programming at national and decentralized levels

Examples of Activities contributing to this sub-objective:

- Develop a harmonized in-service nutrition SBCC training package, linked with follow-up and post-training evaluation, tailored to specific service providers and in line with the agreed essential nutrition interventions.
- Train frontline workers in ministries, ministerial agencies, institutions, LGA, NGOs, CBOs and FBOs to enhance their technical competencies on nutrition SBCC strategy.
- Resource mobilization to support the provision of technical support and supervision.
- Develop and disseminate state-of-the-art technologies and tools to ministries,

ministerial agencies, institutions, LGA, NGOs, CBOs and FBOs to enhance management and implementation of nutrition SBCC strategy.
- Develop and implement SBCC Nutrition on-the-job training and mentoring program using a learning-by-doing approach.

3.2 Build and Use an Evidence Base for nutrition SBCC data, information and best practices

Examples of Activities contributing to this sub-objective:

- Meetings, workshops and technical assistance to support the development and integration of nutrition SBCC indicators into the national Nutrition M&E system.
- Knowledge, Attitudes and Practices surveys, qualitative research, opinion polls and other research to inform the redesigning of messages and tracking the effectiveness of nutrition SBCC.
- Documentation and dissemination of evidence (newsletters, publications, semi-annual conferences, TFNC website)
- Development of policy documents and briefs for planners and decision-makers using the evidence base.
- SBCC Strategy and Message Design workshops using the evidence base, including findings from KAP surveys and other research.
- Enhance existing nutrition program monitoring and supervision tools to include SBCC data and reporting.

3.3 Increase access to and sharing of SOTA Knowledge, Expertise, Tools and Best Practices in SBCC programming

Examples of Activities contributing to this sub-objective:

- Develop nutrition SBCC community forum for sharing the knowledge, experience, best practices, tools and expertise, and to ensure harmonization of SBCC efforts
- Develop and maintain interactive information sharing system such as website with "live" forums for best practices sharing, nutrition SBCC newsletter, and calendar of events which could be built into the TFNC website.
- Develop short documentaries and other means to share best practices.
- Create linkages with other SOTA SBCC in Tanzania and elsewhere.

3.4 Improved coordination for harmonization and streamlining nutrition SBCC activities

Examples of Activities contributing to this sub-objective:

- Establish and assure the operationalization of an SBCC Consultative Committee through regular meetings and communications to support strategic decision-making and resource mobilization for the implementation of the National SBCC Nutrition Strategy.
- Meetings, conferences, networking opportunities and related activities to develop public-private partnerships among Ministries, LGAs, universities, creative agencies, private sector, and the media.

5. Overview of SBCC Strategies for the Priority Nutrition Areas

5.1 Attributes of Nutrition SBCC Strategies

As provided through the guidance outlined in the NNS, all nutrition SBCC strategies shall:

- focus on the behaviors and actions that need to be taken in support of improved nutrition;
- be informed by formative research on the nutrition priority areas, and that establishes the key behavior issues and barriers to and facilitators of interventions to prevent malnutrition
- address not only the primary target groups, such as women, but also those who influence the primary target groups at all levels, including family members, employers and all nutrition service providers across sectors;
- use a strategic selection from a broad range of channels, including individual and group counseling, informal gatherings at community level, formal sessions through health services, school curricula, mass media (including television, radio, cell phones, internet and social media);
- cover the full range of nutrition and malnutrition issues, including breastfeeding, complementary feeding, dietary improvement, hygiene and sanitation, home care of illnesses, and utilization of health services; and
- Pay special attention to ensuring that programs and projects use consistent community messages, tools and materials, and insert behavior change counseling and support for nutrition into all points of contacts between women, caregivers and service providers.

