

Golden 1000 Days Campaign

(2015-17)

Program Implementation Guide

1. Implementation Modality

1.1. Relevance to Maternal, Infant and Young Child Nutrition (MIYCN) Action Plan:

The G1000D campaign is part of the Maternal, Infant and Young Child Nutrition (MIYCN) Communication Action Plan which is planned for the coming five years (2014-18). The first 36 months will be considered the period to implement a robust and comprehensive campaign to establish and making Golden 1000 Days a household brand; to influence change in nutrition and health related specific behaviors among adolescents, mothers, fathers and families as well as establish adolescents, maternal, infant and young child nutrition. In the post campaign phase, there will be a transition phase of 24 months where all communication messages, materials and activities will be mainstreamed into the regular program.

Similarly, UNICEF is also in the process of finalizing the multi-year communication for development (C4D) strategy and once it is finalized the activities will be part of the overall strategy as well as the behaviour monitoring plan.

1.2. Governance Structure

1.2.1. Administrative Mobilization

National Level: National Health Education Information and Communication Centre's (NHEICC) Reproductive and Child Health Section will lead the campaign through the campaign secretariat housed at the Centre. The secretariat will be an extended secretariat to the existing National Nutrition and Food Security Secretariat (NNFSS) at National Planning Commission and will oversee day to day activities and events (specific ToR will be developed and endorsed). There will staff (number will be finalised) housed at the secretariat to support implementation of activities under the plan. The existing Technical Committee under NHEICC will serve as the key committee under which a communication working group will be formed to approve and endorse all materials, designs and audio/visual aide for the campaign with technical support from Nutrition Technical Committee (NuTeC) under Child Health Division (CHD). The Multi-sector Advocacy and Communication Working Group at NPC will provide technical support and serve as a coordinating body to bring all sectors together to harmonize activities of all the partners who are implementing nutrition programs in districts such as SUAHARA and Golden 1000 Days under Ministry of Federal Affairs and Local Governance (MoFALD) as well as other stakeholders.

Regional Level: The Regional Health Directorate will serve as a regional coordinating body and will have campaign focal person to coordinate with districts as well as support all training, capacity building exercises and also monitor activities periodically.

District Health/Public Health Office (DH/PHO): The DHO/PHO will be responsible to coordinate with all the district partners including media and local NGOs and will train and orient staff and health facility staff and health workers including FCHVs at the VDC levels. The DHO/PHO will work closely with District Water, Sanitation and Hygiene Coordination Committee (DWASHCC) to harmonize activities to reach schools and households. The DHO/PHO will be responsible to monitor and report activities periodically.

Health Facility: All health facilities will be responsible to implement activities in their VDCs and also mobilise FCHVs and health workers to conduct VDC level orientation and mother group meetings along with distribution of materials specific to each phase.

1.3. Social Mobilization/Networking

Schools/Colleges/Universities: Schools will be integral part of the campaign in mobilizing school based child clubs to reach mothers/caretakers/families with G1000D messages of different phases. Similarly, the campaign will focus on reaching colleges and universities to educate students as future parents and also mobilize their network to reach mothers/caretakers/families.

Religious Leaders, Traditional/Faith Healers: The network of existing religious and traditional healers will be fully engaged and mobilized to include messages around G1000D during their interaction with families at different occasions from religious ceremonies during pregnancy, birth, rice feeding to providing right information.

Celebrity Endorsement and Mobilization: Popular figures who have received recognition both at international and national levels will be identified, announced as champions and mobilized at various platforms during the campaign. These celebrities will also become part of the regular communication events at various levels through mass media and interpersonal activities and events.

Harmonization and Expansion of Campaign Model in Other Districts: All the messages, materials and activities will be harmonized with the existing programs and a uniform approach will be agreed among the stakeholders.

Capacity Building and Orientation of Champions: The National team will be trained and oriented to conduct regional level orientation programs and national team along with regional teams will conduct various training and orientation programs in the districts. Similarly, the district teams will then organize various capacity building and orientation events at the VDC levels along with other stakeholders.

1.4. How do we reach pregnant women, new mothers and their families?

1.4.1. Inter-personal Channels

NGO Mobilization: The national NGO will be selected to partner with local NGO to implement school and household activities as well as conduct orientation programs at the VDC levels. NRCS at the centre and district chapters will be coordinated to harmonize activities at the VDC levels with National Hand-washing Program and Open Defecation Free events as well as school WASH activities.

