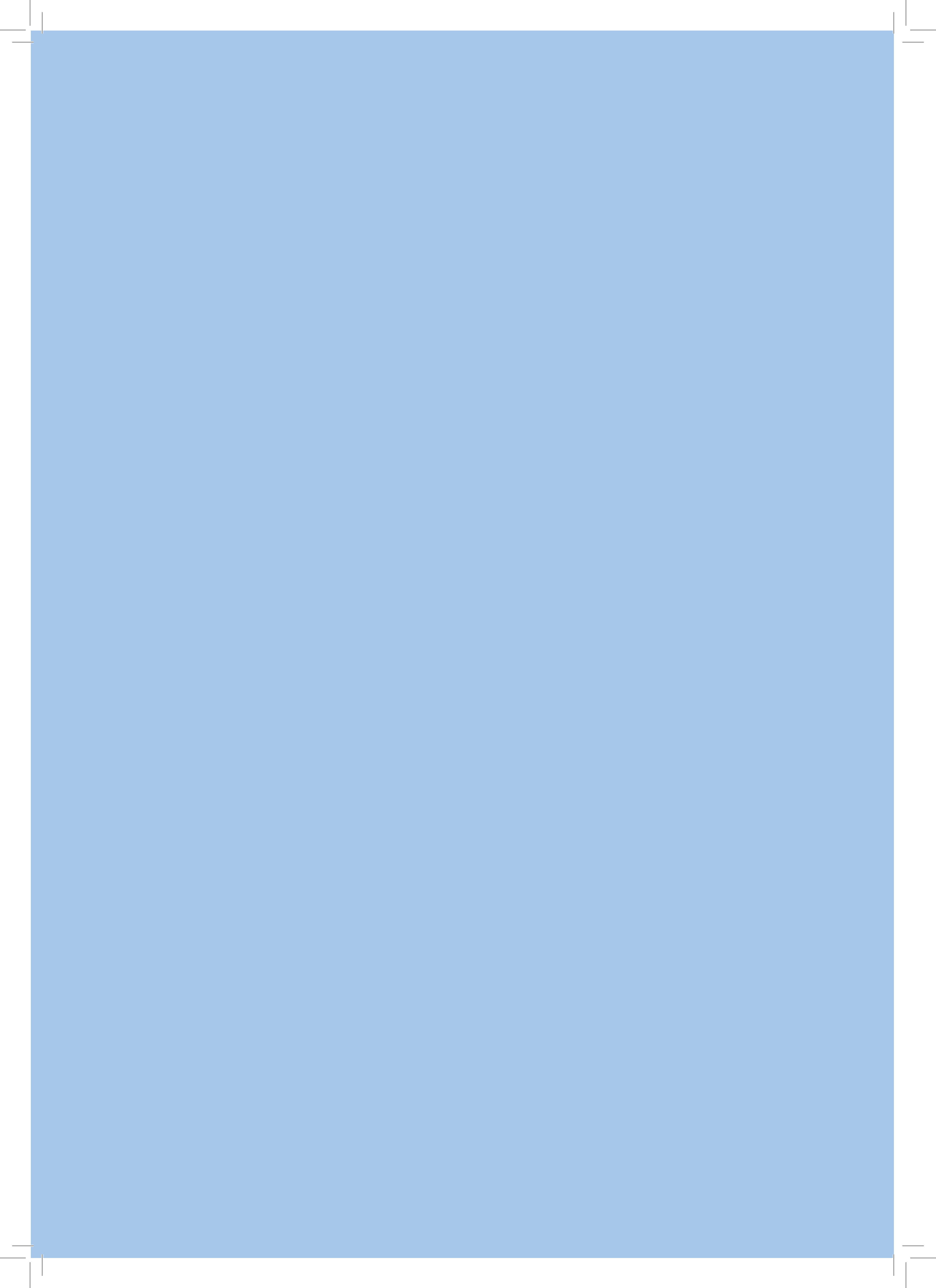
Ministry of Health
Republic of Maldives

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION STRATEGY

THE FIRST 1000 DAYS MATTER

2019-2021



All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any means, electronic, mechanical, photocopying, recording or otherwise without written permission of Ministry of Health, Maldives. Short excerpts from the publication may be reproduced in respect to any fair dealings for the purpose of research or review, provided due acknowledgement is made.

ENDORSEMENT NUMBER: Plan/23/-MoH/2018/12

ENDORSED BY:
Khadeeja Abdul Samad Abdulla

Permanent Secretary
2018

PUBLISHED BY:
National Nutrition Programme
Population Health Division
Health Protection Agency
Ministry of Health
Tel: +960 3014494
Fax: +960 3014484
Email: hpa@health.gov.mv
Website:www.hpa.gov.mv

ACKNOWLEDGEMENTS

This is the first strategy related to social behaviour and communication in consideration with the nutrition context of Maldives which was formulated in a collaborative process and consultative effort by national and international stakeholders. Consecutive meetings and discussions were carried out with the stakeholders including public, private sectors as well as participation from non-governmental states, independent commissions and authorities, international developmental agencies and public in general.

The whole process of this strategy was initiated with the full support from UNICEF Maldives under the direction of Health Protection Agency (HPA).

We extend sincere thanks to all those who contributed their input during the consultation stage of developing this strategy, including representatives from government ministries, atoll and island councils , public and private healthcare service providers, teaching institutions, judicial administration, public and private media, UN Agencies, CSOs, religious scholars and other community members, particularly mothers, fathers and grandmothers.

The designations in this publication do not imply an opinion on legal status of any country territory, or of its authorities, or the delimitation of frontiers.

FOREWORD

The 1,000 days of life between a woman's pregnancy and her child's 2nd birthday offer a unique window of opportunity to build healthier and more prosperous futures. The right nutrition at this time can have a profound impact on our society, playing a critical role in the prevention of non-communicable diseases later in life. The legacy of the first 1,000 days of a child's life can last forever. So, we must accelerate our action to give our mothers and children dependable, quality nutrition. The Government recognizes that investing in well-tested, low-cost and effective nutrition interventions is one of the best effective strategies to save lives and enhance human development. The Government, therefore, welcomes the incorporation of the Social and Behaviour Change Communication for the first 1000 days of life as a key strategy for scaling up nutrition interventions.

The Social and Behaviour Communication Strategy (SBCC) is based on a rapid assessment of the determinants of malnutrition in Maldives, communication pathways, and consideration of the needs of the communities and priorities of Ministry of Health. The strategy also works well with the National Health Master Plan and the international and nationally agreed guidance on nutrition, including evidence growth, development and disease risk in later life, models and theories of behaviour change, global best practice standards and lessons learned from addressing the 1000-day window of opportunity through the SBCC strategy. In this regard, this document will accelerate our work on scaling up proven interventions to prevent all forms of malnutrition in the first 1,000 days of life.

I would like to note that during this critical period every child undergoes all the necessary steps of growth, setting the foundation for their lifelong health. Therefore, optimal nutrition during first 1000 days from maternal health and nutrition status during the pregnancy to good infant and child nutrition post birth is one of the fundamental prerequisites for the survival, growth, optimal development, and lifelong health.

I take this opportunity to express sincere appreciation to UNICEF for their continued support from the formulation to the implementation stage of the strategy, and to other national and international stakeholders including public and private sectors, non-governmental agencies, religious scholars and community members for their joint support. I would also like to take a moment to appreciate the dedicated staff at the HPA for the successful compilation of this strategy.

I believe that this strategy would greatly contribute to provide clear, concise, easily adaptable, practical guidance for organizing a strategic, efficient, coordinated SBCC package of activities that effectively protect, promote and support appropriate maternal nutrition and Infant and Young Child Feeding (IYCF) throughout country. It is a long-term investment to our future, with generational payoffs for the country.

Abdulla Ameen

Minister of Health

FOREWORD

UNICEF commends the Ministry of Health of the Republic of the Maldives for its continued efforts to advance maternal and child health and nutrition. The development of this Social Behavior Change Communication (SBCC) Strategy focusing on the first 1000 days in life is yet another commendable achievement. This SBCC Strategy is informed by the findings of a formative assessment of "Maternal Nutrition and Infant and Young Child Feeding Practices, 2018" that identified the causes of malnutrition in the Maldives. The assessment highlighted limited skills and knowledge of appropriate feeding practices as one of the important underlying causes of malnutrition. The SBCC Strategy provides guidance for achieving optimal nutrition for pregnant women and for children during their first 1000 days of life (from conception until the second year in life). The SBCC Strategy identified partners, platforms, and media channels that can bring positive behavior change among mothers, fathers, and caregivers. The SBCC Strategy recognised the potentials of social media and, therefore, placed social media at the heart of the suggested campaign activities.

Poor nutrition during the early years of life affects child's growth, development and compromises the immune system. The Maldives Demographic Health Survey (2016 -2017) The new DHS reveals that only half of children amomg 6 – 23 months receive the minimaml acceptable diet. Malnutrition negatively impacts school-performance during childhood and economic activity learning at the later stages of adulthood. It also impacts the productivity of the future generation, and subsequently affecting the national economy. According to studies conducted in other countries, malnutrition can cause up to 10% reduction in GDP. The first 1000 days of life is a crucial time for brain development that determines the chances of well-being and success throughout human life. It is a critical window for giving our children the best that lasts for life.

With this SBCCC Strategy, we hope to reach every child in the Maldives with better health and nutritional care and services, to ensure that every child, regardless of where the child lives or who the parents are, has the same opportunities to become a healthy and productive citizen.

UNICEF is proud of its association with the development of the Maldives' SBCC Strategy on the first 1000 days of life. UNICEF remains committed to working with the Ministry of Health of the Republic of the Maldives for the realization of the best health and nutrition care for every child.

M. Munir A. Safieldin, Ph.D.
Representative
UNICEF Maldives Country Office

CONTENTS

17 **PART I: INTRODUCTION**

1.1
17 **THE MALDIVES MATERNAL AND INFANT AND YOUNG CHILD NUTRITION LANDSCAPE**

21 1.2
UNDERSTANDING THE FIRST 1000-DAYS OF LIFE WINDOW OF OPPORTUNITY 20
21 The First 1000-Days of Life
22 Maternal Nutrition
23 Infant and Young Child Feeding: Breastfeeding. Complementary feeding Artificial Feeding

1.3
26 **SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION**
26 Conceptual Models/ Theories of Behaviour Change
27 Communication Approaches
29 Communication Channels

33 **PART 2: THE FIRST 1000-DAYS OF LIFE SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION STRATEGY**

2.1
INTRODUCTION
33 Problem Statement
33 Overall goal
33 Key audience
33 Objectives
33 Behaviour Change objectives
34 Strategic Communication Objectives
35 Understanding the Strategic Communication Objectives
40 Theory of Change
41 Audience Profile
43 Stakeholders and Partners

2.2
44 **STRATEGIC CONSIDERATIONS**
healthcare facility and community levels
S02 Mobilize social and community action to promote and support change in maternal dietary and IYCF behaviours and social norms.

2.3
48 **ACTION PLAN**
Communication Approaches and Channels
Frameworks for Action
A: Coordination and Leadership
B: Strategic Communication Objectives, Activities, Responsibilities, Tools. Resources
C: Timeline for implementation of activities
D: Monitoring Framework

87 **GLOSSARY AND TERMINOLOGY**

89 **ANNEX**

TABLES

18 Table 1: Determinants of malnutrition: Summary of key findings
19 Table 2: SWOT
27 Table 3: Communication approaches
27 Table 4: Communication channels
34 Table 5: Strategic communication objectives
41 Table 6: Audiences profiles
48 Table 7: Communication approaches and channels

FIGURES

Figure 1: The Socio-ecological model and corresponding communication approaches

ABOUT THE STRATEGY

Good nutrition during the first 1,000-days of life from conception until the child's second birthday is crucial to the future health, well-being and success of a child, and the economic prosperity of a country.

The right nutrition during this period is critical for brain development, healthy growth, a strong immune system, and protection from chronic disease later in life. If children do not get the right nutrients in the right quantities during this period, the damage is often irreversible.

The first 1000 days of life provides a critical window of opportunity to develop a health and nutrition foundation to impact a child's entire life, and that of the country. It provides an opportunity to reduce the double burden of malnutrition in the Maldives.

Social and behaviour change communication (SBCC) interventions are key interventions for addressing social and cultural barriers to achieving nutrition goals, thereby reducing morbidity and mortality from nutrition-preventable health causes of any country.

The purpose of this 'First 1000-Days of Life SBCC strategy' document is to provide strategic direction and to guide actions within the scope of nutrition, from conception until a child is aged up to 2-years, towards the attainment of a healthier Maldivian population throughout the life-cycle.

The strategy is based on contextual and proximal assessment of the determinants of malnutrition in Maldives, communication pathways, and consideration of the priorities of Ministry of Health and community. The strategy reflects well with the National Health Master Plan 2016-2025 and the international and nationally agreed guidance on nutrition, including evidence growth, development and disease risk in later life, models and theories of behaviour change, global best practice standards and lessons learned from addressing the 1000-day window of opportunity through SBCC strategies.

The SBCC strategy document provides clear, concise, easily adaptable, practical guidance for organizing a strategic, efficient, coordinated SBCC package of activities that effectively protect, promote and support appropriate maternal nutrition and infant and young child feeding (IYCF) throughout the Republic of the Maldives.

SERVING AS A BASIS FOR ACTION THE DOCUMENT:

DESCRIBES THE MALDIVES MATERNAL NUTRITION AND IYCF LANDSCAPE;

EXPLAINS THE '1000 DAYS WINDOW OF OPPORTUNITY

CLARIFIES THE OPTIMAL MATERNAL NUTRITION AND IYCF PRACTICES DURING THE 1000-DAY PERIOD;

PROVIDES AN UNDERSTANDING OF SBCC MODELS, APPROACHES AND CHANNELS;

DEFINES PRIORITY AUDIENCES AND KEY FEASIBLE BEHAVIOURS FOR CHANGE;

DESCRIBES THE STRATEGIC CONSIDERATIONS, CORE MESSAGES, AND POSITIONING AND TONE OF THE STRATEGY;

PROVIDES GUIDANCE FOR IMPLEMENTING THE STRATEGY, INCLUDING CONCRETE ACTIONS AND TIMELINES TO ENABLE INDIVIDUAL AND SOCIAL BEHAVIOUR CHANGE TO TAKE PLACE.

This is described through a Theory of Change. Monitoring and analysis are key, to measure process, performance and impact. A supporting set of minimum reporting and monitoring standards is provided.

Effective operationalization of the First 1000-Days of Life Strategy is integral to the government of the Republic of Maldives achieving the following national and global aims and commitments, notably: Health Master Plan 2016-2025; The National Child Health Strategy –Every New-born Action Plan 2016-2020; the Global Sustainable Development Goals 2030; World Health Assembly six global targets. It supports the Convention on the Rights of the Child (Article 7; 27 (1)), of which the Maldives in a signatory.

(SEE ANNEX 1: NATIONAL AND GLOBAL AIMS AND COMMITMENTS).

The SBCC document is intended for use by all stakeholders, partners and agencies throughout the Maldives who are involved, either directly or indirectly, in improving the health of the population of the Maldives. This includes those of government departments, atoll and island councils, healthcare facilities, UN agencies, CSOs and donors, among others. The strategy provides key stakeholders with a valuable opportunity and a practical instrument for rededicating themselves, individually and collectively, to protecting, promoting and supporting appropriate maternal and infant and young child nutrition for the benefit of the individuals, their families, community and the country.

The SBCC strategy was developed through a participatory process involving broad consultations with key representatives from national, atoll, local government, technical experts, national, international CSOs, UN and frontline healthcare providers and community members (namely mothers, fathers and grandmothers). (See annex: Key stakeholder consultations).

The draft strategy was presented to a group composed of various stakeholders who validated the strategy.

"TOGETHER AS A NATION FOR EXCELLENCE IN HEALTH"

ABBREVIATIONS

ACRONYMS AND ABBREVIATIONS

ANC
Ante-Natal Care

MAHC
Maldives Allied Health Council

ARC
Advocating for the Rights of Children

BFHI
Baby Friendly Hospital Initiative

BMI
Body Mass Index

BMS
Breast milk Substitute

CSO
Civil Society Organization

CSR
Community Social Responsibility

ECD
Early Child Development

FBDG
Food-Based Dietary Guidelines

FGD
Focus Group Discussion

FHS
Faculty of Health Sciences

GMP
Growth Monitoring and Promotion

HPA
Health Protection Agency

HR
Human Resources

MOE
Ministry of Education

MOH
Ministry of Health

MRC
Maldivian Red Crescent

NCDS
Non-Communicable Diseases

IGMH
Indira Gandhi Memorial Hospital

IYCF
Infant and Young Child Feeding

IYCN
Infant and Young Child Nutrition

KAPBS
Knowledge Attitudes, Practices and Beliefs

KII
Key Informant Interview

LBW
Low Birth Weight

LGA
Local Government Authority

M&E
Monitoring and Evaluation

MDHS
Maldives Demographic and Health Survey

MIYCN
Maternal and Infant and Young Child Nutrition

MMDC
Maldives Medical and Dental Council

MNMC
Maldives Nursing and Midwifery

NCIT
National Centre for Information Technology

PNC
Post-Natal Care

QAD
Quality Assurance Division

RAHSD
Regional Atoll Health Services Division

RH
Reproductive Health

SBCC
Social and Behaviour And Change Communication

SDGS
Sustainable Development Goals

SHE
Society for Health Education

TAG
Technical Advisory Group

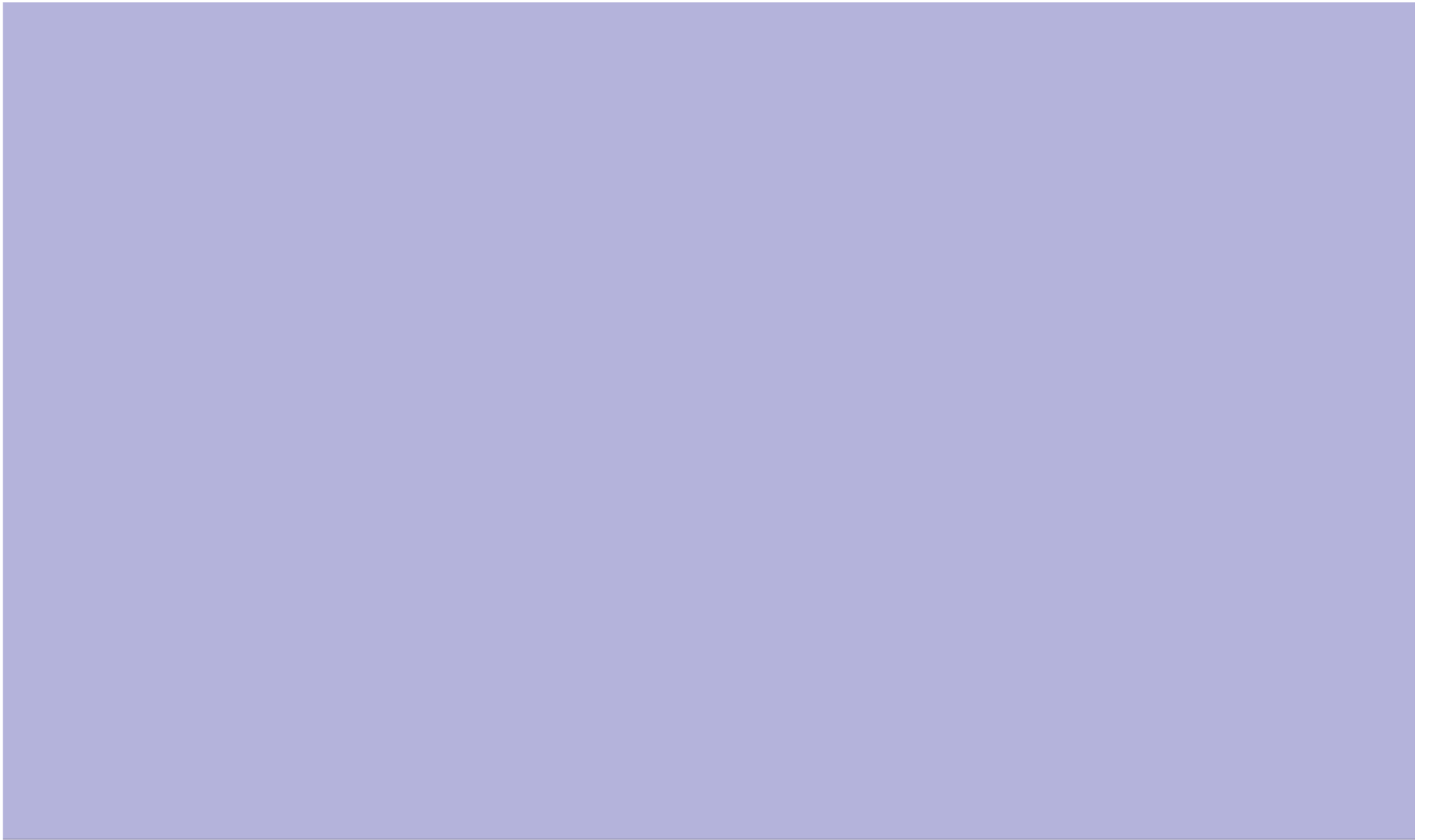
UN
United Nations

UNFPA
United Nations Family Planning Association

UNICEF
United Nations Children's Fund

WHO
World Health Organization

YCD
Young Child Development



PART 1

INTRODUCTION

1.1

THE MALDIVES MATERNAL AND INFANT AND YOUNG CHILD NUTRITION LANDSCAPE

An effective Social and Behaviour Change Communication (SBCC) approach is based on a comprehensive understanding of the target audiences and the factors that influence specific behaviours –considering barriers and enablers of behaviour change- and using this understanding in the design of nutrition SBCC messages, materials and activities.

The Maldives 'First 1000-Days of Life SBCC Strategy' was informed by contextual situation analyses, comprising a review of available literature and a rapid contextual assessment (2017) facilitated in Male' and northern, central and southern atolls, utilizing key informant interviews, observation, and focus group discussions with mothers, fathers and grandmothers.

THE NUTRITION CONTEXT

Maldives has made remarkable progress in the last few decades, however the nutrition status of the population has not kept pace with other socioeconomic developments in the country. Despite some noteworthy health improvements, the Maldives population is suffering from the coexistence of seemingly contrasting and confounding forms of malnutrition known as the double burden of malnutrition. It is characterized by the co-existence of undernutrition (including wasting, stunting and deficiencies in important micronutrients) among young children along with those associated with excess, shown as increasing rates of child, adolescent, and adult over-weight and obesity, and diet-related NCDs . The combination of malnutrition occurs within households.

Existence of a double burden of malnutrition represents a serious public health challenge. Addressing the consequences of malnutrition will have high costs for the country through increasing the demand for health services and the costs for treatment of nutrition-related non-communicable diseases.

THE MALDIVES IS FACING THE DOUBLE BURDEN OF MALNUTRITION WHILE CONCURRENTLY EXPERIENCING RAPID ECONOMIC GROWTH WITH INCREASED DOMESTIC RESOURCES FOR HEALTH. THIS ECONOMIC TRANSITION PROVIDES THE COUNTRY WITH OPPORTUNITIES TO INCREASE THE COVERAGE AND QUALITY OF HEALTH AND NUTRITION PROMOTION AND SUPPORT SERVICES.

Maldives Demographic and Health Survey (MDHS 2009[4]) indicated concerning results with respect to children's nutrition. Low birth weight (<2500g) was reported for 11% of children.[5] Considering children under 5 years of age 18.9% were found to be stunted (chronic malnutrition), 17.3% were underweight, and 10.6% were wasted (acute malnutrition); 2.5% under five years were found to be severely wasted. Analysis of nutrition data, from the MDHS 2009, of under five children in the Maldives showed a steep increase in under nutrition between 6-24 months, and this correlates with complementary feeding period. Rates of stunting showed a rapid increase from 14.8% for infants aged under-6 months to 24.4% at 9-11 months. Underweight prevalence rate showed a similar trend, increasing from 17.2% at 6 months to 19.1% at 9-11 months. Stunting levels were higher among children whose mothers were underweight than for children with mothers of normal weight or overweight/obese. The proportion of wasting in children of underweight mothers was almost twice that of children whose mothers had a normal body mass index (BMI). Male', with almost a third of population of the country, contributed to a substantial number of the stunted and underweight children. No statistically significant difference was found in the overall undernutrition status between girls and boys under 5 years. A concurrent emerging concern is the obesity rate, with 5.9% of children under five were reported as obese.

Considering micronutrients, the National Micronutrient Survey 2007[6], found high rates of micronutrient deficiencies among children under-5 years and women of reproductive age (15-49 years). Anaemia prevalence among children 6 months to 5 years was 26.3%,; the findings suggested that 40-50% of anaemia observed was due to iron deficiency. More than half (55.2%) of the children 6 months to 5 years were vitamin A deficient, 16.0% zinc deficient and 18.80% iodine deficient.

Of note, the Maldives has one of the highest known incidences of Thalassemia in the world, with an estimated one in six

Maldivians being carriers.[7]

Considering women aged 15-49 years, the MDHS 2009 found 7.5% were underweight (BMI <18.5), 45.5% were overweight (BMI ≥25kg/m) and 13.1% being obese (BMI ≥ 30). The prevalence of overweight was supported by the WHO STEPS Survey[8], conducted in 2011, which found that 42.3% of women, aged between 15-64 years of age and residing in Male', were classified as being overweight. Short stature (<145 cm) was found for 12% of the women. In comparison, the 2007 National Micronutrient Survey[9] reported that 17% of women aged 15-49 years had a height <145cm. The survey also found 15.4% of women aged 15-49 years with anaemia and 39.3% with iron deficiency, based on serum ferritin estimation.

DETERMINANTS OF NUTRITION STATUS

Data from the MDHS 2009, STEPS 2011, National Micronutrient Survey 2007, IYCF KAPS 2010 and a rapid assessment conducted in 2017 by a UNICEF Consultant (See Annex 2: key stakeholder consultations and focus group discussions facilitated) provide the main data for understanding the determinants of maternal, infant and young child nutrition in the Maldives.

Considering immediate causes of malnutrition, the National Micronutrient Survey (2007) found a low prevalence of diarrhoea and worm infestation and found viral infections and acute respiratory Infections were high in prevalence compared to other infections, although the rapid assessment identified that these are typically seasonal. Childhood vaccination is almost universal.[10]

Dietary intake appears to be the primary contributor to malnutrition. The MDHS 2009 reported poor feeding practices even among high wealth households.

A summary of key determinants is provided in Table 1, below.

4 Ministry of Health and Family. 2009. Maldives Demographic and Health Survey 2009
5 Ministry of Health and Family. 2009. Maldives Demographic and Health Survey 2009
6 Ministry of Health Maldives; UNICEF; Aga Khan. 2007. Project report National micronutrient survey 2007
7 Ministry of Health. 2017. Maldives Health Profile 2016
8 WHO. 2014, WHO STEPS survey on risk factors for non-communicable diseases: Maldives, 2011
9 Ministry of Health Maldives; UNICEF; Aga Khan. 2007. Project report National micronutrient survey 2007
10 Ministry of Health Maldives; UNICEF; Aga Khan. 2007. Project report National micronutrient survey 2007

TABLE 1: Determinants of malnutrition: Summary of key findings. (See Annex 3: References: Determinants of malnutrition)

FOCUS GROUP	RECOMMENDED BEHAVIOURS	ACTUAL BEHAVIOURS	ENABLERS / FACILATORS OF RECOMMENDED BEHAVIOURS	BARRIERS/ OBSTACLES TO RECOMMENDED BEHAVIOURS
Pregnant and Lactating women	Eat a variety of nutritious foods every day and maintain an appropriate weight before and during pregnancy and lactation. Take folic acid and iron supplements, as recommended by your healthcare provider.	Concernedly low intake of fruit and vegetables among women aged 15- 49 years(1). Irregular (breakfast commonly omitted), inappropriate weight, and gestational diabetes of concern.(2) Two- thirds of women took iron supplements for 90 days or more during pregnancy(3)	High antenatal service coverage.(4) High ANC attendance (commonly 4). Women report eating fruit and vegetables during pregnancy as important. Secure supply chain of iron and folic acid supplements.(5)	Lack of guidance on maternal nutrition provided by healthcare providers during pregnancy and lactation. Women have varied knowledge of appropriate weight gain during pregnancy. Some women believe that pregnancy is an 'excuse to eat how much and what they desire'. Majority of pregnancies are unplanned. Constipation is the primary reason women report for not taking iron supplements as recommended. Women commonly report lack knowledge of the reasons for taking iron and folic acid supplements. (6)
Infants aged <6 months	Early initiation of breastfeeding within the first hour of birth.	>60% newborns fed within first hour of birth; >90% within first day.(7)	Institutional deliveries, full immunization coverage and regular growth monitoring almost universal.(8,9)	Tradition of feeding prelacteals, including date and honey, as shahada recited.(10) No healthcare facilities have BFHI certification. 'The Code' lacks monitoring and enforcement.
	Exclusive breast-feeding for the first complete 6 months of life.	Low exclusive breastfeeding rates; from age 1 month, significant decrease with increasing age of child.(11)	Caregivers commonly have knowledge of basic key recommended feeding practices.(12). Regular growth monitoring almost universal. Employment Act provides for maternity leave, work nursing breaks, flexi-time(13)	Caregivers lack knowledge and skills and understanding of the rationale for recommended breastfeeding practices. Milk insufficiency is the most commonly reported breastfeeding problem.(14,15) Infant formula commonly introduced at early age, fed by bottle, in preparation for mothers return to work; women lack knowledge and skills for milk expression and cup feeding.(16) Healthcare providers at PNC contact points lack IYCF knowledge, skills and motivation for providing education and counselling. PNC contact points not utilized to provide education and counselling; GMP lacks the promotion component. Some doctors recommend infant formula without assessment.
Young children aged 6- 23 months	Age appropriate, nutritionally adequate and safe complementary foods starting at 6 months (timely, adequate, safe, appropriate, active.)	Low intake of vitamin A and iron-rich foods by children age 6-8 months.(17) Delayed introduction of animal source foods and dietary diversity. Poor active and responsive feeding.18)	High regular attendance at monthly growth monitoring.(19) Caregivers desire to learn and do the best for their children.(20)	Mothers lack knowledge and skills for appropriate complementary feeding and have poor understanding of age appropriate feeding and related child development. (21,22) Common use of complementary feeding bottles. Common concerns of food allergies, delays introduction of a diversity of foods. Male': Time constraints on caring capacity; ease of preparation determines food selection, preparation and feeding methods. Increase in availability, promotion and feeding of convenience foods, such as packaged infant foods, high sugar energy and fruit drinks, and 'junk' foods. Lack of quality healthcare provider knowledge, skills and motivation (in Male' also lack of time) to guide or counsel caregivers on complementary feeding. Promotion component of GMP is absent. Erroneous information provided by some healthcare providers. (23,24)
Young children aged 6- 23 month	Continued breastfeeding for 24 months or beyond.	Breastfeeding for 20-24 months is common.	Continued breastfeeding to two years is cited in the Qur'an.(25)	

STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS (SWOT) ANALYSIS

The Strategy aims to maximize on the strengths and opportunities and minimize or avoid the effects of weaknesses and threats to achieving the SBCC strategy objectives.