5.2 Core Elements of Nutrition SBCC Strategies

All national nutrition SBCC strategies shall include, but not necessarily be limited to, the following core elements:

- Problem Statement
- Primary Audiences and Rationale for Audience Segmentation
- Secondary and Tertiary Audiences (Key Influencers)
- Desired Behaviors/Behavior Changes per Audience
- Evidence-Based Analysis of Barriers and Motivators for Behaviors/Behavior Change per audience
- Social Change/Behavior Change Communication objectives per audience
- Strategic approach based on the theory of change
- Positioning and Tone
- Core Messages
- Channels and Materials (per audience)
- Activities
- Targets and Indicators

A glossary of SBCC terms is provided in the beginning section of this document.

5.3 Specific guidance on Positioning, Tone, and Branding of National Nutrition SBCC

National nutrition SBCC efforts around national nutrition priorities shall be designed to reduce redundancies, leverage resources, avoid confusing the target audiences with inconsistent or even contradictory communications. Nutrition audiences need to feel reassured through consistent and familiar sources, messages, positioning and tone of nutrition communications.

The nutrition SBCC Strategy will assure that Nutrition's visibility in the public will be substantially increased, and **positioned** in a way to make good nutrition-- and the behaviors, practices, norms and gender roles that are favorable to good nutrition—familiar, desirable, popular and within anyone's reach (i.e. "do-able").

While the severity and seriousness of the malnutrition problem should not be de-emphasized, nutrition and nutrition behaviors will nevertheless be positioned to be closely associated with positive human emotions, including love, joy, optimism, hope, faith, altruism, sharing, caring, unity, togetherness, and happiness.

The **tone** of nutrition messages, materials, activities, campaigns shall foster these positive human emotions, whether the objective is to promote good nutrition or to prevent or reduce malnutrition.

Branding considerations for nutrition messages, materials campaigns therefore include not only the matter of stakeholder logos, but also include efforts to assure a consistency in image, tone, "look", "feel" and messaging for target audiences. Stakeholder collaboration and consultation on nutrition SBCC campaigns and materials is crucial for this to succeed and is among the guiding principles of the Nutrition SBCC Strategy.

5.4 Specific Guidance on Monitoring and Evaluation

Research, monitoring and evaluation are one of eight priority strategies in the NNS. Integrating research, monitoring and evaluation into SBCC strategies and programming is essential for evidence-based decision making and enhancing public accountability. Monitoring is continuous and aims to provide the management and other stakeholders with early indications of progress in the achievement of goals, objectives and results. Evaluation is a periodic exercise that attempts to systematically and objectively assess progress towards and the achievement of a program's objectives or goals. Research tests specific interventions and approaches for the betterment of nutritional status, and provides further evidence for policy and programming.

The implementation of Nutrition SBCC must be systematically monitored and evaluated through indicators, targets, and clearly identified means to collect data and monitor performance, progress towards results, and impact on behavior and social change. Rapid

feedback from, and dialogue with, beneficiaries, service providers and change agents, assures responsive and improved nutrition SBCC messages and activities.
Nutrition SBCC data, indicators, and targets shall be integrated into the national nutrition M&E system and contribute to the national reporting on progress and performance in implementing the NNS. Special features within the design of the national nutrition M&E system will support the "nimble" monitoring and response required for nutrition SBCC.

The use of new technologies, including cell phone, social media and internet technology supporting interactive monitoring and feedback systems shall be included in the design of the M&E system to facilitate rapid collection of data and audience feedback, dialogue and responsive programming. For example, a nimble monitoring of a national nutrition SBCC radio campaign would enable DJs, radio presenters, or nutrition experts to make special mentions or public information announcements in response to an SMS opinion poll from the listening audience, to enhance a nutrition message, or to correct misinformation.

A matrix providing a monitoring and evaluation framework aligned to the Strategic Objectives of the National Nutrition SBCC Strategy is presented in **Appendix X.**

PART III. APPENDIXES: SELECTED RESOURCES FOR DEVELOPING SOCIAL AND BEHAVIOR CHANGE COMMUNICATION STRATEGIES

Appendix 1: An example of a typical SBCC strategy in a specific technical area

The following is an example of a typical SBCC strategy in a specific technical area:

Problem Statement

Infant and young child feeding encompasses the set of feeding practices needed to protect against malnutrition. These practices are essential for the nutrition, growth, development and survival of infants and young children. Infants should be breastfed within one hour of delivery, exclusively breastfed for the first six months of life, and thereafter should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to two years and beyond. Global analysis has indicated that if implemented at scale, appropriate breastfeeding and complementary feeding can avert almost one-fifth of all child deaths (Jones et al., 2003).

