



Behavior Change Agent Training Guide And Toolkit For Social And Behavior Change Calls

Protocols for Telecounseling Pregnant
and Lactating Mothers in Myanmar

About Dikoda

We provide nutrition-focused impact solutions, technical support and actionable insight for the public and private sector. Our technical focus is addressing malnutrition in urban areas. Our geographical focus is in Asia and the Pacific.

We research and test urban-focused actions that can improve health in poor populations

- Build evidence for what urban health interventions work
- Design easy to use monitoring and evaluation tools
- Demonstrate cost effectiveness
- Target the right information to influence decision makers

Research team for SBC:

- R.Danielle Chekararou, SBC Research Lead and Guide Author - Consultant, Social and Behavior Change
- Myan Ku Team, Research and Guide Contributors - Su Mon Thair (Project Manager), Dr. Aye Sandar Aung (Technical Lead), Dr. Hanni Tin Hlaing, Dr. Kyar No Thin, Dr. Aye Phyo Phyo Maung, and Cho Kyi Thar Aung.
- Sophie Goudet – Managing Director (project management and overall responsibility)

Citation: Dikoda (2022). *Behavior Change Agent Training Guide and Toolkit for Social and Behavior Change Calls: Myan Ku, Myanmar*. EU Myan Ku Fund.

The Myan Ku project and this report have been produced with financial support of the European Union under the Nexus Response Mechanism, managed by the United Nations Office for Project Services. Views in this report are the sole responsibility of the author and do not necessarily reflect the views of the European Union.

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Acknowledgements

We thank the Myan Ku staff for their support and collaboration throughout the project. We also thank the respondents who gave their time to participate.

Authorship

This report was written by Danielle Chekaraou (Dikoda, SBCC consultant)
It was reviewed and supervised by Sophie Goudet (Dikoda, Managing director under the sequa gGmbH managed by EU Myan Ku Fund Project).

Disclaimer

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of Myan Ku nor Dikoda.

Contact us: info@dikoda.com

Abbreviations

BCA	.....	Behavior Change Agent
CG	.....	Care Group
E	.....	Explain
M	.....	Model
MCCT	.....	Maternal and Child Cash Transfer
MFP	.....	Modern Family Planning
PGM	.....	Priority Group Member
SBC	Social and Behavior Change



Lesson 1

Greeting and Establishing Confidence

Introduction

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Myan Ku staff making Social and Behavior Change (SBC) calls are BEHAVIOR CHANGE AGENTS (BCA). Any person who works with another using the principles of behavior change to help them adopt healthy behaviors can be considered a BCA.

As a basis for learning about social and behavior change and serving as a BCA, we will refer to the following definition and study each of the components thoroughly as we progress through the training event.

Social and Behavior Change Communication is the process of dialoguing with a Priority Group Member in a timed and targeted manner to help reveal barriers and enablers using critical thinking skills to set in place a supportive environment where a new behavior can be adopted and sustained such that continued practice of the behavior leads to the desired positive outcome.

The first call is the time to establish rapport with the Priority Group Member (PGM). The women will already be aware of the Myan Ku Project since they must have received a cash transfer to be included in the SBC calls.

Because the doctors leading the calls will not have personal contact, it is important that they make the PGM feel at ease during their conversation, as over the course of the calls the the call agents may deal with issues that the women regard as being very personal.

It is important during the introduction that the women understand that the Behavior Change Agent (BCA) is qualified technically because it will help to put them at ease. Establishing the fact that the callers are medical doctors can build client confidence; however women must not be made to feel that the doctor knows everything and that the woman's opinions are less than valuable. SBC is built around the trust established through interactive dialogue that must be balanced between telling and listening.

Responses from the call agents must be encouraging and positive rather than punitive and negative regardless of the woman's behavior.

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Participants pair up and practice introducing themselves to clients for the first time. Care should be taken to ensure that the client understands the technical qualifications of the BCA. The introduction should include a phrase to let the woman know that the call will be participatory and that her opinions are valuable. The client should be informed that the purpose of each call in the series is to discuss key behaviors that, when adopted, will improve the health and nutritional outcome of both mother and child.