The formative assessment -based on the review of available documented information and the 2017 rapid assessment- provides the basis for understanding the major strengths, weaknesses, opportunities and threats that may impact the success of the SBCC strategy. This understanding helped to inform the design of the strategy

TABLE 2: **SWOT analysis**

STRENGTHS	WEAKNESSES
High public utilization of healthcare facility services: ANC, institutional deliveries, growth monitoring, immunization, child health visits.	HPA lacks human resource and funding capacity.
High coverage of healthcare facilities and staff per population served.	Institutional capacity weak (management, systems).
Public health insurance coverage.	Professional healthcare capacity (incl motivation and traditional beliefs) and quality weak.
Medical specialists are trusted sources of information and are supportive of the SBCC.	Gaps in training coverage and quality.
Some IEC materials exist that can be used, including a 'Mother & Child Book'; MIYCN Nutrition App being developed by HPA; Food-based dietary guidelines; Immunization booklet available for each child.	High turnover of healthcare providers; high reliance on expat staff.
	Challenge to secure and retain volunteers.
	Small coverage of CSO with health/nutrition work experience.
	BFHI: as of no healthcare facility certified.
	Counselling and education not routinely provided at ANC and PNC contact points.
	Current IEC resources not coordinated, integrated or distribution and use monitored.
	Low attendance at healthcare facility group sessions; skilled facilitation and creativity required to encourage participation, due to weak community cohesion, individualism and -for some- time constraints.

THREATS	OPPORTUNITIES
Geographic dispersion of the population, making service delivery difficult and costly.	Literacy high (98%) across the country.
Government prioritizes financing for curative cf preventive.	Universal household access to mobile phones, radio, television.
Weak collaboration and coordination of cross-cutting government departments.	High adult use of texts, internet, social media. 3g and 4g networks available (including seeking IYCF information).
Weak community cohesion.	Interactive two-way ICT use preferred; popularity of radio and television declined.
Political instability; strong social divisions exist.	Digital media platforms available at some public waiting areas (airline and ferry terminals).
Politics dominating social dialogue and media priorities.	Digital notice boards available outside some councils.
Maternity Protection Act exists but is weak.	Free mandated CSR media airtime/ 10mins.
Strong advertising and marketing of 'junk' foods.	Pre-marriage counselling compulsory for couples.- Male'
Food Standards exist but are weak.	SDGs communication strategy being developed.
Availability of fresh produce constrained in some remote islands.	Nutrition integrated into numerous cross-sectoral policy and planning documents.
	The Code has been adopted but lacks enforcement and monitoring.
	Economic growth in the country.

1.2

UNDERSTANDING THE FIRST 1000-DAYS OF LIFE WINDOW OF OPPORTUNITY

THE FIRST 1000-DAYS OF LIFE

The first 1000 days of life -from the start of a woman's pregnancy until her child's second birthday- offers a critical window of opportunity to develop a strong foundation to shape a child's future and the future of a society.
This is a period of rapid physical, cognitive and social development that requires optimal nutrition to provide the essential building blocks for brain development, healthy growth, a strong immune system, and protection from chronic disease later in life.

POOR NUTRITION DURING PREGNANCY, AFFECTING FOETAL GROWTH, AND DURING THE FIRST TWO YEARS OF LIFE CAN IMPACT A CHILD'S ENTIRE LIFE.

Poor nutrition during pregnancy, affecting the foetus, and during the first two years of life can impact a child's entire life, through poor physical growth, diminished capacity to learn, reduced capacity for physical activity, and greater susceptibility to infection and disease.

Additionally, malnutrition, and/or any other adverse exposures, during critical periods of foetal and infant development can alter gene expressions and permanently re-structure the body's tissues and re-set metabolism and function. This has subsequent long-term consequences of increasing a child's predisposition to obesity and chronic degenerative diseases in adulthood.

Poor maternal nutrition can also create and perpetuate an intergenerational cycle of malnutrition. *(See Diagram below: Nutrition throughout the life course)*
Improved nutrition as a springboard for equitable and sustainable development

Source : Reproduced from WHO childhood overweight policy brief, based on figure from Darnton-Hill I, Nishida C, James WPT. A life course approach to diet, nutrition and the prevention of chonic diseases. Public Health Nutr 2004;7:101-21.

Improving nutrition during the critical first 1,000 days, can prevent serious and irreparable damage to individuals and economic burden to the country due to lost productivity and avoidable health care costs.

To protect the health of pregnant and lactating women, optimize a child's physical, cognitive and social development and reduce their risk of low birth weight, stunting, wasting and nutrient deficiencies, and NCD in adulthood, requires optimizing maternal nutrition in the preconception, pregnancy and lactation periods and appropriate breastfeeding and complementary feeding practices that protect against both undernutrition and overnutrition.

Adolescent nutrition is also important in influencing maternal nutritional sufficiency during pregnancy, as reflected in the life-course approach (see diagram above). Specific adolescent interventions are not within the scope of this 'First 1000 Days of Life' strategy; it is assumed that they will be covered in adolescent-focussed strategies and service standards.

MATERNAL NUTRITION

Adequate maternal nutrition is critical for the health and nutritional status of a woman and her child.
The health and nutritional status of mothers and their babies are intimately linked as a biological and social unit.

Maternal under nutrition during pregnancy, can lead to poor intrauterine growth, affecting foetal size and neurocognitive function, with subsequent consequences for the new-born. These include pre-term birth of a small for gestational age (SGA) baby, low birth weight (LBW), increased risk of stunting by age 2-years, and increased risk of (central and visceral) adiposity and non-communicable disease (such as cardiovascular disease and Type 2 Diabetes) in adulthood. Maternal short stature is also associated with increased risk of complications during delivery due to smaller pelvic size.

MANY CHILDREN ARE BORN UNDERNOURISHED BECAUSE THEIR MOTHERS ARE UNDER-NOURISHED. AS MUCH AS HALF OF ALL CHILD STUNTING OCCURS IN UTERO, HIGHLIGHTING THE CRITICAL IMPORTANCE OF BETTER NUTRITION FOR WOMEN DURING PREGNANCY.

Obese and overweight pregnant women are more likely to develop gestational diabetes, suffer from pre- eclampsia, caesarean delivery, have Increased risk of maternal and infant death, retain greater post-partum weight, and post-delivery be more likely to have difficulty lactating –and have greater risk of having obese children, potentiating the transgenerational transmission of obesity.

Women who are deficient in specific nutrients prior to and during pregnancy are also at risk of adverse maternal and child health outcomes. For example, maternal anaemia and iron deficiency are associated with reduced transfer of iron to the foetus, and LBW infant, and increased risk that maternal haemorrhage may result in death. Maternal vitamin A deficiency is associated with visual Impairment, increased risk of a LBW infant, miscarriage and still birth. Folic acid/folate deficiency is associated with increased risk of a neural tube defect baby. Iodine deficiency hampers brain development.

Maternal nutrition is also important for lactation. Virtually all mothers, unless extremely malnourished, can produce adequate amounts of breastmilk, however a mother who does not have sufficient energy and nutrients risks becoming depleted, and the nutritional content of the breastmilk affected. Nutrients affected by maternal nutrition status include choline, thiamine, riboflavin, vitamin B6, vitamin B12, vitamin D, vitamin A, iodine, selenium, essential fatty acids.

Improving maternal dietary adequacy during this 1000-day period is important to help women fulfil their nutritional requirements and their children's requirements during intrauterine development and while breastfeeding.

Addressing the health and nutrition of women pre-conception is also a crucial component of achieving optimal nutritional status during pregnancy and lactation.

INFANT AND YOUNG CHILD FEEDING

Optimal feeding practices from age 0-2 years, to achieve optimal growth development and health, are known collectively as infant and young child feeding (IYCF) practices. They include:

- Early initiation of breastfeeding (within an hour from birth);
- Exclusive breastfeeding for the first 6 months of life.
- Age-appropriate, nutritionally adequate and safe complementary foods starting at 6 months
  - timely (introduced at 6 months (180 days)
  - adequate (amount; energy and nutrients)
  - safe (hygienically prepared, stored, used)
  - appropriate (frequency, responsive)
  - active feeding
- Continued breastfeeding for 24 months or beyond.

BREASTFEEDING

Breastfeeding confers short-term and long-term benefits for both child and mother including helping to protect children against a variety of acute and chronic disorders.

EARLY INITIATION OF BREASTFEEDING

Early initiation of breastfeeding is defined as the proportion of children put to the breast within the first hour of birth.

Early initiation ensures the infant receives colostrum, the first milk present in minute amounts matched to the newborn's stomach capacity. Colostrum is richer in nutrients (protein, fat, vitamin A) than mature milk and contains growth factors and antibodies that fight infection and accelerate intestinal maturation. Additionally, the warmth and protection provided by immediately putting the baby to the breast after birth reduces of hypothermia, promotes earlier onset of ample milk production, decreased infant stress, longer duration of breastfeeding and mother/infant emotional bonding.

For the mother, immediate initiation of breastfeeding helps to reduce post-partum haemorrhage, contract the uterus to its pre-pregnancy size, and expel the placenta.

It is important that newborns are not given any prelacteal feeds, as they may increase the risk of disease and death, through introducing infection and disrupting normal physiologic gut priming, and interfering with the establishment of optimal breastfeeding.

EXCLUSIVE BREASTFEEDING

Exclusive breastfeeding means that an infant receives only breast milk -no other liquids or solids, with the exception of oral rehydration solution, drops or syrups consisting of vitamins, minerals supplements or medicines when recommended by a doctor.

During the first 6-months of life, breastmilk can provide all the energy, nutrients, water as well as antibodies, hormones, enzymes, growth factors and other substances that a full-term normal birth weight infant needs for healthy growth and development. No other foods or fluids are necessary or should be given. The composition of breast milk changes over time, in accordance with the changing needs of the growing baby.

Babies who exclusively breastfeed for 6-months, as compared to formula-fed babies, have improved growth, nutrition status and bonding, are less likely to get diarrhoea, respiratory tract infections, allergies, ear infections, gastrointestinal disorders or skin conditions and have been shown to have a higher IQ later in childhood. Evidence also indicates that exclusive breastfeeding protects against stunting and wasting in childhood and reduces the risk of chronic diseases (such as diabetes, heart disease and some cancers) later in life.

Breastfeeding also guarantees babies access to a reliable, sufficient quantity of affordable, nutritious food, as it is safe, always the right temperature, requires no purchasing or preparation, and is available even in environments with poor sanitation and unsafe drinking water. Healthy infants do not need additional water during the first 6 months if they are exclusively breastfed, even in a hot climate. Breastmilk consists of 88% water, enough to satisfy a baby's thirst. Extra fluids displace breast milk and increase the risk of infection.

For mothers, exclusive breastfeeding reduces risk of post-partum depression, may facilitate faster recovery of pre-pregnancy weight and reduces likelihood of becoming pregnant (through lactation amenorrhoea) and thereby promotes longer birth spacing.

Even though it is a natural act, breastfeeding is also a learned behaviour. Virtually all mothers can breastfeed provided they have accurate information and support from their families, communities, the health care system and government

leadership and investment in protective policies and legislation.

MOTHERS NEED TO:

- Be empowered and motivated to breastfeed, through having sufficient knowledge of the benefits of breastfeeding;
- Have adequate resources for optimal breastfeeding, such as time, adequate breastfeeding skills, & a supportive environment;
- Be capable of communicating breastfeeding problems & seek help;
- Have the authority to make their own decisions about breastfeeding;
- Be in a position to learn from the breastfeeding experience & make decisions based on correct information;

Breastfeeding is not solely a mother's job. Mothers need encouragement, support, commitment and collective action at all levels of society – from family members, peers, community leaders and members, healthcare providers, employers, policymakers, among others- to breastfeed successfully.

COMPLEMENTARY FEEDING

At six months of age, breastmilk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk. These foods are known as complementary foods and should be introduced, while continuing frequent, on-demand breastfeeding until 2 years of age or beyond.
The early introduction of complementary foods increases the risk of infection and the possibility of choking, and also decreases the intake of breast milk (or infant formula). Conversely, delayed introduction may interrupt growth, and increase the risk of illness and undernutrition.

Between 6-24 months is a peak period for risk of growth faltering, micronutrient deficiencies, morbidity and mortality associated with insufficient quantities and inadequate quality of complementary foods, together with poor feeding practices and increased rates of infection (particularly diarrhoea and acute respiratory infections). The effects of growth faltering are difficult to reverse after age 2-years.

Introduction of an appropriate diet corresponding to the developmental stage of the infant promotes intake of sufficient nutrients for the child's requirements and facilitates the proper development of eating and self-feeding skills. Children's first foods and feeding experience play an important role in establishing food preferences and appetite control, and are critical for children's immediate survival, growth and development, as well as for their long-term health and development.

'WHAT' AND 'HOW' A CHILD IS FED ARE BOTH IMPORTANT FOR A CHILD'S OPTIMAL GROWTH AND DEVELOPMENT.

CHARACTERISTICS OF APPROPRIATE COMPLEMENTARY FEEDING PRACTICES:

- **Timely:** meaning that foods are introduced at 6-months of age when the need for energy and nutrients exceeds what can be provided through exclusive and frequent breastfeeding.

- **Adequate:** meaning that foods provide sufficient energy, protein, and micronutrients to meet a growing child's nutritional needs. Any food (except honey) can be fed to a child after 6 months as long as it is prepared to the correct consistency, as appropriate to the child's motor and oral skills. Gradually increase the food consistency, variety, frequency and amount and frequency. A diversity of foods (5 or more food groups including fruits or vegetables per meal) and animal source foods (fish, chicken, eggs, red meat) are particularly good for ensuring that children get the nutrients they need for healthy growth and development and also to help establish good eating habits. Feeding of low-nutrient, energy-dense, high-fat and/or high-sugar or salt foods -referred to as "junk foods"- can displace breast milk and replace the consumption of more nutritious foods, contributing to excess energy intake, nutrient deficiencies, and poor growth and development.

- **Safe:** meaning that foods are hygienically stored and prepared and fed with clean hands using clean utensils and not using feeding bottles and teats or pacifiers. Children are particularly vulnerable to infections (such as diarrhoea and ARTI) once they begin eating solid foods -an age when they are also more actively moving around. Safe food preparation and hygienic practices are essential to reduce the risks of infections, and diarrhoea in particular.

- **Properly fed:** meaning that foods are given responsive to a child's signals of hunger and satiety, and that meal frequency and feeding method -actively and patiently assisting and encouraging -not forcing- the child to consume sufficient food using fingers, spoon or self-feeding- are suitable for the child's age.

IYCF practices are inherently complex. Multiple simple clear messages are needed to explain the complex concepts of 'timely introduced', 'adequate', 'safe', 'responsive' and 'properly fed' complementary foods.
The complexity of complementary feeding practices is also accentuated by the extremely short window for learning and getting it right. Feeding practices are evolving almost at a monthly basis after age 6 months, which makes it challenging to guide the mother or caregiver with the right messages at the right time.

CONTINUED BREASTFEEDING UP TO THE AGE OF 2-YEARS OR BEYOND

Even after complementary foods have been introduced, breastmilk remains a critical source of high quality nutrients and protective factors. It provides about one half or more of an infant's energy needs between age 6-12 months, and one third from 12-24 months. Continued breastfeeding during the complementary feeding period has also been shown to reduce the risk of a child developing food allergies.

Several studies suggest that overweight or obesity in later childhood and adolescence is less common among breastfed children, through a dose response effect such that a longer duration of breastfeeding associated with a lower risk.

For the mother, longer duration of breastfeeding is associated with lower risk of pre-menopausal cancers (ovarian and breast cancer), obesity and NCDs later in life.

"MOTHERS MAY BREASTFEED THEIR CHILDREN TO TWO COMPLETE YEARS FOR WHOEVER WISHES TO COMPLETE THEIR NURSING." (THE HOLY QUR'AN 2:233)

ARTIFICIAL FEEDING

Formula-fed -otherwise called 'artifically fed'- infants and young children in comparison to breastfed children have been shown to have an increased risk of diarrhoea and pneumonia and of long-term diseases with an immunological basis, including asthma and other atopic conditions, type 1 diabetes, celiac disease, ulcerative colitis and Crohn's disease.

A growing body of evidence links artificial feeding with risks to cardiovascular health, including increased blood pressure, altered blood cholesterol levels and atherosclerosis in later adulthood.

Almost all mothers can successfully breastfeed, except in some specific medical or social contexts (such as for orphans). It is recommended that the formula-fed infants' health, growth and nutrition status are regularly monitored, as they constitute an 'at risk' group.

1.3

SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION

Social and Behaviour Change Communication (SBCC) is the term used to describe the systematic use of a collection of communication approaches, channels and tools that aim to facilitate the understanding, adoption and sustaining of improved practices. Effective behaviour change communication interventions depend on the application of theories, frameworks and strategies that are appropriate to a given situation.

CONCEPTUAL MODELS/ THEORIES OF BEHAVIOUR CHANGE

In this strategy, elements of various SBCC approaches, channels and tools are systematically combined to address maternal nutrition and IYCF behaviours within a defined population in which the behaviours occur, working at multiple interrelated levels, through application of the 'Socio-ecological Model for Change' and the 'Diffusion of Innovations Theory.'

The Socio-ecological Model (SEM) , is a theory-based framework for understanding how individual behaviour change does not result from improved knowledge alone; that multiple interdependent individual, social, and environmental factors influence individual behaviours. Levels of influence can include individual/"self" as well as interpersonal; community and organizational; and national, enabling environmental factors. The model thereby combines individual change with the aim to influence the social context in which the individual operates, through implementing strategic complementary, coordinated communication activities using a variety of mutually reinforcing communication channels (behaviour change, social mobilization, advocacy) that target multiple levels of influence - as shown in the model below. The rings show levels or domains of influence as well as possible people representing each level of influence. The most effective approach to public health nutrition uses a combination of interventions at all levels of the model.
(See Figure1: The Socioecological Model and Corresponding Communication Approaches)

APPLICATION OF THE SOCIO-ECOLOGICAL MODEL IS BASED ON THE UNDERSTANDING THAT:

- Individual behaviour change does not result from improved individual knowledge alone and cannot be promoted in isolation from the broader social context in which it occurs;
- Multiple interdependent individual, social, and environmental factors influence individual decisions to consider, test, adopt, and sustain a given behaviour or practice;
- For effective behaviour change, social behaviour change strategies must help to create an environment that enables the desired behaviour change, and supports the people who want to adopt or facilitate the change;
- A wide range of factors must be addressed at multiple levels to promote change effectively and sustainably.

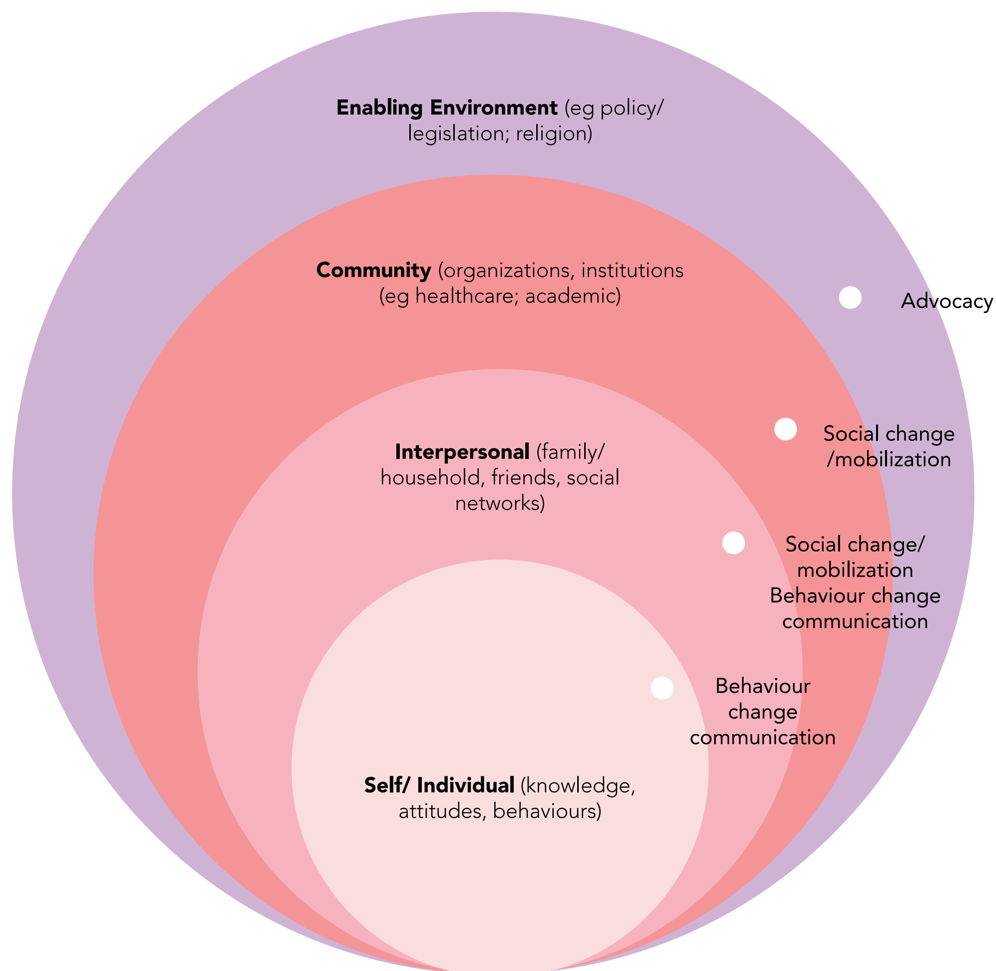
'The Diffusion of Innovations Theory' (Everett M. Rogers, 1962) proposes that an idea or innovation is diffused to members in the society by use of different channels, over a period of time in a circular social process. It proposes that four main elements influence the spread of a new idea: the innovation itself, communication channels, time, and a social system. The innovation must be widely adopted in order to self-sustain. Community members (and communities) vary in their readiness to adopt behaviours, ranging from innovators, early adopters, early majority, late majority to later acceptors or laggards; some models also include resistors. Each member of the social system goes through a 5-step decision-making process: Knowledge; Persuasion; Decision; Implementation; Confirmation.

The theory highlights that behaviour change initiatives are more likely to succeed if influential innovators and early adopters are first targeted with segmented advocacy and encouraged to participate in, lead and support social mobilization in their community. Since opinion leaders directly affect the tipping of an innovation, a powerful way for change agents to affect the diffusion of a new idea or behaviour is to first affect opinion leader attitudes.
Concurrent with the advances in communication technology and enhanced online social networking -as practised in the Maldives context- the diffusion process is now happening with increased speed and reach. Understanding and utilizing diffusion networks can aid SBCC strategies to achieve societal level behaviour change.

DIFFUSION OF INFORMATION: THE DIFFUSION OF INNOVATIONS THEORY

Five key characteristics of a new behaviour (product or idea) contribute toward its adoption, according to the Diffusion of innovation theory , :
Relative advantage of adopting the new behaviour;
Compatibility of the new behaviour in relation to the individual's existing social norms;
Complexity of adopting the behaviour;
Observability of the adopted behaviour (eg are the results of adopting an innovation visible to others);
Trial-ability, or the opportunity to experiment the behaviour before adopting it on a sustainable basis.

FIGURE 1 - The Socio-ecological Model and Corresponding Communication Approaches



COMMUNICATION APPROACHES

In order to reach each layer in the society in an impactful way, application of a combination of three interrelated and interactive key strategic communication approaches are commonly used for SBCC. These are Behaviour Change Communication, Social mobilization and Advocacy.

(See Figure 1: The Socio-ecological Model and corresponding communication approaches)
(See Table 3: Communication approaches)
(See Table 4: Communication channels)

TABLE 3: Communication approaches and channels

COMMUNICATION APPROACH	KEY FEATURES	PARTICIPANT GROUPS
Advocacy	Focus on providing awareness, motivating and engaging the commitment and priority given by national and subnational levels for legislative/ policy, financial, management, and social leadership to create an enabling and guiding environment supportive of behaviour change goals. Three common types are : Policy advocacy, to influence policymakers and decision makers to change legislative, social, or infrastructural elements of the environment Community advocacy, to empower communities to demand changes in their environment. Media advocacy, to enlist the mass media to push policymakers and decision makers toward changing the environment. Works through strategic communication of evidence-based information, community mobilization, coalition-building.	Interpersonal communication during ANC and PNC visits (delivery care; GMP; vaccination; child health). IYCF-Young Child Development (YCD) Groups. New-born home visits. Parents life-skills education. Key messages with appointment texts. 'Special buzz nudges' automated texts. NCD Alliance, SHE and ADK outreach visits.
Social Mobilization	Focus on social change communication to raise awareness, engage, motivate, mobilize and empower the wider public to take collective action to create a supportive environment for sustained positive behaviour and/or social change. Emphasizes increasing the capacity of the community to identify and address its own needs) and to effect sustained positive behaviour and/ or social change through addressing barriers to behaviour change. Works through interpersonal communication, community dialogue, coalition-building, information through mass/social media.	National and community level leaders, organizations, networks, and groups of individuals.
Behaviour Change Communication	Focus on informing, motivating, problem-solving, building skills or self-efficacy with the objective of changing individuals knowledge, attitudes, motivations, self-efficacy, to promote and sustain behaviour change. Works through interactive strategic use of interpersonal dialogue and participatory activities with target audiences (individuals or groups), mass/social media campaigns.	Individuals Families/ households. Groups (eg action-oriented/ support groups)

PHASES OF THE SOCIAL MOBILIZATION PROCESS

1. Building rapport and sharing knowledge;
2. Problem analysis and action planning;
3. Organizational building (e.g. committee or action group);
4. Capacity building;
5. Action and sustainability.

(Source: UNICEF. Communication for development. Module 1: What are the socio-ecological model, communication for development)

KEY COMPONENTS OF SOCIAL CHANGE INCLUDE SUSTAINABILITY THROUGH LOCAL OWNERSHIP; EMPOWERING COMMUNICATION; AN EMPHASIS ON DIALOGUE, DEBATE, AND NEGOTIATION, RATHER THAN PERSUASION OR INFORMATION FROM EXTERNAL EX-PERTS; AN EMPHASIS ON OUTCOMES THAT GOES BEYOND INDIVIDUAL BEHAVIOUR TO INCLUDE SOCIAL NORMS AND THE ENVIRONMENT; AND COMMUNITIES AS AGENTS OF THEIR OWN CHANGE.

COMMUNICATION CHANNELS

Effective SBCC approaches strategically implement complementary, coordinated communication activities through a combination of mutually reinforcing communication channels, appropriately targeted to reach the multiple levels of influence.

(See Table #: Communication channels)

FACTORS THAT INFLUENCE THE CHOICE OF COMMUNICATION CHANNELS, INCLUDE:

- **Complexity of the issue:** Interpersonal communication is the most appropriate and effective communication for conveying complex and targeted information in many situations.
- **Sensitivity of the issue:** Highly sensitive issues may not lend themselves to the use of mass media, discussions with particular groups or people, or to not showing particular visuals (such as the breast/ breastfeeding)
- **Literacy:** Low literacy levels require use of methods with less text and more visuals.
- **Interactivity:** Need or desirability for direct and rapid two-way communication
- **Desired reach:** Broad reach is achieved by mass media, internet, digital media. They require the geographic coverage and strong reception to reach the target audience.
- **Prevailing social norms:** Social norms can dictate the openness and willingness to address issues (such as those related to sex, religion) except on a one-to-one basis.
- **Profile of intended audiences':** Understanding of the target audiences' communication access and habits. What communication tools, channels and methods do they use and prefer the most. Why. When do they have access? etc.
- **Cost:** Often a strong determining factor of choice of channel. Multiple channels are more effective than one, therefore the combined cost-effectiveness needs to be considered.

TABLE 4: Communication channels

INTERPERSONAL COMMUNICATION
Interpersonal communication involves dialogue between individuals or within groups. Interpersonal communication is a powerful form of communication for behaviour change because it adds a human component that helps build rapport and allows for two-way interaction and personalized exchange of targeted and complex information and support. It is useful for providing education, counselling, building behavioural skills and self-efficacy, and promoting motivation and intention to act. The challenges with interpersonal information methods are that the effectiveness depends on informed and skilled human resources, the social relationship between the individuals and the communication skills of the communicator. Also, it can be labour and cost intensive per individual reached, due to the need for trained and monitored personnel.
PRINT MATERIALS
Print materials (posters, billboards, booklet or information leaflets) strategically designed and distributed can be effective ways of providing awareness and basic information to populations. When designed and used well, print materials can help persuade an individual to try a new behaviour. Print media should be closely linked with supporting interpersonal communication activities, such as counselling and education, and not as a stand-along channel. For maximum effectiveness, they need to be developed and pre-tested with target audiences and distributed and positioned strategically. The drawback of this medium is that pamphlets and brochures are commonly not made of durable materials and are discarded after one or a few readings. If resources are limited, the priority should be on interpersonal communication and other media forms.
MID-SIZED MEDIA
Mid-sized media are communication channels used within community settings, that are in-between an interpersonal and a mass audience approach. Audio-visual media, such as videos and digital notice boards, can be highly effective in increasing awareness, demonstrate how to practice a behaviour, and can stimulate community dialogue and mobilize action and support. 'Edu-tainment' videos are particularly popular. Videos are best linked with discussions before or after screening. Digital notice boards are useful for providing information and stimulating awareness. Community media needs to be linked with interpersonal communication activities to provide targeted knowledge and skills-based education.

MASS MEDIA

Mass media (such as radio; television; newspaper) can diffuse knowledge quickly to reach multiple audiences in a wide geographic area, to provide awareness and reinforce new information, and promote desired behaviours and social change. Mass media campaigns that follow the principles of effective campaign design and are well executed can affect audience perceptions of social norms, knowledge, beliefs, and attitudes. Mass media can also be used for advocacy and to motivate demand for services and commodities. Information can be presented through news articles, discussions, radio or television drama, soap operas, and call-in or interview forums.

However, television and radio require the audience to watch at the specific time of airing, and they can be costly to air at peak listening times. The choice of media and channels should be based on detailed media analysis, such as reach, audience profile, viewership (time of the day), which may vary between atolls.

INFORMATION AND COMMUNICATION TECHNOLOGIES

Information and communication technologies (ICT) are electronic and digital platforms (such as internet, short message service, social media) that enable communication and promote the interactive exchange of information, combining mass and mid-sized communication and interpersonal interaction. Information can be disseminated to cost-effectively reach large audiences - often enabling the audience to view at a time most suitable to them. ICTs are a popular way for people to pass simple messages, seek and generate information, connect socially through two-way conversation, exchange information in real time, access services and, increasingly, to motivate social change. ICT requires access to relevant devices (such as computers, mobiles, smart phones) and reliable connection.