The Strategy aims to ensure that the Tanzania National Strategy on Infant and Young Child Nutrition (MOH, 2004a) and its implementation plan (MOH, 2004b) are fully implemented. Skilled behavior change counseling and support for infant and young child nutrition should be integrated into all points of contact between mothers and health service providers during pregnancy and the first two years of life of a child. Every health facility that provides maternity services should successfully and sustainably practice all the requirements of the Baby Friendly Hospital Initiative (BFHI). Community-based support networks are also needed to help support appropriate infant and young child feeding at the community level through the Baby Friendly Community Initiative (BFCI).

Evidence from surveys such as the TDHS/2010 indicate that infant and young child feeding (IYCF) practices in Tanzania, although slightly different by region, are uniformly sub-optimal and present a significant challenge to overall young child health and wellbeing. Evidence also indicates that poor child feeding is not principally the result of lack of food since several of the major food producing regions of Tanzania has the worst IYCF practices and highest child stunting rates. Table X below illustrates critical “care” areas and examples of several sub-optimal practices.

Table 1. "Care" Areas and Examples of Sub-optimal Practices

Care Area	Practice
Complementary Feeding	• 63.5% of infants 4&5 months old receive complementary foods prematurely. • No more than 30% of children in any age grouping between 6 and 24 months of age receive a minimal acceptable diet. • More than one-third of children received no animal source food during a 24 hour period
Breastfeeding	• 50% of postpartum women do not begin breastfeeding within 1 hour of birthing • Fewer than one quarter (22.9%) of 4 & 5 month olds are exclusively breastfed
Feeding of sick child	• In last 2 weeks about 50% of children ill • About one-third of families gave much less or no fluids to their child with diarrhea • Just less than half of the families gave significantly less food or no food to their child with diarrhea.
Hygiene	• Approximately half of households have an improved source of their drinking water • Fewer than 10% of rural households have improved sanitation facilities, but three quarters dispose of infant and child feces safely

Primary Audiences and Rationale for Audience Segmentation

The focus of IYCF efforts are on the infant and young child from birth to 24 months during this period of high vulnerability and rapid growth. It is easy to assume that the primary audience is the mother or the caregiver of a child less than two years of age. But, evidence indicates that it is incorrect to assume that all mothers or caregivers are the same or that the primary audience is the caregiver. It is critical that the audience be segmented and the content tailored to each audience.

Primary Audiences for IYCF SBCC:

- At a minimum the following are the primary audience segments:
- Mother or caregiver of newborns—first month of life (may segment between first time mothers and experienced mothers)
- Mother or caregiver of infants from 1 to 6 months of age---the period of EBF (note there are even important segments within this audience
- Mother or caregiver of infants 6-8 months old when foods need to begin and illness incidence increases
- Mother or caregiver of infants 9-11 months old when quantity, frequency and variety of foods accelerates rapidly
- Mother or caregiver of young children in the second year of life

- Mother caregiver of an ill child or with a very fussy eater
- Fathers of infants and young children (0-2 years of age)
- Couples/parents of infants and young children
- Grandmothers of infants and young children
- Other family members available to support or care for the child (e.g. older siblings);

Secondary and Tertiary Audiences (Key Influencers)

Peer support is a powerful motivator for behavior change. Communication strategically targeting and promoting peer support through support groups and social networks will influence primary audiences, including individual women and men, couples and families.