Since a woman may receive a call from a different doctor each time, it is important to seek to establish a comfortable rapport with the client at the start of each call to ensure a productive session.



E

Women are often quite busy. They may start out participating in the calls because they are told it is a requirement for receiving the cash transfer and underestimate the value of each call. With time and experience, this should evolve, and women should begin to see the value in the technical information as well as the opportunity to discuss feelings, challenges, and solutions.

M

Participants pair up and practice a check-in with clients, ensuring that the mother is available to focus on the call for the necessary amount of time. BCAs should try to keep each call to no longer than 20 minutes to respect the mother's time needs and her capacity to absorb new information.

If the mother is not available, then the BCA should practice setting a follow up appointment to ensure continuity of the calls.

Visioning

E

Helping a woman establish a vision for her pregnancy, as well as for her child, is a productive means of building a foundation. We will discuss later in the training, but people often do things and not for the reason that we promote. A woman may have a hope or goal for something that does not seem to relate to the behaviors that we are promoting or even to her pregnancy or child. This is perfectly fine. BCAs should seek to refer back to the woman's expressed desires and tie them, where possible, to the promoted behaviors throughout the course of the call timeline.

Visioning exercises can be added to the beginning of any call, but in general should be done during the first call of pregnancy and repeated during the first content call for post-delivery behaviors.



M

Have participants share some potential responses to the following questions:

1. What are the things that you desire the most throughout your pregnancy?
2. What are your hopes and dreams for this child?
3. What do you desire most in your life?
4. How can improving your health and nutrition help you fulfill a goal or life's dream?

Next, give each BCA trainee a behavior that is discussed anywhere in the timeline and have them incorporate it back into the behavior.

For example, call 6 covers the use of Modern Family Planning (MFP) so a BCA could say, "During our call #4, you stated that you desired for this baby to be smart. We have discussed how giving your baby the proper nutrition and giving only breast milk to your baby for six months will increase your baby's ability to grow physically and mentally. How can you imagine that using MFP to delay your next pregnancy can also be useful to help your baby be smart?"

Balancing Participation

E

A BCA must balance the contributions during the call. Some women may be quiet and reserved while others are talkative and feel free to share their thoughts and feelings.

Quiet women may seem uninterested in the call, but usually this is not the case. In many instances, they may be unfamiliar with the topic or unsure of themselves. They may feel insecure about being 'wrong' and timid. It is often the case that women who do not seem to be participating simply need more time to think about the questions that are being asked. We are often in a hurry during a call because we know that we have promised to stay within our 20-minute timeframe. Especially for new mothers, we may worry that the child will wake up or need attention and interrupt the call. Because of that, we often seek to rush through and focus on delivering our 'technical content' rather than on balancing the dialogue between client and BCA. Giving women the opportunity to reflect and articulate their thoughts is an important part of ensuring active participation and the best outcomes from the SBC encounter.

To help quiet women be more active:

- Pose a question and remain silent for a period of time.
- Explain that you are not looking for a particular answer; the question is about her opinion, and therefore it cannot be wrong.
- Say something like, "(Name), you have been very quiet so far; I can't help but wonder what you are thinking."
- Repeat the question.
- Reassure her that it is okay to take time to reflect.

As well as those who are quiet and reserved, sometimes a client will talk a lot and fail to give the BCA time respond or provide new information. It can be difficult to get through the content of the call in the allotted time when this happens.

To help manage overly talkative women:

- Remind the woman of the time allotted for the call.
- Ask explicitly for permission to move on with the call content if you feel the woman is off topic.



M

Break into pairs or triads and practice BCA techniques to:

1. Encourage participation from quiet women.
2. Encourage talkative women to listen more to new ideas.

For example:

- “I’d love to hear what you think about the behavior I discussed. What are your thoughts?”

And...

- “Wow, thank you (name) for being so responsive; I love to hear your opinions; however, I am a little bit concerned about time. Is it okay with you if I give you some more important information?”

Share the ideas in plenary sessions. Ask one group to contribute one idea and ‘round robin’ with each group adding ideas that have not yet been shared until all of the ideas are noted. Cover responses for quiet women first, followed by those for talkative women.