Mobilization of Child Clubs: The school based child clubs will be oriented and mobilized as part of their regular community outreach activity to orient and educate mothers in the communities through a special interaction event. There will be school level sessions to orient child club members organized by local NGO partner in coordination with District Education Office (DEO) and the Nepal Red Cross Society's district chapters. Child club members will organize household and community outreach activities periodically to reach families, mothers and husbands.

Mobilization of FCHVs: FCHVs will receive special orientation to conduct sessions in every MGMs for new mothers and also provide information during their regular household visits.

Mobilization of Religious Leaders/Ex-Army, Traditional Healers/ECD Facilitators: The community level influencers will receive special orientation and educate mothers and families during their interactions. They will also encourage husband and families to become role models in the community by supporting their wives and daughter in-laws during pregnancy and lactating. There will be VDC level activation/orientation for religious leaders, teachers, ECD facilitators, WASH workers, Traditional Healers, Faith Healers, Social mobilizers of LGCDP, FCHVs, local leaders and other service providers and mobilize them in the districts and communities.

Health Facilities/Immunization Clinic/Outreach Clinic: All health facilities will provide regular information to pregnant women and husband (couples) with information and materials to educate on specific phases. Immunization clinic and outreach clinics will be major point of service where mothers/caretakers and fathers will be reached through service providers to provide specific messages and encourage actions.

Mass Media Channels: Besides the interpersonal channels, there will be other channels and mediums that will be used to reach families with specific messages in a phased manner. The mass media programs will be developed and broadcasted to showcase positive actors (individuals/groups and institutions) from the communities who are following best practices and acting as role models for households and communities.

Television, Radio and print media will be mobilized through partnership agreement with Nepal Television and Radio Nepal as well as GorkhaPatra, Kantipur etc. There will be special program on Radio Nepal and Nepal television on G1000D campaign with popular celebrities and anchors to host the program. The program on TV/Radio will be on two different modalities. One that covers the story of mothers/caretakers/husbands who are practicing positive behaviours in the communities and the other will be regular PSA and updates on the campaign. However, the partnership opportunities will also be sought with other media houses and publications to maximise the reach at national as well as local levels.

The local level FM stations and cable TV service providers will be identified and mobilized accordingly. Similarly, the local newspaper and tabloids will also be included as part of the mass media mobilization at the local level.

Use of creative materials: The campaign will have specific flyers, mothers guide, special poster, collateral, badges, maps and others for specific groups which will be distributed at different phases of the campaign. These materials will be used by service providers and mothers for information at different stages of the campaign.

Use of Information Technology: The IT hub and a system will be developed and a web-based central data infrastructure established for the whole campaign to collect data and for message dissemination related to different phases through internet, SMS, social media and interactive voice system. Training of service providers will be conducted on use of system in 90 VDCs of the program districts. There will be system in place in collaboration with Nepal Telecom for IVR and SMS services for all the mothers, husband and family members to receive voice messages that can be retrieved by simply dialling on IVR service and periodically mothers/husband and or families will get automated messages once their numbers are registered in the system. The system will follow the numbers for push messages once the number is registered in the system. There will be special IVR system developed for the entire phase for specific messages catered to pregnant women and their spouse with monthly targeted messages starting from the conception to 24 months of a child's life.

Campaign Phases

Pre-campaign

Activities	Inputs	Timeline	Responsibility
Golden 1000 Days Campaign Plan Endorsement	<ul style="list-style-type: none"> • Endorsement of G1000D Campaign Plan by NHEICC Director 	By July 2015	
Development of a Program Guideline	<ul style="list-style-type: none"> • Hire a consultant • Prepare Draft guideline • Finalize 	By July 2015	
Formation of Working group at NHEICC	<ul style="list-style-type: none"> • Working Group's ToR • Meeting of the group 	By July 2015	
Formalization of the G1000D Secretariat at NHEICC	<ul style="list-style-type: none"> • Working Group's meeting to formalize the secretariat • Hire two staff for the secretariat 	By July 2015	
Development and Finalization of 15 Minutes Video	<ul style="list-style-type: none"> • Produce 15 minutes video • Pre-test the video • Share with the technical group and finalize 	By July 2015	
Development and Finalization of all G1000D campaign materials	<ul style="list-style-type: none"> • Produce all materials • Pre-test • Share with the technical group and finalize 	By August 2015	
National level stakeholders orientation	<ul style="list-style-type: none"> • Conduct orientation for 30 people • Formation of regional and district level orientation teams • Provide all the materials and manage logistics for orientation for all levels 	By 2 nd week of September 2015	
Regional, district and VDC level orientations	<ul style="list-style-type: none"> • Conduct orientation in all 5 regions and 9 districts • Conduct orientation in 90 VDCs of 9 districts • Provide all the materials and manage logistics for orientation for all levels 	By 1 st week of October 2015	
District and VDC level interpersonal communication (IPC) skill training	<ul style="list-style-type: none"> • Conduct districts level IPC training • VDC level IPC training for health facility staff and FCHVs 	By 1 st week of November 2015	
Kick off campaign in Kathmandu and in 9 districts	<ul style="list-style-type: none"> • Kick-off event in Kathmandu • Kick-off event in 9 districts • Kick-off event in 90 VDCs • Launch of 15 minutes video • Press release and event calendar 	November 24, 2015	