DIFFUSION OF INFORMATION: THE DIFFUSION OF INNOVATIONS THEORY

Five key characteristics of a new behaviour (product or idea) contribute toward its adoption, according to the Diffusion of innovation theory , :

Relative advantage of adopting the new behaviour;

Compatibility of the new behaviour in relation to the individual's existing social norms;

Complexity of adopting the behaviour;

Observability of the adopted behaviour (eg are the results of adopting an innovation visible to others);

Trial-ability, or the opportunity to experiment the behaviour before adopting it on a sustainable basis.

PART 2

THE FIRST 1000 DAYS OF LIFE SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION STRATEGY

2.1

INTRODUCTION

PROBLEM STATEMENT

Poor maternal nutrition and infant and young child feeding and caring practices are a determinant of the double-burden of malnutrition in the Maldives.

OVERALL GOAL

Contribute to reduction in malnutrition (low-birth weight, stunting, underweight, wasting, overweight) through improved feeding and caring behaviours during the critical window of 1000 days from the time of conception until a child is aged 24 months, by the year 2021.
Low-birth weight:
Stunting: Reduce by 1/3 and Maintain (Baseline 18.9%)
Underweight:Reduce to 15% and maintain below (Baseline 17.3)
Wasting: Reduce by 1/3 and Maintain (Baseline

Key audiences (See section below: Audience profile)

KEY AUDIENCES (SEE SECTION BELOW: AUDIENCE PROFILE)

PRIMARY AUDIENCE -PRIORITY GROUP:

- Pregnant and lactating women.
- Primary caregivers of children aged under-24 months.
- Frontline ANC and PNC healthcare providers.

SECONDARY AUDIENCES -DIRECT INFLUENCERS OR SUPPORTERS:

- Household and extended family members. Peer. network.

TERTIARY AUDIENCES -WIDER ENVIRONMENT INFLUENCERS; GATE-KEEPERS OR ENABLERS:

- National & local level key decision makers, and other influencers.

OBJECTIVES

BEHAVIOUR CHANGE OBJECTIVES

Behaviour change objectives are defined for the primary/ priority audiences: Indicators include the standard WHO IYCF practices indicators and Maternal, Infant and Young Child Nutrition Indicators , , .

BEHAVIOUR CHANGE OBJECTIVES

Infant and Young Child Feeding Practices*

- By 2021, #% of new-borns born in the last 24 months who were put to the breast within one hour of birth (baseline #%)
- By 2021, #% of children 0-12 months of age who received a pre-lacteal feeding
- By 2021, #% of girls and boys 0-5 months of age who are fed exclusively with breast milk (baseline #%)
- By 2021, #% of girls and boys 12-15 months of age who are fed breast milk (baseline #%)
- By 2021, #% of girls and boys born in the last 24 months who were ever fed breastmilk (baseline #%)
- By 2021, #% of girls and boys 20-23 months of age who were fed breast milk. (baseline # %)
- By 2021, #% of girls and boys 0-23 months of age who are appropriately fed breast milk. (baseline #%)
- By 2021, #% of girls and boys 0-5 months of age who are predominantly fed breast milk. (baseline #%)
- By 2021, #% of girls and boys 0-23 months of age fed BMS from a bottle. (baseline # %)
- By 2021, #% of girls and boys who received solid, semi-solid or soft foods during the previous day. (baseline #%)

- By 2021, #% of girls and boys 6–23 months of age who received at least 5 (out of 7) food groups during the previous day. (baseline #%)
- By 2021, #% of breast milk-fed and non-breast milk-fed girls and boys 6-23 months of age who receive solid, semi-solid or soft foods (but also including other milk feeds for non-breast milk-fed girls and boys) the minimum number of times or more. (baseline #%)
- By 2021, #% of girls and boys 6-23 months of age who receive a minimum acceptable diet. (baseline #%)
- By 2021, #% of girls and boys 6-23 months of age who receive an iron-rich or iron-fortified food that is specifically designed for infants and young children, or that is fortified in the home. (baseline #%)
- By 2021, #% of girls and boys aged 6-8 months fed at least one type of animal-source food during the previous day.
- By 2021, #% of children aged 6-12 months actively fed. (baseline #%)

Maternal (pregnant and lactating women) nutrition practices*

- By 2021, #% of pregnant and lactating women who consumed the recommended minimum dietary diversity (a minimum of 5 out of 10 food groups) in the past 24 hours. (baseline #%)
- By 2021, #% of pregnant and lactating women consuming 3 meals per day during pregnancy. (baseline #%)
- By 2021, #% of pregnant women taking iron and folic acid supplements, according to the recommended protocol. (baseline #%) OR #/% of mothers of children 0-12 months of age who took iron/folic acid supplements according to the recommended protocol, while pregnant with youngest child
- By 2021, #% of women with an appropriate weight gain during pregnancy, within their recommended range. (baseline #%)
- By 2021, #% of pregnant women using salt that is adequately iodized (>15ppm). (baseline #%)
- By 2021, #% of women with a live birth in the past 2 years who had at least 4 antenatal care visits during the most recent pregnancy

Healthcare provider practices

- By 2021, #% healthcare providers routinely provide clear key evidence-based messaging and guidance, on maternal nutrition and supplementation during ANC visits.
- By 2021, #% healthcare providers routinely provide clear key messaging and guidance on immediate and exclusive breastfeeding during ANC visits in the last trimester of pregnancy.
- By 2021, #% healthcare providers routinely provide clear age-appropriate evidence-based messaging, counselling and skilled support during PNC visits, targeting identified caregiver problems and concerns.
- By 2021, #% of ANC and PNC healthcare providers who actively promote optimal dietary and feeding practices within the wider community.

NOTE: Indicators are based on the WHO standard IYCF practices indicators and Maternal, Infant and Young Child Nutrition Indicators. Target and baseline to be established after the baseline survey.

STRATEGIC COMMUNICATION OBJECTIVES

Strategic, evidence-informed social and individual behaviour change communication activities targeting the 1000-day window of opportunity will create an environment that enables the desired behaviour change and supports people to adopt or facilitate the change. It will do this through ensuring that primary caregivers:

- Are aware of and understand the rationale for adopting the optimal maternal nutrition and IYCF practices and are motivated to practice the behaviours for the short-term and long-term benefits gained for themselves and their children.
- Are supported at household and community levels for practising optimal dietary or feeding practices.
- Have access to appropriately informed, skilled and motivated healthcare providers who provide quality guidance and support for improved and sustained practices.
- Have a guiding and protective environment to enable behaviour change.

To achieve the behavioural objectives, three overarching Strategic Communication Objectives, guide the SBCC Strategy, as presented in the tables below.

(Communication indicators are provided in the Monitoring Framework).

NOTE: The strategy is primarily focussed on communication-related interventions in influencing behaviour change. However, structural and systems-strengthening interventions are important for enabling and achieving sustainable social and behaviour change, therefore the strategy is expanded to encompass related priority non-communication interventions.

TABLE 5: Strategic communication objectives

SO1 ENHANCE MATERNAL NUTRITION AND IYCF INTERPERSONAL BEHAVIOUR CHANGE COMMUNICATION APPROACHES AT INDIVIDUAL AND COMMUNITY LEVELS.	S02 MOBILIZE SOCIAL AND COMMUNITY ACTION TO PROMOTE AND SUPPORT CHANGE IN MATERNAL DIETARY AND IYCF BEHAVIOURS AND SOCIAL NORMS.	S03 STRENGTHEN MATERNAL AND INFANT AND YOUNG CHILD NUTRITION GOVERNANCE TO PROVIDE AN ENABLING AND GUIDING ENVIRONMENT FOR SOCIAL AND INDIVIDUAL BEHAVIOUR CHANGE.
1.1 Improve access of pregnant women and mothers/ primary caregivers of children aged 0-23 months to personalised information and skilled support for optimal maternal nutrition and IYCF practices.	2.1 Foster or positively influence public knowledge, perceptions and attitudes for favourable social norms that support the specific required behavioural shifts.	3.1 Improve strategic coordination and collaboration, for operationalizing coherent, harmonized and streamlined maternal nutrition and IYCF SBCC activities.
1.2 Strengthen professional capacity for improved maternal nutrition and IYCF SBCC at healthcare facility and community level.	2.2 Enhance visibility and positioning of maternal nutrition and IYCF at all levels and breadth of society.	3.2 Strengthen information management systems, for informing policy, planning, implementation and impact of maternal nutrition and IYCF SBCC activities.
1.3 Strengthen and build healthcare institutional capacity to implement and manage maternal nutrition and IYCF SBCC at key contact points at healthcare facility and community levels.	2.3 Increase broad social support, participation, leadership, and coordinated collective actions to plan, manage and implement maternal nutrition and IYCF SBCC activities.	3.3 Increase advocacy to secure commitment, will and resources for strengthened policies and services for maternal nutrition and IYCF.

UNDERSTANDING THE STRATEGIC COMMUNICATION OBJECTIVES

SO1 ENHANCE MATERNAL NUTRITION AND IYCF INTERPERSONAL BEHAVIOUR CHANGE COMMUNICATION STRATEGIES DIRECTED AT PREGNANT WOMEN AND CAREGIVERS OF CHILDREN AGED UNDER-24 MONTHS.

The priority audiences for interpersonal behavior change strategies are pregnant and lactating women and primary caregivers of children aged 0-23 months. Additionally, given the high utilization of healthcare services and poor knowledge, skills, motivation and confidence of healthcare providers, healthcare providers need to be an audience for behaviour change, as well as a vehicle for change. SBCC activities will be embedded in ongoing processes, where feasible, at both healthcare facility and community levels.

1.1

IMPROVE ACCESS OF PREGNANT WOMEN AND MOTHERS/ PRIMARY CAREGIVERS OF CHILDREN AGED 0-23 MONTHS TO PERSONALISED INFORMATION AND SKILLED SUPPORT FOR OPTIMAL MATERNAL NUTRITION AND IYCF PRACTICES.

Women are more likely to try and then continue optimal maternal dietary and IYCF and caring practices if they are made aware of and recognize the benefits, believe they can overcome perceived and actual barriers, and feel supported in applying the behaviours.

Improved maternal nutrition and IYCF knowledge and skills are required to increase caregivers' awareness, motivation, and self-efficacy to try and maintain new positive behaviours. Information will extend beyond the basic recommended practices, to encompass understanding of the rationale for the recommended practices. Support for learning new skills will be provided by healthcare staff and community members. Combining IYCF and 'Young' Child Development activities (for children under-2 years of age), in individual and group contexts, will create additive or synergistic effects for both nutrition and development outcomes.

The adoption and maintenance of optimal feeding practices are enhanced by the support and companionship of family/household members as providers and caregivers. Household and extended family members will be reached through healthcare facility contacts, household visits and through community level activities, to engage their collective support.

STRENGTHEN PROFESSIONAL CAPACITY FOR IMPROVED MATERNAL NUTRITION AND IYCF PRACTICES SBCC AT HEALTHCARE FACILITY AND COMMUNITY LEVEL.

To provide quality services supportive of improved maternal nutrition and IYCF practices, requires the availability of informed, motivated and skilled frontline healthcare providers who provide timely, appropriate, consistent, accurate evidence-based information, education, counselling and skilled support for maternal nutrition and IYCF at key ante and post-natal care (ANC; PNC) contact points at facility and community levels. It is important that health care providers understand the common barriers to suboptimal nutrition, feeding and caring practices, and appropriately engage with community members in order to promote and encourage the recommended practices.

Geographical, logistical, human resource and financial constraints have constrained the coverage, intensity and targeting of trainings of frontline healthcare providers, such that gaps in professional knowledge, skills and motivation exist.

In-service trainings will be facilitated for frontline ANC and PNC healthcare providers. To overcome constraints and increase the coverage, reach, intensity and quality of trainings, tiered and innovative training methods will be used, including online/ e-learning supported by videos, and audio-conferencing; peer supervised mandatory practical components will allow participants to apply the learning, build their facilitation capacity, and share knowledge with colleagues. Training programmes for frontline healthcare providers will improve technical and contextual knowledge and interpersonal counselling and communication skills, analytical and organizational skills, as well as addressing underlying attitudes, values, beliefs and cultural norms. Mentoring and coaching protocols will build and support healthcare providers motivation and confidence, as well as knowledge and skills; it may also promote retention of staff. Ongoing supportive supervision and performance monitoring will be important for sustaining changes in healthcare providers behaviour and ensuring quality and consistent application of knowledge and skills.
To build healthcare providers maternal nutrition and infant and young child feeding knowledge, skills and attitudes prior to entering the workforce, and to encourage wide interest in pursuing nutrition as a career, maternal nutrition and IYCF modules will be incorporated into the pre-service curriculums of selected higher educational institutions. Modules will incorporate maternal nutrition, lactation physiology, exclusive and continued breastfeeding, complementary feeding, meeting the nutritional needs of infants who have to be fed breast-milk substitutes, and community-based programming, as well as healthcare providers responsibilities under The International Code of Marketing of Breast milk Substitutes' ('The Code'), the Baby-Friendly Hospital Initiative (BFHI), and other regulations.

To enhance the quality, availability, use and reach of resources available to support healthcare providers maternal nutrition and IYCF SBCC activities, tools and job aids will be developed. To use new and adapted resources, materials and tools effectively healthcare providers will receive training on what, why, how and when to use them, including reporting and monitoring requirements.

STRENGTHEN AND BUILD HEALTHCARE SERVICE INSTITUTIONAL CAPACITY TO IMPLEMENT AND MANAGE MIYCN SBCC AT KEY CONTACT POINTS AT HEALTHCARE FACILITY AND COMMUNITY LEVELS.

High utilization of healthcare system key contact points, such as ANC, institutional delivery, and PNC (growth monitoring, immunization, child health visits) provides important opportunity for frontline healthcare providers to provide personalised and timely information and support to mothers and other caregivers (such as household members, fathers and grandmothers).

Institutional organizational and systems capacity will be addressed to enable healthcare providers to adequately perform their roles, such as ensuring adequate contact time for healthcare providers to provide pregnant women and caregivers of children aged under-2 years with targeted information, education, counselling and skilled support, at key contact points at facility and community level. Improved information management systems will improve accuracy,

efficiency, timeliness and usefulness of information collected. Growth Monitoring and Promotion (GMP) sessions will become routine, encompassing measurement of children's growth status supported by two-way dialogue, identifying feeding practices and providing personalized recommendations on IYCF and caring practices (and referral for onward services, as required).

Skilled breastfeeding counselling and support is especially critical during the first week and month of life when mothers are most likely to experience breastfeeding problems and to abandon exclusive breastfeeding. New-born home visits will provide the opportunity to discuss and observe practices, and to provide targeted advice and counselling in a private environment where the mother feels comfortable and other household members can learn how to provide support for appropriate feeding and caring practices.

S02 MOBILIZE SOCIAL AND COMMUNITY ACTION TO PROMOTE AND SUPPORT CHANGE IN MATERNAL DIETARY AND IYCF BEHAVIOURS AND SOCIAL NORMS.

To support sustainable action and knowledge-sharing, strategy activities will be linked to government services, embedded into ongoing processes, and integrated into formal and informal networks, when and where they exist; new collaborations/ partnerships will be developed as required.

2.1

FOSTER OR POSITIVELY INFLUENCE PUBLIC KNOWLEDGE, PERCEPTIONS AND ATTITUDES FOR FAVOURABLE SOCIAL NORMS.

Promoting social change is fundamental to behavioural change. Socio-cultural norms related to maternal nutrition and IYCF and caring can significantly influence optimal practices. Households and communities also influence social support for improved nutrition practices.

The SBCC strategy will influence knowledge, perceptions and attitudes for favourable socials norms and mobilize societal support for optimal maternal dietary and IYCF and caring practices. This will be done through diffusion and targeting of key messaging and the sharing of evidence-based contextual targeted information, reaching all levels of society. Influential community members can support recommended practices and help establish a supportive enabling environment for social change by addressing cultural norms and mobilizing community action. To provide the tipping point for diffusion of behaviour change messaging, orientation sessions on the strategy and the importance of the first 1000-days of life will be facilitated to influence influential or respected peoples' attitudes and mobilize their participation. The voices of respected medical specialists as credible advisors will add impetus to the movement. Community-based gatherings will provide opportunity to convey targeted information to community members, including reaching couples in the pre-conception period with guidance on preparing for a healthy pregnancy and recommended maternal nutrition and IYCF practices. Maternal nutrition and IYCF will be also be incorporated into schools parent skills-based curricula.

2.2

ENHANCE VISIBILITY AND POSITIONING OF MATERNAL NUTRITION AND IYCF AT ALL LEVELS AND BREADTH OF SOCIETY.

A variety of individual and community level channels (interpersonal, print, mid-media, mass media, ICT) will be used for disseminating evidence-based, consistent, harmonized, targeted messages and visuals in the public domain. They will increase visibility and attention to maternal nutrition and IYCF, engage key audiences and mobilize social action directed at protecting, promoting and supporting optimal maternal nutrition and IYCF and caring practices. Credibility of source will be identified across all channels through identification of respected renowned organizations and/or medical specialists. Sequencing of activities and/ or materials that enhance each other will provide synergistic benefits. Frequent communication with media, through sending in information sheets, advocacy briefs and activity updates will help to ensure that correct and prioritised information is regularly featured in media articles. Social media (such as Viber and Facebook) and digital platforms (digital screens at public areas; digital notice boards) will be utilized to reach target populations with key messages and video clips. Development of 'The First 1000-days Matters' website and enhancement

of the Health Protection Agency (HPA) 'Mother and Child App' will provide the public with access to comprehensive evidence-based information, videos and other visuals. Selected Radio and TV platforms will raise awareness of the importance of the maternal nutrition and IYCF cause, featuring key messaging segments, Q&A sessions and interviews with medical specialists. Print materials will be limited to durable reference resources. Interpersonal communication activities will support other channels to provide targeted knowledge and skills-based education.

INCREASE BROAD SOCIAL SUPPORT, PARTICIPATION, COORDINATION AND COLLECTIVE ACTIONS TO PLAN, MANAGE AND IMPLEMENT MATERNAL NUTRITION AND IYCF SBCC ACTIVITIES.

Community engagement, support, participation, coordination and collective societal actions are crucial for carrying this strategy forward. Optimal maternal nutrition and IYCF is not the sole responsibility of a woman; it is a collective societal responsibility.Successfully and sustainably reducing barrier to optimal practices and enhancing positive practices at the community level requires that communities identify and address their needs.

Healthcare facility leadership that supports collaboration with communities is necessary for the effective implementation of this strategy. Atoll and island-level councils need to play an important role in jointly supporting healthcare facility leadership and implementation. Large reach for mobilizing community action and empowerment will be achieved by linking with existing informal and formal networks (schools; CSOs) to provide awareness of activities and support community-based educational activities. Planning, management and implementation at island level will be most effective and efficient when coordinated through action-oriented committees, with guidance and support provided from central level. Community-elected action groups will be formed, with representation of healthcare providers, island council focal persons, teachers and CSO representatives, among others.

S03 STRENGTHEN MATERNAL, INFANT AND YOUNG CHILD NUTRITION GOVERNANCE TO PROVIDE AN ENABLING AND GUIDING ENVIRONMENT FOR SOCIAL AND INDIVIDUAL BEHAVIOUR CHANGE.

3.1

IMPROVE STRATEGIC COORDINATION AND COLLABORATION, FOR OPERATIONALIZING COHERENT, HARMONIZED AND STREAMLINED MATERNAL NUTRITION AND IYCF SBCC ACTIVITIES

Implementation of the SBCC strategy requires strong leadership, commitment and coordination at central and decentralized levels. A Steering Group will be formed to provide decision-making leadership, advocacy, and operational guidance, with representation of selected informed, influential and respected professionals from across multiple sectors and agencies, within both public and private domains. A Technical Advisory Group (TAG) will provide technical and operational guidance and support. Task Forces will be formed for specific time-limited activities as required. Clear TORS will define the roles and responsibilities of each group.

3.2

STRENGTHEN INFORMATION MANAGEMENT SYSTEMS, FOR INFORMING POLICY, PLANNING, IMPLEMENTATION AND IMPACT OF MIYCN SBCC ACTIVITIES.

Routine data collection, analysis and use for decision-making, knowledge management sharing and improved performance and learning, is required to ensure evidence-based interventions. Lack of accurate and timely nutrition data can impede formulation of nutrition and/ or IYCF strategies.

Improved information management systems will support the efficient documentation, reporting, analysis and use of

information for timely iterative evidence-based actions. A baseline survey will provide a foundation against which the SBCC Strategy achievements will be measured. Community members will be engaged in data collection, evaluation and feeding back information to the wider community; this will promote accountability, ownership, and sustainability. Documented evidence and experience (best practices, challenges, successes and lessons learned) will also be shared in a systematic way internally among stakeholders for iterative improvement in implementation and externally to provide understanding of SBCC approaches, issues and response within the Maldives context.

INCREASE ADVOCACY TO SECURE COMMITMENT, WILL AND RESOURCES FOR STRENGTHENED POLICIES AND SERVICES FOR MIYCN.

A combination of continuous bottoms-up and top-down advocacy approaches is necessitated to secure strong nutrition governance and action by key decision-makers and national leadership.

High-level commitment and will is required for national planning, legislation and policy enforcement, resource mobilization, financial commitment and implementation of maternal and IYCF initiatives; commitment, will and actions that can withstand changes in leadership and other political upheavals.

To create breadth of public awareness and depth of concern, maternal nutrition and IYCF needs to be framed as an integral part of the national sustainable development agenda, to the benefit of children, women, families, society and the economic prosperity of the country. Advocacy needs to be directed at securing resources for maternal nutrition and IYCF promotion programmes and the strengthening and enforcement of protective policies (in particular the BFHI, 'The Code', Food Marketing and Maternity Protection).

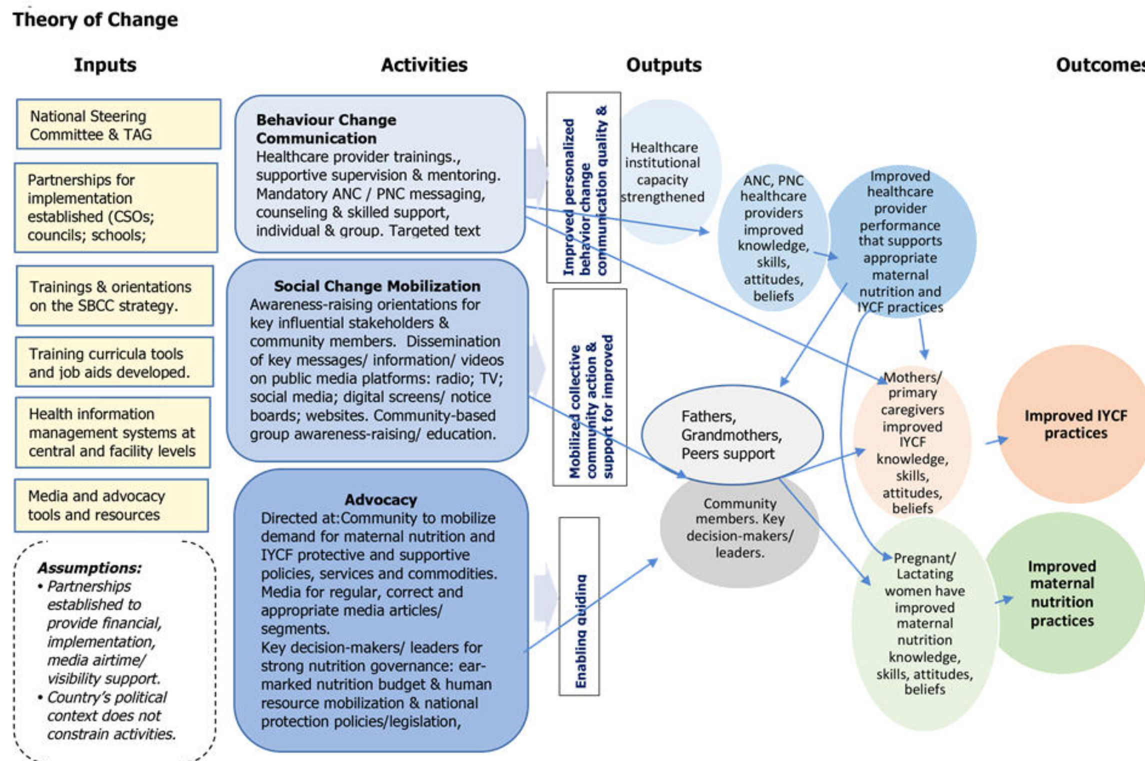
Advocacy needs to be approached as a social and behaviour change effort in itself, through building on what is important to the decision-makers and incorporating emotional and social as well as relevant informational components. Use of two-way interpersonal communication when possible provides for the benefits of a personalized approach.

> "DUE TO DOUBLE BURDEN OF DISEASE AND EXPECTED DOUBLE BURDEN OF VULNERABLE POPULATIONS OF UNDER 5 YEARS, THE RESOURCE ALLOCATION FOR PROGRAMMES NEED CAREFUL ASSESSMENT OF HEALTH GAINS THAT CAN BE ACHIEVED".
>
> (MALDIVES HEALTH MASTER PLAN 2016-2025)

THEORY OF CHANGE

The theory of change describes the how the SBCC strategy will bring about the described sustained changes in priority behaviours/ outcome, ultimately resulting in population level impact.

The conceptual model below presents how activities will be sequenced visually and substantively. It identifies the main determinants of malnutrition, the bridge to activities and the activities.



AUDIENCE PROFILE

A particularly important aspect of the delivery of SBCC interventions is the audience. Behaviour is complex, and many people can influence whether an individual adopts, or fails to adopt, a promoted behaviour or behaviours. Successful SBCC strategies segment and target various audiences, or sphere of influence.

SBCC interventions need to be tailored for the various segmented audiences, to address differences in the way different groups of individuals, or audiences, within a population are likely to act, think, feel, and react to a given behaviour.

The key target audiences for the First 1000-days of Life SBCC interventions were identified based on formative research participant analysis. The primary, secondary and tertiary audiences are defined in the table below.
(See Table 6: Audience Profiles)

Priority audience includes the people we are encouraging to adopt a specific behaviour.
Influencing audience includes the people who influence the priority group.

TABLE 6: Audiences Profiles

PRIORITY AUDIENCE	SUB-SEGMENTS	PROFILE
PRIMARY AUDIENCES -PRIORITY GROUPS		
Pregnant and Lactating women. **Primary caregivers of children aged under-24 months** **Frontline healthcare providers**	• Pregnant and Lactating Women(PLW). • Infants aged under-6 months. • Young children aged 6-24 months. • Healthcare providers at key contact points: ante-natal care, delivery, immunization, growth monitoring, child health visits	• The nutrition of pregnant and lactating women directly and indirectly influences that of their children, through their nutritional status and role as primary caregivers. • Mothers are commonly the primary caregivers of children under-2 years and the primary decision-makers on food eaten and feeding practices. They lack understanding and functional knowledge and skills to apply appropriate practices. They search the internet and social media for information on parenting (including feeding practices) but are not able to discern misleading or erroneous information, and no regulatory filter exists on many media channels especially social media and internet. They have high utilization of healthcare services, for ante-natal, delivery, growth assessment, immunization care, but are not being provided with the relevant information and support they need. • Frontline health workers are integral to providing quality interpersonal information and support for behaviour change, during key healthcare contact points. Healthcare specialists are caregivers most trusted sources of advice or information. However, contact points are not utilized to provide information and support. The capacity (knowledge, skills, motivation, confidence, supervision) of frontline healthcare providers needs strengthening to provide timely, adequate, appropriate and quality information and skilled support to PLW and caregivers of infants and young children.
SECONDARY AUDIENCES -DIRECT INFLUENCERS OR SUPPORTERS		
Household and extended family members. **Social network.**	Fathers. Grandmothers. Parents siblings and peers.	Fathers, grandmothers, and sometimes peers, provide caregiving support to children; mothers consider their advice along with other sources. Fathers on some islands are commonly absent from the house for work, and grandmothers live at the child's house. These audiences can provide support (such as advice, encouragement, financial, caregiving) for optimal IYCF and caring practices at household level. They can also diffuse information and experience of trialling new practices at household level and mobilize community support for improved behaviours and new social norms. Social esteem and the perceptions of others are highly valued by the Maldives population, and thus positive social norms need to be leveraged to bring about shifts in nutritional practices
TERTIARY AUDIENCES -WIDER ENVIRONMENT INFLUENCERS; GATE-KEEPERS OR ENABLERS		
National & local level key decision makers, and other influencers	Politicians; Key government representatives (especially health, education); Atoll and Island councils; Media/journalists; Religious leaders; Community members.	Governments play a critical role in allocating resources and formulating policies. Strengthening of nutrition governance, financing mechanisms and protective policies can play a strong role in supporting and enabling recommended maternal dietary and IYCF practices. Strong political divisions exist within communities, which constrains community cohesion. Island councils are gatekeepers for community organization. The school platform provides opportunity to reach parents. Religious leaders are influential, and their population reach is broad. Media/ journalists will be valuable partners in disseminating information and helping reframe the debate within the context of national goals.

STAKEHOLDERS AND PARTNERS

Impactful, sustainable SBCC efforts for improved nutrition during the first 1000 days of life requires a holistic view of approaches, through implementation of a coordinated multi-sectoral multi-agency national response by relevant bodies at all levels of society.

Leadership, at all levels, and from relevant sections/ thematic areas and agencies, is fundamentally important for increasing "buy in" from multiple stakeholders, creating, coordinating and sustaining momentum and for conversion of that momentum into results on the ground.

All partners should work together to achieve fully this strategy's aim and objectives. This includes forming fully transparent alliances and partnerships consistent with accepted principles of 'do no harm' and avoiding conflict of interest.

NATIONAL LEADERSHIP AND COORDINATION STRUCTURES

ROLE OF THE STEERING COMMITTEE

Lead and oversee strategic coordination of the implementation, monitoring and knowledge management of the SBCC strategy at national level, support advocacy initiatives and ensure sectoral plans are aligned with the SBCC Strategy.

ROLE OF THE TECHNICAL ADVISORY GROUP

Provide guidance and support for technical components of the strategy.

ROLE OF THE MINISTRY OF HEALTH (MOH) (HPA/ RH/ HR/ QAD/ RAHSD/ ALLIED HEALTH COUNCIL (AHC))

Ensure collective -multi-sector/department/agency- action to support the collaborative, coordinated, effective and efficient roll-out of the SBCC strategy, for sustainable impact.

ROLE OF THE MINISTRY OF EDUCATION/ HIGHER LEARNING INSTITUTIONS (FHS, SCHOOL OF NURSING, VILLA COLLEGE)

Revise and reform professional pre-service training curricula to incorporate more maternal nutrition and IYCF focused elements. Support the revision of in-service training curriculums and efforts to build the capacity of ANC and PNC healthcare providers. Address knowledge gaps with evidence to support advocacy efforts and policy implementation.

