

Bushes that Grow Are the Future Forest

USING RADIO TO IMPROVE INFANT AND YOUNG CHILD FEEDING IN ZAMBIA

INTRODUCTION

Using radio to disseminate information and motivate positive changes in behavior has been a pillar of development communication. Over the past decade, however, the use of radio for behavior change in nutrition programs has been limited by high production costs and increased attention on interpersonal communication.

In Zambia, the Infant & Young Child Nutrition (IYCN) Project's behavior change communication (BCC) strategy included the use of mass media to support intensive interpersonal counseling efforts being promoted in facilities and communities. This document describes IYCN's experience developing *Bushes that Grow Are the Future Forest*, a radio series on infant and young child feeding. Lessons learned by IYCN can help other nutrition programs with limited time and resources to develop successful radio programs. This document distills the development process into a few steps and offers insights on reproducing those steps in other settings.

Bushes that Grow Are the Future Forest was comprehensive, covering key feeding practices during the first two years of a child's life, and sought to address and help resolve resistance or barriers to optimal nutrition practices in families. The series was broadcast in multiple languages throughout Zambia and met with an excellent initial listener response.

IYCN IN ZAMBIA

[IYCN] discovered that community members regularly turn to radio stations for health information. We realized that radio would allow us to communicate important infant feeding messages to a broad audience. Radio is a good way to anchor an entire program communication strategy.

— Josephine Nyambe, BCC Advisor, IYCN, Zambia



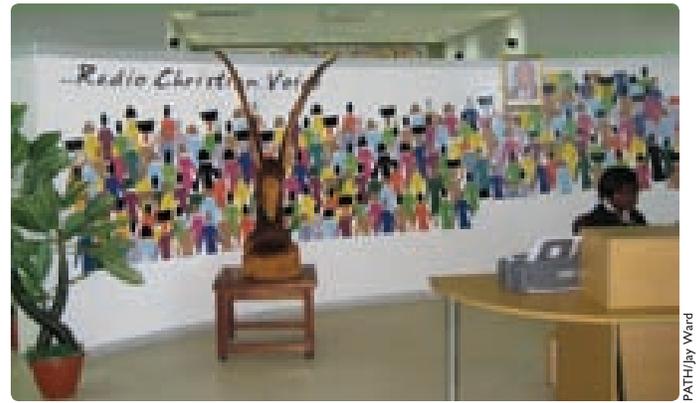
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From 2006 to 2011, the IYCN Project provided technical assistance to Zambia through the Ministry of Health and the National Food and Nutrition Commission to improve infant and young child feeding practices, a critical pathway to preventing child malnutrition and mother-to-child transmission of HIV. IYCN used a multi-pronged approach to behavior change, with activities focused on improving:

- Health provider practices at health facilities.
- Community health volunteer practices.
- Household and caregiver practices.
- General social and cultural environment related to child feeding.

For health facility workers and community health volunteers, IYCN supported training and supportive supervision to improve counseling and support to families with children under age two, including HIV-affected families. IYCN also suggested improvements in the referral links between the community and health facilities. To create a more supportive social environment for optimal feeding practices, IYCN designed communication activities, including a radio serial and radio spots, community drama, and television.

The radio series provided a way to reach and motivate caregivers and their families to try new or different infant and young child feeding practices. Radio could reinforce advice that a caregiver might receive in a counseling session or mothers' support group, which might not make it back to the family otherwise. The goal of the radio broadcasts was to reach a broad cross-section of the population in order to tackle the most persistent, pervasive child feeding problems by discussing them, addressing misperceptions, and clarifying ideal behaviors, and suggesting how to practice them in the context of certain economic or social constraints.



OVERVIEW OF THE ZAMBIA RADIO PROGRAM EXPERIENCE

Developing the radio series

“You [IYCN] have excited me about doing something in nutrition for young children. I am sure our listeners would be very happy for such a program so I have an offer for you: if you can get your act together and get the radio program running by January, we will produce it free and air it free in five languages...”

—Gibbs Mweemba, *Radio Christian Voice*

The opportunity to develop a radio program arose when Zambia's Radio Christian Voice (RCV) approached IYCN about an open time slot in their 2010 schedule. The radio station challenged IYCN to partner with them to produce 13 one-hour productions on infant and young child feeding.



Josephine Nyambe, BCC Advisor, IYCN (center), with broadcasters from Radio Christian Voice.

This was an exciting opportunity because RCV reaches more than three million listeners in five Zambian provinces and outside the country, broadcasting in four local languages and English. Research conducted by the project indicated that RCV was a predominant radio source of information for child caregivers and their families.