Phase 1

Activities	Inputs	Timeline	Responsibility
Airing and release of messages specific to first nine months	<ul style="list-style-type: none"> • Airing of TV PSA • Airing of radio PSA • Print Ads in national and local papers • Airing of TV Program • Airing of Radio Program 	December 1, 2015 to April 2016	NHEICC/UNICEF
Mobilize service providers and other networks distribution and dissemination of various print materials at the community levels specific to first three month of pregnancy and up to nine months (10personsX10VDCsX9districtsX5days)	<ul style="list-style-type: none"> • Intervene monthly meeting of HFs (90VDCsX3meetings) • Intervene regular Ilaka/area HF level meetings (2meetingsX9districts) • (10VDCsX5schoolsX9districtsX2times) • Conduct/regularize/intervene WCF meetings (90VDCsX5meetings) • Conduct quarterly meeting of DNFSSC to re-enforce the messages through line agencies up to the VDC/Ward levels (9districtsX2meetings) • Conduct/regularize/intervene health MGMs in all the wards (90wardsX9districtsX3times) 	Nov 25/2015-Aug 2016	
Implementation of community/household event to educate mothers/caretakers and families and distribution of materials	<ul style="list-style-type: none"> • Conduct school orientation programme to mobilize child club • Child club members conducts household session in each ward for pregnant mothers with FCHVs (90wardsX9districtsX10days) • NGO mobilizers monitoring visits in selected households to ensure message recall and practices on PNC, essential new-born care, child stimulation and husband support to his wife. 	Nov 25/2015-Aug 2016	
Visit selected households to and formation of family cohort to capture images, voiceovers and monitor progress and mobilizing mothers and families to act as role models (9VDCsX10persons)	<ul style="list-style-type: none"> • Dissemination of case studies and human interest stories where mothers and families act as role models from TV, Radio and print media. <ul style="list-style-type: none"> • Airing of TV PSA • Airing of radio PSA • Print Ads in national and local papers 	June 24, 2015 to April 2016	
Quick review of phase one campaign and preparation for the second phase by making changes in the modality if needed (30personsX1dayX9districts)	<ul style="list-style-type: none"> • Conduct review meeting in all 9 districts • Feedback incorporated in the new plan 	End Aug 2016	

Phase 2

Activities	Inputs	Timeline	Responsibility
Airing and release of messages specific to first nine months	<ul style="list-style-type: none"> • Airing of TV PSA • Airing of radio PSA • Print Ads in national and local papers • Airing of TV Program • Airing of Radio Program 	Sept to Nov 2016	
Mobilize service providers and other networks distribution and dissemination of various print materials at the community levels specific to first three month of pregnancy and up to nine months (10personsX10VDCsX9districtsX5days)	<ul style="list-style-type: none"> • Intervene monthly meeting of HFs (90VDCsX3meetings) • Intervene regular Ilaka/area HF level meetings (2meetingsX9districts) • (10VDCsX5schoolsX9districtsX2times) • Conduct/regularize/intervene WCF meetings (90VDCsX5meetings) • Conduct quarterly meeting of DNFSSC to re-enforce the messages through line agencies up to the VDC/Ward levels (9districtsX2meetings) • Conduct/regularize/intervene health MGMs in all the wards (90wardsX9districtsX3times) 	Sep 2016 to Feb 2017	
Implementation of community/household event to educate mothers/caretakers and families and distribution of materials	<ul style="list-style-type: none"> • Conduct school orientation programme to mobilize child club • Child club members conducts household session in each ward for pregnant mothers with FCHVs (90wardsX9districtsX10days) • NGO mobilizers monitoring visits in selected households to ensure message recall and practices on a) immediately apply delayed bathing, early initiation of breastfeeding, b) exclusive breastfeeding, c) birth registered in the VDC, d) continue to practice child stimulation, e) eating nutritious diet and following post natal care and visit, f) immunize child; 	Sep 2016 to Feb 2017	
Visit selected households to and formation of family cohort to capture images, voiceovers and monitor progress and mobilizing mothers and families to act as role models (9VDCsX10persons)	<ul style="list-style-type: none"> • Dissemination of case studies and human interest stories where mothers and families act as role models from TV, Radio and print media. <ul style="list-style-type: none"> • Airing of TV PSA • Airing of radio PSA • Print Ads in national and local papers 	Jan to March 2017	
Quick review of phase one campaign and preparation for the second phase by making changes in the modality if needed (30personsX1dayX9districts)	<ul style="list-style-type: none"> • Conduct review meeting in all 9 districts • Feedback incorporated in the new plan 	End of Feb 2017	