Trust

E



Because SBC is an ongoing process, BCAs will have multiple and regular interactions with PG women or those who receive cash transfer benefits. Because the process for dialoguing can become personal, it is very important that a client trusts the BCA.

Depending upon the client, trust is not always freely given and often, it must be earned. Trust requires that a client put herself in a position of vulnerability that can be uncomfortable for some women. They must feel ‘safe’ and assured that the BCA will keep their opinions and experiences confidential.

BCAs can help the trust building process by:

1. Reminding the client that the content of the calls will only be shared with Myan Ku staff whose want to support her.
2. Being open and friendly and express interest in what is said.
3. Showing empathy through active listening and appropriate responses.
4. Maintaining confidentiality.
5. Being an exemplary role model; women will not trust BCAs who tell them to do one thing and yet do something different themselves.

Respect

E



Respect is different from trust. Although they generally go hand-in-hand, respect refers to holding another person in high esteem. Although women in the Myan Ku cash transfer program will generally respect the BCA simply because of the position she holds and the training she has had, this is not necessarily the case. This is referred to as ‘respect for authority’. As mentioned above, BCAs who do not practice the behaviors they are promoting may not be respected by the women they call. Sharing personal experiences with practicing the promoted behaviors can be helpful to deal with this. BCAs must be careful not to make the call about them, but to gently intertwine examples of experiences that will help the client feel as though she is not alone in her challenges. Examples should be shared concisely so they do not detract from the call agenda or consume too much time.

In the same manner, participants who do not feel respected by the BCA will disengage. A BCA exhibiting respect to a client during a call is referred to as showing ‘respect for humanity’.

Different nationalities, ethnicities and cultures have different ways of showing respect. Things that are good and acceptable in one culture may be offensive in another. Even though Myan Ku clients and staff come from the same country, they are not necessarily from the same community, socio-economic status, culture, ethnicity, or speak the same dialect. This means that the manner in which each feels respected can also be quite individualized.

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The respect wheel exercise will help BCA trainees articulate what makes them feel respected as a human being during their interactions with others, which in turn will guide their behaviors in working with cash transfer recipients.

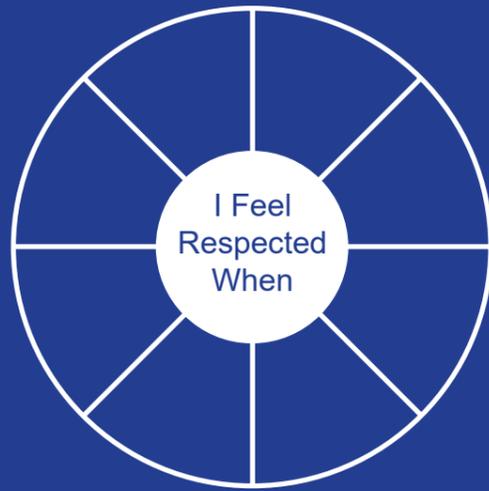
Groups of three will complete one Respect Wheel Worksheet and leave it on the table or post it on the wall. The remaining groups will take 3 minutes each to add their ideas. Once all have contributed to the other’s worksheets, groups return to their original table and take 10 minutes to examine the contributions from other groups and discuss. Participants should feel free to draw more spokes on the wheel to make new sections as they add ideas.

(Because these SBC interactions are being done via telephone calls, try to focus on verbal rather than non-verbal or body language elements. If the trainer wishes, the non-verbal elements can be discussed if there are plans for in-person exchanges in the future.)

Contributions may include:

“I feel respected when people...”

- Ask my opinion
- Listen intently
- Ask relevant questions
- Allow me to finish what I am saying before talking or offering suggestions
- Do not try to complete my sentences for me
- Set and respect time and conversation boundaries
- Do not ridicule my grammar, accent, responses
- Disagree respectfully and cordially
- Are honest
- Honor time and opinions
- Respond to questions
- Acknowledge contributions
- Admit when they are wrong
- Stay on topic
- Do not make the conversation about them
- Focus on our conversation and do not talk to others at same time
- Are not on a phone, internet, or another device while we are talking
- Avoid unnecessary distractions during call
- Do not over-react
- Use respectful volume, and tone
- Do what they say they will do (keep their commitments)
- Do not judge
- Offer affirmation
- Are empathetic and compassionate
- Are polite and kind
- Are discreet and keep conversations confidential
- Acknowledge appropriate greetings, customs and cultures



All contributions are valid and should help participants understand what respect looks like, sounds like, and feels like.