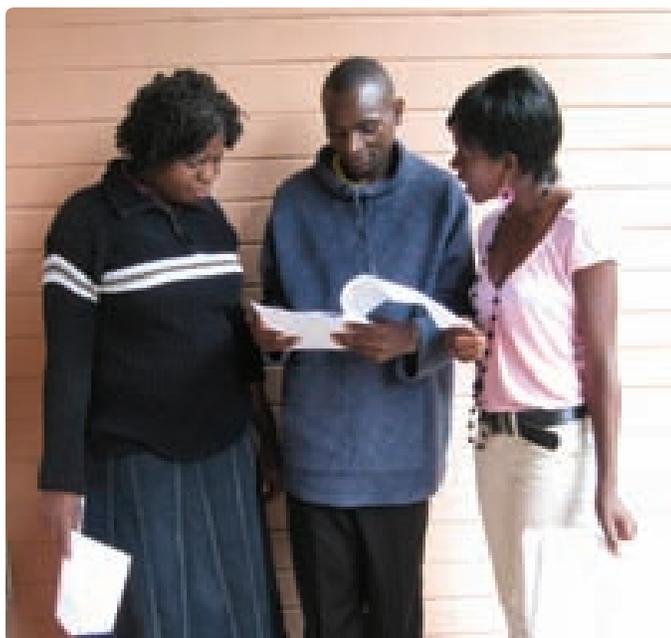
Planning and developing the series took place quickly and was more intensive than the radio station was used to, because of the behavior change objectives for the show and the technical content on child feeding. What follows is a description of the steps taken by the team to develop the radio program.

➔ 1. Identifying focus behaviors

In planning the content of the radio programming, the first task was to determine the key behaviors that would be addressed through the radio series. IYCN used formative research to focus on the major infant and young child feeding problem practices affecting child growth in the first two years of life. These include the common practices of giving a young baby water to supplement breastmilk, serving diluted corn porridge as a first food, and providing a diet that lacks diversity.

➔ 2. Deciding on the show format

Once the behaviors were identified, the format for the shows needed to be designed. Initially, RCV had suggested the hour-long broadcasts could feature a child feeding expert talking about nutrition and taking listeners' calls. However, having people answer listeners' calls during a live broadcast without an opportunity to prepare or consult other experts can lead to misinformation or misinterpretation of information. In addition, it is a fairly uninteresting format. The team decided to script part of the hour-long broadcast, by developing short radio spots and pre-recorded interviews, while still providing an opportunity for listeners to submit questions and have them answered by experts.



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➔ 3. Developing the scripts

IYCN facilitated a script-development workshop with RCV. The result was a series of scripts that were engaging and based on real-life scenarios, but lacked a focus on key feeding behaviors and the barriers and motivations for improving them. A compromise was necessary between the real-life drama with human interest and the technical need to discuss evidence-based child feeding behaviors and their determinants. By collaborating on the script development, IYCN and RCV were able to strike this balance.

Over a period of two months, IYCN and RCV developed thirteen 20-minute radio interviews that were pre-recorded for the hour-long program. The interviews featured characters named Sister Loveness, a retired health center nurse, and Daniel, an actual RCV radio journalist. In the program, Daniel interviewed Sister Loveness as she traveled around Zambia or invited him to different settings to witness family or community situations in which she would resolve a child feeding issue. In addition to the interviews, seven 60-second radio spots were scripted and recorded for use during and outside of the hour-long program. A basic script for the radio announcer in the studio during the show was developed to guide the introduction and close of the hour-long program. The series was developed such that listeners could submit questions at any time by calling in, or by sending a text message, and the questions would be addressed every fourth program. IYCN identified health workers who would review the questions and come to the studio to answer them on-air. Additionally, when the shows were rebroadcast, a quiz show format was added and listeners could win prizes.

➔ 4. Broadcasting the program

Over the course of approximately six months, the complete thirteen-part series was broadcast twice. After the initial broadcasts, the scripts were revised using listener comments and the translations were checked. Re-airing began in April 2010, once the four non-English language versions were recorded. The series aired from Monday to Thursday from noon to 1:00 p.m. Each week, a different program was introduced, aired first in Bemba language, and followed each consecutive day in Tonga, Nyangja, Lozi, and then in English.

To boost listenership, the series was shared with other local, private radio stations with a predominant share of the radio market in their area of Zambia, such as Radio Icengelo, Petauke Explorers Radio, Radio Mazabuka, and Radio Maranatha. These stations aired the programs in the language of their area according to their own schedule.

The series has built-in flexibility, since the pre-recorded section is about 20 minutes long, including a couple of 60-second spots. It can easily be re-aired, which is important as new families are constantly becoming members of the prime target audience—families with children under two years of age.



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Initial reaction to the broadcasts

“We all believed that a little bit of water would actually do... but that’s not true, it’s been proven...so that is one of the things that we actually learnt. There are certain things that we take for granted which are not even true...so it’s a good program.”

—Gibbs Mwemba, Program Manager, RCV

The initial broadcasts covered five of the nine provinces in Zambia and, in many cases, included audience members who were not otherwise reached through IYCN’s existing activities. During each broadcast, the announcer encouraged listeners to contact the show with questions and feedback. The callers and text messages were abundant and positive. One of the most prevalent reactions to the programs was that many listeners had always thought that feeding a child was something natural; that it required no special knowledge. Listeners said they now understood that there are specific practices that are either helpful or harmful. For example, they learned they should avoid offering other drinks when a child should be receiving only breastmilk, and that all mothers—regardless of their HIV status—should practice exclusive breastfeeding from birth to six months.

The listeners also repeatedly stated that they wanted to hear more programs like this—one where they could learn something in an interesting way and from their own people. The RCV staff attributed these positive comments to three factors: using different locations in Zambia for the interview settings, using local language in the broadcasts, and answering all of the listeners’ questions.

After the series had aired on several local radio stations, IYCN asked stations to share their experiences with the program. The following are samples of the responses:

- The listeners find the programs to be outstanding because the issues discussed, “are the very things that are happening in the community.”