Phase 3

Activities	Inputs	Timeline	Responsibility
Airing and release of messages specific to first nine months	<ul style="list-style-type: none"> • Airing of TV PSA • Airing of radio PSA • Print Ads in national and local papers • Airing of TV Program • Airing of Radio Program 	March to May 2017	
Mobilize service providers and other networks distribution and dissemination of various print materials at the community levels specific to first three month of pregnancy and up to nine months (10personsX10VDCsX9districtsX5days)	<ul style="list-style-type: none"> • Intervene monthly meeting of HFs (90VDCsX3meetings) • Intervene regular Ilaka/area HF level meetings (2meetingsX9districts) • (10VDCsX5schoolsX9districtsX2times) • Conduct/regularize/intervene WCF meetings (90VDCsX5meetings) • Conduct quarterly meeting of DNFSSC to re-enforce the messages through line agencies up to the VDC/Ward levels (9districtsX2meetings) • Conduct/regularize/intervene health MGMs in all the wards (90wardsX9districtsX3times) 	March to Aug 2017	
Implementation of community/household event to educate mothers/caretakers and families and distribution of materials	<ul style="list-style-type: none"> • Conduct school orientation programme to mobilize child club • Child club members conducts household session in each ward for pregnant mothers with FCHVs (90wardsX9districtsX10days) • NGO mobilizers monitoring visits in selected households to ensure message recall and practices on a) timely introduction of complementary food after six months using diversified food, b) hand-washing before feeding the child, c) continue breastfeeding and stimulation as per the guideline. 	March to Aug 2017	
Visit selected households to and formation of family cohort to capture images, voiceovers and monitor progress and mobilizing mothers and families to act as role models (9VDCsX10persons)	<ul style="list-style-type: none"> • Dissemination of case studies and human interest stories where mothers and families act as role models from TV, Radio and print media. <ul style="list-style-type: none"> • Airing of TV PSA • Airing of radio PSA • Print Ads in national and local papers 	June to Aug 2017	
Quick review of phase one campaign and preparation for the second phase by making changes in the modality if needed (30personsX1dayX9districts)	<ul style="list-style-type: none"> • Conduct review meeting in all 9 districts • Feedback incorporated in the new plan 	End of Aug 2017	