ROLE OF THE MEDICAL ASSOCIATION, NURSES ASSOCIATION, MALDIVES MEDICAL AND DENTAL COUNCIL (MMDC), NURSING AND MIDWIFERY COUNCIL (MNMC)

Ensure members are aware of the evidence-based maternal nutrition and IYCF practices and the First 1000-Days Matters SBCC strategy goals and objectives.

ROLE OF MEDIA (JOURNALISTS, MEDIA COUNCIL, BROADCASTING CORPORATION)

Ensure that relevant evidence-based maternal nutrition and IYCF SBCC information is regularly, correctly and appropriately featured in media articles/ segments, with allocation of CSR to support the SBCC strategy efforts.

ROLE OF UN AGENCIES (UNICEF. WHO. UNFPA)

Provide support to the HPA and other relevant government departments, for the planning, implementation and monitoring of the SBCC strategy, as required and agreed.

ROLE OF THE LOCAL GOVERNMENT AUTHORITY

Incorporate maternal nutrition and IYCF SBCC activities into their plans, with development of clear roles and responsibilities for financing and management of activities.

ROLE OF THE NATIONAL CENTRE FOR INFORMATION TECHNOLOGY

Support ICT components of the strategy, such as data-collection tools and digital information-sharing platforms.

ROLE OF THE JUDICIAL ADMINISTRATION

Incorporate a maternal nutrition and IYCF module into Pre-Marriage Counselling sessions.

ROLE OF THE PRIVATE SECTOR (OOREDHOO, DHIRAAGU, BANK OF MALDIVES, MALDIVES GATEWAY, CORPORATE MALDIVES)

Support advocacy, social marketing and awareness-raising efforts on the importance of appropriate nutrition and feeding and caring practices during the first 1000 days of life.

ROLE OF CHAMPION CHANGE AGENTS
Provide endorsement for messaging on media platforms and support advocacy and awareness-raising efforts.

ATOLL AND ISLAND IMPLEMENTERS

ROLE OF HEALTHCARE INSTITUTIONS (MANAGEMENT, ANC AND PNC PROVIDERS, SBCC STRATEGY ATOLL AND ISLAND FOCAL PERSONS)
Support institutional and professional capacity-building and supportive supervision efforts that ensure evidence-based quality maternal nutrition and IYCF information, education and counselling are routinely provided to caregivers at key ANC and PNC contact points, at community and facility levels. Ensure that specified data is efficiently collected, collated and reported. Identify and support healthcare provider focal persons to lead coordinated implementation of the SBCC strategy components at community level.

ROLE OF ATOLL & ISLAND COUNCILS
Incorporate maternal nutrition and IYCF activities into their work plans, with clearly defined financing, management and delivery support to defined agree SBCC activities at community level. Ensure representation and the active participation of island council focal persons in the 'Maternal and Young Child Health Action Groups'.

ROLE OF ACADEMIC INSTITUTIONS/ SCHOOL PLATFORM
Raise the profile of maternal and IYCF through, and the risks and impacts of poor nutrition, through dissemination of information and incorporation into appropriate curricula.

Support monitoring and accountability activities. Ensure representation and the active participation of island teacher/ PTA focal persons in the 'Maternal and Young Child Health Action Groups'.

ROLE OF THE ISLAND 'MATERNAL AND YOUNG CHILD HEALTH ACTION GROUPS'.
Lead and coordinate collective actions to plan, manage and implement maternal nutrition and IYCF SBCC activities at community level, engaging broad social support.

ROLE OF CIVIL SOCIETY ORGANIZATIONS (CSOS)
Cooperate to build capacity and support the Government/ HPA in addressing malnutrition during the first 1000-days of life.

Raise the profile of appropriate maternal nutrition and IYCF during the first 1000 days. of life, through advocacy efforts, education and the dissemination of information.

Contribute to the implementation of a monitoring and accountability system at community level.

ROLE OF RELIGIOUS SECTOR
Incorporate maternal nutrition and IYCF key messages in Friday Prayers, advocating for appropriate information

ROLE OF COMMUNITY MEMBERS
Actively participate in activities that promote and support the specific required behavioural shifts in maternal nutrition and IYCF at societal level.

2.2

STRATEGIC CONSIDERATIONS

GUIDING PRINCIPLES

The guiding principles set the identity of the overall strategy, shape the development of the messages, and help determine the development and design of the specific communication approaches and channels.
The guiding principles presented below include: strategy principles; messaging principles; positioning and tone.

STRATEGY PRINCIPLES

To ensure the integrity of the overall SBCC strategy, to drive impact, implementation at scale and sustainability, the First 1000-days of Life SBCC Strategy will be guided by the following strategy principles:

- **Evidence-based.** Informed and guided by contextual insight, models and theories of behaviour change, and global best practice principles and standards.
- **Focus deeply on a few priorities** that are well selected and executed.
- **Application of the 'socio-ecological model of behaviour change', 'diffusion of innovations theory'.** A combination of advocacy, social mobilization and behaviour change communication approaches, applied through the socio-ecological model which recognizes the importance of structural, environmental, and systems for influencing behaviour and behaviour change. The diffusion of innovations recognizes the importance of social norms and esteem to the Maldivian population society and the use of key respected influencers and variety of formal and informal networks to facilitate the rapid diffusion of information.
- **Double-duty actions.** Consider shared drivers and leverages actions that simultaneously address both prevention of undernutrition and prevention of overweight, based on the principle of 'Do no harm', by ensuring that actions designed to address one form of malnutrition do not inadvertently increase the risk of another.
- **Empowering.** Improving knowledge, skills and sense of self-efficacy, in a manner which is relevant, applicable and useful for the target audience.
- **Audience-centred.** Engaging and motivating community and institutional members at national, atoll and island levels in leading decision-making, implementation and evaluation; this is key to building collective responsibility, accountability and sustainability.
- **Leadership at national, atoll and island levels,** with representation from relevant sections/ sectoral areas.
- **Follow a systems approach,** building on, engaging and strengthen existing system and structures (formal and informal) resources and capacities, as appropriate and feasible, to achieve faster implementation and greater community buy-in.
- **Strategic synergistic coordination, coherence and alignment** of consistent and harmonized messages and methods reaching multiple priority audiences, levels, approaches and channels.
- **Mutually reinforcing and frequently repeated targeted messages across multiple channels.** This avoids information confusion, promotes recall and helps to achieve the intensity required to enhance the impact of the message for promoting behaviour change.
- **'Designed with the right message for the right person, reaching each at the right time and place'** -delivery of targeted messages capturing the audiences' attention when they are most receptive
- **Implement approaches which enable short-term behaviour change as well as the longer-term** structural changes needed for sustainability.
- **Continuous phased, sequenced and cumulative interventions over time,** with a focus on at-scale from the start.
- **Utilize cost-effective designs that are sustainable at scale,** in terms of cost, complexity, partnerships, and human resources.
- **Iterative implementation and monitoring approaches,** where ideas and insights are constantly tested and adapted, and lessons learned are shared. This improves planning and performance.
- **Differentiated approaches to delivery**, as necessitated by demographic and geographic differences and locally defined needs. This recognizes the demographic diversity between urban areas of Male' and surrounding areas, and the more remote islands.
- **Leverages the voices of trusted sources of advice** as a powerful tool for increasing credibility and visibility.
- **Steered by a clearly mandated coordination mechanism,** to provide a backbone of strong synergistic leadership and organizational support.
- **Reflects a brand,** a connected theme identifiable across all platforms, channels and materials.

Double-duty actions are interventions, programmes and policies that have the potential to simultaneously reduce the risk or burden of both undernutrition (including wasting, stunting and micronutrient deficiency or insufficiency) and overweight, obesity and diet-related NCDs.
(Source: WHO. 2017. Double-duty actions for nutrition: Policy Brief. 17.3)
Double-duty actions include:

- Maternal nutrition and antenatal care programmes
- Initiatives to promote and protect exclusive breastfeeding in the first 6 months, and beyond
- Promotion of appropriate early and complementary feeding in infants
- Regulations on marketing -of breastmilk substitutes and food

(Source: WHO. 2017. Double-duty actions for nutrition: Policy Brief. 17.2)
Addressing the double burden of malnutrition through double-duty actions is of critical importance for the Maldives to achieve the ambitions of the Health Master Plan and the Sustainable Development Goals.

MESSAGES

MESSAGING CHARACTERISTICS

In the SBCC strategy a message is defined as a statement that outlines a core point information that the strategy, or intervention, wants to communicate to a particular audience to encourage behaviour change.
Messages will be consistent, iterative, and harmonized across all channels, methods and materials, and reinforce each other and the information conveyed by the healthcare providers.

MESSAGE QUALITIES

Messages should have the following qualities:

- **Addresses a priority behavioural determinant:** Addresses barrier or driver of behaviour change.
- **Concise:** Succinct and clear
- **Do-able.** Feasible and amenable to social norms.
- **Action-oriented.** Informing the audience precisely what action to do.
- **Targeted.** Focussed only on what the audience needs to know.
- **Contextual.** Relevant and appropriate to the local context.
- **Correct.** Evidence-based, best practice principles.
- **Coherent.** Logical and consistent.
- **Meaningful** to the audience.

THE SEVEN C'S OF COMMUNICATION:
CLEAR. CONCISE. CONCRETE. CORRECT. COHERENT. COMPLETE. COURTEOUS

CORE MESSAGES

PRIORITY MESSAGES ARE TARGETED TO THE PRIMARY AUDIENCES.

The behaviours to be promoted through messaging were determined based on the characteristics of the local context, including barriers, enablers and resources that influence people to adopt and maintain the priority behaviours, as well as the feasibility of adopting the behaviour and how closely linked the behaviour is to the desired outcome. The priority messages are presented below.

TARGET AUDIENCE	MAIN MESSAGE	SUPPORTING MESSAGE
Pregnant and Lactating women	Eat a variety of foods every day from at least 5 food groups during pregnancy and lactation periods.	Eat regular meals -including breakfast- and take regular exercise throughout pregnancy and lactation periods.
	Before and during pregnancy, take folic acid and iron supplements, as recommended by your healthcare provider.	Eating fruit and vegetables and drinking water often helps reduce risk of constipation from taking iron tablets.
Mothers / Primary caregivers of children aged <6 months	Put your baby to the breast immediately after birth. Continue to feed ONLY breast milk for the first complete 6-months of life.	Even if you are a working mother it is important to give your baby ONLY breast milk for the first 6-months of life. Express breastmilk to feed when separated from your baby.
	Breastfeed frequently when your baby demands, day and night, to build up your milk supply.	Ensure proper positioning and attachment of your baby to the breast.
Mothers/ Primary caregivers of children 6-23 months	Continue to breastfeed until your child is two years of age, or beyond.	Breastmilk continues to provide important nutrients and energy, and protection from illness and allergies, to support healthy growth and development.
	At 6-months, start feeding thick soft foods. Gradually introduce a variety of minced or mashed vegetables and egg/ fish/ chicken/ meat to enrich your baby's porridge.	Feed fish/ egg/ chicken/ meat at least once every day. Gradually increase the variety, frequency, amount and thickness of the food. At one year give at least 5 food groups in every meal.
	Actively feed your baby. Avoid use of feeding bottles.	Gently and patiently encourage your baby to eat. Don't force feed. Minimize other distractions.
	Avoid giving young children sugared drinks and biscuits, tea, coffee, flavoured milk, processed meats (such as sausage) or deep-fried foods.	
ANC and PNC healthcare providers	Routinely provide key messages and guidance at ANC and PNC contact points.	Identify practices and problems and offer solutions based on national guidelines. Give clear targeted evidence-based advice and support that builds confidence and skills.
	Be a positive role model. Promote optimal dietary and feeding practices within the wider community.	

(See Annex 4: Rationale for selection of priority messages.)

MESSAGES WILL BE SUPPORTED WITH INFORMATION THAT CONVEYS THE:

- **Key promise of the message.** The most compelling benefit the target audience will receive from their perspective by taking the desired action or adopting the behaviour will be highlighted.
- **Reason to believe.** A clear explanation of the reasons for the recommended behaviours; why the audience should believe the promise.
- **Offer of a solution.** Identify a solution to help them overcome behaviour change barriers.

POSITIONING AND TONE

The SBCC Strategy will assure broad and consistent public visibility to the importance of nutrition in the first 1000-days of life through presenting a distinctive and consistent identity through all approaches and channels used, that grabs the attention and creates a foothold in the minds of the intended audience. Strategic sequencing of activities and materials will respond to the stage of the strategy.

The strategy will be positioned in a way to make good nutrition during the first 1000 days of life -and the behaviours, practices, attitudes and norms favourable to good health—do-able, appealing, desirable, popular and socially esteemed. It will inspire and compel action through placing children at the centre of the life-cycle, as a member of a responsible community, telling a story that illustrates the human side and positive interactions. Also highlighting the severity of the cause -that investing in nutrition is important to building a strong foundation for the health, development and longer-term prosperity of each child and that of the country.

Messages will be framed in personal, practical, attractive and positively emotionally engaging ways, that appeal to the priority/ primary and influencing audiences. They will depict positive social norms and practices, highlight benefits the audiences care about, and inspire self-efficacy, conveyed in ways that make the messages relevant, memorable, inspiring, motivational and achievable.

The messaging and its connecting parts will incite a tone, or personality, that reflects friendly; caring; confident; happy; helpful; sociable; empowering.

Visuals will show scenes of positive interactions, such as active feeding, stimulation, and play, to role-model what positive IYCF and caring practices look like. They will feature the reality of local people in familiar contexts using accessible -available and affordable- and easy to prepare foods. Light colours will be used in scenes with people, to maintain focus on the audience. Narrative will be presented visually and verbally where possible, to enhance comprehension and memory.

The strategy parts will be connected by the unified theme and symbolism "The First 1000 Days Matters" (and Dhivehi adaptation), which is recognizable and consistent throughout all components, along with consistency in positioning, messaging, look, feel and tone. This will help build momentum for the strategy.

Endorsement for key messages and selected channels, by noted medical specialists and maternal nutrition and IYCF Champions, will provide credibility of the information and source.

Scenes of positive interactions (such as active feeding) stimulation, and play into counselling cards, job aids, and other graphics and multimedia to role-model what these positive practices look like.

Visuals will feature local people in familiar contexts and with accessible -available and affordable- foods.

2.3

ACTION PLAN

COMMUNICATION APPROACHES AND CHANNELS

SBCC requires an integrated set of interventions that leverages enablers of behaviours and reduces barriers to adopting and maintaining behaviours over time.

The First 1000 Days of Life SBCC Strategy systematically combines three broad delivery approaches - behaviour change communication, social mobilization and advocacy- directed at encouraging and supporting changes in social norms as well as individual behaviours.

It does this through channels targeting four levels of influence of behaviour -the individual; household/ family; community and institutional; the national enabling environment, as represented in the audience groups. Channels and methods are directed at modifying information, motivation, ability to act, and norms; factors which cut across all levels of influence. Diffusion of information and concepts within social systems are utilized to reach and influence the wider population. The selection of communication approaches, channels and methods is based on consideration of the demographic and media or communication utilization context and the potential to provide the most appropriate and mutually reinforcing synergistic mix to strategically achieve the desired reach, coverage intensity and scale for impact, while also considering acceptability, feasibility, cost, resources and capacity available. Table 7, below, illustrates the communication approaches and channels used for each audience group.

TABLE 7: Communication approaches and channels

AUDIENCE GROUPS	STRATEGIC COMMUNICATION OBJECTIVE	MAIN APPROACH	CHANNELS
PRIMARY AUDIENCES			
Pregnant and lactating women. Primary caregivers with children aged under-24months	SO1: Enhance maternal nutrition and IYCF through interpersonal behaviour change communication approaches at individual and community levels.	Behaviour change communication	Interpersonal communication during ANC and PNC visits (delivery care; GMP; vaccination; child health). IYCF-Young Child Development (YCD) Groups. New-born home visits. Parents life-skills education. Key messages with appointment texts. 'Special buzz nudges' automated texts. NCD Alliance, SHE and ADK outreach visits.
Frontline ANC and PNC health-care providers.			Training on the SBCC strategy. In-service tiered maternal nutrition and IYCF trainings (audioconference, online and/or in-person) Maternal nutrition and IYCF mandatory component of ANC and PNC. Accredited Certificate training programme for new registrations and essential CPD points. Orientation for new recruits. Revision and reform of pre-service training programmes. Information shared with healthcare professional bodies. Supportive supervision and mentoring. Revitalization/Institutionalization of BFHI. Improved information management systems.
SECONDARY AUDIENCES			
Household and extended family members. Social network	SO2: Mobilize social and community action to promote and support change in maternal dietary and IYCF behaviours and social norms.	Social change/ mobilization	Triggering meetings. Community digital media & print notice boards. Social media messaging & videos. TV & Radio segments. School platform messaging & social mobilization. Maternal and Young Child Health Action Groups. Community meetings and orientation workshops. Community group education. CSO engagement activities. Mother and Child Health-Promoting Communities Award and a Workplace Award. Events partnering. Friday prayers messaging. Pre-marriage counselling, videos & guides.
TERTIARY AUDIENCES			
National & local level key decision makers (such as politicians; atoll and Island councils); media/ journalists; religious leaders; community members.	SO3: Strengthen maternal and IYCN governance to provide an enabling and guiding environment for social and individual behaviour change.	Advocacy	Advocacy and awareness-raising activities directed at community members, media, government representatives, and other decision-makers.

FRAMEWORKS FOR ACTION

The Action Plan is compatible with, and should form an integral part of, all other activities designed to contribute to optimal maternal nutrition and infant and young child feeding in the Maldives. Implementation and monitoring activities will be integrated within the overall National Child Health Strategy 2016-2020 and Health Master Plan 2016-2025 and the local microplans.
Each health facility will implement the strategy activities according to their tier/level and services provided. Due to the geographic nature and unique demographics of each location each target atoll will implement community level components of this strategy as appropriate to their context. This will be led by the healthcare facility in collaboration with a 'Maternal and Young Child Health Action Group' (including representatives of the local council, teachers and partner CBOs active in the area).

THE FRAMEWORK FOR ACTION IS PRESENTED IN THE SECTIONS BELOW:

A. Coordination and Leadership
B. Strategic Communication Objectives (SO), Activities, Responsibilities, Tools and Resources: SO1, SO2, SO3
C. Timeline for implementation of activities: Timeline Framework SO1, SO2, SO3
D. Monitoring Framework

A: COORDINATION AND LEADERSHIP

STEERING COMMITTEE	SUB-COMMITTEES	CHAMPIONS FOR 'THE FIRST 1000-DAYS MATTERS'
• Ministry of Health • Health Protection Agency • Indira Gandhi Memorial Hospital • ADK Hospital • Faculty of Health Sciences • UNICEF	• **MINISTRY OF HEALTH** • **HEALTH PROTECTION AGENCY** • **INDIRA GANDHI MEMORIAL HOSPITAL** • **ADK HOSPITAL** • **FACULTY OF HEALTH SCIENCES** • **UNICEF** • **NGOS**	

B: STRATEGIC COMMUNICATION OBJECTIVES (SO), ACTIVITIES, RESPONSIBILITIES, TOOLS AND RESOURCES: (SO1, SO2, SO3)

Activities Framework SO1 ,

Enhance maternal nutrition and IYCF interpersonal behaviour change communication strategies directed at pregnant women and caregivers of children aged under-2 years.

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
1.1 IMPROVE ACCESS OF PREGNANT WOMEN AND MOTHERS/ RIMARY CAREGIVERS OF CHILDREN AGED 0-23 MONTHS TO PERSONALISED INFORMATION AND SKILLED SUPPORT FOR OPTIMAL MATERNAL NUTRITION AND IYCF PRACTICES.			
CONDUCT PARENTING IYCF AND YOUNG CHILD DEVELOPMENT ACTION-ORIENTED SUPPORT GROUPS FOR MOTHERS OR OTHER PRIMARY CAREGIVERS			
Identify a community member with experience in ECD. **Train Healthcare worker and ECD member in IYCF and basic ECD, support group facilitation and management.** **Develop (3-monthly) work plans for the group sessions, in consultation with primary caregivers.** **Facilitate sessions weekly or fort-nightly**	MoH MoE HPA	Public Health worker. ECD worker.	Facilitation guidance manual and tools for supporting group education. Videos for group education. Maternal nutrition and IYCF section' added to the 'Food based Dietary Guidelines' IYCF and child development sections added to the 'Child health record' Maternal Nutrition and Complementary Feeding Recipe Book. Flip chart/ Flash cards + Food demonstration equipment.
ENSURE THAT PREGNANT WOMEN AND MOTHERS OF CHILDREN AGED 0-23 MONTHS (AND HOUSEHOLD MEMBERS/ RELATIVES/ PEERS WHO ARE PRESENT) ROUTINELY RECEIVE INFORMATION, KEY MESSAGES, COUNSELLING AND /OR SKILLED SUPPORT DURING ANC AND PNC (GMP, VACCINATION; CHILD HEALTH) VISITS.			
Develop ANC and PNC packages containing guidelines, procedural checklists, maternal nutrition and IYCF educational information and tools. **Healthcare providers provide targeted education and skilled counselling on maternal nutrition and IYCF for pregnant and lactating women and primary caregivers of children aged under-24 months, using ANC and PNC packages, as a routine component of ante-natal care, birthing classes, growth monitoring, immunization and child health visits. Healthcare providers inform caregivers of the rationale for information provided.** **Healthcare providers reach fathers, grandmothers (and others), attending ANC and PNC visits, with key messaging and guidance, so they are aware of the recommended IYCF practices and the caregiving support and encouragement pregnant women and mothers of children aged under-2 years require.**	HPA MoH	ANC and PNC healthcare providers	Child health record with IYCF sections added Maternal Health Booklet with maternal nutrition and IYCF sections added Revised flip chart/ flash cards, based on the UNICEF IYCF Counselling Package Provide links to the 'Mother and Child app' and the 'First 1000-Days Matters' website. Note: During GMP healthcare providers provide information on the importance of height, weight, micronutrient deficiencies and feeding practices, related to short- and long-term effects.
SEND KEY MESSAGES TO ACCOMPANY TEXT APPOINTMENT REMINDERS.			
Develop, pre-test and set-up targeted messaging to accompany automated growth monitoring and promotion, vaccination, antenatal appointment reminder texts. **Send out with appointment reminders**	HPA	Ooredhoo Dhamanaveshi	Age appropriate text messages (Male', and other locations as feasible)

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
SEND 'SPECIAL BUZZ NUDGES' AS WEEKLY AUTOMATED TEXTS TO REACH PREGNANT WOMEN AND MOTHERS OF CHILDREN AGED UNDER-2 YEARS			
Develop, pre-test and set up targeted messaging texts for automated delivery nation-wide to all pregnant women and mothers of children aged under-2 years, nationwide. **Simple text messages or cues on recommended practices that nudge actions.** **Support the messages with brief clarifying explanations or rationale, to motivate self reflection, discussion with peers and thereby facilitate behaviour change.**	HPA	Ooredhoo	Stage-appropriate text messages.
1.2 STRENGTHEN PROFESSIONAL CAPACITY FOR IMPROVED MATERNAL NUTRITION AND IYCF SBCC (INCLUDING MATERNAL NUTRITION AND IYCF TECHNICAL AND OPERATIONAL COMPONENTS) AT HEALTHCARE FACILITY AND COMMUNITY LEVELS.			
PROVIDE COMPREHENSIVE TOTS ON THE SBCC STRATEGY FOR SELECTED HEALTHCARE SBCC FOCAL PERSONS, TO BUILD CAPACITY FOR ROLL-OUT OF THE STRATEGY AT ISLAND LEVEL.			
Select THREE focal persons from each public and private regional hospitals, and TWO focal persons from each island health centres, who will lead the SBCC strategy at island level. **Selection of focal persons considers their personal and professional capacity to lead and support the strategy at facility and community levels, based on strict pre-determined criteria encompassing proactivity, trainability, community focussed, and sustainable presence, among others.** **Facilitate the training at the Atoll Hospital island. TOT topics include the SBCC strategy (including activities, action plan, monitoring plan), maternal nutrition and IYCF and Young Child Development (YCD) technical and operational components.** **Focal persons, develop a facility-level staff training plan and upon return to their healthcare facility, provide a training on the SBCC strategy for all staff (management and technical) at their respective healthcare facilities. (See SO2.3)**	HPA (RH/ Nutrition) MoH	HPA/ Task force	SBCC strategy document Training materials (TOTs and trainings) and training guidelines for health care providers. Counselling guides and procedural checklists Facilitation guidance manual and tools for supporting group education. Videos for group education. Maternal nutrition and IYCF section' added to the Food-based Dietary Guidelines IYCF and child development sections added to the Child Growth Development Booklet Maternal Nutrition and Complementary Feeding Recipe Book. Flip chart/ Flash cards
ESTABLISH AN ACCREDITED MATERNAL NUTRITION AND IYCF 'FIRST 1000-DAYS OF LIFE' CERTIFICATE PROGRAMME FOR NEW REGISTRATIONS (GYNAECOLOGISTS, OBSTETRICIANS, PAEDIATRICIANS, NURSES, PUBLIC HEALTHCARE PROVIDERS) AND FOR GYNAECOLOGIST/ PAEDIATRICIAN ESSENTIAL CPD POINTS. USE AS A BASE FOR QUESTIONS INCLUDED IN THE LICENSING EXAM.			
Work with key healthcare providers to develop and establish the Certificate Programme. **Utilize the online UNICEF-Cornell University 'Programming for IYCF' Course, with the addition of Maldives-specific contextual modules; ensure harmonisation with regulatory, medical council SoPs, etc. Update in accordance with changes to the course and/or context.**	MoH (HR. QR) support-ed by MMDC, MNMC, AHC	FHS. HPA	See: https://www.nutritionworks.cornell.edu/UNICEF/about/ Present the Modules on selected professional social media, for download. Link to 'The First 1000-Days Matters' website; 'Mother and Child' app; social media site maternal nutrition and IYCF resources.

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
TRAIN ANC AND PNC FRONTLINE HEALTHCARE PROVIDERS (ANTE-NATAL, DELIVERY CARE, GROWTH MONITORING, VACCINATION) ON MATERNAL NUTRITION AND IYCF, FOR SHARING ACCURATE, APPROPRIATE EVIDENCE-BASED INFORMATION AND DELIVERY OF EDUCATION AND/OR COUNSELLING AND SUPPORT AT KEY CONTACT POINTS AT HEATH FACILITY LEVEL AND DURING COMMUNITY OUTREACH ACTIVITIES.			
Develop, adapt and update, maternal nutrition and IYCF training curricula, materials, job aids and follow-up activities, including the development of e-learning, supported by videos combined with audioconferencing (particularly for healthcare providers located out of Male' and surrounding areas). Use an integrated and coordinated tiered training approach, based on the profile of the participants knowledge, skills, experience and roles: specialists (gynaecologists, paediatricians, obstetricians), doctors, nurses, public healthcare providers. Utilize a methodology based on adult learning principles. **Include a practical component, to be completed for each module as a supervised component of their certification, assessed by a selected team of trained professional peers; this allows them to apply the learning, build their facilitation capacity, share knowledge, and transfer skills.** **Recognise passing of the training requirements through incentives agreed by the MoH and HPA.** **Establish post-training social network groups, moderated and supported by the trainer. Provide links to relevant resources. Regularly share key messaging and SBCC activity updates.**	MoH QAD support-ed by HPA	HPA, FHS/ Task Force	Training and TOTs curriculums, materials and guidelines for health care providers. Utilize the online UNICEF-Cornell University 'Programming for IYCF' Course, with the addition of Maldives-specific contextual modules. Supervisor level training: include a mentoring component supported by production of a mentoring guide. GMP health provider training: highlight the importance of the Promotion component of GMP, and appropriate management/referral of cases of growth and feeding concern. Link with support resources, as applicable: Training materials on HPA/healthcare facility websites; Counselling guides and procedural checklists; Facilitation guidance manual and tools; child health record with IYCF practices sections; Maternal Health Booklet with maternal nutrition and IYCF sections; Flip chart/ Flash cards; Videos for group education & health facility presentations; Mother and Child app; Food-based Dietary Guidelines; IYCF Guidelines; Maternal Nutrition and Complementary Feeding Recipe Book; Mentoring Guide; Supportive supervision protocols and checklists; Orientation/Guide (video and/or manual) on new tools/ job aids; Posters; 'First 1000-Days Matters' website; TV segments; Radio spots.
TRAIN NEW (NATIONAL; FOREIGN) HEALTHCARE PROVIDER RECRUITS (SPECIALISTS (GYNAECOLOGISTS, PAEDIATRICIANS, OBSTETRICIANS), DOCTORS, NURSES, PUBLIC HEALTH)			
Advocate for and support incorporation of maternal nutrition and IYCF as a mandatory orientation component for all new recruitments, reflected in HR policies. **Develop and deliver to all new recruits a maternal nutrition and IYCF resource packages with training modules, policy, protocol, best practice guidelines and strategy documents. Adapt packages appropriately targeted to the roles of the healthcare providers.** **Develop a maternal nutrition and IYCF orientation component, with technical questionnaire, for inclusion in pre-service induction workshops.** **Disseminate information packages on healthcare providers social media groups.**	MoH (HR	HPA	Resource package (folder) with the online 'UNICEF-Cornell Programming for IYCF Course', and key maternal nutrition and IYCF context-specific content and the SBCC strategy documents. Orientation package (video/ presentations) for all new healthcare provider recruits, utilizing components from the frontline healthcare providers training programme. (See above) Provide links to the 'Mother and Child app' and the 'First 1000-Days Matters' website

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
PROVIDE AWARENESS TO HEALTHCARE PROVIDER PROFESSIONAL BODIES (ANTE-NATAL, NEONATAL, PAEDIATRIC, REPRODUCTIVE) OF THE SBCC STRATEGY AND KEY MATERNAL NUTRITION AND IYCF INFORMATION AND TARGETED MESSAGES.			
Develop messaging and videos for regular presentation on healthcare provider professional bodies social media groups, hospital/ health centre online groups and websites. **Share links eg to the 1000-days Website and the Maternal and Child app.**	HPA,- Medical Associ-ation, Nurses Associa-tion	Professional, bodies, UNICEF, WHO.	Messages and videos for presenting on professional online social media networks. Develop a maternal nutrition and IYCF orientation package for download, utilizing components from the frontline healthcare providers training programme, including the module on the SBCC strategy. (See above)
REVISE AND REFORM PROFESSIONAL PRE-SERVICE TRAINING CURRICULA TO INCORPORATE MORE MATERNAL NUTRITION AND IYCF FOCUSED ELEMENTS.			
Faculty of Health Sciences: Incorporate additional maternal nutrition and IYCF focus into the following modules: Reproductive Health, Public Health, Child Health, Community Health and Management of Diseases, and include a SBCC practicum module on maternal and IYCF during the First 1000 days of Life. **Medical School: Incorporate mandatory maternal nutrition and IYCF modules into the curricula.** **School of Nursing: Incorporate mandatory maternal nutrition and IYCF modules into the curricula.** **Villa College: Incorporate mandatory maternal nutrition and IYCF modules into the curricula.** **For all institutions: Strengthen the practical field work experience components, such as student participation in ANC clinics, GMP clinics, staff trainings -on wider island locations as well as Male' and surrounds.**	MoH, HPA.	FHS. Medical School, School of Nursing, Villa College.	Revise and reform professional pre-service training modules to reflect up-to-date contextual and practical nutrition information and competencies for providing evidence-based contextually appropriate information, education, communication and support for maternal nutrition and IYCF at both facility and community levels. Use of maternal nutrition and IYCF tools and resources, applicable to the course content.
DEVELOP KEY TRAINING, EDUCATIONAL, COUNSELLING RESOURCES AND JOB AIDS AND AWARENESS-RAISING TOOLS. TRAIN THOSE WHO WILL USE THE TOOLS/ AIDS			
Develop, pre-test and finalize resources. See end of SO1.3: Communication tools to develop. Distribute and use as appropriate. **Train those who will use the tools and aids. For all new resources:** **Develop an Orientation/Guide (video and/ or manual) to support their appropriate and effective use.** **Provide an audio-visual training session on their use** **Conduct a mandatory practical on their use, self-assessed by respective healthcare provider peers.**	HPA		Orientation/Guide (video and/or manual) Trainings for the use of each resource developed