Secondary Audiences for IYCF SBCC:

- Mothers' peer groups and social networks
- Fathers' peer groups and social networks
- Primary school children who are the older siblings of children < 5 years of age (i.e. children in Grades 1 and 2)
- Nutrition SBCC products and services providers (health workers, agriculture extension workers, community development officers, community health workers, etc.)
- Religious leaders
- Village and Ward leaders

Desired Cross-Cutting Social Norms/Social Change

Social Norms to be promoted across SBCC Area 1: Promoting Adequate Nutrition Practices and Prevention of Under-Nutrition (includes IYCF)

Enhanced self-efficacy among women as mothers of infants and young children

- Talk with their husbands/spouses and families about IYCF behaviors and needed social support
- Make decisions jointly with their husbands/partners about allocating household resources (crops, food, money, family member time and help) to support IYCF
- Seek information and advice about IYCF behaviors, foods and resources

Enhanced roles and responsibilities for men as husbands/partners and fathers of infants and young children

- Talk with their wives/spouses about IYCF behaviors
- Make decisions jointly with their wives/partners about allocating household resources (crops, food, money, family member time and help) to support IYCF

- Accompany their wives/partners to ANC and assure they receive the nutrition services they need
- Seek information and advice about IYCF behaviors and what they can do
- Talk with their own mothers and family members to enlist their support for optimal IYCF

Grandmothers and other influential relatives encourage and support pro-IYCF gender roles and practices

- Grandmothers of infants and young children support their sons, daughters and daughter-in-law to practice optimal IYCF gender roles and behaviors
- Seek information and advice about IYCF practices and what they can do

General Tanzanian Society, Local Communities and Social Support Networks

- Favorable attitudes and expectations within Tanzanian society for gender norms and behaviors beneficial to IYCF.
- Heightened sense of community responsibility for nutrition outcomes with more collective actions to support optimal IYCF practices in households with infants and young children.
- Fathers and mothers of infants and young children have greater support from their respective peers to help them adopt their pro-IYCF gender roles and to also adopt specific IYCF practices
- Friends and neighbors support households with infants and young children to adopt optimal IYCF practices

Improved Provider-Client Relationship

- Improved health workers' attitudes and work ethics
- Health workers' friendlier and with better interpersonal communication skills
- More positive role models of great health workers who are providing great maternal and child nutrition services are shown: positive role models visit, mentor and support other health workers, appear on radio or in newspapers and receive other public recognition and awards for their good nutrition services
- More positive role models for assertive mothers, fathers, and families of infants and young children who seek IYCF information, counseling and related services

Desired Behaviors/Behavior Changes and Social Norms per Audience

The table below summarizes the critical behaviors for the communication strategy related to improving IYCF practices. The table is divided vertically to distinguish different types of behaviors: self or home care behaviors under the control of the family and care seeking behaviors that are related very much to the type of service offered once the service is sought. The influences on these types of behaviors can be very different. Another type of behavior is adherence, for example to medical instructions. While these behaviors may come into play in an IYCF strategy the first two types predominate and therefore are the focus of the table below. The table is also divided horizontally to distinguish between those specific IYCF daily behaviors and the enabling social factors that if in place support the practice of the behaviors. The IYCF strategy seeks to cover both behavior change and social change.

Table 2: Critical Behaviors to Improve IYCF Practices

	Home or self-care	**Care-seeking actions and actions of the health and other development sectors**
Behavior Change	►Breastfeed exclusively beginning within an hour after birth ►Breastfeed for 6 months and continue breastfeeding for 24 months: increase duration of each feed and use of both breasts ►Initiate at 6 months and continue appropriate complementary feeding until 24 months : Increase diversity including animal source foods, and improve quantity, frequency, consistency ►Feed and care for children appropriately during and following illness episodes ►Practice responsive feeding, especially with fussy eaters. ►Pregnant and lactating women eat a more diverse diet that includes animal-source foods ►Wash hands with soap before preparing food and feeding /eating: evidence of hand washing station/tippy tap ►Treat, store, and retrieve water safely ►Comply with scheduled clinic visits and medical advice, both preventive and curative	►Seek growth monitoring and promotion services/well child support for children in first two years of life ►Seek support for breastfeeding problems if noted ►Seek and use micronutrient supplements and MN-fortified foods as recommended ►Seek care immediately after noting child-health/nutrition danger sign(s)
Social Change	**Essential pillars to support reaching these behavioral objectives**	
	►Women's perceptions of self-efficacy improved ►Intra-family dialogue and support from husband and other family strengthened	►Strengthened sense of partnership between families, the community and health services ►Strengthen sense of partnership and