Kali Erickson



Tina Kasonga

- Participation has been active; during any given show there are at least eight calls or text messages with questions about the content of the show. Calls have come from men as well as women. The calls continue after the show ends. One station remarked that an hour doesn’t seem to be enough because people continue to ask for more information.
- Several radio stations have paid for nutritionists and nurses to be available on the shows to answer listeners’ questions.
- Stations remark that they will continue to broadcast the shows free-of-charge because of high listener interest.

IMPLEMENTATION AND LESSONS LEARNED

What follows are observations and tips from IYCN’s experience in Zambia in order to help those considering using radio to strengthen infant and young child feeding programs. The intent is to clarify the decisions that must be made when designing and producing a radio program, particularly when there are limited time and resources, and to offer examples that are specific for infant and young child feeding programs.

Three key decision-points in the program development in Zambia may offer guidance and lessons for others:

1. Deciding on the key content (i.e., the behavioral themes) and developing the technical brief for the series.
2. Developing the creative concepts (i.e., deciding on story lines and a multi-segment format that would make the broadcasts as engaging and versatile as possible).
3. Writing and refining the scripts, and working across multiple languages.

Deciding on the key content

“The scripts were really hard to come up with. Then, we came up with an outline by looking at the research, the challenges that are in the community, and the needs. Then, we came up with a design document where we had all the messages, all the challenges...and we started to write.”

—A participant in the RCV radio-writing workshop

➤ Clearly define technical content

It is important to clearly define a series’ technical content in order to provide guidance to the scriptwriter, who is likely unfamiliar with the subject matter. Well-defined content helps scriptwriters stay focused on the main points and promotes feasible actions. It also results in a series that is more likely to lead to behavior change.

The team developed a content brief based on the findings from recent quantitative and qualitative research studies, which were aligned with program priorities. These findings provided detailed information about current practices and, more importantly, about caregivers’ successes and failures in trying to improve practices. This information should always be the starting place for determining the program content. The content brief clearly described the behaviors the radio program would promote. It was important that the radio series supported the information caregivers and families were hearing from other knowledgeable sources. The content brief is included in Annex A.

➤ Use research findings to guide program development

To display a summary of the research findings, IYCN constructed a matrix comparing optimal infant and young child feeding recommendations with current practices (see Annex B). The matrix included columns for information on barriers and motivators to the optimal practice, and noted key behavioral themes and the important actions that could be addressed or reinforced through radio.

A common failure of communication programs is their lack of penetration to the problem practice and their tendency to repeat general messages on optimal behaviors. The Zambia radio series is a good example of communication that goes beyond the broad behavioral themes to address the underlying, specific behaviors that impede achieving the broader behavior. For example, one of the behavioral themes was exclusive breastfeeding for the first six months of life. This broad behavior was not the focus, however. Instead the specific behavioral content focused on two key factors that interfere with this optimal practice, as identified from the research:

- Family members not providing sufficient support to breastfeeding mothers for exclusive breastfeeding, and the frequent offer of small tastes of their food and drink—even water—to infants.
- Women lacking confidence in their ability to satisfy an infant with only breastmilk, which results in their offer of food or other liquids to their child when he/she cries.

➤ Develop a content outline

Once IYCN determined the key behavioral themes and specific actions, they were prioritized and divided among the 13 episodes. A content outline was created in matrix form to specify the actions needed to carry out the optimal feeding practice, the critical barriers, the main motivations or appeals to include, and the options or recommended behaviors that could be offered to help caregivers and their families improve their current practices (see Annex B). IYCN shared this matrix widely and gathered input from all stakeholders during development of the radio series.

➤ Identify cultural themes to provide context

While it is important to focus on the specific behaviors being promoted by the radio show, it is also essential to understand recurring themes from the cultural or social context that underpin the behaviors so these can form the backdrop of the series and help to set the tone for the show. In Zambia, after reviewing the focus actions, barriers, and motivations for the series, the group made a decision about the recurring themes that underpin all the behaviors. The six recurring themes were:

1. The foundation for good health for the rest of a child’s life is being laid during the first two years. With proper care and feeding, it is possible to reduce the risk of illness and early death.
2. The first two years of life is a time of tremendous change; one of those changes is the transition from breastmilk to eating the family diet.
3. A mother cannot manage this transition alone; the care and feeding of a young child is everyone’s responsibility.
4. Families can improve the nutritional status of their young children, even in the face of such challenges as lack of money and time.
5. Caregivers can learn new skills and feasible actions that will enable them to satisfy their children and that involve the use of local foods to initiate their children into Zambian culture.
6. There are new discoveries everyday, and the conditions in which we live change. We need to adapt and “live and learn” to help our children.

Developing the creative concepts

“We wanted a radio program that mothers would listen to from the beginning to the end. So we made several parts and we tried to develop the main characters in the program... Sister Loveness and Daniel.”

—Josephine Nyambe, former BCC Advisor, IYCN

IYCN and RCV decided on a format that would hold listeners’ attention long enough for them to try recommended practices. The team designed the program so that each episode followed the same format and was grounded in basic assumptions underlying the program. This helped script writers because there was a defined template and also helped listeners because they became accustomed to the flow of the series and knew what to expect. The basic assumptions included:

- **Program audience:** The main audience for the programs was caregivers who are likely to be at home during the day. However, the team wanted the program to be appealing to grandmothers of young children and to men, who are key influencers for some of the focus behaviors. The team also hoped to reach health workers (primarily community health workers).