Lesson 2

Understanding Communication

The Process of Communication

E

Many people think that giving someone information is communicating. Nothing can be further from the truth. Remember the definition of SBC that we discussed at the start of the training course: **Social and Behavior Change Communication is the process of dialoguing with a Priority Group Member**. So, what we can understand from the first part of this definition is that if our end goal is behavior change, then we need to treat our SBC encounters as a process; rather than a one-time activity! We also must remember that the essence of SBC is about dialogue, rather than lecturing. Taking time to explore the communication process is valuable because it helps us to understand where things can go wrong and why miscommunications take place. This quote helps us to understand how most of us take the process of communication for granted.

“The single greatest problem with communication is the illusion that it has taken place.” ~ George Bernard Shaw (*presumed*).

M

(Provide each trainee with a copy of the blank “Communication Process” Schematic and have them fill in the key terms as each is discussed. Stop to answer questions and provide examples where necessary.)

To understand communication, or dialogue, we need to understand its individual parts:

“Sender” – Is the person who delivers the first message. At the start of a call, this will likely be the BCA. As the dialogues continues, this role changes.

“Encoding” – Is the process that a sender goes through to start a communication. It is the selection of information, words (language), tone, speed of speech, volume, as well as the selection of the medium. In the case of the SBC project, this will be largely done via telephone calls, but can also include supporting SMS transmissions.

“The Message Channel” – Is the medium that the sender chooses. It can include talking, visual aids, SMS telephone message, television, social media platforms, radios, posters, brochures, pamphlets, megaphones, and public community announcements. Different message channels each have their own benefits and challenges. For Myan Ku, PGMs noted that Facebook posts and pamphlets accessible at the health facilities were helpful tools for them in the behavior change process. BCA can capitalize on this information to prepare and deliver messages using platforms that women in the cash transfer programs favor.

“Receiver” – Is the person who receives the message; the person for whom it was intended. Like the “sender” this role changes as dialogue progresses.

“Decoding” – Is the process that the brain goes through to seek to make sense of the message. Most of it happens subconsciously, but sometimes we take great strides to seek to understand. It is the process of deciphering and turning the communication into thoughts. Decoding is heavily impacted by “noise”.

“Noise” – Noise is anything that interferes with the decoding of a message; which means, those things that prevent the receiver from decoding it with the intent with which it was encoded by the sender. There is external noise and internal noise.

What are the types of things that might interfere with the communication? (Ask this question and allow participants to contribute their ideas. Contributions may include:

- The environment – is there noise? Distraction? Interruptions?
- Connection – are the cell / internet connections weak and cause call drops or difficulty to hear?
- Language – do the parties speak the same language? Same dialect? Same accent? (Vernacular?) In addition, if the sender uses implicit words versus explicit, there is too much room for interpretation
- Values, biases, prejudices, stereotypes, and labels – Do the sender and receiver share the same value base? How will differences in each of these elements impact the decoding?
- Emotions – The way a sender or receiver is feeling on a particular day can impact the communication.
- Attitudes – Preconceived notions about the topic or a well-established position can impact how a receiver decodes a message as they may be resistant to new points of view or ideas.
- Cultural differences and traditions – These can be attributed to nationality, regionality, ethnicity, or even community and family traditions.
- Education – A highly educated person may choose words that are not understood, or even speak in a condescending manner. A less educated person may feel intimidated, closed to advice, or conversely, hold advice from an educated person in high esteem and therefore, fail to analyze for themselves.
- Thinking dominance – Some people are more analytical, and others are more artistic. The manner in which our brain functions can have an effect on encoding and decoding.
- Religious beliefs – Religion can be a lens through which people interpret a communication, especially as it relates to what they may feel is ‘right’ or ‘wrong’.
- Life experience – We all filter messages given to us through our experiences. If a sender tells a receiver something, and yet their life experience contradicts what has been said, the receiver may react in a variety of ways; negative, skeptical, or guarded. Conversely, if the message affirms a life experience, the receiver may be more receptive, enthusiastic, and supportive.