Phase 4

Activities	Inputs	Timeline	Responsibility
Airing and release of messages specific to first nine months	<ul style="list-style-type: none"> • Airing of TV PSA • Airing of radio PSA • Print Ads in national and local papers • Airing of TV Program • Airing of Radio Program 	Sept to Dec 2017	
Mobilize service providers and other networks distribution and dissemination of various print materials at the community levels specific to first three month of pregnancy and up to nine months (10personsX10VDCsX9districtsX5days)	<ul style="list-style-type: none"> • Intervene monthly meeting of HF's (90VDCsX3meetings) • Intervene regular Ilaka/area HF level meetings (2meetingsX9districts) • (10VDCsX5schoolsX9districtsX2times) • Conduct/regularize/intervene WCF meetings (90VDCsX5meetings) • Conduct quarterly meeting of DNFSSC to re-enforce the messages through line agencies up to the VDC/Ward levels (9districtsX2meetings) • Conduct/regularize/intervene health MGMs in all the wards (90wardsX9districtsX3times) 	Sept 2017 to Aug 2018	
Implementation of community/household event to educate mothers/caretakers and families and distribution of materials	<ul style="list-style-type: none"> • Conduct school orientation programme to mobilize child club • Child club members conducts household session in each ward for pregnant mothers with FCHVs (90wardsX9districtsX10days) • NGO mobilizers monitoring visits in selected households to ensure message recall and practices on a) apply child stimulation guideline after 12 months (cognitive and emotional), b) continue introduction of diversified food, c) breastfeeding d) growth monitoring and immunization. 	Sept 2017 to Aug 2018	
Visit selected households to and formation of family cohort to capture images, voiceovers and monitor progress and mobilizing mothers and families to act as role models (9VDCsX10persons)	<ul style="list-style-type: none"> • Dissemination of case studies and human interest stories where mothers and families act as role models from TV, Radio and print media. <ul style="list-style-type: none"> • Airing of TV PSA • Airing of radio PSA • Print Ads in national and local papers 	April to Aug 2018	
Quick review of phase four campaign and preparation for the second phase by making changes in the modality if needed (30personsX1dayX9districts)	<ul style="list-style-type: none"> • Conduct review meeting in all 9 districts 	1 st week of Sept 2018	
Endline tracking of new born average of 10 VDC and 4-to 5 children per month x 9 districts = 450 children (Tracking status of SAM on monthly basis - Tracking Status of MAM on monthly basis) (90VDCsX3personsX3days)	<ul style="list-style-type: none"> • Conduct small survey in all 9 districts • Data entry and generate report for media briefing 	Sept to Oct 2018	

Post Campaign Phase

Activities	Inputs	Timeline	Responsibility
Document human interest and success stories from the communities on all aspects of a child development (9VDCsX10personsX10days)	<ul style="list-style-type: none">• Disseminate human interest and success stories from the communities and use the brand/image of the campaign to thank all the parents and also summarize messages to prepare new parents on all aspects of a child development.<ul style="list-style-type: none">• Airing in TV• Airing in radio• Print Ads in national and local papers• Media briefing and preparation of a campaign report, data and disseminate (9districtsX30personsX1day including one in Kathmandu)• Thank you and congratulations message to all the families participating in the campaign	Sept to Oct 2018	

Summary: Who will be Responsible to Implement the Activities at Different Levels?

Responsible Organizations for Key Activities:

Action Plan Activities	Responsible Organization	Supporting Units
Pre Campaign		
Activities: 1.1, 1.2, 1.6, 1.7, 1.8, 2.1, 2.4, 2.5,	Government: NHEICC	Divisions and DHO/PHO
Activities: 1.3, 1.4, 1.5, 1.7-1.7.1.1, 1.7.1.2, 1.7.1.3, and 1.7.1.4	UNICEF	NHEICC
Activities: 1.7 - 1.7.1.5, 1.7.1.6, 1.7.1.7, 1.7.1.8	National NGO	Local NGO
Phase 1		
Activities: 2.1, 2.4 and 2.5	Government: NHEICC	Divisions and DHO/PHO
Activities: 2.2- 2.2.1, 2.3	UNICEF	NHEICC and Advertising Agency
Activities: 2.2 – 2.2.2	National NGO	Local NGO
Phase 2		
Activities: 3.1, 3.2, 3.5 and 3.6	Government: NHEICC	NPC, Divisions and DHO/PHO
Activities: 3.3 - 3.3.1, 3.4	UNICEF	NHEICC and Advertising agency
Activities: 3.3 - 3.3.2	National NGO	Local NGO
Phase 3		
Activities: 4.1, 4.4, 4.5 and 4.6	Government: NHEICC	Divisions and DHO/PHO
Activities: 4.2 - 4.2.1, 4.2.2 and 4.2.3	UNICEF	NHEICC and Advertising agency
Activities: 4.2 - 4.2.4	National NGO	Local NGO
Phase 4		
Activities: 5.1, 5.4, 5.5 and 5.6	Government: NHEICC	Divisions and DHO/PHO
Activities: 5.2 – 5.2.1, 5.2.2, 5.2.3 and 5.3	UNICEF	NHEICC and Advertising agency
Activities: 5.2 – 5.2.4	National NGO	Local NGO
Phase 5		
Activities: 6.1 and 6.2	UNICEF	NHEICC and Advertising agency
Activities: 6.3	Government: NHEICC	UNICEF, Divisions and DHO/PHO and stakeholders along with NPC