- **Program reach:** The program needed to have national appeal since it would reach broadly throughout Zambia, and the objective of IYCN and the government was to attain national impact.
- **Program identity:** The series needed to be easy to promote and identify. This meant a memorable name, theme music, and easily recognizable characters.
- **Tone:** The tone needed to reflect the overarching themes. In the case of Zambia, this meant a focus on:
 - What is possible, practical, and empowering under everyday circumstances.
 - Pulling families and communities together for the good of young children and the future.
 - Living and learning.
- **Audience engagement:** IYCN wanted to ensure that key doubts and questions caregivers had on child feeding were being addressed, and that the listeners were learning and remembering new information.

With agreement on these assumptions, the team put together a creative brief to guide the script writers. An example of the initial brief is in Annex C. The text below summarizes several major decisions.



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➔ *Planning each one-hour episode*

A decision was made to not fill every minute of the timeslot with program content because people listen to the radio at home while they do household chores. The format for each episode comprised:

- Opening signature music, leading into an introduction by the announcer to explain what the episode will cover.
- A 60-second spot (see below for an explanation of the content and purpose) followed by about 15 minutes of music during which the audience could prepare to sit and listen to the dialogue.
- A pre-recorded segment lasting 20 to 22 minutes. The pre-recorded format was used as a way of controlling the program content and permitting more standardization across the broadcasts in the different languages. The scripted segment contained its own introduction, another 60-second spot, and then a seemingly live interview between a radio journalist and an experienced health center nurse, Sister Loveness. Their interviews take place throughout Zambia (giving the series a national feel) in homes, market places, fields, and health centers. In each episode, the nurse addresses a focus behavior and tries to resolve the resistances to change with practical suggestions and motivations in a dramatized situation with a mother or family. The radio journalist, a young man named Daniel, is present to ask additional questions and provide or ask for clarifications from Sister Loveness. After the interview is completed, Daniel turns the program over to the radio announcer and the pre-recorded segment ends with another radio spot.
- There is another segment of music and the announcer, who is live from the studio, ends the program with a recap of the interview and an announcement about the program for the following week.

➔ *Structuring the overall series*

The team planned the complete 13-part series in a similar way to how they planned each episode. The flow of episodes was designed so that episode 1 would introduce the series (with an overview of the themes and actions) and the characters, and lay out the general flow of the programs. The final episode provided a recap of what had been covered in the series and some of the most important advice from Sister Loveness. Between episodes 1 and 13, the core content was clustered by program (see Annex B). Every attempt was made to keep the information focused, to incorporate plenty of human interest in the pre-recorded sessions, and to make it easy for the key points to be summarized several times during the one-hour episode.



Kali Erickson

➔ *Creating the main characters and the pre-recorded segment*

The main characters needed to be crafted carefully. The IYCN team created Sister Loveness, a retired nurse, to be the advice-giver. As a person with professional health training, she would be credible and could speak about a number of different situations. She would have the human touch, since she is also a grandmother. Sister Loveness traveled around Zambia visiting her daughters and their families, and dropping in at the health facility to visit her colleagues. She was good-natured and easily spoke about how life in Zambia has changed, and how important it is to keep up with the best information related to health. The other main character was Daniel, a young radio journalist. He helped inject the male perspective and the fact that young men could be engaged in such matters as young child feeding. He also brought in certain “modern” views or practices, such as the use of purchased snack foods, that Sister Loveness could caution about and offer healthier alternatives to, in some cases showing that the traditional way of doing things is better.

➔ *The 60-second spots*

To break up the content and to provide a review of critical nutrition actions from other broadcasts, the team developed a series of 60-second spots. The stations played these spots during the show and could also air them at other times and as reminders to tune into the series. Several of the spots featured the vocalized thoughts of young babies about the way they were being fed. This was introduced because of mothers’ overwhelming desire to please their babies. It also introduced an element of humor as well as compelled listeners to consider another viewpoint. Examples of the spots are in Annex D.

➔ The show's title

Bushes that Grow Are the Future Forest was chosen as the title because it links appropriate child feeding to a traditional Zambian proverb on the importance of nurturing children. It fits well with the tone and major theme of the program about nurturing young children today for a brighter future.

➔ Audience engagement

Many radio programs try to get audience reaction through call-in segments and engage listeners in the educational side of the broadcast through quizzes in which correct answers are awarded prizes. For the call-in segment, IYCN recognized the need to have knowledgeable, trained professionals handling the questions and decided that listeners' questions needed to be collected and answers prepared before airing. Every fourth show, the pre-recorded segment would be shortened and one of the music segments eliminated in favor of a nurse, doctor, or nutrition professional answering listener questions. IYCN recommended local professionals to the radio stations for this live segment.

A quiz format was not feasible during the original airing of the program, but once the program moved to other local private radio stations in a second round of broadcasts, a quiz show component was inserted that could be handled by each station.

Writing and refining the scripts and working across multiple languages

"We had to translate the scripts and then we had to go to the provinces where the people speak the language and ... go through the scripts with them. Then we did the recording with them, came here [to the station] and started editing and putting the programs together."