	►Heightened sense of community responsibility for child nutrition outcomes: Implement scheme for monitoring key practices at the family, community levels and for tracking stunting	common goals of agriculture and livelihoods programs with communities and households for improved IYCF; access to priority foods and processing and storage methods. ►Health workers' sensitivity to client needs and desires and to feasible actions, ►Heightened sense of accountability in health services: Implement scheme for monitoring sensitivity to clients and service reliability and completeness, and health outcomes such as stunting ►Higher priorities for behavior change in relation to provision of food, and attention to critical actions in the area of water and sanitation and hand washing.

Evidence-Based Analysis of Barriers and Motivators for Social Change/Behavior Change per Audience

Improving IYCF practices means supporting families to change the way they feed their children and care for them while sick and to change everyday practices such as hand washing. Inherent in changing behavior is the need to address the reasons for the current behavior and to reduce barriers to achieving the pro-nutrition practices, IYCF behaviors in this case. This requires a thorough understanding and the participation of families in identifying barriers and how they can be overcome and the motivation for doing so. While there is information that describes the state of infant and young child feeding there is little information on perceptions about IYCF and how families believe they might change what they are doing to support better child growth.

Recently, UNICEF supported IYCF research in Zanzibar that uses the Trials of Improved Practices methodology that has now been computerized in the program ProPan. This should shed light on what families can and cannot do to improve IYCF and should be used to provide more detail and to modify the content of this preliminary strategy.

Another key challenge in addressing IYCF practices is that they are practices carried out in the home (in private) and they are practiced multiple times each day. They also are practices with some flexibility, or that is there are options that the caregiver can chose between to achieve the some outcome. This is unlike adherence to a medical regime. Programs to address IYCF must touch every household and offer the needed options.

Strategic approach based on the theory of change

Strategic Communication Approach:

The nutrition community will use the communication principles of reach, frequency, and message salience, placing particular emphasis on cultural relevance and gender equality to develop the SBCC IYCF program. The project intends to reinforce these approaches by two additional behavior change tactics: asking people to commit to trying what might seem like new behaviors and motivating families and influential via monitoring and feedback.

Reach: Since IYCF practices occur in the private domain (in the household) the national SBCC program intends to reach every household, giving priority to those households with women of reproductive age and young children. While mass media will be used, the national program will support local community health workers and volunteers to meet with caregivers either in a group setting such as a care group or to go to the doorstep of households and engage directly with household members. To do this, the vast cadre of community health workers and other community agents (from volunteer leaders to midwives to traditional healers) must be engaged and equipped with knowledge and skills for behavior change. They will need much more than just the "messages"; they need the ability to be good sales agents for the pro-nutrition ideas and practices, helping caregivers, fathers and other household members move through a chain of ever more efficacious IYCF practices to reach those that are most protective, those optimal practices.

Reach also means reaching community leadership groups with information about the situation of their community and the changes that they can make together for the community to be a healthier place for young children. The project will encourage this group to strengthen links with both the local health facility and with the district and health and administrative authorities (and vice versa). Ideally, community interest and demand will serve to stimulate more district-level funding and attention to evidence-based health services.

Frequency: The national nutrition SBCC program recognizes that hearing about a practice from a variety of sources can elevate both the perceived importance of the practice and people's ability to implement it. Mass media can provide information and general strategies; group activities can reinforce the social desirability of the practice; and interpersonal communication can assist the caregiver find individualized strategies that assist him or her to carry out the practice within current constraints. The frequency of exposure to relevant communication will be based as much a possible on need. That is, the house with a young child will receive more frequent communication if their child is sick or not growing well. Or, a community with poor outcomes will be identified for more intense work with community leaders or their health facility staff. Similarly, if a particular behavioral area appears resistant to change, both the communication content (behavior, and motivation and general appeal) will be tested and also the frequency of exposure to adjust the media mix. In all cases, the national nutrition SBCC program

will use multiple channels to heighten message frequency. This is described in more detail below.