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
1.3 STRENGTHEN AND BUILD HEALTHCARE INSTITUTIONAL CAPACITY TO IMPLEMENT AND MANAGE MATERNAL NUTRITION AND IYCF BEHAVIOUR CHANGE COMMUNICATION AT KEY CONTACT POINTS AT HEALTHCARE FACILITY AND COMMUNITY LEVELS.			
INCORPORATE MATERNAL NUTRITION AND IYCF BEHAVIOUR CHANGE COMMUNICATION AS A MANDATORY CLINICAL INTERVENTION IN REPRODUCTIVE AND PAEDIATRIC SERVICE DELIVERY AT KEY ANC AND PNC CONTACT POINTS, THROUGH INTEGRATED CLINICAL SERVICES, AND CLEAR ROBUST PATHWAYS FOR PROVIDING INTEGRATED MANAGEMENT OF GROWTH, NUTRITION AND FEEDING CONCERN.			
Develop ANC and PNC packages for mandatory intervention, supported by training, and development and training on the use of job aids and tools. **Healthcare providers to develop aesthetically appealing child-friendly environments at healthcare facility PNC contact points.** **Re-position growth monitoring as 'Growth Monitoring and Promotion' (GMP), according to the guidelines.** **If the promotion' component of GMP is not feasible (such as currently at healthcare institutions in Male'): Establish weekly support group sessions, led by a paediatrician for cases of growth and feeding concern. Healthcare providers register children with growth faltering or feeding concern, with recommendation from a paediatrician, for attendance at the specified group counselling sessions, followed up with informing caregivers of the group session details and the rationale for the referral.** **Advocate for and support* procedures to strengthen management and administration of healthcare facilities to organize ANC and PNC clinics or consultation sessions (post-delivery care; GMP; child health visits) to enable provision of information, education and counselling on recommended maternal nutrition and IYCF practices.** **Male'and surrounds: Advocate to key ministers for out-patient GMP facilities extended operational service hours and/or locations, in Male' and surrounds, supported by additional informed and skilled healthcare providers to enable time and space for the promotion and counselling component of GMP.**	MoH (QAD; HR. RAHSD), HPA, RH. Health-care facility manage-ment.	ANC and PNC healthcare providers Advocacy: Steering Committee/ TAG	IYCF Guidelines: finalise development of the document. Integrate IYCF messages in Pre-Marital Counselling Package and Family Planning Guide. Education and counselling guides and procedural checklists. Facilitation guidance manual and tools for supporting group education, for mothers, grandmothers, and other community members. Note: During GMP healthcare providers to share information on the importance of height, weight, micronutrient deficiencies and feeding practices, related to short- and long-term effects. Relate to recommended feeding practices applicable to the age of the child. *Advocacy and support directed at ensuring effective use of available healthcare workforce and solve the challenges of human resource coverage, time and space for supporting maternal nutrition and IYCF education and counselling provided at facility and community levels. Develop advocacy briefs and presentations on the importance of quality counselling for the proper growth, health and development of young children, and allocation of time, space and human resource capacity requirements.
PUBLIC HEALTHCARE PROVIDERS CONDUCT HOUSE-HOLD VISITS FOR ALL INFANTS DURING THE FIRST 3-MONTHS OF LIFE.			
Islands: Identify all pregnant women registered at the health facility and expected newborn delivery dates. Public healthcare providers schedule and conduct home visits to all infants during the first 3-months of life, twice each week during first two weeks post-delivery then fort-nightly. **During home visits identify and reach all members of the household who are present, with key messaging and guidance, so they are aware of the recommended IYCF feeding practices, highlighting the importance of exclusive breastfeeding and maternal caregiving support and encouragement required.**	MoH (QAD; RAHSD), HPA, Health facility manage-ment.	Public healthcare providers	Newborn visits guidelines/ protocols (highlighting breastfeeding support). Counselling guides and checklists Child health record with IYCF sections Mothers Health Booklet, containing maternal nutrition and IYCF sections

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
INCORPORATE MATERNAL NUTRITION AND IYCF INTO ADK AND NCD ALLIANCE TEAM OUTREACH ACTIVITIES IN MALE'			
Provide key educational messaging during household visits, including information on the relationship between maternal nutrition and IYCF during the first 1000-days of life and risk of obesity and NCDs.	HPA/ Task Force.	ADK, NCD Alliance.	Provide links to the 'Mother and Child app' and the 'First 1000-Days Matters' website.
REVITALIZE AND INSTITUTIONALIZE THE BABY-FRIENDLY HOSPITAL INITIATIVE+ (BFHI+) ACROSS ALL HEALTHCARE FACILITIES AND EXTENDING TO COMMUNITY OUTREACH ACTIVITIES.			
Provide TOT/ refresher trainings on the 10-steps of BFHI to relevant management and technical staff of all hospitals -public and private. **Trained staff ensure all relevant facility staff are trained on the BFHI.** **Develop hospital routines and procedures supportive of the successful initiation and establishment of breastfeeding and expanding the initiative to include clinics, health centres, community outreach activities.** **Enforce through active monitoring of implementation.** **Provide awareness of the BFHI+, and it's importance, among stakeholders, such as pharmacy representatives, through preparation and dissemination of a fact sheet and an awareness video.**	HPA, UNICEF	Health facilities management and healthcare providers.	Utilize specific online BFHI+ trainings as well as incorporating components in maternal nutrition and IYCF trainings. Training materials: http://www.who.int/nutrition/publications/infantfeeding/bfhi_trainingcourse/en/ WHO. 1981. The International Code of Marketing of Breastmilk Substitutes, with addendum http://www.who.int/nutrition/publications/code_english.pdf WHO. 1989. Protecting, promoting and supporting breastfeeding: the special role of maternity services. A joint WHO/UNICEF statement. Geneva Fact sheet example: https://www.breastfeeding.ie/Uploads/The-WHO-Code-of-Marketing-of-Breast-Milk-Substitutes.pdf - WHO,2017:Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. http://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf;jsessionid=7DB0B40BE55FDE2BDF7B3AB48C5E9716?sequence=1 Ten steps to successful breastfeeding (revised 2018) http://www.who.int/nutrition/bfhi/ten-steps/en/
STRENGTHEN SUPPORTIVE SUPERVISION AND APPRAISAL OF HEALTH WORKERS' PROCEDURES AND PRACTICES TO REINFORCE POSITIVE BEHAVIOURS AND TO IDENTIFY AND TARGET AREAS WHERE CONTINUED IMPROVEMENTS CAN BE MADE IN A SUPPORTIVE MANNER.			
Develop a mentoring and/or coaching system and strengthen the personnel appraisal system for all staff, with enhanced systems for new graduates. **Develop quality performance standards and supportive supervision standards, protocols and tools, for delivering maternal and IYCF messaging, education and counselling** **Build capacity to audit them.** **Atoll-level conduct random supervisory visits to each island facility half-yearly. Report sent to HPA.** **Once annually HPA conduct a supervisory visit to atoll level, as a component of comprehensive profiling.** **Develop a maternal nutrition and IYCF healthcare facility reward system, with quality standard guidelines and performance criteria, in order to enhance workforce productivity, quality and the retention of qualified staff.**	MoH (QAD; RAHSD, RH), HPA	Health facility management	Mentoring Guide to help develop skills and provide guidance for mentoring of healthcare providers. Supportive supervision protocols and checklists.

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
IMPROVE INFORMATION MANAGEMENT SYSTEMS TO SUPPORT EFFICIENT DOCUMENTATION AND REPORTING.			
Outsource purchase of tablets, or other tools **Develop a database for recording growth and feeding practices.** **Initiate with trialing at Dhamanaveshi before rolling out to other growth monitoring facilities throughout the country.** **Integrate with the new GP System once trialed and with national coverage.**	MoH, HPA, UNICEF, WHO	GMP health-care providers (Dhama-naveshi)	Reporting tools and job aids

SUPPORTING INFORMATION: COMMUNICATION TOOLS OR RESOURCES TO DEVELOP

Training materials (TOTs and trainings) and training guidelines for health care providers.
Adapt and update of training curricula, materials, job aids and follow-up activities, including the development of e-learning, supported by videos combined with audioconferencing (particularly for healthcare providers located out of Male' and surrounding areas). Ensure trainings apply scientific knowledge, respond to health workers knowledge, attitudes, beliefs and practices and are contextualized to reflect culture, social norms and behaviours identified for change at individual and community level. Focus on strengthening healthcare providers ability to effectively counsel and provide correct information, on key maternal nutrition and IYCF behaviours at facility healthcare contact points and during community outreach activities. Include a module on the SBCC strategy.

Utilize the online UNICEF-Cornell University 'Programming for IYCF' Course, with the addition of Maldives-specific contextual modules.

- **Focus curriculum topics:** Nutrition landscape; contextual nutrition determinants related to the key SBCC messages; rationale for recommendations (maternal diet, weight gain, hygiene, supplementation; interplay of micro- and macronutrients and foetal and child development; micronutrient supplementation; lactation physiology; colostrum; age of introduction of complementary feeding); counselling and support for feeding problems and milk expression; use of BMS; personal and food hygiene; child development and the feeding process (age-appropriate and active feeding and stimulation); BFHI and baby-friendly communities; interpretation of anthropometric indices; referral procedures; community outreach activities; communication skills; facilitating home visits and group sessions; working with the community. Mentoring and coaching to be included in supervisor/ higher level staff trainings. Highlight the importance of utilizing the growth assessment contact points for growth promotion to benefit the holistic development of the child.

Methodology to be based on adult learning principles, using training techniques that staff themselves will use when sharing information and counselling mothers, and teaching and training others. Emphasizes practical exercises and role plays and include facility and community practicum components.

Protocols and guidelines for the provision of consistent targeted messaging, education and support at ANC and PNC contact points.

Counselling guides and checklists, incorporating timed targeted stage-appropriate messaging., suitable for ANC and PNC counselling at healthcare facilities and during house-hold visits to newborns. These can be supported by use of the 'child health record' and the 'Maternal Health Booklet', containing checklists. (See below)
Include a counselling module with use of the Counselling Guides and Checklists in maternal nutrition and IYCF trainings.

Facilitation guidance manual and tools for supporting group education, for mothers, grandmothers, and other community members, such as the 'Parenting IYCF and Young Child Development (YCD) action-oriented support groups' and 'Community Group Education' sessions.

Include a Group Facilitation skills module in maternal nutrition and IYCF trainings, utilizing the adult-learning principles.

A manual to provide guidance on facilitating group sessions can build healthcare providers skills and confidence for facilitating information sharing during educational and support group sessions. Evidence shows that combined individual and group counselling and educational interventions for IYCF are better than individual or group counselling alone.

Small group sessions create an atmosphere and opportunity where participants feel confident to ask questions, listen to each other and discuss information or concerns.

Combinations of IYCF and young child development interventions (for caregivers of children aged under-2 years) can have additive or synergistic effects for both nutrition and development outcomes. Action-oriented parenting groups provide opportunity for learning skills, information-sharing, discussion and encouragement and support from other mothers regarding IYCF and young child development).

'Parenting IYCF and Young Child Development (YCD) action-oriented support groups' to provide education and skills development and peer support activities. Include topics and action-oriented activities such as: maternal diet and weight; understanding growth (undernutrition and excess weight) and short- and long-term effects; recommended age-appropriate IYCF practices; active feeding techniques (baby-led and caregiver-led); identifying nutrient-rich foods; food storage; food and personal hygiene; participatory food demonstrations (using the recipe book as a guide); child development milestones; structured play (including stimulation techniques; toy making).

Child Health Record Book: Add an IYCF section. Content to include: 1. IYCF education counselling checklist, recording information on messages to be provided; 2. A chart with feeding recommendations related to child development feeding stages & globally agreed recommended practices. 3. Section to complete information on foods and drinks given, consistency, frequency, amount, feeding method. Ensure healthcare providers complete information on IYCF is recorded in the Child health record, both the facility record and family record. Pre-test with randomly sampled caregivers. Healthcare staff provide orientation to all caregivers during group education sessions on maternal nutrition and IYCF; reinforce during individual growth monitoring and promotion sessions.

Link with the 'Maternal Nutrition and Complementary Feeding Recipe Book' and the 'First 1000-days of Life Website'
Note: The child health record is a health record that covers the period from a baby's birth through her/his first five years. It is used for recording growth, immunization, child development milestones. As such, it is a fundamental health tool that caregivers carry to the health clinic for 2-5 years.

Maternal Health Booklet: Develop a Mothers Health Booklet that can be used to record important health and nutrition/ diet information (counselling checklist; nutrition recommendations and rationale; diet plan, diet Record) during pregnancy and post-delivery for three pregnancies. A Maternal Health Booklet can be a valuable tool for pregnant and lactating women and healthcare providers.

It is important that pregnant and lactating mothers maintain an appropriate diet and weight and are informed on the importance of immediate and exclusive breastfeeding. The ANC 9-months 9-days package is outdated.

Link with the 'Maternal Nutrition and Complementary Feeding Recipe Book' and the 'First 1000-days of Life Website'

Flip chart/ Flash cards: Develop a revised flip chart, based on the 'UNICEF IYCF Counselling Package'. Adapt to include country-specific counselling priorities and messages. (See: https://iycf.spring-nutrition.org)
Flip charts provide visual and messaging tool for use by health workers to counsel mothers and children. The UNICEF IYCF Counselling Package provides an integrated set of cards with clear visuals and targeted messaging.

Posters with key messages and visuals: posters to support Maternal and Child Health package; 1 key message per poster

---

Videos for: group education; healthcare facility waiting areas; post-natal wards.

Mother and Child app: add an interactive 'Maternal nutrition and IYCF section'.

Food-based Dietary Guidelines: include a 'Maternal nutrition and IYCF section'.

Maternal Nutrition and Complementary Feeding Recipe Book: Develop a recipe book that promotes easy and specific ways of using nutritious, accessible, and affordable foods to improve the diets of pregnant and lactating women and young children. Provide simple step-by-step recipes with visuals of each stage of preparation, optional alternative ingredients, description of texture/ consistency, amount, feeding frequency with supporting information on stages of child development relating to the feeding process, and information on nutritional aspects of how the food is good for growth and development.

- Develop in an app for download.
- Develop in print form for use by caregivers and healthcare providers facilitating individual and group education.

IYCF Guidelines: make available to all health professionals via common platform, integrating updated contextual content into other relevant guidelines

---

Mentoring Guide to help develop skills and provide guidance for mentoring of healthcare providers. Provide guidance for using skills such as active listening, building trust, determining goals and building capacity, encouraging and inspiring.

Supportive HR supervision protocols and checklists.

Activities Framework SO2 ,

Mobilize social and community action to promote and support change in maternal dietary and IYCF behaviours and social norms.

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
2.1 FOSTER OR POSITIVELY INFLUENCE PUBLIC KNOWLEDGE, PERCEPTIONS AND ATTITUDES FOR FAVOURABLE SOCIAL NORMS.			
INCORPORATE MATERNAL NUTRITION AND IYCF MODULE INTO THE PARENTAL AND SCHOOL-LEAVER LIFE-SKILLS-BASED CURRICULA.			
Conduct focus group (health, personnel, school councils, teachers, parents, school health assistants) discussion to decide on the best maternal nutrition and IYCF content to incorporated into the life-skills curricula. **Develop the Maternal nutrition and IYCF module for implementation.**	HPA, MoE, UNICEF	Teachers (life skills programme)	Maternal nutrition and IYCF life-skills module. Maternal and Child' app: 'Maternal nutrition and IYCF section'. Food-based Dietary Guidelines: with 'Maternal nutrition and IYCF section'.
Engage the school platform in disseminating key behavioural messages and information on SBCC activities			
Involve the PTA in mobilizing community members for maternal nutrition and IYCF SBCC activities. **Convey key maternal nutrition and IYCF messages in relevant school curriculum sessions (such as (food; nutrition; health).** **Involve the school children in developing SBCC (print; digital) materials for the community and school notice boards.**	HPA, MoE	Healthcare and teacher focal persons, PTA, Girl Guides/ Boy Scouts/School children	Key messages 'Maternal and Child' app: 'Maternal nutrition and IYCF section'. Food-based Dietary Guidelines: include a 'Maternal nutrition and IYCF section'. Posters School website
CONDUCT COMMUNITY LARGE GROUP MATERNAL NUTRITION AND IYCF EDUCATION			
Develop maternal nutrition and IYCF education sessions for primary caregivers, and other community members. **Facilitate a session 3-monthly in Male'. Video the sessions and share for viewing during maternal nutrition and IYCF group sessions in island locations.**	HPA/ TAG	Pediatricians. Gynaecolo-gists. Dieticians	Video of Male' maternal nutrition and IYCF education sessions
Incorporate maternal nutrition and IYCF key messaging into religious scholars Khuthuba (Friday prayer)			
See SO3.3	HPA	Religious scholars	
Integrate a compulsory maternal nutrition and IYCF Health module into Pre-marriage Counselling sessions			
See SO3.3	HPA	Magistrates/ Healthcare providers	
Conduct orientation and capacity-building workshops at Male' and atoll level for key tertiary audiences, to ensure those who are responsible for communicating with the general public reach, engage and empower other community members to remove barriers and enable behaviour change for optimal maternal nutrition and IYCF practices.			
Develop and present orientations/ trainings targeted to the audiences, with aim that: **1. They are aware of the recommended MIYCF practices and the essential role of nutrition in the first 1000-days of life for short- and long-term health and development.**	HPA	HPA/ Task Force,	Video or ppt presentation on maternal nutrition and IYCF and the SBCC strategy. Audiences include: relevant religious scholars; Journalists/ Media Council/ Broadcasting Corporation; national, atoll and island government (councils; ministries; departments); CSOs; teachers; judicial administrators/ magistrates.

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
2. They have the capacity to provide appropriate accurate contextually-relevant data information. **3. They are mobilized to take action to support the SBCC strategy and its objectives.**			Media: Provide understanding nutrition jargon for media representatives, and relationship to specific thematic areas of work for other audiences.
2.2 ENHANCE VISIBILITY AND POSITIONING OF MATERNAL NUTRITION AND IYCF AT ALL LEVELS AND BREADTH OF SOCIETY.			
DEVELOP, MAINTAIN AND MODERATE A 'THE FIRST 1000-DAYS MATTERS' WEBSITE.			
Develop a website specifically focussed on providing information on nutrition and feeding and caring practices during the first 1000-days of life. **Share the website link through all SBCC platforms (channels and resources)**	HPA/ UNICEF	UNICEF	Develop the website with drop-down folders on: general nutrition and foods; maternal nutrition; IYCF and caring; child development stages relating to responsive feeding and caring; parenting skills; recipes. Provide written endorsement by UNICEF as a recommended source of credible information Include links to download the: Maternal Nutrition and Complementary Feeding Recipe Book; 'Mother and Child app'; 'Food-based Dietary Guidelines'
DEVELOP AND BROADCAST 'THE FIRST 1000-DAYS MATTERS' RADIO SEGMENTS			
Apply for CSR free airtime. **Develop and screen pre-recorded interviews with health specialists, for airing, with opportunity for the public to send in questions for specialists to provide answers.** **Develop key messages scripts for frequent airing.** **Collaborate with the radio companies to develop mechanisms to monitor the strategy's communication activities.**	HPA/ Task Force	TAG. Broadcasting corporation. Selected radio media	Radio media include: Public Service Media companies, Capital radio, Voice of Maldives. Radio Atoll.
DEVELOP AND BROADCAST 'THE FIRST 1000-DAYS MATTERS' TV SEGMENTS			
Apply for free 10-minutes CSR airtime. **Develop key messages scripts for frequent airing.** **Develop and screen pre-recorded interview sessions with paediatricians, gynaecologists and dieticians.** **Develop and screen a documentary on 'The First 1000-days Matters: Positive feeding and caring for child development'.** **Develop and screen a 'First 1000-Days Matters maternal nutrition and IYCF cooking show.**	HPA/ Task Force	TAG, Selected TV media, Broadcasting corporation,	TV media include: Television Maldives, GoTV.
PRODUCE AND SCREEN 'THE FIRST 1000-DAYS MATTERS' VIDEOS ON DIGITAL SCREENS IN PUBLIC WAITING AREAS.			
Develop public awareness-raising video/ audio-visual in edutainment formats. **Screen on public screens such as ferry and airport terminal waiting areas and other community digital screens, nationally.**	HPA/ Task Force	Maldives Airports Company Limited, Maldives Transport and Contracting Company.	Video/ audio-visuals in edutainment formats

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
DEVELOP 'THE FIRST 1000-DAYS MATTERS' STATUS CHARTS AND MESSAGING ON COMMUNITY DIGITAL AND/OR WOODEN NOTICE BOARDS; KEEP UPDATED.			
Seek permission from appropriate bodies for use of available or to construct new notice boards **Establish community notice boards with key maternal nutrition and IYCF messaging, maternal nutrition and IYCF community status and SBCC activities** **Update every month with new messages/ information, as required for activities and 6-monthly for (health facility) growth and nutrition status updates.**	HPA/ Task Force.	'Community Maternal and Young Child Action Groups'. Atoll and Island Councils. Schools. Healthcare Facilities	Present on the notice boards: 1. Charts to make malnutrition and overweight and obesity and NCD status visible to the community 2. Key messages and information on the short and long-term effects of poor nutrition during the first 1000-days of life 3. The status of community maternal nutrition and IYCF SBCC activities.
DIFFUSE 'THE FIRST 1000-DAYS MATTERS' KEY MESSAGES AND SHARE VISUALS THROUGH SOCIAL MEDIA NETWORKS (SUCH AS FACEBOOK AND VIBER), TO REACH MOTHERS, GRANDMOTHERS AND FATHERS.			
Widely and regularly circulate social buzz nudges' (messages) through selected social media (eg Facebook; Viber) groups to create a "buzz" -or diffusion- of information in the wider community, supported by brief explanatory information on the rationale behind the recommendation/ message. Circulate content that responds to the phase of the progressive roll-out of the strategy. **Add 30-60second visuals; apps for download; links to 'The First 1000-Days Matters' website; information on the SBCC activities.**	HPA/ Task Force	Selected national, atoll and island online social network groups,	Videos Key messages Links to: 'Mother and Child App' (for download); 'The First 1000 Days Matters' website Note: Target networks used by respective audiences.
Partner with events to 'ride the wave of social tides'			
Participate in relevant 'events' activities by partnering with and supporting government, organizations' and private-sector efforts to increase awareness and support of optimal maternal nutrition and infant and young child feeding practices. Eg Breastfeeding Week.	HPA/ Task Force, UNICEF	As applicable	As appropriate to the event.
2.3 INCREASE BROAD SOCIAL SUPPORT, PARTICIPATION, LEADERSHIP, AND COORDINATED COLLECTIVE ACTIONS TO PLAN, MANAGE AND IMPLEMENT MATERNAL NUTRITION AND IYCF SBCC ACTIVITIES.			
FACILITATE TRAININGS ON THE SBCC STRATEGY FOR ISLAND HEALTHCARE FACILITY STAFF, PLUS SELECTED COUNCIL AND TEACHER FOCAL PERSONS AND OTHER RELEVANT COMMUNITY FOCAL PERSONS IN APPLICABLE SESSIONS OF THE TRAINING.			
Healthcare provider SBCC focal persons, upon return to their respective healthcare facility from Atoll-level training, provide a training on the SBCC strategy for all health facility staff (management and technical) AND with the inclusion of selected council and teacher SBCC focal persons.	HPA	Health-care SBCC focal persons trained (TOTs) at Atoll level	Tools from the Atoll-level training. (See Atoll-level training: SO1.2)
PROVIDE SENSITIZATION, GUIDANCE AND SUPPORT TO ATOLL/ISLAND/CITY COUNCILS TO INCORPORATE SPECIFIC MATERNAL NUTRITION AND IYCF PROJECTS AS A MANDATORY COMPONENT OF THEIR DEVELOPMENT ACTION PLANS.			
Development of clear roles and responsibilities of atoll/ island councils and Ministry of Health in the financing, management and delivery of the defined agreed SBCC activities at community level.	HPA	LGA, Atoll and Islands Councils.	

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
FACILITATE PUBLIC 'TRIGGERING' MEETINGS AT ISLAND LEVEL, TO INITIATE COMMUNITY ACTIVITIES TO PROVIDE AWARENESS OF THE STATUS OF NUTRITION IN THE COMMUNITY, IDENTIFYING THE DETERMINANTS, STIMULATE SELF-REFLECTION, PROBLEM-SOLVING AND ASSESSMENT OF NEEDS AND PRIORITIES, ENGAGE THEIR BUY-IN AND MOBILIZE SUPPORTIVE PARTICIPATORY COMMUNITY-LED ACTION.			
Development of a "triggering tool" used to guide facilitation of the public triggering meetings at community level. **Healthcare, council and teacher focal persons mobilize community members for attending the triggering meeting, which provides awareness of the maternal nutrition and IYCF and community context and SBCC strategy and community activities; additional activities are identified by the community during discussion.** **Form a community-elected 'Maternal nutrition and IYCF Action Group'. (See Annex 5: Triggering community action)**	HPA	Healthcare SBCC focal persons, Island council and teacher focal persons	Presentations, combining the use of video and IEC materials with interpersonal dialogue, on: Recommended maternal nutrition and IYCF practices Visual representation of the maternal and young child nutrition status and feeding practices in the community (eg a stunting line; nutrient line) SBCC strategy
ESTABLISH COMMUNITY-SELECTED TASK-FOCUSED 'MATERNAL AND YOUNG CHILD ACTION GROUPS' TO PROVIDE LEADERSHIP, OVERSIGHT AND COORDINATION FOR SBCC ACTIVITIES AT ISLAND LEVEL.			
Healthcare provider, council and teacher focal persons provide the 'Maternal nutrition and IYCF Action Group' with an orientation on the identified SBCC activities. **The Group develops an 'Maternal nutrition and IYCF Action group' Action Plan (schedule and monitoring requirements).** **'Maternal nutrition and IYCF Action Group' meets monthly, or more frequently as required.** **The group provides regular (6-monthly) report on the SBCC**	HPA	Healthcare facility, council and teacher SBCC Strategy focal persons.	
ENGAGE CIVIL SOCIETY GROUPS (FORMAL AND INFORMAL NETWORKS) IN MATERNAL NUTRITION AND IYCF ACTIVITIES THAT MOBILIZE AND EMPOWER INDIVIDUALS AND COMMUNITIES FOR BEHAVIOUR CHANGE, THROUGH FACILITATING TRAININGS, ADVOCACY AND AWARENESS-RAISING ACTIVITIES, AS APPROPRIATE TO THE ORGANIZATIONS CAPACITY.			
Conduct a capacity-building workshop on maternal nutrition and IYCF and the SBCC strategy for key representatives of SHE, ARC, Maldives Girl Guide Association, Scout Association of Maldives, Maldivian Red Crescent **Develop an action plan on their activities. (See Annex 6: Mapping of CSOs)**	HPA	HPA/ Task Force	Examples of activities to consider: SHE in collaboration with Healthcare providers facilitate maternal nutrition and IYCF trainings for NCD Alliance peer educators, MRC and WDCs volunteers and Girl Guide leads. ARC develop IEC and audio-visual materials directed to children and parents. Maldives Girl Guide Association; Scout Association of Maldives incorporate a Service Badge requiring 3-monthly maternal nutrition and IYCF awareness activities (posters; food demonstrations) supported by development of a chapter update: 'Nutrition through the lifecycle' in their Manuals. Maldivian Red Crescent include maternal nutrition and IYCF in their house-house education programme & community mobilization activities.

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
ESTABLISH A "MOTHER AND CHILD HEALTH-PROMOTING COMMUNITIES AWARD" AND A "MOTHER AND BABY-FRIENDLY WORKPLACE AWARD"			
Establish a Task Force to oversee the development of the guidelines and criteria for achieving the Awards **Develop guidelines and activities for achieving the award, through a process of national dialogue and collaboration among the 'Maternal nutrition and IYCF Action groups' and other community members. Link to the outreach component of the BFHI.** **Develop information packs to support actions towards meeting the criteria and applying for the Award.** **Provide information packs to the healthcare, council and teacher focal persons, as members of the 'Maternal nutrition and IYCF Action Groups'.** **Widely promote the accomplishments of the award winning communities and workplaces through a variety of media, along with supporting maternal nutrition and IYCF key messaging and links to resources.**	HPA	HPA/ Task Force	Guidelines for achieving the "Mother and Child Health-Promoting Communities Award" and the "Mother-Baby-friendly Workplace Award". Award/ trophy Media videos on the award-winning communities and work places

ACTIVITIES FRAMEWORK SO3 ,

Strengthen maternal and infant and young child nutrition governance to provide an enabling and guiding environment for social and individual behaviour change.