— *Miriam Taballi, RCV staff*

Script writing is not easy; it requires a creative touch by someone with good skills at creating realistic and at times humorous or touching dialogue. A mistake that too many development radio programs make is allowing technical people alone to draft the radio programs. Generally, these programs lack engaging human interest.

The script-writing process required close collaboration. All scripts were prepared in local languages, and concepts



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and language were constantly being revised to be more colloquial. It was difficult to find actors who spoke all of the local languages, which meant many of the dialogues had to be recorded locally with people from the area. As they read the scripts and acted out their parts, they often modified the dialogue and added explanations of concepts foreign to them, making the dialogues even more believable. This helped listeners to feel that the situations that they were hearing about were real and pertained to them.

➔ Program monitoring and evaluation

Prior to airing radio programs, a tracking or monitoring system should be developed and put in place. It is critical to know if the program is being aired as planned, especially if the radio time is paid. In the case of Zambia, all of the broadcasts were done free of charge. In addition to tracking the airing, it is important to estimate the audience and the reach of the program. Quick tracking studies with a small sample of the intended audience can be conducted, for example, every two months, to see how much of the intended audience listens to the program and to gauge what they remember from the program. Even this limited information will allow for mid-program corrections. If the program is being heard and the intended audience is responding to the program content, then a more thorough tracking study should be planned and an evaluation, or a component of a larger program evaluation, is merited. For *Bushes*, we know that the series was played as promised and that radio stations received positive feedback from listeners. Through the high volume of questions and the reports of people taking their children for health consultations about feeding, we know that some people among the intended audience were paying attention and applying what they heard to their own situation—a good beginning to improving behaviors.

Objective

The objective of this 13-part radio series is to offer information (new concepts and skills) and motivation that will lead parents and grandparents of children from birth to two years of age in Zambia to improve key infant and young child feeding practices that are contributing to poor nutritional status.

Key themes and behaviors

The key themes and behaviors respond to important issues identified in the 2007 Demographic and Health Survey (DHS) and formative research in Zambia on infant and young child feeding practices. We have drawn most heavily from research completed by the IYCN project and research done under the BASICS project for the adaptation of the Integrated Management of Childhood Illnesses (IMCI) Food Box in Zambia. We have also used information gathered during the radio workshop.

Recurring themes include:

1. The care and feeding of a child during the first two years of life sets the foundation for the rest of life. It is also a period of significant risk of illness and death; a risk that can be greatly reduced by good care and feeding of the child.
2. The first two years of life is a time of tremendous development and change, including the transition from exclusive breastfeeding to eating a family diet.
3. The mother alone cannot manage the care and feeding of a young child during the important first two years of life. It is the entire family's responsibility, requiring support from fathers, grandmothers, and others.
4. Despite poverty and other challenges, there are ways that families can provide significantly improved care and feeding of children under two. Mothers *can* adequately breastfeed and provide adequate complementary foods when they know about how to use the resources available to them. There are feasible actions and new skills for caregivers that will enable them to satisfy their children and that involve the use of local foods to initiate their children into Zambian culture.
5. Some of the behaviors that doctors and nurses recommend were not widely practiced a generation or two ago. However, these recommended behaviors are based on the best scientific studies. Many traditions do change slowly over time, as the conditions change in which people live. We need to "live and learn" and adapt to help our children.

Key behaviors to address and ideas behind the 13 episodes include:

- Exclusive breastfeeding (babies 0 to 6 months)
 - Optimal breastfeeding practices
 - Benefits of breastfeeding
 - Support required for breastfeeding
 - Breastfeeding when separated from the baby
 - Infant feeding and HIV
- Complementary feeding
 - Recommendations on frequency and amount for each age
 - Recommendations on consistency and variety
 - Recommendations on feeding babies actively
 - Continued breastfeeding through two years and beyond
- Feeding sick children
 - What to do when sick
 - What to do when recovering

Key words and concepts

The following words should be translated in a standard way across all broadcast languages:

- Colostrum
- Breastfeeding
- Exclusive breastfeeding
- Attachment
- Positioning
- Wean/weaning
- PMTCT (prevention of mother-to-child transmission) of HIV
- Supplementary
- Complementary
- [Add others as they occur in the script]

It would be useful to make a lexicon that everyone uses.