ASK: What other things can cause noise during an in-person interaction that do not necessarily happen during a phone call?

- Some contributions may include:
- Body language
- Inappropriate positioning of oneself to the client (too close, too far, above or below eye level, back to client)
- Facial expressions that reveal displeasure, disgust, shock, or disapproval

“The Feedback Loop” - Once a communication message has been decoded, then the receiver becomes the sender, and the Feedback Loop begins. The receiver then must encode a response and send a message back through the noise to the receiver who must decode the message.



Miscommunication can happen for any of these reasons. The problem is that most miscommunications go undetected, and the sender usually believes that the receiver has interpreted the message as delivered.

M

Ask someone to briefly share an example of a miscommunication. After the story, try to unpack the story and identify the ‘noise’ that hindered the decoding of the message.

If nobody has a story they would like to share, the trainer can use this one¹: *(If the trainees all speak English, the connection is good and time permits, the Trainer may want to play the 8-minute YouTube video available from the link in the footnotes instead of sharing the story as written.)*

A wife wanted to make a cake, so she asked her husband to go to the market and buy the items she needed. She texted him the list:

1. 1.2 kg of butter
2. Bottle of vanilla flavoring
3. Dozen eggs
4. 2kg of shortening / lard
5. Bag of sugar
6. Bag of flour
7. 6-pack of bottles of 7-Up soda

The wife became worried because the husband was gone for a long time. She thought there were only a few items so it should not take a long time. The husband finally came home from the store with many bags. The wife was confused until she looked inside and saw 2kg of butter, 2 bottles of vanilla, 3 dozen eggs, 4 2kg packages of shortening/lard, 5 bags of sugar, 6 bags of flour and 42 bottles of 7-UP soda!

Discuss the different “noise” elements that came into play.

¹ Story adapted courtesy of Jeanne Robertson. Jeanne Robertson “Don’t send a man to the grocery store!” <https://www.youtube.com/watch?v=YFRUSTIFUS>

Verbal Communication

E

Of course, we all understand that verbal communication includes what you say. But it also includes how you say it and when you say it. How you say it includes your tone, volume, inflection, speed, sighs and pauses and of course the language, dialect, and accent.

M

Ask:

1. What does it generally mean when a person speaks very loudly?
2. What does it generally mean when a person speaks very gently?
3. What does it generally mean when a person speaks very quickly?
4. What does it generally mean when a person speaks very slowly?
5. What does it generally mean when a person has a lot of pauses and sighs while talking?
6. What happens when a person has a very different accent?
7. What happens when a person speaks in a language not understood by others?

These stories can be shared to illustrate several points in miscommunication; trainers should feel free to ask for examples or share some of their own.

Language:

There is a funny story about the Spanish explorer Francisco Hernández de Córdova when he arrived in South America. He repeatedly asked the natives where he was and thought it sounded like they responded with “Yucatán”. Therefore, he named the area the Yucatán Peninsula. What was later discovered is that what he thought was the name of the land, was the locals’ way of saying, “I don’t understand you” in their language.

Volume:

The story is told of a young woman who was recently married. Her husband often spoke very loudly, which hurt the young bride’s feelings because she thought he was always angry with her. She often called her mother and cried, saying how hurtful it was and that she didn’t understand why her new husband was always angry. Several months later, they had a holiday with the groom’s family. She was appalled to discover that her father-in-law always spoke in a very loud voice. Rather than going to talk to someone in another room in the home, he yelled between rooms while sitting in his favorite chair. Everyone else in the family yelled back their response. She discovered that her new husband was not angry, but rather, he was communicating according to his family’s custom.



E

Even though the BCAs will be communicating largely via telephone calls with clients, it is important that they acknowledge that how not only what they say, but how they say it can impact an intended message.

M



Choose several participants for role play. Ask one to play the role of the BCA and the other the PGM, or cash transfer recipient.

Ask the BCA to suggest a sentence that she will likely use during a client call and deliver the same message in the manners outlined in points 1-7. For example, say it loudly, gently, quickly, slowly, with pauses and sighs, in a different accent and if possible, in a different language as well.