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
3.1 IMPROVE STRATEGIC COORDINATION AND COLLABORATION, FOR OPERATIONALIZING COHERENT, HARMONIZED AND STREAMLINED MATERNAL NUTRITION AND IYCF SBCC ACTIVITIES.			
FORM A NATIONAL STEERING COMMITTEE (WITH REPRESENTATION FROM SPECIFIC MULTI-SECTORAL AND MULTI-AGENCY PERSONS)			
Identify Steering Committee members **Develop the TOR** **Meet as required, through face-face or skype forums**	HPA	HPA	TOR to include: lead and oversee strategic coordination of the implementation, monitoring and knowledge management of the SBCC strategy at national level, support advocacy initiatives and ensure sectoral plans are aligned with the SBCC Strategy.
FORM A TECHNICAL ADVISORY GROUP (TAG) TO PROVIDE GUIDANCE AND SUPPORT FOR TECHNICAL COMPONENTS OF THE STRATEGY.			
Identify a pool of (cross-sectoral, cross-agency) specialists for a TAG. **Develop the TOR.** **Meet as required, through face-face or skype forums.**	HPA	HPA	TOR to include: involvement in activities such as training, monitoring and evaluation, input into the development of resources, media and advocacy activities, among others.
FORM ACTION-ORIENTED TASK FORCES AS REQUIRED FOR SPECIFIC TIME-LIMITED STRATEGY ACTIVITIES.			
Establish as required, with TOR.	HPA	HPA/ Steering Committee	TOR developed, as appropriate.
3.2 STRENGTHEN INFORMATION MANAGEMENT SYSTEMS, FOR INFORMING POLICY, PLANNING, IMPLEMENTATION AND IMPACT OF MATERNAL NUTRITION AND IYCF SBCC ACTIVITIES.			
BUILD AND MAINTAIN A ROBUST MECHANISM THAT PROVIDES AN EVIDENCE BASE TO INFORM IMPLEMENTATION, ADVOCACY, MONITORING AND EVALUATION.			
Develop the methodology, procedures and tools for undertaking regular monitoring of the SBCC activities at institutional and community levels, with clear roles and responsibilities of institutions/ personnel involved. **Conduct a baseline survey, including maternal nutrition and IYCF KAPs and communication components.** **Routinely collect data on programme activities, communications, and behavioural data, guided by the Monitoring Framework.** **Ensure continuous knowledge management, through systematically recording evidence and experience on success factors and lessons learned in the process of developing and implementing the SBCC Strategy; timely share with partners and with the wider national and international fora.** **Conduct a mid-line assessment to assess programme quality/ performance; make timely required adjustments.** **Conduct an end-line survey.**	HPA, MoH, NCIT.	Implementers/ Partners	Data collection tools (Database[Tablets]; Routine monitoring forms; Checklists; Survey tools) Monitoring framework.

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
3.3 INCREASE ADVOCACY DIRECTED AT KEY DECISION-MAKERS TO SECURE COMMITMENT, WILL AND RESOURCES FOR STRENGTHENED POLICIES AND SERVICES FOR MATERNAL NUTRITION AND IYCF.			
CONDUCT CONTINUOUS ADVOCACY AND LOBBYING TO MOBILIZE THE ACTIVE PARTICIPATION AND SUPPORT OF KEY COMMUNITY MEMBERS/ OPINION LEADERS TO DEMAND MATERNAL NUTRITION AND IYCF PROTECTIVE AND SUPPORTIVE POLICIES, SERVICES AND COMMODITIES.			
Develop and send regular advocacy briefs, key maternal nutrition and IYCF messages and information and SBCC strategy updates to key community members/ audiences (such as 'Maternal and Young Child Action Groups'; medical specialists; religious leaders; health professional associations; CSOs; community groups) (via email, print, social networks).	HPA/ Task Force		Advocacy briefs Fact sheets Power-point presentations.
FORM A NATIONAL STEERING COMMITTEE (WITH REPRESENTATION FROM SPECIFIC MULTI-SECTORAL AND MULTI-AGENCY PERSONS)			
Conduct orientation/ education sessions on maternal nutrition and IYCF SBCC key messages for journalists/ media personnel to ensure that the media regularly conveys information and on the maternal and IYCF context and needs which is accurate and consistent with global and national best practice principles, guidance and policies. **Development of sets of Questions & Answers (Q&A), fact sheets, advocacy briefs and press releases for media/ journalists.** **Frequently disseminate information sheets, key messages and activity updates (such as on the status of the SBCC activities, related context and advocacy priorities) to motivate and support media efforts to provide awareness and mobilize key decision makers and community members to create a guiding and enabling environment supportive of appropriate maternal nutrition and IYCF practices.**	HPA/ Task Force	Task Force/ TAG, Maternal nutrition and IYCF Champions	Orientation/ training ppt presentation and/or video (downloadable) Advocacy briefs/ notes. Q&A and fact sheets on maternal nutrition and IYCF. SBCC intervention updates.
CONDUCT ADVOCACY AND PROVIDE SUPPORT FOR RELIGIOUS SCHOLARS TO INCORPORATE MATERNAL NUTRITION AND IYCF KEY MESSAGING IN THEIR KHUTHUBA.			
Conduct orientation/ education sessions on maternal nutrition and IYCF SBCC key messages for religious scholars (See SO2.1) **Meet with key religious scholars to advocate for the inclusion of maternal nutrition and IYCF messaging in Friday prayer.** **Develop key messaging briefs for sending to specified religious scholars each months**	HPA	Task Force/ TAG. Religious Scholars.	Orientation/ training ppt presentation and/or video (downloadable) Key messages briefs
CONDUCT ADVOCACY AND SUPPORT FOR INTEGRATION OF A MANDATORY MATERNAL NUTRITION AND IYCF COMPONENT WITHIN THE HEALTH MODULE IN PRE-MARRIAGE COUNSELLING, AS A REQUIREMENT FOR ATTAINING THE CERTIFICATE.			
Advocate to the Judicial Administration and other concerned bodies, for integration of a mandatory maternal nutrition and IYCF and caring module, facilitated by the magistrate, healthcare provider focal person or religious scholar (as applicable per location). **Conduct video orientation sessions for the applicable persons on the module**	HPA/ Task Force	TAG/ Task Force, Mater-nal nutrition and IYCF Champions	Video orientation session Presentation video (downloadable) Facilitation manual Participant information brochure, with reference to the official 'First 1000 Days of Life Matters' website link. Pre-marriage Counselling Certificate maternal nutrition and IYCF and caring component.

SBCC INTERVENTION ACTIVITIES	LEAD	IMPLEMENTING PARTNERS	COMMUNICATION TOOLS OR RESOURCES
Develop a video, facilitation manual and participant information brochures. Religious scholars, magistrates or healthcare focal persons facilitate the mandatory health component during the pre-marriage counselling session or alternatively the healthcare focal persons facilitates the maternal nutrition and IYCF component at the healthcare facility.			
CONDUCT REGULAR SENSITIZATION ACTIVITIES DIRECTED AT KEY DECISION-MAKERS/LEADERS (SUCH AS POLITICIANS, ATOLL AND ISLAND COUNCIL MEMBERS) AT CENTRAL AND DECENTRALIZED LEVELS FOR ATTENTION TO ACTIONS REQUIRED TO IMPROVE MATERNAL NUTRITION AND IYCF PRACTICES AND SBCC STRATEGY ACTIVITIES.			
Meet with key decision makers/ leaders to orient them to the maternal nutrition and IYCF context, the impact throughout the life course, and the First 1000-days of life SBCC strategy status and needs. Develop and distribute advocacy briefs, key documents and strategy updates	HPA	Steering Committee, TAG.	Advocacy briefs/ notes. Strategy update sheets.
CONDUCT INTENSE TARGETED ADVOCACY FOR BUDGET AND HUMAN RESOURCE MOBILIZATION DEDICATED, AND EARMARKED, FOR MATERNAL NUTRITION AND IYCF PROMOTION AND SERVICE DELIVERY (AT CENTRAL AND DECENTRALIZED LEVELS), TO BUILD CAPACITY, DELIVER, SCALE UP AND INSTITUTIONALIZE EFFECTIVE PROGRAMMES AND STRATEGIES FOR THE LONGER TERM.			
Conduct meetings with key government decision-makers to advocate for budget and human resources to support HPAs maternal nutrition and IYCF activities and to atoll and island level for service delivery. Develop and disseminate advocacy briefs and key support documents. Lobby the support of key healthcare specialists for advocacy efforts.	HPA	Steering Committee, MoH (QAD, HR. RAHSD) Judicial Administration	Advocacy briefs/ notes
CONDUCT ADVOCACY FOR NATIONAL PROTECTION POLICIES/LEGISLATION, STANDARDS AND GUIDELINES FOR MATERNAL NUTRITION AND IYCF, WITH POLITICAL COMMITMENT AND IMPLEMENTATION OF PROCEDURES AND MECHANISMS THAT REMOVE BARRIERS TO THEIR APPLICATION, ENACT THEIR PROVISIONS, AND TO ENFORCE AND MONITOR COMPLIANCE. ADVOCACY HIGHLIGHTS RELATE TO: NATIONAL MATERNAL AND INFANT AND YOUNG CHILD NUTRITION POLICY; INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES, WITH WHA RESOLUTIONS; (THE CODE); NATIONAL FOOD STANDARDS; REGULATION ON FOOD MARKETING TO CHILDREN; MATERNITY PROTECTION; HEALTHCARE WORKER STANDARDS			
Conduct awareness/ sensitization sessions to target the relevant key decision-makers/ policy-makers and other audiences. Lobby the support of the wider community of healthcare specialists and child rights and gender activists to support advocacy efforts. Develop and disseminate facts sheets, advocacy briefs to target relevant audiences, along with disseminating key supportive national and global documents.	HPA, MoH, WHO, UNICEF	Steering Committee, TAG.	Fact sheets Advocacy briefs/ notes Key policy, standards, guidelines and technical documents

SUPPORTING INFORMATION: ADVOCACY HIGHLIGHTS

National Maternal and Infant and Young Child Nutrition Policy: Formulate, endorse, implement, monitor and evaluate a comprehensive policy, as a primary obligation.

The International Code of Marketing of Breast-milk Substitutes: ensure that 'The Code' and subsequent relevant Health Assembly resolutions and supportive national measures in their entirety are ratified, enforced and monitored (seek technical assistance from NetCode actors), and given full consideration in food standards and related texts, trade policies and negotiations. Conduct awareness/ sensitization sessions targeting healthcare professionals (including pharmacists) on The Code and the national regulation with regard to roles and responsibilities of health care providers and facility mangers. Disseminate 'The Code' document, in its entirety, to key stakeholders: policy-makers, food standards authority, healthcare providers, pharmacists and media, supported by a Fact Sheet and advocacy note on the Maldives context. Sensitize importers wholesalers and retailers on the national regulation of BMS and measures taken in response to violations.

National food standards: Legislation and enforcement measures for distributors of industrially processed foods for infants and young children to ensure they are positioned for use at an appropriate age, and that they are safe, culturally acceptable, affordable and nutritionally adequate, in accordance with applicable Codex Alimentarius standards (including declaration of nutritional value) and the Codex Code of Hygienic Practice for Foods for Infants and Children.

Regulation on marketing: Measures to regulate the inappropriate marketing of unhealthy/'junk' foods (such as "junk food"; sugar-rich fruit & energy drinks) and feeding bottles (for BMS and for complementary foods) for children, aged under-two years.

Baby-friendly Workplace Initiatives: Appropriate mother and baby friendly workplace policies to protect breastfeeding, directed at employers to facilitate a supportive and enabling environment for breast-feeding at workplaces in the formal sector, such as work site accommodation for breastfeeding, expressing and storing breastmilk and/ or childcare.

Maternity Protection: application of ILO Maternity Protection Convention 2000, recommendation No. 191 entitling women at least 18 weeks maternity leave with 6-weeks compulsory leave after childbirth.

Health worker standards: Adoption and application of standards for healthcare provider education and training, pre- and in-service.

THREE FACTORS SHAPE ENABLING ENVIRONMENTS: KNOWLEDGE AND EVIDENCE, POLITICS AND GOVERNANCE, AND CAPACITY AND RESOURCES.

C: TIMELINE FOR IMPLEMENTATION OF ACTIVITIES: TIMELINE FRAMEWORK SO1, SO2, SO3

Activities Framework SO1 ,

Enhance maternal nutrition and IYCF interpersonal behaviour change communication strategies directed at pregnant women and caregivers of children aged under-2 years.

SBCC INTERVENTION ACTIVITIES	YEAR 1				YEAR 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1.1 IMPROVE ACCESS OF PREGNANT WOMEN AND MOTHERS/ PRIMARY CAREGIVERS OF CHILDREN AGED 0-23 MONTHS TO PERSONALISED INFORMATION AND SKILLED SUPPORT FOR OPTIMAL MATERNAL NUTRITION AND IYCF PRACTICES.								
Conduct parenting IYCF and Young Child Development action-oriented support groups				X	X	X	X	X
Ensure that pregnant women and mothers/ primary caregivers of children aged 0-23 months (and household members/ relatives/ peers who are present) routinely receive information, key messages, counselling and /or skilled support during ANC and PNC visits.			X	X	X	X	X	X
Send key messages to accompany text appointment reminders.		X	X	X	X	X	X	X
Send 'special buzz nudges' as weekly automated texts to reach pregnant women and mothers of children aged under-2 years .		X	X	X	X	X	X	X
1.2 STRENGTHEN PROFESSIONAL CAPACITY FOR IMPROVED MATERNAL NUTRITION AND IYCF SBCC AT HEALTHCARE FACILITY AND COMMUNITY LEVEL.								
Provide comprehensive TOTs on the SBCC strategy for selected healthcare SBCC focal persons		X						
Establish an accredited M-IYCN first 1000-days of Life Certificate programmes for new Registrations, as a base for questions included in the Licensing Exam, and for gynaecologist/ paediatrician essential CPD points.				X	X	X	X	X
Train ANC and PNC frontline healthcare providers (ante-natal, delivery care, growth monitoring, vaccination) on maternal nutrition and IYCF.		X	X					
Train new (national; foreign) healthcare provider recruits.			X	X	X	X	X	X
Provide awareness to healthcare provider professional bodies of the SBCC strategy and key maternal nutrition and IYCF information and targeted messages.		X						
Revise and reform professional pre-service training curricula to incorporate more maternal nutrition and IYCF focused elements.			X	X	X	X	X	X
1.3 STRENGTHEN AND BUILD HEALTHCARE INSTITUTIONAL CAPACITY TO IMPLEMENT AND MANAGE MATERNAL NUTRITION AND IYCF BEHAVIOUR CHANGE COMMUNICATION AT KEY CONTACT POINTS AT HEALTHCARE FACILITY AND COMMUNITY LEVELS.								
Incorporate maternal nutrition and IYCF behaviour change communication as a mandatory clinical intervention in reproductive and paediatric service delivery at key ANC and PNC contact points.		X	X	X	X	X	X	X
Public healthcare providers conduct house-hold visits for all infants during the first 3-months of life.			X	X	X	X	X	X

SBCC INTERVENTION ACTIVITIES	YEAR 1				YEAR 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Incorporate maternal nutrition and IYCF into ADK and NCD Alliance team out-reach activities in Male'.			X	X	X	X	X	X
Revitalize and institutionalize the Baby-Friendly Hospital Initiative across all healthcare facilities and extending to community outreach activities.			X	X	X	X	X	X
Strengthen supportive supervision and appraisal of health workers' procedures and practices				X	X	X	X	X
Improve information management systems to support efficient documentation and reporting	X	X	X					
Develop key training, educational, counselling resources and job aids and aware-ness-raising tools.	X	X	X					

Activities Framework SO2 ,
Mobilize social and community action to promote and support change in maternal dietary and IYCF behaviours and social norms.

SBCC INTERVENTION ACTIVITIES	YEAR 1				YEAR 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2.1 FOSTER OR POSITIVELY INFLUENCE PUBLIC KNOWLEDGE, PERCEPTIONS AND ATTITUDES FOR FAVOURABLE SOCIAL NORMS.								
Incorporate maternal nutrition and IYCF module into the parental and school-leaver life-skills-based curricula.			X	X	X	X	X	X
Engage the school platform in disseminating key behavioural messages and information on SBCC activities		X	X	X	X	X	X	X
Conduct community large group maternal nutrition and IYCF education			X	X	X	X	X	X
Conduct workplace-based awareness-raising maternal nutrition and IYCF educa-tion				S				
See 3.3: Incorporate maternal nutrition and IYCF key messaging into religious scholars Khuthuba (Friday prayer)			X	X	X	X	X	X
See 3.3: Integrate a compulsory maternal nutrition and IYCF Health module into Pre-marriage Counselling sessions				X	X	X	X	X
Conduct orientation and capacity-building workshops at Male' and atoll level for key tertiary audiences, for those who are responsible for communicating with the general public		X			X			
2.2 ENHANCE VISIBILITY AND POSITIONING OF MATERNAL NUTRITION AND IYCF AT ALL LEVELS AND BREADTH OF SOCIETY.								
Develop, maintain and moderate a 'The First 1000-Days Matters' website.	X	X	X	X	X	X	X	X
Develop and broadcast Radio segments			X	X	X	X	X	X
Develop and broadcast TV segments			X	X	X	X	X	X
Produce and screen videos on Digital Screens in public waiting areas.			X	X	X	X	X	X
Develop SBCC status charts and messaging on community digital and/or wooden notice boards; keep updated.		X	X	X	X	X	X	X
Diffuse key messages and share visuals through Social Media Networks (such as Facebook and Viber), to reach mothers, grandmothers and fathers.		X	X	X	X	X	X	X

SBCC INTERVENTION ACTIVITIES	YEAR 1				YEAR 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Partner with relevant* events to 'ride the wave of social tides'. Eg Breastfeeding Week, NCD Awareness.	*	*	*	*	*	*	*	*
2.3 INCREASE BROAD SOCIAL SUPPORT, PARTICIPATION, LEADERSHIP, AND COORDINATED COLLECTIVE ACTIONS TO PLAN, MANAGE AND IMPLEMENT MATERNAL NUTRITION AND IYCF SBCC ACTIVITIES.								
Facilitate trainings on the SBCC Strategy for island healthcare facility staff, plus selected council and teacher focal persons and other relevant community focal persons.		X						
Provide sensitization, guidance and support to atoll/island/city councils to incorporate specific maternal nutrition and IYCF projects as a mandatory component of their development action plans.		X						
Facilitate public 'triggering' meetings at island level, to initiate community activities		X						
Establish community-selected task-focused 'Maternal and Young Child Action Groups'		X						
Engage Civil Society Groups (formal and informal networks) in maternal nutrition and IYCF activities		X	X	X	X	X	X	X
Establish a "Mother and Child Health-Promoting Communities Award" and a "Mother and Baby-friendly Workplace Award"			X			X		

Activities Framework SO3 ,

Improve strategic coordination and collaboration, for operationalizing coherent, harmonized and streamlined maternal nutrition and IYCF SBCC activities.

SBCC INTERVENTION ACTIVITIES	YEAR 1				YEAR 2			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
3.1 IMPROVE STRATEGIC COORDINATION AND COLLABORATION, FOR OPERATIONALIZING COHERENT, HARMONIZED AND STREAMLINED MIYCN SBCC ACTIVITIES.								
Form a National Steering Committee (with multi-sectoral and multi-agency representation)	X							
Form a Technical Advisory Group (TAG) to provide guidance and support for technical components of the strategy	X							
Form action-oriented Task Forces as required* for specific time-limited strategy activities.	*	*	*	*	*	*	*	*
3.1 IMPROVE STRATEGIC COORDINATION AND COLLABORATION, FOR OPERATIONALIZING COHERENT, HARMONIZED AND STREAMLINED MIYCN SBCC ACTIVITIES.								
Build and maintain a robust mechanism that provides an evidence base to inform implementation, advocacy, monitoring and evaluation.	X	X	X	X	X	X	X	X
3.1 IMPROVE STRATEGIC COORDINATION AND COLLABORATION, FOR OPERATIONALIZING COHERENT, HARMONIZED AND STREAMLINED MIYCN SBCC ACTIVITIES.								
Conduct continuous advocacy and lobbying to mobilize the participation and support of key community members/ opinion leaders to demand maternal nutrition and IYCF protective and supportive policies, services and commodities.	X	X	X	X	X	X	X	X
Conduct continuous advocacy to media to ensure that relevant evidence-based maternal nutrition and IYCF SBCC information is regularly, correctly and appropriately featured in media articles/ segments.	X	X	X	X	X	X	X	X
Conduct advocacy and provide support for religious scholars to incorporate maternal nutrition and IYCF key messaging in their Khuthuba.	X	X			X	X		
Conduct advocacy and provide support for integration of a mandatory maternal nutrition and IYCF component within the Health module in Pre-marriage Counselling	X	X	X					
Conduct regular sensitization activities directed at key decision-makers/leaders (such as politicians, council members) at central and decentralized levels for attention to actions required to improve maternal nutrition and IYCF practices and strategy activities.	X	X	X	X	X	X	X	X
Conduct intense targeted advocacy for budget and human resource mobilization dedicated, and earmarked, for maternal nutrition and IYCF promotion and service delivery (at central and decentralized levels).	X	X	X					
Conduct advocacy for national protection policies/legislation, standards and guidelines for maternal nutrition and IYCF, with political commitment and implementation of procedures and mechanisms that remove barriers to their application, enact their provisions, and to enforce and monitor compliance.	X	X	X	X				

D: MONITORING PLAN

GUIDANCE PRINCIPLES

- Monitoring system, processes and tools, must be aligned with the behavioural and communication objectives, strategy design, information needs, ease and efficiency of use, and the time and resources available.
- Continuously collect routine data, using both quantitative and qualitative measures
- Conduct analysis at multiple points of analysis to identify and address bottlenecks and unintended consequences or issues through an iterative management process
- Periodically review the monitoring system to confirm it still appropriately meets stakeholder needs and the data are being used to inform decision‐making, and to make program adjustments as the monitoring focus, resources, or capacity may change during the implementation lifecycle.
- Ensure knowledge management, including routine documentation and dissemination of implementation details, results or findings, tools, challenges, bottlenecks, successes, and lessons learned, and to identify cost-effectiveness of approaches for replicating and/or scaling up the interventions.
- Disaggregate data by gender, age, geographic location, type of providers, etc, as relevant.
- Engage community members in data collection and evaluation and feeding information back to the wider community. This promotes accountability, ownership, and sustainability.
- Recognize that impact is likely to be subject to the influence of non-strategy factors.
- Integrate the first 1000-days of life SBCC data, indicators, and targets into the national nutrition M&E system and contribute to the national reporting on progress and performance in implementing the Health Master Plan.
- Knowledge management: Share documented results, best practices, challenges, successes and lessons learned in a systematic way -internally among stakeholders, for programme improvement and externally, with partner organizations or stakeholders to provide deeper understanding of the issues and responses.
  - Facilitate internal planning meetings to address issues at the program and community levels.
  - Prepare and present quarterly reports on SBCC activities to the Head of the HPA and the Steering Committee. This should help ensure that the leadership remains abreast of Strategy implementation and provide direction on future efforts.
  - Report evaluation results related programme activities to key decision-makers, both at national and regional and local/community levels.
  - Develop a two-way feedback mechanism, from/ to implementers and community members. in order to contribute to continuous improvement. Feedback is essential to learning, building capacity and performance monitoring and performance improvement. Hold implementation review meetings to support feedback and reorientation to address the gaps.
  - At the end of the implementation period, develop a document to share with the global community on the strategy process and outcomes.

D: MONITORING FRAMEWORK

Monitoring Framework SO1

Enhance maternal nutrition and IYCF interpersonal behaviour change communication strategies directed at pregnant women and caregivers of children aged under-2 years.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
1.1 IMPROVE ACCESS OF PREGNANT WOMEN AND MOTHERS/ RIMARY CAREGIVERS OF CHILDREN AGED 0-23 MONTHS TO PERSONALISED INFORMATION AND SKILLED SUPPORT FOR OPTIMAL MATERNAL NUTRITION AND IYCF PRACTICES.				
Conduct parenting IYCF and Young Child Development action-oriented support groups	By 2021, 60% of target locations facilitate regular IYCF and Child Development Group sessions. By 2021, 60% of audiences who attended IYCF and Young Child Development groups who have improved specified IYCF practices, disaggregated by location.	#/ % of health facilities that conduct group sessions on IYCF-YCD, disaggregated by location # of people reached in these group sessions on IYCF-YCD, disaggregated by location, audience, gender, and age of their children (0-5 months; 6-11 months; 12-23 months) # support groups held, disaggregated by location and frequency of sessions.	#% of mothers/ primary caregivers who attended IYCF and Young Child Development Groups who show improved knowledge (including the rationale for specific recommendations), attitudes, beliefs and practices for defined measures, within a specified reference period, disaggregated by location and age of mothers/primary caregivers child. EG #% of mothers/ caregivers of children aged under-23 months who are confident that they could adopt a certain specified behavior	Activities checklists. Attendance sheets. Questionnaires.
Ensure that pregnant women and mothers/ primary caregivers of children aged 0-23 months (and household members/ relatives/ peers who are present) routinely receive information, key messages, counselling and / or skilled support during ANC and PNC visits.	By 2021, 90% of pregnant women and mothers/ caregivers report having received information/ education/counselling/ key messages.	#% of pregnant women who report receiving specific key messages during #% of ANC visits, in a specified reference period, disaggregated by location. #% of mothers/ primary caregivers of children aged 0-23 months who report receiving specific key targeted messages during #% of PNC visits, in a specified reference period, disaggregated by location. #% of mothers/ primary caregivers of children aged 0-23 months who report receiving specific skilled support from a healthcare worker for a reported problem, during #% of PNC visits, in a specified reference period, disaggregated by location. #% of fathers and grandmothers reached with key IYCF messages during PNC visits	#% of pregnant women/ fathers/ grandmothers who attended ANC who show improved knowledge (including the rationale for specific recommendations), attitudes and beliefs/ self-efficacy, for defined measures, disaggregated by audience group and location. #% mothers/ primary caregivers/ fathers/ grandmothers of girls and boys aged 0-23 months who attended PNC who show improved knowledge (including the rationale for specific recommendations), attitudes, beliefs and practices for defined measures, disaggregated by audience group, gender and location. EG #% of mothers/ caregivers of children aged under-23 months or pregnant women who report believing that a specified recommended practice will reduce their child's risk of poor growth, health and development. #% of mothers/ primary caregivers with a favourable attitude toward the specific ANC/PNC service, disaggregated by location.	Questionnaire.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
Send key messages to accompany text appointment reminders.	By 2021, 100% of text appointment reminders are accompanied by targeted maternal nutrition and/or IYCF messages.	#% of mothers/ primary caregivers of children aged 0-23 months who in the past year received key messages with 100% of text appointment reminders	#% mothers/ primary caregivers of girls and boys aged 0-5mo/ 6-11mo/ 12-13mo who can state 3 key buzz nudge messages received, within a specified reference period, disaggregated by gender, audience and location.	Questionnaires. Text monitoring data.
Send 'special buzz nudges' as weekly automated texts to reach pregnant women and mothers of children aged under-2 years	By 2021, 90% of registered pregnant women and mothers/ primary caregivers of children aged 0-23 months receive weekly targeted texts.	#% of pregnant women/ mothers who receive weekly 'special buzz nudge" message texts.	#% of pregnant women who received 'special buzz nudges' texts who can recall 3 key special buzz nudge messages received during pregnancy, within a specified reference period, disaggregated by location. #% mothers/ primary caregivers of girls and boys aged 0-5mo/ 6-11mo/ 12-13mo who can state 3 key buzz nudge messages received, within a specified reference period, disaggregated by audience and location.	Questionnaires (text appointment reminder participants). Text monitoring data.
1.2 STRENGTHEN PROFESSIONAL CAPACITY FOR IMPROVED MATERNAL NUTRITION AND IYCF SBCC AT HEALTHCARE FACILITY AND COMMUNITY LEVEL				
Provide comprehensive TOTs on the SBCC strategy (including maternal nutrition and IYCF technical and operational components) for selected healthcare SBCC focal persons	By 2021, 100% of target locations have THREE staff from each public and private regional hospitals, and TWO each island health centres have received a comprehensive training on the SBCC strategy.	Training course developed. Training guidelines developed. # SBCC strategy trainings conducted at Male' and Atoll levels. # ANC and PNC healthcare provider focal persons who attended the orientation sessions per location, disaggregated by role affiliation. # Healthcare facility training plans developed.	#% of trained healthcare providers who successfully pass the SBCC training requirements (encompassing knowledge, attitudes and skills components), disaggregated by role affiliation, gender and location.	Training schedules. Attendance sheets. Questionnaires
Establish an accredited maternal nutrition and IYCF First 1000-days of Life Certificate programmes for new Registrations, as a base for questions included in the Licensing Exam, and for gynaecologist/ paediatrician essential CPD points.	2021, a mandatory accredited M-IYCN first 1000-days of Life Certificate programme has been established for new Registrations, base questions are included in the Licensing Exam, and for gynaecologist/ paediatrician essential CPD points.	Maternal nutrition and IYCF First 1000-days of Life Certificate programme developed and accredited. Maternal nutrition and IYCF questions included in Licensing exam. Maternal nutrition and IYCF component included in paediatrician essential CPD points requirement.	#% healthcare providers who passed the first 1000-days of life certificate programme within a defined reference period, disaggregated by gender, role affiliation and location.	Recipient certificated data. Questionnaires (for certified new registrants, licensed, and CPD awarded healthcare providers)