ANNEX B. CONTENT OUTLINE FOR REVISED RADIO SCRIPTS

Topic/content of program	Main barriers addressed	Main motivations, appeals	Main options offered
<p>1. Breastfeed exclusively beginning in the first hour (with no prelacteal feeding or use of water).</p>	<p>Strong tradition and perception of need to give water and/or watery porridge; thirst; prelacteal tradition in NW and W Zambia; still many home births in more isolated, rural areas.</p>	<p>Protect infant from diarrhea (many mothers are already aware of this); most already believe that “breast is best”; explain that this is strongly recommended by doctors, nurses, and midwives; might mention that traditions sometimes need to change; breastmilk is mostly water and also has many calories, vitamins, and antibodies (substances that protect against illness).</p>	<p>No real options unless mother cannot breastfeed (died or very ill) or HIV-positive and has decided to feed artificial milk in hygienic conditions; give extra water to the mother who is breastfeeding, but none to the baby.</p>
<p>2. Breastfeed ONLY for the first 6 months and as recommended to provide best and sufficient food and water for your baby until 6 months (and to provide multiple additional benefits); adequate breastfeeding (frequency and duration of each feed) eliminates the need for supplementation with water even in hot season.</p>	<p>Strong tradition and perception of need to give water and/or watery porridge; common perception of insufficient milk due to mothers' poor nutrition; mothers perceive they are too busy to give long breastfeeds, so give frequent short ones.</p>	<p>Exclusively breastfed babies (up to 6 months old) grow well, tend to be smarter, and have much less diarrhea and other illness; they sleep well after longer breastfeeds, giving the mother chances to work or rest; save time and effort because they don't have to prepare other foods or drinks. Mother's nutritional status does not affect milk production.</p>	<p>Get help with a few chores so can breastfeed long enough each time to empty the breasts and to stimulate more milk production; use both breasts in each feeding or alternate breasts in different feedings; wake and feed the young infant if it sleeps too much; eat and drink more to produce more milk.</p>
<p>3. Satisfy a crying or restless baby by putting the baby to the breast, checking the nappy, checking for fever or some other cause of discomfort—not by offering water or watery-porridge.</p>	<p>Mothers perceive baby crying as asking for food or drink; babies are and act hungrier at 3 to 4 months.</p>	<p>The best way for mothers to satisfy babies under 6 months of age is to breastfeed exclusively, often enough, and long enough each time so they are satisfied; there are many possible reasons why babies seem fussy—dirty nappy, illness, tooth coming in, want attention—so don't assume crying always means they are hungry or thirsty.</p>	<p>If baby is fussy, try to discover the reason and don't assume that it is hunger/thirst, especially if baby was recently breastfed; breastfeed often and long enough to stimulate enough breastmilk to satisfy a baby under 6 months old; check with person who can advise on positioning and attachment if fussiness continues; try walking with child, singing; child does not always know what is wrong.</p>

Topic/content of program	Main barriers addressed	Main motivations, appeals	Main options offered
<p>4. To satisfy your child, mothers should breastfeed fully and completely: breastfeed long enough each time to empty the breasts and to stimulate more milk production; use both breasts in each feeding or alternate breasts in different feedings; breastfeed at least eight times day and night; wake and feed the baby if it sleeps too much. Breastfeeding mothers should drink a lot of extra water and eat a little more food than usual.</p>	<p>Mothers perceive they are too busy to give long breastfeeds, so give frequent short ones; some mothers must leave the home for many hours at a time for work; expressing breastmilk appears to be very distasteful to most Zambians and many are concerned with the milk spoiling quickly in the hot climate.</p>	<p>There are three crucial benefits of longer breastfeeds: (1) babies get the extra benefits of the thicker, richer breastmilk that comes out only after the baby has suckled for many minutes; (2) the more the baby suckles the more milk the mother produces, ensuring that she provides enough for growing babies; and (3) babies sleep well after longer breastfeeds, giving the mother chances to work or rest.</p>	<p>Breastfeed long enough each time to empty the breasts and to stimulate more milk production; use both breasts in each feeding or alternate breasts in different feedings; wake and feed the young infant if it sleeps too much; eat and drink more to produce more milk. Relax while breastfeeding because a happy and pleased mother will have more success.</p>
<p>5. Fathers, grandmothers, and other family members must support breastfeeding mothers by ensuring mothers have extra water and eat a little more food than usual, and by helping with the mother's normal chores so that she has enough time to breastfeed and to rest.</p>	<p>Some grandmothers resist beneficial advice on young child feeding due to their own experiences and traditions; fathers see their role in child care as providing money and ensuring that mothers take good care of young children; fathers and grandmothers may not have heard these suggestions before.</p>	<p>Fathers, grandmothers, and other family members can play a crucial role in allowing the mother to give the baby the multiple benefits of exclusive breastfeeding for 6 months—good growth, health, freedom from diarrhea, good intellectual development, etc.</p>	<p>Other family members should help the mother breastfeed well by doing such things as: taking over the mother's chores while she is breastfeeding; bringing the baby to the mother to feed if mother and baby are separated; feeding by clean cup breastmilk the mother expressed that day and kept cool; ensuring that the mother herself has access to extra water, milk, juice, and food.</p>
<p>6. Mothers who must leave the home to work or for some other reason should continue to breastfeed exclusively by expressing breastmilk and leaving it for another family member to feed by cup, or by bringing their baby with them, or by another family member bringing the baby to them to feed.</p>	<p>Many mothers must leave the home within a few months of the baby's birth—in urban areas to earn money, and in rural areas to plant or harvest; expressing breastmilk appears to be very distasteful to most Zambians and many are concerned with the milk spoiling quickly in the hot climate.</p>	<p>Gives the baby the multiple benefits of exclusive breastfeeding for 6 months: good growth, health, freedom from diarrhea, good intellectual development, etc. Another appeal might be that if one is clever enough, one can figure out strategies that allow exclusive breastfeeding even though the mother has returned to work.</p>	<p>Delay return to work; mother bring the baby to work; have other family members help by bringing the baby to the mother who is away from home and/or feeding expressed breastmilk by cup.</p>