Debrief how each of the messages seems different by asking the receiver how she perceived each of them. Allow observers to contribute after the recipient has an opportunity to share about each experience.



E

For those BCAs who currently using telephone calls for SBC interventions, it is not necessary to discuss non-verbal communication in this training, currently using telephone calls for SBC interventions, it is not necessary to discuss non-verbal communication in this training, however it is useful to note that if the program should choose to add in-person dialogue in the future, then non-verbal elements must also be taken into consideration and practiced.



Lesson 3

Listening

Active Listening

E



Most of us like to think that we know how to listen; that it is not a skill we need to develop, but something that we already know how to do. What do you think? (Discuss briefly)

M



We can hear many things that we do not understand.

Trainer can play the following video if connection is available:

<https://www.youtube.com/watch?v=F3CQHq577CM>

If the video is not accessible. Trainer and some pre-selected and prepared volunteers can share:

1. A message in gibberish (meaning sounds that seem like words but are not words in any commonly spoken language) or
2. A message in a language not spoken by the trainees

Debrief by asking the following?

1. Did you hear the message? (Yes)
2. How much of the message did you understand? (Nothing or very little)
3. How did it feel to be listening intently but not understand?
4. How does this help us to understand the difference between hearing and listening (Hearing is involuntary [biological] and does not require our intentional action or concentration.)

E



What is clear is that listening is done on purpose, and the goal is to correctly understand (decode) and interpret what was said. Because listening needs to be intentional, in behavior change work, it is often referred to as, “*active listening*”. *Active listening* includes the interpretation of the words, and all of the other elements we discussed during decoding such as reading tone, volume, and speed of conversation. The content of what is being said should match the manner in which it is said to enhance understanding rather than cause confusion. Reflect back on the exercise in the last lesson.

Active listening is harder than we think.



M

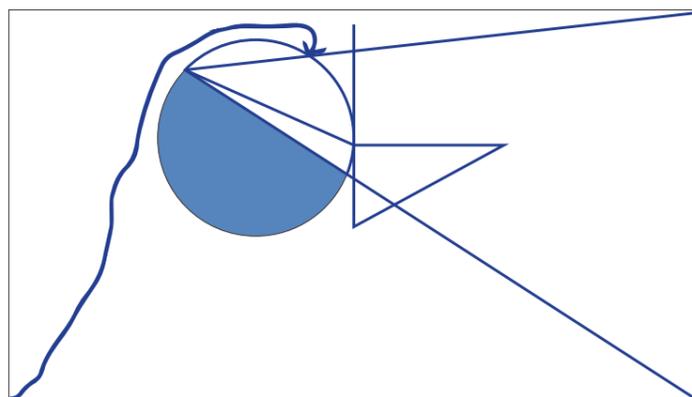
Give each participant a piece of A4 or letter paper. Give instructions at medium speed, without repeating any, and do not listen or respond to questions from participants. If they are in the same learning space, then spread them out so they cannot see the work of others, and each will interpret the instructions and act accordingly. At the end of the exercise, every participant will reveal their product to the group. Discuss similarities and differences.

1. Put the paper in landscape orientation.
2. Draw a line halfway up the paper.
3. Draw a line to the left halfway down the line at an angle toward the corner.
4. Bring the new line to meet the original line.
5. Without lifting your pencil draw a circle to the right.
6. Draw a diagonal line that spans across the circle.
7. Turn your paper 90 degrees to the right.
8. Draw a triangle from the top left to the top right making the point touch the last set of intersecting lines.
9. Shade in the bottom half of the circle.
10. Turn the paper 90 degrees to the right.
11. Draw an arrow from the bottom left corner, around the outside of the shapes that points to the center of the shaded circle but does not cross any previously drawn lines.

Ask participants to share their drawings and debrief:

1. How did you find this exercise?
2. What was the most difficult thing?
3. What should we learn about leading a dialogue? (*Take time, speak slowly and clearly, ask for feedback, check in for understanding, avoid distractions*)

This is what the drawing should resemble if the instructions were interpreted as intended.



Positive Vocalized Pauses

E



Often when people talk on the telephone, it is difficult for them to know if the other party is engaged in active listening. Without some cues on the part of the BCA, a PGM may feel as though she is sharing to no avail. BCAs need to offer assurances that they are engaged in active listening. This helps to build confidence and trust.