Message salience/cultural relevance: While there is no doubt that people can benefit from better understanding basic nutrition information, it is also unlikely that information alone will change many behaviors. The discrepancy between knowledge and practice is well known and this holds true for IYCF practices. Therefore, the national nutrition SBCC program will "package" information for specifically segmented audiences and with motivations linked to behavioral trial and strategies that for resolving the barriers that may be preventing action. To do this, the national nutrition SBCC program will work with the participant groups themselves to ensure that their concepts of nutrition, family, community, child development etc. are understood and used to enhance message relevance so that they relate more easily to new or modified practices and to change.

Additional tactics: Both the psychological and behavior-change literature provide strong evidence of the effectiveness of asking participant groups to try new practices and if acceptable to commit to change. Regardless of whether this is a verbal or written commitment, the act of committing makes it much more likely that people will at least practice a new behavior several times and often this is enough for it to be sustained. Trial and commitment will be key to promoting IYCF practices.

The national nutrition SBCC program will utilize an approach a behavior tracking approach where a small number of key behavioral indicators will be agreed upon and expressed perhaps in pictorial tools for families and communities to track their progress related to priority practices. This approach has several benefits. It motivates behavior change in part by informing families what their fellow community members are doing, and subtly encouraging them to do what their neighbors are doing. The same practices can be assessed and reported periodically at a community meeting. If the community as a whole is not doing well on one or more indicators, the situation should stimulate discussion and cooperative problem solving to address the issues. If health facilities or posts are in regular contact with the communities they can ask to discuss these indicators with the community and gear their support to the lagging indicators.

Positioning and Tone

IYCF strategic communications will promote a "proudly Tanzanian" tone, with positive images of Tanzanian men, women and children representing the best of the cultures, values, and diversity of Tanzanian peoples, ethnic groups, religions and regions. Within this 'proudly Tanzanian' tone, in addition to providing nutrition-specific information supporting improved IYCF practices, SBCC messages and materials will emphasize:

- Women's self-efficacy

- Men's supportive and proactive roles as husbands/partners and fathers, couple communication and joint decision-making about household allocation of resources for improved maternal and child nutrition, and
- Family and social support for pro-nutrition behaviors benefiting pregnant/lactating women and young children, especially during the first 1,000 days of a child's life.

Core Message Content

Core message content will be developed through a consultative process lead by the TFNC.

Channels and Materials (per audience)

Channels and Materials for Peer Groups and Social Networks

Communication Tool Kits for both men's and women's peer meetings should include discussions guides; simulations, role plays, games, personal testimonials, and demonstrations to promote pro-nutrition attitudes and build self-efficacy and skills; songs, poems, stories and audio-visual visual aides to facilitate the transmission of information and the memorization of nutrition facts, instructions and recommended practices.

Given the strong oral tradition of Tanzanian society, and varying levels of literacy across households and communities, SBCC channels should emphasize audio and audio-visual media. Audio/Audio-visual media can be recorded on formats for audio-cassette, CD-ROM, DVD, and cell phones.

Visual media, particularly print materials, should prioritize the use of photographs (for greater emotional appeal). Some examples of the use of photographs on materials designed to promote group discussion and group support are:

- Role Model Cards with photos of real individuals, couples, families or peer groups who have adopted IYCF behaviors and pro-nutrition gender norms on one side, and with a brief written personal testimony on the other side;
- Photo-novellas (entertaining short stories depicted primarily through photographs, with brief text primarily for dialogue between the characters in the story)
- Pro-Nutrition Practice/Anti-Nutrition Practice Photo Cue Cards depicting specific IYCF behaviors and/or gender norms and brief questions to facilitate group discussion about what is happening in the photo, and whether what is shown is pro-nutrition or not.
- Take-Home mini-Posters, wall calendars, or flyers with photos of Tanzanian celebrities promoting a recommended nutrition practice
- audio DVD format; demonstration videos will be available on DVD and possibly cell phone; recipes and guidance for their demonstration; flip charts or other print materials and scripts for socio dramas.