Topic/content of program	Main barriers addressed	Main motivations, appeals	Main options offered
<p>7. HIV-positive mothers should seek counseling at a health center and follow all local PMTCT recommendations concerning breastfeeding, including ARV interventions for mother and infant.¹</p>	<p>HIV-affected mothers may be confused by conflicting information they've received on feeding their young infants; both exclusive breastfeeding and hygienic preparation and feeding of other food and drink are possible but difficult for various reasons; good counseling may not be easily accessible.</p>	<p>HIV-affected mothers, just like other mothers, can get their babies off to a good, safe start in life, although it is true that their task is more challenging than for other mothers.</p>	<p>Seek good counseling on feeding and medication; (in most cases) breastfeed exclusively for 6 months, with absolutely no water or other food or drink; and introduce nutritious, hygienically prepared soft foods beginning at 6 months.</p>
<p>8. When the baby is 6 to 8 months old, continue frequent breastfeeding and also introduce soft, nutritious food that is not watery. Give at least three meals a day, at least 2 to 4 tablespoons at first, and then increase; be patient when teaching the child to eat; get help from other family members.</p>	<p>Traditional feeding at this age is water, watery porridge, and nshima with just relish soup; perception that cost of complementary food limits possibilities.</p>	<p>Baby will eat better, be more satisfied, cry less, sleep better; if one utilizes the healthy foods that are available free or at low cost in each season, the family can provide sufficient, nutritious food without spending much money; satisfied, healthier child, good growth, good intellectual development.</p>	<p>Make porridge thicker (so it doesn't fall easily off a spoon) by adding sugar, oil, milk, maize meal, or groundnuts; feed other foods that are the consistency of thick porridge, such as mashed avocado, banana, mponda, and beans; feed nshima with mashed relish (vegetable, bean, fish, or egg), not just the relish soup. Make feeding a special time for mother (or other family member) and baby. Sing, smile, encourage.</p>
<p>9. When the baby is 9 to 11 months old, continue breastfeeding and feed an increasing variety of new foods at least three times a day. If the baby is not being breastfed for some reason, feed more often and with more variety.</p>	<p>Traditional feeding at this age is watery porridge and nshima with just relish soup; perception that cost of complementary food limits possibilities.</p>	<p>Baby will eat better, be more satisfied, cry less, sleep better; if one utilizes the healthy foods that are available free or at low cost in each season, the family can provide sufficient, nutritious food without spending much money; satisfied, healthier child, good growth, good intellectual development</p>	<p>Make porridge thicker (so it doesn't fall easily off a spoon) by adding sugar, oil, milk, egg, sour milk, maize meal, or groundnuts; feed other foods that are the consistency of thick porridge, such as mashed avocado, banana, mponda, and beans; feed nshima with mashed relish (vegetable, bean, fish, sour milk/cream, or egg), not just the relish soup; feed boiled potato or rice with fried egg; try to have three or more different-colored foods in each meal. Make feeding a special time for mother (or other family member) and baby. Sing, smile, encourage.</p>

1 This content has been updated since preparation of the Zambia radio series due to new guidance from WHO regarding infant feeding recommendations for HIV-positive mothers. The 2010 WHO Guidelines on HIV and Infant Feeding recommend for local health authorities to decide whether they will promote either a) breastfeeding with ARV interventions or b) avoidance of all breastfeeding as the strategy that will most likely give infants the greatest chance of HIV-free survival. For those countries that promote breastfeeding and ARV interventions, the WHO recommends for all HIV-positive mothers to breastfeed for 12 months (6 months of exclusive breastfeeding followed by breastfeeding with the introduction of complementary foods) after which breastfeeding should then only stop once a nutritionally adequate and safe diet can be provided without breastmilk. Mothers who decide to stop breastfeeding should do so gradually over one month, and mothers or infants who have been receiving prophylactic ARV should continue them for one week after all breastfeeding has stopped (mothers who are taking ARV for their own health should continue them regardless of breastfeeding status).

Topic/content of program	Main barriers addressed	Main motivations, appeals	Main options offered
<p>10. When a young child is 12 to 23 months old, continue breastfeeding and offer at least five meals and snacks a day, with a variety of foods, in large quantities.</p>	<p>Mothers do not realize the needed frequency, amount, variety, calorie-density, and nutritional content needed by their growing toddlers; poverty limits their ability to feed as recommended.</p>	<p>Toddler will eat better; be more satisfied, cry less, play more, and sleep better; if one utilizes the healthy foods that are available free or at low cost in each season, the family can provide sufficient, nutritious foods without spending much money; satisfied, healthier child, good growth, good intellectual development.</p>	<p>Feed all family foods to young children of this age; mash hard meat or other foods that are tough to chew; give enough meals and snacks in good quantities; try to have four or more different-colored foods in each meal; feed thick nshima, rice, or potatoes with lots of relish (vegetable, bean, fish, or egg) and a variety of colorful, available foods. Give traditional beverages such as munkoyo, chibwantu, tobwa and mayehu.</p>
<p>11. Feed meals to one-year-olds in their own plate or bowl and use active feeding.</p>	<p>Mothers believe they are giving the child what it wants if they give a shared plate and let the child decide what and how much to eat.</p>	<p>Toddler will eat better; be more satisfied, cry less, and sleep better; if one utilizes the healthy foods that are available free or at low cost in each season; the family can provide sufficient, nutritious foods without spending much money satisfied, healthier child, good growth, good intellectual development.</p>	<p>Each child should be given their own plate or bowl for each meal; mothers or other responsible family members should assist and/or encourage the child to eat as much as possible.</p>
<p>12. For exclusively breastfed children who are sick, offer them frequent breastfeeds, each time until they are satisfied. For children who are also receiving complementary food, offer them breastmilk plus their favorite foods, frequently, and use extra patience since the illness may cause reduced appetite. Once the child is feeling better, offer more food, more frequently, and add some vegetable oil and mashed nuts to the food.</p>	<p>Although most mothers do not try to withhold food and drink from a sick child, they do not know how to respond to the lack of appetite that often accompanies illness, so the child ends up losing too much weight and essential nutrients such as vitamin A.</p>	<p>Illnesses are a significant threat to children's good growth and health; an illness not handled well can erase many months of good feeding practices by the mother. Feeding during and after illness must be done very well to avoid loss of weight and ability to fight illness.</p>	<p>To combat lack of appetite, mothers may need to feed a sick child smaller amounts than normal, more frequently, and feed the child's favorite foods. Expect the child's appetite to improve as the illness leaves, and in the meantime use extra patience and persistence to get the child to eat and drink as much as possible. Other family members can help, especially with young children 6 months or older. For an ill child, clean a blocked nose if it interferes with eating.</p>