M



Ask:

What are some ways that we can reassure someone that we are engaged in active listening especially when they cannot see us?

Verbal cues – say things like, “Uh-huh”, “Humm”, “Yes”, “Okay”.

How is this different to what we might do if we were visiting someone in person?

(In person we can also send non-verbal cues through body language – nod, sit at the same level, lean forward, maintain appropriate distance, maintain appropriate eye contact, smile.)



E

Feedback using the “positive vocalized pauses” method calls for the minimal use of words, but rather, makes use of sounds instead. Its purpose is to offer assurance to the person that they are being heard and understood and that the BCA is still on the line. When a client is sharing well and does not need to be prompted, when they are emotional and need to share their feelings, and when they are expressing themselves and the content is clearly understood, positive vocal pauses are easily done through sounds of simple acknowledgement. Using simple rather than complex cues help to ensure that the client continues to express herself without becoming distracted or closed off by interruptions from the BCA.



Lesson 4

Responding

Checking Back

E



Checking back is also referred to as “rephrasing”: and is a good technique to use to help a client know that not only did we hear what they said, but that we also understood. As we discussed, understanding is the key element to the entire dialogue process we are undertaking with clients as BCAs. If the barriers are not clearly understood, the solutions will not be effective either.

Checking back means that the BCA, the listener, repeats in their own words what they think they have heard the PGM say. As a result, it allows the PGM the opportunity to correct any misconceptions.

The BCA can use phrases like:

“It seems like you are saying...”

“What I think I hear from you is...”

“So, do I understand you correctly that you are saying...”

If the BCA uses this technique and the client says that is not what they meant, then probing should continue so that the PGM explains further, and the process repeats itself.

M



The trainer will play the role of the PGM by reading the listed phrase. The trainer will pause after each for 2-3 minutes and ask the participants in small groups to write several possible suggestions on how what was said can be rephrased. There is no right or wrong answer as long as the BCA uses their own words and delivers the same meaning as the PGM. After all scenarios have been discussed, the trainer will allow groups to read contributions and lead a discussion in plenary.

PGM: I am so annoyed. I was supposed to be able to do an ANC visit last week, but I could not. My husband said that he would be home to watch the older children, but he was very late.

BCA check back: *(Participants offer several suggestions after some group discussion)*

PGM: Yes, that is right! My mother had even offered to watch the children, but my husband said it was not necessary. He promised that he would be home. An hour passed and I didn't hear anything from him at all! Not even a text message to tell me that he would be late!

BCA check back: *(Participants offer several suggestions after some group discussion)*

PGM: Exactly! And now that I have missed the ANC visit, which I know is very important! I don't want to be embarrassed because I know that the midwife will not be pleased with me, and it was not my fault!

BCA check back: *(Participants offer several suggestions after some group discussion)*

PGM: Yes, that is right. You are understanding me.

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When a BCA wants to assure the listener that they are listening actively, when they want to assure the PGM that they are empathetic about how they feel or, they desire to reinforce an important point that the PGM has made during the conversation, a BCA can use rephrasing or the check back method.

If the BCA rephrases and the PGM says, “No, that is not what I was saying”, what should the BCA do? *(Apologize and ask the PGM to repeat their point; then rephrase until the PGM is comfortable with the interpretation.)*

Probing

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What are the most common types of questions? They are often close ended. What does that mean? *(They can be answered with one word like “yes”, “no”)* Close-ended questions are great for getting facts. “How old is your baby?” “Are you married?” “Does your mother live with you?” “Do you give your baby only breast milk?”

What are open-ended questions? *(Questions that cannot be answered with one word.)* “Tell me about your family?”



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Participants will work in table groups to write one or more options for changing the close-ended question into an open-ended question. Discuss in plenary.
(If time is more limited, assign one or two different questions to each group).

Practice Asking Open-Ended Questions

Close-ended Question	Open-ended Question
Did you eat an egg today?	
Do you take iron/folate every day?	