Channels and Materials for Community Health Workers (CHWs), Agriculture Extension Workers, and Community Owned Resource Persons (CORPs):

Community change agents (CHWs, agriculture extension workers, and CORPs) shall be equipped with the Tool Kits designed for peer support groups. In addition to the peer support/peer network materials, other potential materials for these audiences include UNICEF/WHO IYCF curriculum; Tanzanian adapted UNICEF counseling cards; reminder materials and or the IYCF practices monitoring tool. Cell phone technology shall be harnessed to support the sending of mass SMS text and voice messages as reminders, updates, and motivational/inspirational messages on a regular (e.g. weekly) basis.

CHWs, other community-based health volunteers and traditional health care providers are a powerful team with the potential to work with the peer groups and to reach the family directly. The inter-personal support that these cadres of community workers can provide will be critical to mobilize, especially to support families having special difficulties due to a severe illness or other trauma. These community health workers will be equipped to assessment with the family their achievement of critical behaviors based on their needs. These health workers will facilitate family discussions and counsel individuals to make commitments to try IYCF practices tailored to their situations. The community health workers, and/or families themselves, will keep a behavioral record to better enable the national nutrition SBCC program to track which behaviors have the best uptake and which are lagging.

Channels and Materials for Community Leaders, both traditional and governmental:

Potential materials for these audiences include tools and guides for community indicators tracking and action planning; suggestions of collective actions to support improved IYCF and child care. Cell phone technology shall be harnessed to support the sending of mass SMS text and voice messages as reminders, updates, and motivational/inspirational messages on a regular (e.g. weekly) basis.

Some actions required by families are more likely to be achieved with support from a neighborhood or the entire community. Through NGO/CSO facilitators and health workers working together with community leaders, the national nutrition SBCC program will promote community dialogue and collective action to decrease child stunting and promote healthy growth through improved IYCF. An agreement by the community to the use of stunting as an indicator or child well-being and, therefore, of community well-being will motivate community leaders to track stunting levels and, based on their fluctuation, reach decisions about what the community might do to improve.

The community leaders will be led through a process to identify priorities, develop a plan of collective community actions, and mobilizes internal and external resources to carry it out. Tanzania already has had a successful experience under the Iringa project with this type of collective community analysis and action. The national nutrition SBCC program would bring

this back offering the community a graphic format to collect and present their information for analysis. Through a facilitated community meeting, the picture is presented to community members in quarterly meetings, which stimulates a discussion of reasons for satisfactory or unsatisfactory indicators and planning of community actions to address the situation.

Channels and Materials for Health Care Providers:

Potential materials for these audiences include WHO/UNICEF IYCF training and materials, video-taped modeling of counseling and attitudes, counseling materials, cell phone videos, and IYCF practices tracking sheets to record advice.

The national nutrition SBCC program views the wide variety of health care professionals in the health centers and posts as important "sales agents" for IYCF practices and the motivation needed by families. However, these professionals have little training for this role of advice giving on IYCF and they themselves share many of the same resistances or perceptions about child feeding and child development as the families. Also, many health providers do not view nutrition counseling as their job. As part of national level advocacy effort under the NNS, a parallel effort will be undertaken to improve health provider attitudes and accountability so that nutrition does become their job, and the health services become behavior change communication centers; providing individual counseling and support for IYCF problem solving and questions and hosting some of the peer support groups.

The critical health care providers will need motivation, training, support and supervision. This task goes beyond the national nutrition SBCC program, but the SBCC program will support the health providers role in improved communication with clients (including their attitude) and will provide materials that are easy to use and that help them remember previous advice that might have been given to a caregiver so there can be follow-up on commitments or agreements made.

Activities

Interpersonal Behavior Change Communication Activities

Gatherings of peers, in care groups facilitated by a care group leader working directly with the CHW will facilitate discussions around critical practices and how to carry them out. These gatherings could include demonstrations of child foods, how to build a tippy tap, how to process foods and other practical skills building to enable support group members to reduce barriers to specific IYCF practices and commit to trial of new behaviors at home. Group members will report out on what they have done and encourage each other to achieve outcomes they all agree are important.