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
Train ANC and PNC frontline healthcare providers (ante-natal, delivery care, growth monitoring, vaccination) on maternal nutrition and IYCF.	By 2021, at least 90% of frontline ANC and PNC healthcare providers have completed certified maternal nutrition and IYCF training requirements, recognised through defined incentives	A training strategy, curriculum and tools are developed and operational based on needs assessment to improve the quality of service delivery. # new training materials produced. # training materials updated # trainings conducted for healthcare providers in past year. # healthcare providers trained by role affiliation and location, in a specified reference period. #% of trainers who demonstrate the use of professional core training competencies. A systematic process is in place for follow-up and support of trainees after the training event. A functional information system is maintained kept updated on trained staff and their location post-training. HPA systematically evaluates it's training programme to improve effectiveness.	#% of trained healthcare providers who pass the training exam (encompassing knowledge, attitudes and skills components), disaggregated by role affiliation, gender and location. #% of specified ANC/PNC healthcare providers who are confident and competent to appropriately conduct group sessions and/or individual counselling. There is demonstrated organizational capacity to carry out training on a sustained basis.	Registration sheets. Exam questionnaire and practical
Provide awareness to healthcare provider professional bodies of the SBCC strategy and key maternal nutrition and IYCF information and targeted messages.	By 2021, at least four key messages and/or videos are presented on selected healthcare provider professional bodies social network groups.	# of healthcare provider professional bodies that present maternal nutrition and IYCF messaging and/ or videos on their social media groups or internet sites.	#% healthcare provider professionals who can recall a specified number and type of messages/ videos, disaggregated by professional body, gender and location.	Resource development checklist. Activities data sheets. Questionnaire.
Revise and reform professional pre-service training curricula to incorporate more maternal nutrition and IYCF focused elements.	By 2021, professional pre-service training curricula incorporate more maternal nutrition and IYCF focused elements including a practical field component.	# specified training curricula revised and reformed to incorporate enhanced maternal nutrition and IYCF components. # students who take a community or facility-based maternal nutrition and/or IYCF practicum.	#% of female and male students who pass the test or exam for the maternal nutrition and IYCF module/s, by location, gender and institution. #% of female and male students who successfully complete a community or facility-based maternal nutrition and/ or IYCF practicum requirements	Training curricula. Exam questionnaire.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
Develop key training, educational, counselling resources, job aids and tools. Train those who will use the tools/ aids	By 2021, 50% of planned resources are developed and effectively used to enhance the capacity of ANC and PNC healthcare providers to appropriately and effectively provide maternal nutrition and IYCF information, counselling and skilled support.	# of specified job aids and tools developed, pre-tested and approved. # job aids or tools for which an Orientation/Guide (video and/or manual) is developed to support their appropriate and effective use and/ or the # resources for which an audio-visual training session on their use is conducted. #/% staff trained and assessed on the use of new resource/ tool, per resource/tool. # of materials distributed, by type, location, in reference period	#% healthcare providers who appropriately use the job aids or tools, according to the guidelines and protocols, disaggregated by role affiliation, gender and location.	Resource development checklists. Resource pre-testing evaluation forms. Resource distribution monitoring forms. Resource training checklists and questionnaires.
1.3 STRENGTHEN AND BUILD HEALTHCARE INSTITUTIONAL CAPACITY TO IMPLEMENT AND MANAGE MATERNAL NUTRITION AND IYCF BEHAVIOUR CHANGE COMMUNICATION AT KEY CONTACT POINTS AT HEALTHCARE FACILITY AND COMMUNITY LEVELS.				
Incorporate maternal nutrition and IYCF behaviour change communication as a mandatory clinical intervention in reproductive and paediatric service delivery at key ANC and PNC contact points.	By 2021, 100% of ANC and PNC healthcare providers routinely provide individualised key maternal nutrition and/or IYCF education, key messaging and/or skilled counselling as a mandatory intervention at specified ANC and PNC key contact points, according to the protocols.	# ANC and PNC packages developed. #% PNC healthcare facilities with aesthetically appealing child-friendly environments at PNC contact points. # new GMP centres established on Male' & surrounds OR % GMP centres on Male' & surrounds with extended service hours. #% of PNC healthcare providers who routinely provide messaging, counselling and/or skilled support to mothers/ primary caregivers of children aged 0-23 mo, disaggregated by PNC contact points and location. # group sessions held. #% caregivers of children aged 0-23 months referred to group sessions. #% caregivers of children aged 0-23 months referred to group sessions who attend. #% health facilities whose management allocates adequate human, material and financial resources to implement maternal nutrition and IYCF communication activities, according to defined resource criteria.	#% frontline PNC healthcare providers at specified contact points who routinely provide timely individualized age-appropriate priority messaging, guidance and practical support on IYCF to mothers/ caregivers of children aged 0-5/6-11/12-23 months during 90% of PNC visits according to the protocols and guidelines, disaggregated by location, gender, contact point and child's age. #% frontline healthcare providers routinely provide targeted messaging and guidance on maternal nutrition to pregnant women at key ANC contact points. #% of frontline healthcare providers who provide key messaging on early initiation and exclusive breastfeeding to pregnant women during the third trimester, #% frontline healthcare providers who demonstrate specified knowledge and skills when conducting group sessions, disaggregated by role affiliation, gender and location.	Activities sheets. Messaging and counselling procedural checklists. Reporting data. Supervision checklist.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
Public healthcare providers conduct house-hold visits for all infants during the first 3-months of life.	By 2021, all newborns receive household visits from a public healthcare provider during the first 3-months of life (twice each week during first two weeks then fort-nightly), according to the guidelines.	Newborn household visits guidelines/ protocols developed. #% of healthcare facilities that conduct household visits to newborns during the first 3-months of life, according to the guidelines/ protocols.	#% of mothers/ primary caregivers of newborns who report receiving informed education and guidance and skilled support during household visits during the first 3-months of the infants' life, according to specified criteria, by location.	Activities sheets. Messaging and counselling procedural checklists data. Reporting data.
Incorporate maternal nutrition and IYCF into ADK and NCD Alliance team outreach activities in Male'.	By 2021, maternal nutrition and IYCF is incorporated into 100% of ADK / NCD Alliance teams outreach activities reaching pregnant women and mothers/ caregivers of children 0-23 months.	Maternal nutrition and IYCF resources developed for outreach visits. #% of ADK/ NCD Alliance outreach activities conducted that included educational messaging, for households with pregnant/ lactating women/ caregivers of children aged 0-23 months.	#% pregnant women and caregivers (mothers, fathers, grandmothers) of girls and boys aged 0-23 mo reached with ADK/ NCD Alliance activities who correctly recall information provided during the outreach visits, according to the questionnaire, disaggregated by audience group and gender.	Activities sheets. Questionnaires
Revitalize and institutionalize the Baby-Friendly Hospital Initiative across all healthcare facilities and extending to community outreach activities.	By 2021, 50% of government healthcare facilities certified as compliant with the baby friendly hospital initiative requirements. (baseline: 0%)	# BFHI trainings held # staff trained on BFHI. # hospitals with policies and practices supportive of successful breastfeeding. A standard monitoring system is in place. Reassessment systems have been incorporated into national plans	#% of healthcare facilities certified as compliant with the BFHI.	BFHI assessment checklists. BFHI Certificates awarded.
Strengthen supportive supervision and appraisal of health workers' procedures and practices	By 2021, 80% of healthcare facilities in target locations provide supportive supervision and mentoring procedures according to the protocols.	# Mentoring Guides developed. # healthcare provider supervisors in target locations who receive mentoring guides. # supportive supervision protocols and checklists developed # healthcare provider supervisors in target locations who receive supervision protocols and checklists # healthcare facilities with a supportive supervision system established and functional according to the protocols.	#% healthcare providers who perform to established guidelines/ standards, disaggregated by role affiliation, gender and location.	Supervision checklists. Mentoring checklists.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
		# healthcare facilities with protocols to audit quality standards. #/% of atoll-level supervisors conducting half-yearly supervisory visits to each island facility. # atolls that receive an annual supervisory visit by HPA # quality standards for delivering maternal nutrition and IYCF messaging developed.		
Improve information management systems to support efficient documentation and reporting	By 2021, 50% of healthcare facilities with efficient documentation, reporting and monitoring management systems	#% of healthcare facilities that maintain a functional information system, according to the specified requirements and standards. # and type of information system tools (eg tablets) per location. #% of staff trained on the use of the information system, as appropriate to their role.	#% healthcare staff who demonstrate knowledge and skills for efficient sound information management, disaggregated by role affiliation, gender and location.	Information management data sheets. Supervision checklists.

Monitoring Framework SO2

Mobilize social and community action to promote and support change in maternal dietary and IYCF behaviours and social norms.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
2.1 FOSTER OR POSITIVELY INFLUENCE PUBLIC KNOWLEDGE, PERCEPTIONS AND ATTITUDES FOR FAVOURABLE SOCIAL NORMS.				
Incorporate maternal nutrition and IYCF module into the parental and school-leaver life-skills-based curricula.	By 2020, 100% of schools in target locations with parent life-skills programmes include maternal nutrition and IYCF in their curriculums.	# maternal nutrition and IYCF parent/ school leaver life-skills-development education / training programmes facilitated. # Number of mothers and fathers/ school leavers who attended maternal nutrition and IYCF life-skills-development education / training programmes	#% of female and male parents/ school leaves who successfully pass the maternal nutrition and IYCF test (encompassing applicable knowledge, attitudes, beliefs and practices components), disaggregated by audience group gender and location.	Activities checklist/ report. Curricula. Attendee checklist. Questionnaire/ test.
Engage the school platform in disseminating key behavioural messages and information on SBCC activities	The school platform provides and efficient channel to efficiently reach audiences with targeted messaging/ information within school and community locations.	#% of schools that disseminate behaviour change messaging/ information supportive of optimal maternal nutrition and IYCF activities, according to a defined frequency, disaggregated by messaging type, audience and location. #% of community members who report receiving information/ messaging via the school platform.	#% of school platforms that effectively, efficiently and frequently disseminate targeted key messaging/ information supportive of the objectives of the SBCC strategy, to reach school and community members, disaggregated by location.	Activities checklist/ report. Questionnaire/ Survey.
Conduct community large group maternal nutrition and IYCF education	Four large group maternal and IYCF education sessions conducted annually on each target island location, for mothers/ primary caregivers, fathers and grandmothers.	# islands that conduct large group education sessions. # large group education sessions held on each island per year, # of who attended group education, disaggregated by location, audience group and topic.	#% of mothers/ fathers/ grandmothers who attended a community large group education session who can recall a specified # of key messages/ information given, by audience group. #% of mothers who attended group education who have encouraged (or discouraged) other mothers to adopt a specific recommended practice.	Activities checklist/ report. Attendance sheets. Questionnaire/ Survey
Conduct workplace-based awareness-raising maternal nutrition and IYCF education	By 2021, at least 50% of target companies/ organizations have employees with improved knowledge on maternal nutrition and IYCF. By 2021, at least 50% of target companies/ organizations have workplace-based breastfeeding support policies and initiatives	A maternal nutrition and IYCF presentation has been developed for providing workplace-based education, at selected large companies or organizations. #% of target companies/ organizations who received education/ awareness-raising sessions on maternal nutrition and IYCF, by location. #% of employees who attended the maternal nutrition and IYCF education session, disaggregated by company/ organization, audience group and location.	#% of target companies/ organizations who develop and implement workplace breastfeeding support policies and initiatives disaggregated by company/ organization. #% of female and male employees who attended company/ organization workplace education sessions who can recall a specified # of key messages on each maternal nutrition, breastfeeding, complementary feeding, disaggregated by audience group and gender.	Activities checklist/ report. Policy documents. Activity sheets. Attendance lists. Questionnaire/ Survey.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
Incorporate maternal nutrition and IYCF key messaging into religious scholars Khuthuba (Friday prayer) See SO3.3	See SO3.3	See SO3.3	See SO3.3	See SO3.3
Integrate a compulsory maternal nutrition and IYCF Health module into Pre-marriage Counselling sessions. See SO3.3	See SO3.3	See SO3.3	See SO3.3	See SO3.3
Conduct orientation and capacity-building workshops at Male' and atoll level for key tertiary audiences, for those who are responsible for communicating with the general public	By 2020 5 orientation and capacity-building workshops have been conducted for key tertiary audiences.	# workshops held, by audience and location # workshop attendees, by audience and location	#% workshop participants who correctly recall # specified specific information presented in the workshops, disaggregated by audience, gender and location. #% workshop participants who report their intention to engage and empower other community members in an effort to remove barriers and enable behaviour change for optimal maternal nutrition and IYCF practices.	Activities checklist/ report. Attendance sheets. Questionnaire.
2.2 ENHANCE VISIBILITY AND POSITIONING OF MATERNAL NUTRITION AND IYCF AT ALL LEVELS AND BREADTH OF SOCIETY.				
Develop, maintain and moderate a 'The First 1000-Days Matters' website.	By 2020 a 'First 1000-Days Matters' website is reported by mothers/ primary caregivers to be a primary trusted source of credible information on maternal nutrition and IYCF	A 'First 1000-Days Matters' website is developed # views/visits within a specific reference period. # mothers who report having viewed the website at least once in the past 2 weeks # returning users	#% of mothers/ primary caregivers who report that 'First 1000-Days Matters' website is their primary trusted source of credible information on maternal nutrition and IYCF, disaggregated by location and audience (pregnant women; mother/ primary caregiver of children aged 0-5/6-11/12-23 months)	Activities checklist/ report. Website analytics. Questionnaire/ Survey.
Develop and broadcast Radio segments	By 2021 minimum 12 key messages have been aired weekly on CSR weekly free airtime on a specified selection of channels over defined reference period. By 2021 a minimum of 6 interview sessions have been aired on a specified selection of channels	#% of times specific messages/ radio spot on maternal nutrition and/or IYCF are aired in a specified reference period, disaggregated by radio channel and message/ spot. #% audience who recall hearing or seeing a specific message/ radio sport on maternal nutrition and/or IYCF in the past 12 months, disaggregated by radio channel, audience type and location	#% of pregnant women or mothers/ primary caregivers of children aged 0-23 months who saw a specified segment and were able to accurately recall the key delivered messages, within a defined reference period, disaggregated by audience group, theme and location.	Activities checklist/ report. Radio audit. Questionnaire/ Survey

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
Develop and broadcast TV segments	By 2021 minimum 5 key messages have been screened weekly on CSR weekly free airtime on a specified selection of channels over defined reference period. By 2021 a minimum of 6 interview sessions have been aired on a specified selection of channels. By 2021 By 2021 a documentary on the 'First 1000-Days Matters: Positive feeding and caring for child development' has been produced and screened. By 2021 a 'First 1000-Days Matters maternal nutrition and IYCF cooking show' series has been produced and screened.	#% of times specific messages/ segment on maternal nutrition and/or IYCF are screened in a specified reference period, disaggregated by channel and message/ spot #% audience who recall hearing or seeing a specific message/ segment/ programme on maternal nutrition and/or IYCF in the past 12 months, disaggregated by channel, audience type and location	#% of pregnant women or mothers/ primary caregivers of children aged 0-23 months who saw a specified segment/ programme and were able to accurately recall specified key delivered messages, within a defined reference period, disaggregated by audience group, theme and location	Activities checklist/ report. TV audit. Questionnaire/ Survey
Produce and screen videos on Digital Screens in public waiting areas.	By 2021 'First 1000-Days Matters' videos Audio-visuals have been screened on minimum 4 public screens nationwide each for a minimum of 6 months.	# videos/ audio-visuals developed for screening on digital screens in public waiting areas, disaggregated by theme. # screens that played maternal nutrition and/or IYCF videos/ audio-visuals, by location. # maternal nutrition and/or IYCF videos/ audio-visuals played within a specified reference period, by location and theme.	#% of randomly selected audiences who recall viewing a video/ audio-visual on maternal nutrition and/or IYCF and were able to accurately recall the key messages, within a defined reference period, disaggregated by audience group, gender, theme and location.	Activities checklist/ report. Resource/ messaging records. Digital screens audits. Questionnaire/ Survey
Develop 'The First 1000-Days Matters' status charts and messaging on community digital and/or wooden notice boards; keep updated.	By 4 weeks after initiation of each islands intervention, a community notice board is presenting 'The First 1000-Days Matters' information; it is kept updated.	# islands with status charts on a public notice boards, by location. # islands that keep the notice boards updates with maternal nutrition and IYCF key messages and activities updates, by location. #% of the community who report viewing the notice boards within a defined reference period, disaggregated by audience and location.	#% of female and male community members who recall specified messages and/or activities presented on certain public notice boards, within a defined reference period, disaggregated by audience group, gender and location	Activities checklist/ report. Questionnaire/ Survey.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
Diffuse key messages and share visuals through Social Media Networks (such as Facebook and Viber), to reach mothers, grandmothers and fathers.	By 2019 key messages (and or video or other) are circulated daily through selected social media networks.	# and frequency of videos/ messages disseminated through selected social media groups within a defined reference period, disaggregated by the channel and audience. # views/ likes/ shares of each Facebook/Viber message/video within a specified reference period. disaggregated by the channel and audience	#% of specified audiences who recall hearing or seeing a specific 'social buzz nudge" message or video on selected social media groups (such as MomsMV) within a specified reference period, disaggregated by social media channel, audience group and gender	Activities checklist/ report. Social media analytics. Questionnaire/ Survey.
Partner with relevant events to 'ride the wave of social tides'. Eg Breastfeeding Week, NCD Awareness.	As applicable.	# events participated in. # awareness activities conducted.	To be determined, as appropriate.	Activities report.
2.3 INCREASE BROAD SOCIAL SUPPORT, PARTICIPATION, LEADERSHIP, AND COORDINATED COLLECTIVE ACTIONS TO PLAN, MANAGE AND IMPLEMENT MATERNAL NUTRITION AND IYCF SBCC ACTIVITIES.				
Facilitate an awareness-raising orientation on the SBCC Strategy for island healthcare facility staff, plus selected council and teacher focal persons.	By 2020, 100% of island healthcare facilities in target locations have conducted a training on the SBCC for all healthcare staff plus island council and teacher focal persons.	# islands/ target locations that conducted SBCC strategy orientations for healthcare facility staff and selected community members. # healthcare facility staff and invited others who attended the orientation session per island.	#% of healthcare facility staff and selected council and teacher focal persons who participated in the SBCC strategy orientation who can recall a specified number of key information on the SBCC strategy, disaggregated by location and audience.	Activities reports. Attendance sheets. Questionnaires.
Provide sensitization, guidance and support to atoll/island/city councils to incorporate specific maternal nutrition and IYCF projects as a mandatory component of their development action plans.	By 2020 at least 100% of atoll and island councils in target locations incorporate specific maternal nutrition and IYCF projects as a mandatory component of their development action plans	#/% of atoll government authorities sensitized about the SBCC Strategy	#% atoll/ island council plans that include SBCC strategy components, including allocation of resources, disaggregated by location. #% atoll/island councils actively involved in implementing and/or allocating resources for SBCC strategy activities, disaggregated by location and activity/ies.	Activities sheets. Attendance sheets. Questionnaire
Facilitate public 'triggering' meetings at island level, to initiate community activities	By 2019 100% island target locations have conducted a public triggering meeting to initiate community activities.	# islands where a public triggering meeting was conducted. # people who attended the public triggering meeting.	#% community members who attended the public triggering meeting who correctly recall a specified number of key information/ messages, disaggregated by audience group, gender and location. # community members actively participating in at least 50% of community events/ activities, disaggregated by activity, audience group, gender and location, within a specified reference period, disaggregated by audience group, gender and location.	Activities sheets. Attendance sheets. Questionnaire/ survey

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
Establish community-selected task-focused 'Maternal and Young Child Action Groups'	By 2019, 100% of all target locations have an established active community-selected 'Maternal and Young Child Action Group'	# islands with a Maternal and Young Child Action Group established and active.		Activity sheets
Engage Civil Society Groups (formal and informal networks) in maternal nutrition and IYCF activities	By 2021, 100% of specified CSOs in intervention areas incorporate maternal nutrition and IYCF in their activities.	# maternal nutrition and IYCF trainings conducted for CSOs # CSO participants trained in maternal nutrition and IYCF # CSOs implementing maternal nutrition and IYCF activities.	#% CSO representatives who attended the capacity-building workshop who pass the test to evaluate knowledge, skills, attitudes and beliefs about maternal nutrition and IYCF. Evidence of CSO involvement in actively promoting and supporting appropriate maternal nutrition and IYCF practices, disaggregated by organization, location and activity type.	Activity sheets/ reports. Questionnaire/ test.
Establish a "Mother and Child Health-Promoting Communities Award" and a "Mother and Baby-friendly Workplace Award"	By 2021, at least one island from target locations has met all the established criteria to receive the Mother and Baby-friendly Community Award, and their achievements widely promoted through national media.	# information packs developed # information packs distributed #/ % of islands who entered for the 'Mother and Child Health Promoting Award' # of workplaces who entered for the 'Mother and Baby-friendly Workplace Award'. # media channels that presented segments on the 'Mother and Child Health Promoting Award' criteria / 'Mother and Baby-friendly Workplace Award' criteria. # media channels that presented segments on the 'Mother and Child Health Promoting Award' criteria / 'Mother and Baby-friendly Workplace Award' finalists.	#% of islands who received a 'Mother and Child Health Promoting Award'. # of workplaces who received 'Mother and Baby-friendly Workplace Award'.	

Monitoring Framework SO3

Improve strategic coordination and collaboration, for operationalizing coherent, harmonized and streamlined maternal nutrition and IYCF SBCC activities.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
3.1 IMPROVE STRATEGIC COORDINATION AND COLLABORATION, FOR OPERATIONALIZING COHERENT, HARMONIZED AND STREAMLINED MIYCN SBCC ACTIVITIES				
Form a National Steering Committee (with multi-sectoral and multi-agency representation)	A Steering Committee is established and functioning according to the TOR.	TOR developed and endorsed. Steering Committee is established. # meetings/ activities conducted. # participants per meeting/ activity. Performance evaluation conducted 6-monthly.	Performance evaluation reports the Steering Committee is functioning effectively and in accordance with the TOR.	Steering Committee reports. Performance evaluation checklist and report.
Form a Technical Advisory Group (TAG) to provide guidance and support for technical components of the strategy	A TAG is established and functioning according to the TOR.	TOR developed and endorsed. TAG is established. # meetings/ activities conducted. # participants per meeting/ activity. Performance evaluation conducted 6-monthly.	Performance evaluation reports the TAG is functioning effectively and in accordance with the TOR.	TAG reports. Performance evaluation checklist and report.
Form action-oriented Task Forces as required for specific time-limited strategy activities.	Task Forces have been established and performed as required for specific time-limited strategy activities, according to their TOR.	# Task Forces established and operating according to defined criteria.	Performance evaluation reports the specified Task Force operated according to the criteria defined in the TOR.	Task Force reports. Performance Evaluation checklist.
3.2 STRENGTHEN INFORMATION MANAGEMENT SYSTEMS, FOR INFORMING POLICY, PLANNING, IMPLEMENTATION AND IMPACT OF MATERNAL NUTRITION AND IYCF SBCC ACTIVITIES.				
Build and maintain a robust mechanism that provides an evidence base to inform implementation, advocacy, monitoring and evaluation.	From start, and throughout implementing the SBCC strategy, a robust information management system is operational, to inform policy, planning, implementation and impact of the SBCC strategy.	A monitoring plan (methodology, procedures, tools, roles and responsibilities) is developed and operational. #% SBCC strategy focal persons trained on the monitoring plan. KAPB and communication information (qualitative and quantitative) is collected at baseline and endline. SBCC data and knowledge is routinely collected, reported, analysed and responded to, according to the defined information management protocols and guidelines.	A robust information system effectively informs the SBCC strategy.	Routine data collection tools. Baseline and endline KAPB S and communication Survey questionnaires. Mid-line assessment.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
3.3 INCREASE ADVOCACY DIRECTED AT KEY DECISION-MAKERS TO SECURE COMMITMENT, WILL AND RESOURCES FOR STRENGTHENED POLICIES AND SERVICES FOR MATERNAL NUTRITION AND IYCF.				
Conduct continuous advocacy and lobbying to mobilize the active participation and support of key community members/ opinion leaders to demand maternal nutrition and IYCF protective and supportive policies, services and commodities.	By 2021, a minimum of 3-monthly advocacy briefs, key maternal nutrition and IYCF messages and information and SBCC strategy updates to specified key community members/ audiences.	# advocacy activities conducted, disaggregated by type, audience and location.	#% of targeted key community members/ opinion leaders who are mobilized to actively support advocacy efforts supportive of improved maternal nutrition and IYCF protective and supportive policies, services and/or commodities, disaggregated by audience type, actions and location. #% of private sector partnerships established that support SBCC strategy components.	Activity sheets/ reports
Conduct continuous advocacy to media to ensure that relevant evidence-based maternal nutrition and IYCF SBCC information is regularly, correctly and appropriately featured in media articles/ segments.	By 2020, key representatives from all selected media agencies have been received an orientation training on maternal nutrition and IYCF and nutrition jargon. By 2021, all selected media regularly convey information on maternal and IYCF supportive of the goal and objectives of the SBCC strategy.	# media orientation sessions developed. # media representative who attended the orientation sessions, disaggregated by audience profiles and location. # advocacy activities conducted, disaggregated by type, media agency and location.	#% of media representatives oriented on maternal nutrition and IYCF and the 1000-Days of Life SBCC strategy who contribute 'First 1000-Days of Life Matter" audio/audio-visual/print media segments/ sections, within a specified reference period, disaggregated by agency, channel, theme.	Activity sheets/ reports. Media audits.
Conduct advocacy and provide support for religious scholars to incorporate maternal nutrition and IYCF key messaging in their Khuthuba.	By 2020, 50% of religious leaders in target locations provide key maternal nutrition and/or IYCF messages during Khuthuba at least once every month.	An orientation/ education session has been developed # religious scholars sent an orientation video # religious scholars sent key messages briefs monthly.	# Khuthuba sessions that include maternal nutrition and/or IYCF messaging, disaggregated by frequency. #% of attendees who accurately recall specified messages conveyed during Khuthuba, disaggregated by audience group, gender and location.	Activities sheets. Questionnaire/ Survey.
Conduct advocacy and provide support for integration of a mandatory maternal nutrition and IYCF component within the Health module in Pre-marriage Counselling.	By 2020, nutrition during the first 1000-days of life is included as a mandatory component of all pre-marriage counselling requirements.	Pre-marriage counselling maternal nutrition and IYCF package developed. # people reached with a maternal nutrition and IYCF information package through during pre-marriage counselling. #% of pre-marriage counselling sessions which include a compulsory maternal nutrition and IYCF education component, disaggregated by location OR # Pre-marriage counselling certificates awarded, that include the maternal nutrition and IYCF component.	#% of men and women who have attended pre-marriage counselling who can state the key specified maternal nutrition and IYCF practices and their intention to practice them, disaggregated by gender and location	Pre-marriage counselling reports. Questionnaire/ Survey.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
Conduct regular sensitization activities directed at key decision-makers/leaders (such as politicians, atoll and island council members) at central and decentralized levels for attention to actions required to improve maternal nutrition and IYCF practices and SBCC strategy activities.	By 2020, a minimum of 3-monthly advocacy briefs, key maternal nutrition and IYCF messages and information and SBCC strategy updates are provided to specified key decision-makers.	# sensitization activities conducted, disaggregated by type, audience and location.	#% of key decision-makers reached though sensitization activities who responsively take actions supportive of improved maternal nutrition and/or IYCF practices, by audience, action and location.	Activities checklist/ reports.
Conduct intense targeted advocacy for budget and human resource mobilization dedicated, and earmarked, for maternal nutrition and IYCF promotion and service delivery	By 2021, central government and 30% of atoll/ island governments have dedicated, and earmarked budget and human resources for maternal nutrition and IYCF promotion and service delivery. (baseline 0%)	# advocacy briefs and key document packages developed. # advocacy briefs and key documents shared, disaggregated by audience # advocacy meetings conducted, disaggregated by audience	#% of the (national and local) government budgets allocated as dedicated for maternal nutrition and IYCF promotion and service delivery.	Government budget policy documents
Conduct advocacy for national protection policies/legislation, standards and guidelines for maternal nutrition and IYCF, with political commitment and implementation of procedures and mechanisms that remove barriers to their application, enact their provisions, and to enforce and monitor compliance.	By 2021 a national maternal nutrition and IYCF policy is formulated and implemented. By 2020, all articles of the national legislation on 'The Code' are fully implemented and enforced, with compliance monitored and repercussions for violations, according to defined regulatory standards. By 2020, the ILO Maternity Protection Convention 2000, recommendation No. 191 is ratified and enforced. By 2020, # companies/ organizations have formulated and implemented baby-friendly workplace policies that support mothers to provide breast milk to their infants.	# advocacy brief developed. # advocacy briefs and key documents shared, disaggregated by audience and policy/ standards of concern. # advocacy meetings conducted, disaggregated by audience and policy/standards of concern.	Evidence that policy changes have been implemented and enforced to support a protective and enabling environment supportive of recommended IYCF practices. Evidence that policy barriers to the application have been addressed/ and/ or removed and that provisions have been enacted and enforced	Policy, standards and guidelines documents. Monitoring and violation enforcement records.

MONITORING INDICATORS	COMMUNICATION TARGET	INPUT/ PROCESS/OUTPUT	OUTCOME	METHOD/ TOOLS
	By 2020, regulations to protect children under-2 years from the marketing of unhealthy foods and drinks are enacted and enforced. By 2020, health worker pre- and post-service ANC and PNC maternal nutrition and IYCF standards healthcare provider education and training standards have been developed, adopted and applied.			

GLOSSARY AND TERMINOLOGY

TERM	DESCRIPTION
Attitude	Personal dispositions, or general feeling, towards a particular subject or situation.
Audience	People for whom a particular communication is developed. Audience is also used to describe the total number of people a particular communication message or activity reaches.
Audience segmentation	The division of a large audience group (e.g. mothers) into subgroups that share similar qualities or characteristics. Audiences may be segmented into primary and secondary audiences with the primary audience being the priority people of focus and the secondary audience being the people who influence the decision making or practices of people in the primary audience.
Behaviours	A behaviour is an observable action or response of an individual or group to the environment, the actions of another person, or other stimuli that is specific (time, place, quantity, duration, frequency), measurable, feasible, and directly linked to an improved outcome.
Barriers (to behaviours)	A perceived or physical difficulty or obstacle that people face that can prevent them from practicing recommended or desired behaviours.
Determinant	Are factor that cause a change or changes in behaviour or status.
Diffusion of innovations	A process by which innovations (services, products, best practices, behaviours) are spread or 'diffused' in a given population over time. A "tipping point" is often used to define how the diffusion process starts among a few people, then becomes widely accepted and a part of standard practice
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 behaviour change programming seeks to provide insight into the what, how, why, when of practices.
Message	Verbal or non-verbal communication transmitted from sender to receiver that conveys a meaning. A message is not a statement of a behaviour, or an instruction: it is supported by elements that define the behaviour and who it is for.
Motivation	A tangible (such as a cultural belief) or intangible (such as an increase in salary) factor influencing individuals to respond to information and knowledge.
Positioning	Positioning identifies the most compelling emotional and/or functional benefits the promoted behaviours, services or commodities offer the target audience. Positioning ensures that messages have a consistent voice and that all planned activities reinforce each other for a cumulative effect.
Self-efficacy	The belief and confidence in one's ability to do something successfully.

TERM	DESCRIPTION
Social media and social media networks	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. Examples of social media are Facebook, LinkedIn, YouTube, Twitter, Blogs, Podcasts, and Tweets. An online social network is an electronic platform that allows participants to create personal profiles and build a network of connections with other users, enabling multidirectional communication and collaboration on the platform. They enable users to generate and share content with others. Social Networks are a low-cost way to communicate rapidly and reach hard-to-reach populations promote social support and social influence. They can be used to promote recommended behaviours, use persuasion and social influence to motivate change in people's attitudes or behaviours and connecting groups of people who provide social
Social norms	"Unwritten rules" that a group uses to define the perceived standards of appropriate and inappropriate values, beliefs, attitudes, behaviours and (normative and empirical) expectations of society. Norms can generally be defined as those regulating factors that determine how a person behaves in a particular context. Individuals may engage in specific behaviours as a result of their perceptions about (1) the consequences of not conforming to social norms, (2) what others in their social network are doing and how they are behaving, and/or (3) what others in their social network think they should be doing. Social sanctions and/or social exclusion can result from not conforming to social norms. ,
Tone	The tone conveys the "personality" of a message, material, or strategy. For example, a tone can be serious, humorous, friendly, caring, assertive etc. The tone should be consistent within a given strategy or set of messages or materials that focus on the same audiences or behaviours.

ANNEX

CONTENTS

Annex 1: National and global aims and commitments
Annex 2: Key stakeholder consultations and focus group discussions facilitated
Annex 3: References -determinants of malnutrition
Annex 4: Priority messages: Understanding the 'Why'.
Annex 5: Mapping of CSOs
Annex 6: Triggering community action

ANNEX 1: NATIONAL AND GLOBAL AIMS AND COMMITMENTS

Effective operationalization of the First 1000-Days of Life Strategy is integral to the government of the Republic of Maldives achieving the following aims and commitments, among others:

NATIONAL LEVEL

The National Child Health Strategy 2016-2020 is focused on strategic directions, interventions and actions at three inter-linked levels:

1. Actions within the health care system to implement effective health service delivery strategies for the prioritized interventions along the continuum of care
2. Actions within the health care system to strengthen all health system components to improve the system's ability to ensure equitable access to quality new-born, child, nutrition and development services
3. Actions beyond the health care system to promote an enabling policy environment to mainstream child health and development into national development agenda, to address the key determinants of maternal and child health, nutrition and development and to tackle the inequities among population groups.