ANNEX C. INITIAL CREATIVE BRIEF

In keeping with decisions made during the radio workshop, here are the creative guidelines that will be used to unify the 13 programs into a series.

Tone and title

The tone of the series will be practical and empowering. It will focus on what is possible under everyday circumstances and will encourage the family to work together for the good of their young children.

The emphasis will be on preparing for a brighter future for the next generation by making sure that their foundation is solid through good care and feeding.

Title ideas include: Grow Proud, Nurturing Zambia's Future, and Thriving/ProsperingBaby.

Plan for the program hour

Each of the 13 episodes is an hour long. The 60 minutes will be broken approximately in thirds:

- **First 20 minutes:** Announcement about the series and topic for the day, followed by a 60-second spot and music.
- **Second 20 minutes:** Pre-recorded program in the form of an interview with dramatic vignettes.
- **Third 20 minutes:** Music, then another 60-second spot, followed by a wrap-up by the announcer and a reminder to listen the next week and possibly about a quiz at the end of the 13 weeks.

Format for the content of the pre-recorded program

The pre-recorded program will combine the interview format with the drama format that was used in the draft scripts in each episode. This will allow for more technical content to be conveyed with real-life situations.

In order to accommodate the need for continuity in the series, yet also provide a way to present a wide variety of real-life situations from around Zambia, we will use an announcer and a health center nurse who is at the end of her career as standard characters in each episode. The nurse specifically will be characterized as having numerous grandchildren and children who live in both urban and rural settings. She is well respected and is very experienced. Part of her motto is “live and learn—things change and we need to keep what is good from our traditions, but also accommodate new knowledge to do what is best for our children...” [We need a good name for the nurse].

At the beginning of each pre-recorded episode, a question or two will be introduced by the announcer. He will ask the nurse to answer the questions. She will do this by presenting information and by relating tales of families she has known and how they have resolved certain problems and what they did that had good results.

The announcer will add questions as seems appropriate to the topic.

At the end of the 15 to 20 minute program, the announcer will repeat all of the questions and will summarize the advice of the nurse.

NOTE: *If we choose, we could tell the audience to pay attention to the questions and their answers because at the end of the series there will be a quiz administered through the radio or through the church. There could be small prizes for people with correct answers. Or, if handling prizes is too much, we could just say we will go over all of the questions in the last program and people can test their knowledge.*

ANNEX D: FORMAT FOR THE 60-SECOND SPOTS

One radio spot has already been produced by IYCN on exclusive breastfeeding and avoiding the use of water. This spot will be used in the initial programs. Approximately four to five more spots will be produced; they will air with the appropriate program and then be repeated with others.

A proposal for the other spots is the following: Experiment with the idea of a baby telling its story to address the overwhelming desire of mothers to please their child. That is, they think their child is telling them what they want. Examples of how this could be developed are:

Spot on exclusive breastfeeding

“Hi, my name is Kwame. I’m 5 months old and have a lovely mummy and cool dad and an older sister Mary. She can be a pain sometimes, because she gets jealous of me. I was born in the hospital. When I first came out, it was quite a shock! So bright and cold! But they wrapped me and the doctor told my mum to put me on her breasts right away. I loved it there—I still do—and after a while I started tasting this good yellow cream. In a couple of days it turned into sweet white breastmilk, which is my favorite food. Last month, my mum started giving me a little water too and some porridge. But the nurse told her breastmilk only until I am 6 months, which is fine with me. So now I’m back exclusively on my favorite drink!”

Spot on feeding babies 6 to 11 months

“Hi, I’m Janet. I am 11 months old now and almost ready to hit the big “one.” I am lucky because my mom still gives me plenty of breastmilk, which is great, but for the past five months or so, she’s also fed me other foods. It took me a while to discover how to eat the new foods, but I really like most of them, especially the ones that have pretty colors. When my mom first started giving me new foods, she thought it was easiest for me to drink the porridge, but the nurse told her that the food was too “watery” and that I needed the vitamins from food. Then my mom gave me soft but thicker stuff, and it’s worked out just fine. I feel more satisfied with the soft food and breastmilk. I’m happy as can be, because I get plenty of new foods plus my favorite drink.”

ABOUT THE INFANT & YOUNG CHILD NUTRITION PROJECT

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