The national nutrition SBCC program and partner organizations will encourage and enable effective peer support by enhancing facilitators' skills (the CHWs and in turn the care group leaders) through short trainings, support materials (print, audio, visual), and supportive

supervision and mentoring. Groups of peers will also be addressed by the mass media and certainly will be reached by community and or traditional leaders depending on the group; others may be supported more directly by the health services.

Mass Media Behavior Change Communication

The national nutrition SBCC program will have a robust, but nuanced, mass media program based on the recognition that through radio alone, or in combination with SMS and IVR (Interactive Voice Response) technologies the family and, even more precisely, the caregiver can be reached with specific information or motivation about critical behaviors, coming from a respected authority.

The national nutrition SBCC program will use mass media selectively to support new attitudes or perceptions required to achieve the social change goals of the program, such as the importance of couples dialogue, of family support to ensure a healthy baby—nutrition is the responsibility of all family members; an improved sense of women's self-efficacy—they know what is best for their child, not the child; of community responsibility, etc.

Specifically, the national IYCF SBCC program will air a multiple part radio show that highlights and addresses IYCF issues around Tanzania and how families have solved their problems and achieved success: improved growth, or less illness in their young child. In addition to the IYCF radio show, other radio formats and possibly print ads will promote the uses of SMS and IVR, to encourage caregivers to seek more advice and support through short messages and videos available by phone or to reach a call in center that might be hosted at TFNC to answer questions related to maternal and child nutrition.

To support the role of health care providers and the CHWs the national nutrition SBCC program would support a radio show for them concerning important health and nutrition topics, how to conduct certain activities that are part of their jobs, and positive models of attitudes and treatment of clients; and to publicly congratulate and motivate health facility and community-based personnel for their good work.

Social and Behavior Change Communication Events

The national nutrition SBCC program will also take advantage of local events and market days to facilitate demonstrations, particularly about healthy foods and behavior-change-enabling technologies (tippy-taps, child feeding bowls, and chamber pots (plastic bowls or buckets with ashes), and to provide information and even counseling to participant groups.

Potential materials include radio spots, longer serials and public interest programming through community radio; signs for houses or khangas for women who have committed to try 24 months of IYCF practices with their child, for example; signs for health facilities that meet certain criteria to be certified as "Nutrition advice centers"; SMS messages of congratulations (e.g. for

continuing to breastfeeding exclusively for 6 months, etc.); IVR call in support messages; child feeding videos and video demonstrations of "branded" recipes for different age groups.

Targets and Indicators

- Reduce the prevalence of stunting in children aged 0-59 months (height-for-age z-score <-2 SD) from 42% 2010 to 27%*.
- Prevalence of exclusive breastfeeding in children <6 months increased from 50 percent (2010) to 60 percent.
- Reduce the prevalence of underweight in children aged 0-59 months (weight-for-age z-score <-2 SD) from 16% 2010 to 11%*.
- Sustain the prevalence of wasting in children aged 0-59 months (weight-for-height z-score <-2 SD) below 5% at all times4.
- Sustain the prevalence of thinness (body mass index <18.5 kg/m2) among women of reproductive age below the 2005 prevalence of 10% at all times.
- Proportion of infants under six months who are exclusively breastfed from 41% to 60%.
- Proportion of infants aged 4-5 months who are breastfed exclusively from 13.5% to 25%.
- Proportion of infants aged six to nine months who are fed solid foods in addition to breast milk at >90%.

Additional SBCC targets and indicators tied to specific behaviors will be developed to support the following higher-level SBCC strategic objectives for all national IYCF SBCC strategies:

* Prevalence rate according to New WHO Child Growth Standards

[4] The 5% target is less than the 2% target set in the NSGRP, as it is felt that the latter target is too ambitious.

Appendix 2: SBCC Analysis Matrixes for National Nutrition Priorities: Evidence, Audiences, Behaviors, Barriers, Motivators