THE HEALTH MASTER PLAN 2016-2025 GOAL IS TO ENHANCE THE HEALTH AND WELL-BEING OF THE POPULATION.

Strategic inputs of particular relevance to the SBCC include:

1. Governance
- **1.3** Develop public private partnerships in health promotion and delivery of preventive and curative health services
- **1.5** Political commitment to achieve the health targets of the global sustainable development goals (SDGs) and the goals of this national health master plan

2. Public health protection
- **2.1** Provide a healthy start in life through effective reproductive, maternal and child health services
- **2.6** Strengthen health promotion and health education customized to the target audiences

3. Healthcare delivery
- **3.5** Invest in training and retention of a professional and ethical health workforce

Global level

Convention on the Rights of the Child (CRC) , for which the Maldives is a signatory, stipulates:
"States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development" (Article 27:1)
Children have the right to adequate nutrition and access to safe and nutritious food, and both are essential for fulfilling their right to the highest attainable standard of health. Governments and society have a moral responsibility to act on behalf of the child to reduce the risk of poor nutrition outcomes.

World Health Assembly Six Global Targets , for improving maternal, infant and young child nutrition and are committed to monitoring progress.
- 40 percent reduction of the global number of children under five who are stunted
- 50 percent reduction of anaemia in women of reproductive age

- 30 percent reduction of low birth weight
- No increase in childhood overweight
- Increase the rate of exclusive breastfeeding in the first six months up to at least 50 percent
- Reduce and maintain childhood wasting to less than 5 percent cent

Sustainable Development Goals

A universal set of goals, targets and indicators that 193 UN Member States, including the Maldives, adopted in 2015. They are aimed at ending extreme poverty and inequality and injustice, and climate change by 2030. Maternal, infant and young child nutrition is highlighted in SDG 2, however of the 17 SDGs, 12 contain indicators that are highly relevant for nutrition, and malnutrition during the first 1000 days of life poses a pernicious impediment to achieving all targets. This means that those pushing for nutrition accountability should focus their efforts well beyond SDG 2.

SDG 2.2: "By 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons."

SDG 2.2: "BY 2030 END ALL FORMS OF MALNUTRITION, INCLUDING ACHIEVING BY 2025 THE INTERNATIONALLY AGREED TARGETS ON STUNTING AND WASTING IN CHILDREN UNDER FIVE YEARS OF AGE, AND ADDRESS THE NUTRITIONAL NEEDS OF ADOLESCENT GIRLS, PREGNANT AND LACTATING WOMEN, AND OLDER PERSONS."

ANNEX 2: KEY STAKEHOLDER CONSULTATIONS

Key informant interviews facilitated

DATE	ISLAND	ORGANIZATION	PARTICIPANT
21-11-17	Male'	Hulhumale'	
21-11-17	Male'	Dhamanaveshi	Paediatrician
21-11-17	Male'	Hospital	3x Representatives
22-11-17	Male'	Cancer Society	2x Representatives
22-11-17	Male'	Society for Health Education (SHE)	Dietician
22-11-17	Male'	ACK Hospital	Permanent Secretary
23-11-17	Male'	MoH	2x Pediatricians
23-11-17	Male'	IGnH	3x Representatives
23-11-17	Male'	MoGender & Family	Dietician
26-11-17	Male'	HDK Hospital	CP Project Officer
26-11-17	Male'	UNICEF	Director of Channels & 1x Representatives
29-11-17	Male'	TV Maldives	NCD Project Officer
29-11-17	Male'	HPA	Reproductive Health Head Nurse
29-11-17	Male'	IGNH	MoF&Ag & FAO Rep.
29-11-17	Male'	MoFisheries & Agriculture	2x Representatives
29-11-17	Male'	MoE	Producer
29-11-17	Male'	Voice of Maldives State Radio	Health sector journalist
29-11-17	Male'	Afaaf Online News	1x Representative
05-12-17	Male'	Abo-Raaje TV	2x Representatives

06-12-17	Male'	Red Crescent National HQ	2x Representatives
06-12-17	Male'	M. Food & Drug Authority	Pediatrician
06-12-17	Male'	Medica Private Hospital	2x Representatives
17-12-17	Male'	Zebra Cross Creative Design	State Minister
17-12-17	Male'	MoH	1x deputy representative
17-12-17	Male'	UNFPA	1x Religious scholar; 1x public health teacher
04-01-18	Male'	Pre-marriage counselling session	Committee Chairperson and 2x representatives
04-01-18	Male'	Sustainable Development Goals	Director of Programmes
10-01-18	Male'	GO TV	Head of Department
11-01-18	Male'	HPA	Representative
11-01-18	Male'	WHO	2x Administrators
11-01-18	Male'	MomsMV Facebook Group	Committee members x8
15-01-18	Male'	Girl Guide Association	1x Representative
22-01-18	Male'	Religious scholar	Pediatrician
23-01-18	Male'	ADK	Deputy Director; 2x JA representatives; 2x HPA; 2x UNICEF
29-01-18	Maafushi	Judicial Administration	President; 3x Committee
31-01-18	Male'	Women's Development Committee	President; 1x Committee
31-01-18	Male'	Women's Development Committee	2x Representatives
31-01-18	Male'	Ooredhoo	Chairman
31-01-18	Male'	Women's Chamber of Commerce	Public Health Specialist
01-02-18	Male'	NCD Alliance	Head of Section
04-02-18	Make'	HPA Population Health	Head of Marketing & Head of CSR
04-02-18	Male'	Dirrhagu	Senior Computer Programmer
05-02-18	Male'	MoH	Leadership team
05-02-18	Male'	Tiny Hearts	Dean
05-02-18	Male'	Facility of Health Sciences	Mayor & Councilors
05-02-18	Male'	Male' City Council	OTP Clinic Manager
05-02-18	Male'	Dhamanaveshi	Manager
05-02-18	Male'	MoH. RASD	Manager
27-11-17	Thoddoo	Healthcare staff	1x Doctor; 2x Family Health Officers; 1 x Community Health Officer; 8x Nurses
27-11-17	Thoddoo	Island Council	2x Councilors; 1x Civil Service Officer
27-11-17	Thoddoo	Teachers	2x Teachers
28-11-17	Rasdhoo	Healthcare staff	1x Nurse; 1x Anaesthetist; 1x Pediatrician; 1x Paramedic; 1x Health Promotion Officer.
28-11-17	Rasdhoo	Atoll Council	4x Island Council delegates
28-11-17	Rasdhoo	Legal representative	Chief Magistrate
11-12-17	Noomara	Healthcare Workers	2x nurses (one Indian 1x local); 1x Doctor (Indian; in-country 8 months); 1x former midwife
11-12-17	Noomara	Island Council	2x council members

11-12-17	Noomara	Teachers: preschool	1x preschool teacher; 1x Islam teacher (in charge of school)
14-12-17	Gan	Healthcare workers	1x Pediatrician; 2x Gynecologist);
2x Community Health Officer; 1x Nurse in charge. 1x Nurse. 1x Public Health Assistant.			
14-12-17	Gan	Island Council	1x President
14-12-17	Gan	Teachers: Preschool	4x teachers (2x primary; 2x pre-school teachers)
14-12-17	Fonadhoo	Atoll Council	2x Councillors
14-12-17	Fonadhoo	Healthcare workers	1x Medical Officer; 1x Community health worker; 2x Family health officer; 2x Registered nurse
14-12-17	Fonadhoo	Atoll Magistrate	1x Magistrate
18-12-17	Huraa	Health centre	2x Family Health Workers
		Island Council	1x Councillor
19-12-17	Thulusdhoo	Atoll Hospital	2x Family Health Workers & Hospital Manager
19-12-17	Maafushi	Women's Development Committee	5x Committee members

Focus Group Discussions Facilitated

DATE	ISLAND	PARTICIPANT GROUP	# OF PARTICIPANTS
26-11-17	Hulhumale'	Mothers	2
27-11-17	Rasdhoo	Mothers	7
27-11-17	Rasdhoo	Grandmothers	4
03-11-17	Male'	Mothers	1
04-11-17	Male'	Grandmothers	4
10-12-17	Funadhoo	Mothers	8
12-12-17	Funadhoo	Fathers	2
11-12-17	Noomara	Mothers	7
11-12-17	Noomara	Grandmothers	6
13-12-17	Gan	Mothers	7
13-12-17	Gan	Fathers	3
14-12-17	Fonadhoo	Mothers	0
14-12-17	Fonadhoo	Grandmothers	2

ANNEX 3: REFERENCES: DETERMINANTS OF MALNUTRITION- SUMMARY OF KEY FINDINGS

1. WHO. 2014, WHO STEPS 2011 survey on risk factors for non-communicable diseases: Maldives
2. Source: Rapid assessment by UNICEF international consultant, KIIs with healthcare specialists, 2017
3. Ministry of Health and Family. 2009. Maldives Demographic and Health Survey 2009
4. Ministry of Health and Family. 2009. Maldives Demographic and Health Survey 2009
5. Source: Rapid assessment by international consultant, KIIs with healthcare specialists, 2017
6. Source: Rapid assessment by UNICEF international consultant, FGD with mother, 2017
7. Ministry of Health and Family. 2009. Maldives Demographic and Health Survey
8. Ministry of Health. 2017. Maldives Health Profile 2016
9. Ministry of Health and Family. 2009. Maldives Demographic and Health Survey 2009
10. MoH. 2007. IYCF KAP Survey: Final report
11. Ministry of Health and Family. 2009. Maldives Demographic and Health Survey
12. Source: Rapid assessment by UNICEF international consultant: FGDs with mothers, father, grandmothers,2017
13. Maldives Employment Act
14. MoH. 2007. IYCF KAP Survey: Final report
15. Source: Rapid assessment by UNICEF international consultant, KIIs with healthcare specialists, 2017
16. Source: Rapid assessment by UNICEF international consultant: FGDs with mothers, father, grandmothers,2017
17. Ministry of Health and Family. 2009. Maldives Demographic and Health Survey
18. Source: Rapid assessment by UNICEF international consultant: FGDs with mothers, father, grandmothers,2017
19. Ministry of Health and Family. 2009. Maldives Demographic and Health Survey
20. Source: Rapid assessment by UNICEF international consultant: FGDs with mothers, father, grandmothers,2017
21. Ministry of Health. 2007. IYCF KAP Survey: Final report
22. UNICEF; Health Protection Agency. 2015. Child Nutrition Maldives: situation analysis, with special reference to IYCF, and the way forward. Draft
23. Source: Rapid assessment by UNICEF international consultant: FGDs with mothers, father, grandmothers,2017
24. Ministry of Health and Family. 2009. Maldives Demographic and Health Survey
25. Source: Rapid assessment by UNICEF international consultant: FGDs with mothers, father, grandmothers,2017

KEY FACTS ABOUT HUMAN BEHAVIOUR:

- People interpret and make meaning of information based on their own context.
- Individuals act according to culturally influenced identities, hierarchies, and socially accepted norms.
- Social support, perceived and actual, is often key to trying and sustaining behavioural changes.
- To adopt and maintain a given behaviour, most individuals need more than information. To have the ability to act, they may need access, motivation, encouragement, confidence, and/or support. A shift in social norms may be required. Even with information, motivation, and supportive social norms, individuals may not be able to adopt and maintain behaviours without the required skills, self-efficacy, access to services, and access to resources.
- Individuals are more likely to make a change in behaviour if the change fits their "existing mental model" and group identity.
- People can't always control the issues that create their behaviour.
- People's decisions about health and well-being compete with other priorities.
- (Source: USAID. C-Change. Learning package for social and behaviour change communication)

Priority Maternal Nutrition and IYCF messages: Understanding the 'Why'.

Pregnant and Lactating Women

Eat a variety of foods every day from at least 5 food groups. Align with the food-based dietary guidelines.
Eat regular meals -including breakfast- and take regular exercise throughout pregnancy and lactation periods.
Good nutrition and appropriate weight before and during pregnancy important for healthy foetal child growth and reduced stunting risk.

Undernutrition during pregnancy can lead to poor foetal growth, resulting in pre-term birth, infant low birth weight, increased risk of stunting by age two-years and increased risk of NCDs in adulthood.

Obese and overweight pregnant women are more likely to develop gestational diabetes, have increased risk of birth complications and mortality, to have obese children; post-delivery obese women are more likely to have difficulty lactating.

Interventions to increase birthweight and linear growth during the first 2 years of life are likely to result in substantial gains in childhood height and schooling and give some protection from adult chronic disease risk factors.

Before and during pregnancy, take folic acid and iron supplements, as recommended by your healthcare provider.
Eating fruit and vegetables and drink water often helps reduce risk of constipation from taking iron tablets.
Folic acid and iron supplementation as part of a maternal nutrition care plan has been shown to be effective in preventing anaemia in the mother during pregnancy, and to aid in healthy foetal development and growth, including reduced incidence of low birthweight. Neural tube defects can be effectively prevented with folic acid supplementation before and during the first trimester of pregnancy. Folic acid supplementation during pregnancy has been shown to improve mean birthweight & reduce incidence of megaloblastic anaemia. WHO recommends daily iron supplementation during pregnancy as part of the standard of care in populations at risk of iron deficiency. Healthcare providers need to inform of the harmful effects of anaemia, the benefits of consuming iron and folic acid supplements and the good food sources.

Mothers of children aged <6 months

Put your baby to the breast immediately after birth. Continue to feed ONLY breast milk for the first complete 6-months of life. Even if you are a working mother it is important to give your baby ONLY breast milk for the first 6-months of life. Express breastmilk to feed when separated from your baby.

The sooner baby is put to the breast the sooner mothers milk will flow.

Exclusive breastfeeding means that an infant receives only breastmilk, and no other liquids or solids, not even water, with the exception of oral rehydration solution, drops or syrups consisting of vitamins, minerals, supplements or medicines. Breast milk itself is 88% water

During the first 6-months, breast milk contains all the nutrients, food & fluid baby needs, even in very hot weather. Breastmilk is 88% water and is enough to satisfy a baby's thirst. Extra fluids displace breast milk and can introduce infection.

Colostrum and breastmilk contain essential nutrients for growth and development. Evidence shows that the nutrient needs of full-term infants with normal birth weights can be met by breast milk alone till completion of the first 6-months (180 days), and exclusive breastfeeding for 6-months, compared to an earlier age, reduces the incidence of diarrhoea due to the protective effect of breast milk against infant gastrointestinal infections and reduced incidence of respiratory tract infections and otitis media. Any other food or drink increases the chances of illness and death. Evidence also indicates that exclusive breastfeeding protects against stunting and wasting in childhood and reduces the risk of overweight/ obesity and non-communicable diseases (such as diabetes, heart disease and some cancers) later in life. Exclusive breastfeeding helps to regulate maternal weight gain in the postpartum period, which helps protect her against obesity and some NCDs later in life.

Babies exclusively breastfed for 6-months, as compared to formula-fed babies, have been shown to have improved growth and nutrition status and bonding, are less likely to die, are less likely to get infections, allergies and skin

conditions, and to have higher IQ later in childhood.

Mothers who are employed need to be encouraged and supported to express breast milk for their babies. Expressed breast milk can be kept in a cool covered place at room temperature for up to 6 hours, in the refrigerator for 24 hours or in the freezer compartment for 3 months. This could be fed to the baby using a clean cup or a cup and tea spoon. Only provide infant formula when it is not possible or advisable to feed breast milk. Infant formula does not provide the same nutrients and protection from illness. Use of bottles and teats increase the risk of your baby getting sick and not developing well.

Breastfeed frequently when your baby demands, day and night, to build up your milk supply. Ensure proper positioning and attachment of your baby to the breast.

Breastmilk production works on a demand–supply basis; the more a baby suckles the more milk produced. Babies can control their own appetite. Proper position and attachment helps ensure baby suckles well and prevents sore and cracked nipples.

Mothers of children 6-23 months

Continue to breastfeed until your child is two years of age, or beyond. Breastmilk continues to provide important nutrients and energy and protection from illness and allergies, to support healthy growth and development.

Even after complementary foods have been introduced, breastfeeding remains a critical source of high quality nutrients and protective factors. Infants and young children require adequate intakes of micronutrients, such as iron, zinc, and calcium, for ensuring optimal growth, development and prevention of illness. In well-nourished mothers, breast milk contains generous amounts vitamin A, B, C, folate, iodine, and selenium. However, breast milk is relatively low in several other micronutrients. The combination of continued breastfeeding, with appropriate complementary foods containing a wide range of micronutrients, is protective against stunting. Continued breastfeeding during the period of introducing new foods has been shown to reduce risk of developing food allergies. Longer periods of breastfeeding are associated with a reduced likelihood of a child becoming overweight or obese.

At 6-months, start feeding thick soft foods. Gradually introduce a variety of minced or mashed vegetables, egg/ fish/ chicken/ meat to enrich your baby's porridge. Feed fish/ egg/ chicken/ meat at least once every day. Gradually increase the variety, frequency, amount and thickness of the food. At one year give at least 5 food groups in every meal.

Complementary foods need to meet the increasing nutritional needs of the growing child that cannot be met by breast milk alone. Different kinds of foods contain different nutrients to help young children grow and develop well.

Highly allergenic foods and gluten-containing foods, may be introduced into the diet of low-risk children at any time after six months of age. Delaying the introduction of potentially allergenic foods may increase rather than decrease the incidence of food allergies and intolerance.

Young children have high nutrient needs but small gastric capacity. To support optimal physical growth and brain development, small amounts of food with high energy and nutrient density need to be fed frequently and responsively. As the child gets older the amount of food given and number of times each day a child is fed need to increase.

Complementary foods should always be introduced in the thick form from the very beginning as it will provide more energy and nutrients in a comparatively smaller quantity. Any food (except sugar, salt and honey) can be fed to a child after 6 months as long as it is prepared to the correct consistency, as appropriate to the child's motor and oral skills; gradually increasing the food consistency and variety. Children do not need teeth to consume foods such as eggs, meat, green leafy vegetables.

Highly allergenic foods and gluten-containing foods, may be introduced into the diet of low-risk infants at any time after six months of age. It is not advised to delay them for the purpose of preventing the development of allergies or gluten intolerance. High-risk infants should have tolerated a few less-allergenic complementary foods, such as rice cereal and pureed fruits or vegetables prior to the introduction of potentially allergenic foods. Liquid whole cows' milk should not be fed to infants aged under-12 months, for reasons unrelated to allergy.

The appropriate number of meals depends on the energy density of the meal and the given amount consumed at each meal. After complementary feeding is established, meal times should be consistent and as far as possible in keeping with family meal times.

By 8 months, most infants will become capable of eating foods that can be held ("finger foods"). In line with the changing oral skills and emerging new abilities (such as munching, chewing, etc.). Introduction of lumpy solid foods should occur around 10 months, so as to avoid latent risk of feeding difficulty associated with late introduction. Encouraging children to eat foods with different tastes and consistency gets them accustomed to eating 'solid or semi-solid consistency' family foods by one year. Children should be able to feed by themselves without assistance by about 2 years of age.
Introducing the baby to family food instead of ready-made packets is preferred as the baby will be introduced to different tastes and textures and s/he will be used to the tastes of the food s/he will eat when older. Use of fortified commercially produced complementary foods can help improve children's nutrient intake when access to a diverse diet is limited.

Adequate intake of micronutrients, particularly iron, vitamin A, iodine and zinc, are critical for a child's growth and mental development. Consumption of a diverse diet helps to ensure that children get the nutrients they need for healthy growth and development, prevent anorexia caused by a monotonous diet, and to establish taste preferences and good eating habits later in life. The combination of continued breastfeeding, with appropriate complementary foods of dietary diversity (5 or more food groups per day) and consumption of different types of animal source foods are associated with reduced stunting in children 6 to 23 months of age. Animal source foods (eggs, fish, fresh meat) are good to start after 6-months. In observational studies, a higher than usual intake of animal source foods has been associated with better growth, status of some micronutrients, cognitive performance, and motor development and activity and reduced risk of stunting. Consumption of multiple types of animal source foods (eggs, meat, dairy) might be more protective of stunting compared to fewer types of animal-source foods. Iron requirements are high between age 6 and 11 months, because growth is rapid; beyond six months of age the iron content of milk is not sufficient to meet many infants' requirements making this age group susceptible to iron deficiency. Animal flesh foods are good sources of bioavailable iron.

Protein-rich foods, such as meat, poultry, fish, egg yolks, cheese, yogurt, and legumes, can be introduced to infants between 6 and 8 months of age. Increasing evidence suggests that a high intake of protein, especially dairy protein, during the complementary feeding period is associated with an increased risk of overweight and obesity later in childhood. Dairy protein has a stronger effect on insulin‐like growth factor 1, which plays an important role in child growth, compared to protein from meat. Whole cow milk should be avoided in all infants less than one year of age for reasons unrelated to allergy. A high intake of cow's milk during the complementary feeding period also increases the risk of iron deficiency anaemia and limits the diversity of the diet, therefore it is best to avoid a high intake of cow's milk during the complementary feeding period.

Actively feed your baby. Avoid use of feeding bottles. Gently and patiently encourage your baby to eat. Don't force feed. Minimize other distractions.

When a child begins eating complementary foods after six months of age, the focus is often on what a child eats, but not how a child is fed. It is also important that children are fed actively and responsively. Responsive and active feeding supports early child development, through incorporating positive parent-child interactions into feeding sessions.

It is important that caregivers interact and engage with the child during feeding, through offering food, encouraging intake at regular intervals with love and patience, stimulating the child's feeding skills appropriate to their development and responding to infant's hunger signals and satiety cues, while also minimizing distractions.

Be responsive to your child's interest to try new foods and ability to chew and hold food.

If the child refuses food, experiment with different methods of encouragement and different combinations, tastes, preparations, textures, using foods liked by child. Forced feeding needs discouraging. Share family meal times with the feeding time for young children when possible, to expose them to the look and smell of a variety of foods.

Avoid giving young children sugary drinks and biscuits, tea, coffee, flavoured milk, processed meats (such as sausage) or deep-fried foods.

These foods and drinks contribute to excess energy intake, nutrient deficiencies, and poor growth and development of young children. Fizzy drinks and fruit juices high in sugar, biscuits and deep-fried foods do not provide the nutrients young children need. Feeding of low-nutrient, energy-dense, high-fat and/or high-sugar or salt foods -"junk foods"- can displace breast milk and replace the consumption of more nutritious foods, contributing to excess energy intake, nutrient deficiencies, and poor growth and development.
Repeated exposure to sugary and salty foods can familiarize infants and young children to "sweetness" and salt early in life, which can develop into a preference for these foods and poor eating habits later in life; this can affect their short-

and long-term health. There is evidence that intake of sugar sweetened beverages before one year of age is associated with an increased risk of obesity in childhood. Sugar provides "empty" calories without any nutrients. If the content is high in complementary foods, it will have a negative effect on the nutrient density of the diet. Commercially produced snack foods not aimed at the complementary feeding period typically have a high sugar content. Consumption of sugar-sweetened beverages, including juice and tea, increases daily energy intake, provides temporary and incomplete satiation, and can contribute to weight gain and excess abdominal fat among infants and young children.

It is important to avoid or keep the content of trans fatty acids as low as possible in complementary foods. Trans-fatty acids are commonly found in oils used in deep-fried foods and take-away foods. Evidence suggests that a high exposure to trans fatty acids early in life has negative effects on somatic development and increases inflammation. Trans fatty acids also interfere with essential fatty acid metabolism therefore they are likely to have adverse effects on growth and development and thereby long term health.

There is increasing evidence that a high fat intake during the complementary feeding period is not related to later obesity, and some evidence that a low fat intake undernutrition and stunting, due to inadequate energy density and low absorption of fat-soluble vitamins and a low-fat intake at 2 years can result in higher risk of obesity and leptin resistance at the age of 20 years. Fat quality, especially an optimal balance between the long chain polyunsaturated fatty acids n6 (linoleic acid) and n3 (alpha-linolenic acid; docosahexaenoic acid) is important for cognitive development, growth and the immune system. There is also some evidence that deficiency in essential fatty acids limits linear growth.

ANNEX 5: MAPPING OF CSOS

	MALE	HA	HDH	SH	N	R	B	LH	K	AA	ADH	V	M	F	DH	TH	L	GA	GDH	GN	S
DAM	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
CSM	●	●	●	●		●	●	●	●				●	●		●	●		●	●	●
TH	●																				
SHE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
ARC	●	●	●		●	●	●	●	●			●	●		●	●	●	●	●	●	●
MRC	●		●		●			●					●			●		●	●	●	●
GG	●	●	●	●	●	●	●	●	●		●		●		●		●	●	●	●	●
WDC	●			●					●		●	●	●	●	●	●	●	●	●	●	●

KEY

- **Maldives Red Crescent (MRC):** Staff present in Male', HDh and Seenu. Volunteer pool includes staff of island council, health facility, school and other utilities. Works in collaboration with community healthcare workers.
- **Society for Health Education (SHE):** Works with community healthcare workers, communities, schools (teachers and students)
- **Advocating for the Rights of Children (ARC):** All atolls except four covered between 2015-2017. ARC has eight campaigns, including 'HEAL' -promoting good health.
- **Girl Guide Association (GG):** School-based programme, and community work done in collaboration with other CSOs and government bodies.
- **Cancer Society of Maldives (CSM):** Works in collaboration with healthcare workers and community
- **Diabetic Association of Maldives (DAM):** Works in collaboration with community healthcare worker or nurse (diabetic educator) and communities
- **Tiny Hearts (TH):** A member of the NCD Alliance (with Cancer Society and Diabetic Association). Organizes camps, provides public awareness and conducts advocacy activities.
- **Women's Development Committee (WDC):** Works with frontline health workers in an outbreak of an epidemic with the main focus of their work on mobilization and empowering women

ANNEX 6: TRIGGERING COMMUNITY ACTION

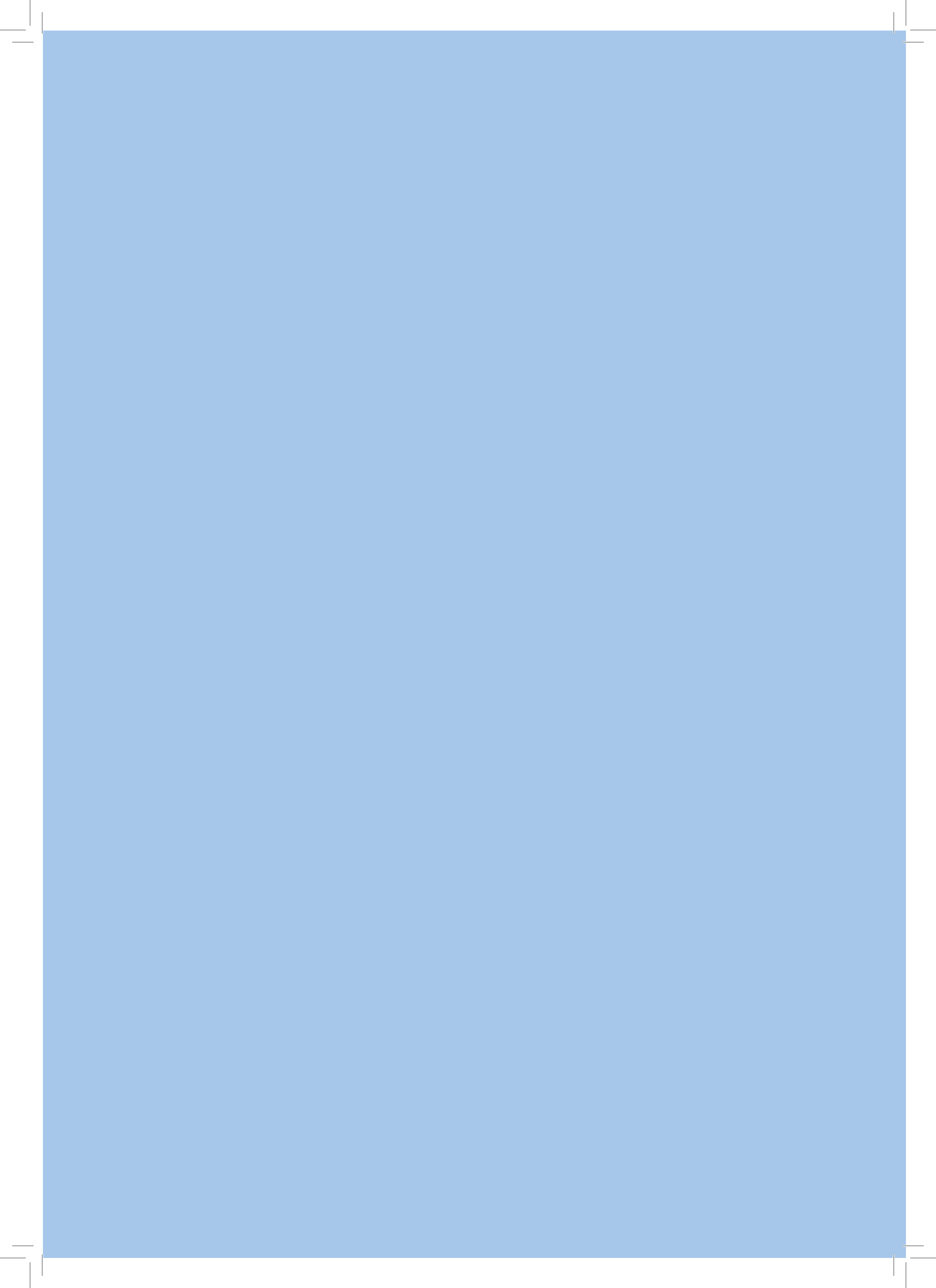
The 'triggering' process: through a cascaded and integrated process.

Development of a "triggering tool" used to guide facilitation of the public triggering meeting and development of a visual representation of the maternal and IYC nutrition status and feeding practices in the community (eg a stunting line; nutrient line).

SBCC Strategy lead representative/s and healthcare facility focal persons meet with key stakeholders (such as teachers; councillors; religious leaders) on each island to present the strategy and explain and plan the triggering session and mobilization of the community for the session. Community council, school and focal persons are identified/ elected.
The triggering session takes place a week later, facilitated by the healthcare facility focal person and the trained local councillor and school focal persons for the SBCC strategy.

The community is presented with visual representation of the maternal and infant and young child nutrition status in their community, the underlying reasons, and how malnutrition affects their children in the soft- and long-term and highlight that it is a shared concern and responsibility for the whole community and not purely the responsibility of the healthcare system. The Community could also be informed of the planned 'Mother and Child Health-Promoting Communities Award'.

A Community Action Plan is developed and a 'Maternal and Infant and Young Child Nutrition (MIYCN) Action Group' formed, with members elected by the community, including the focal healthcare provider, councillor and teacher.
The healthcare providers facilitate a workshop to train the MIYN Action Group members on MIYCN and skills to support the community-based SBCC strategy activities.



SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION STRATEGY

THE FIRST 1000 DAYS MATTER

Ministry of Health
Republic of Maldives