Did you feed your baby foods from each of the 4-Star Food Groups today?	
Do you wash your hands with soap?	
Do you defecate in a toilet?	
Do you attend Antenatal Care visits (ANC)?	
Did you eat meat today?	
Are you pregnant?	
Do you like the SBC calls?	
Did you learn anything new today?	
Do you know how to prevent your child from having diarrhea?	
Do you know the danger signs in pregnancy?	
Do you know the danger signs in newborns?	
Did you give your baby only breast milk until he was six months old?	
Do you continue to give breast milk to your baby at 7 months in addition to foods?	
Do you use family planning?	
Do you know that 3 to 5 years between births saves babies' lives?	
Did you choose healthy snacks today instead of junk food?	
Do you recognize obesity in your child?	
Do you know when your baby is malnourished?	

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What is the benefit of asking open-ended questions? *(Allows a person to give us a lot more detail; often reveals their feelings in addition to the facts, and they keep the conversation active – they enhance the feedback loop.)*

Sometimes, when BCAs really do not understand what a person has said, or how their response relates to the question asked, then BCAs need to ask clarifying questions. Asking clarifying questions can also be referred to as “probing”. Probing is used for two purposes 1)to get information that helps the BCA understand what was already said; and 2)to help the BCA get new and additional information.

Probing is one of the most important skills that a BCA must master. Probing skills can and should be used throughout the SBC call process but are especially important when discussing behaviors, barriers, enablers, negotiation and making commitments; all of which make up the *Dialogue Counseling Process*.



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Probing for Understanding

Brainstorm and discuss in plenary:

What questions can be asked if a BCA did not understand what was said?

(Some possible contributions include:

1. *I’m sorry, I did not understand, can you explain that again please.*
2. *Tell me more.*
3. *What else can you tell me?*
4. *Can you help me understand?*
5. *That is unclear to me, what else can you tell me?)*

What questions can be asked if a BCA did not understand how the response related to the question?

(Some possible contributions include:

1. *Let me repeat the questions again, ... (repeat the question as it was asked the first time)*
2. *Please help me understand how that relates to (repeat the key elements of the question)*
3. *Please explain your answer to my question.)*

Probing for New Ideas

What questions can a BCA ask if she wants more information or details?

(Some possible contributions include:

1. *Yes, what else?*
2. *Is there anything to add?*
3. *What other ideas do you have?*
4. *What else would you like to say?)*

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BCAs must be careful not to ask probing questions that will get them off track or take up too much time. Sometimes asking questions like, “Can you tell me a story about...” or “How did that make you feel?” or “What happened next?” can get a person off track and away from the question or topic. A BCA needs to be skilled at probing, but at the same time keeping the conversation relevant and productive.

Remember that the BCA’s goal is to get information that relates to the issues being discussed and while seeking to build relationships is a key element of building trust, the calls are not meant to be psychological support sessions that are better handled by mental health practitioners.

Probing is also effective when referring to what the PGM said specifically.



PGM: I do not eat eggs every day because they are boring.

BCA: Can you help me understand what you mean when you say that eggs are boring?

PGM: Yes, what I mean is that they always taste the same and I want variety in my meals.

BCA: Oh, I see; what happens to you when you eat eggs?

PGM: Well, sometimes I do not feel like eating them because I know that they will not taste good.

BCA: Oh, that is unfortunate; I'm sorry that happens to you. Would you tell me more about how you prepare your eggs?

PGM: Yes, I usually boil them in water until the yolks are hard.

BCA: And can you tell me what you use for flavoring or spices?

PGM: I don't put anything on them at all. I just eat the boiled egg and it tastes so bland.

BCA: I think I understand. So, what I hear you saying is that you boil eggs on their own and when you eat them you do not add any spices or flavoring.

PGM: Yes, that is right.

BCA: Have you ever tried to cook your eggs a different way?

PGM: No, I have never thought about that. This is the way that I know to cook them. I always see them in the store this way too.

BCA: Many women, like you think that boiled eggs are not so exciting to eat. You should feel free to add spices that do not have added salt or sugar. Some women really like to eat boiled eggs with tomato, onions and avocado. Or some women like to add pepper and garlic. My favorite way to eat eggs is to fry them in a very small amount of olive oil and add a small amount of salt and pepper. I don't cook the yolks to hard, but I cook them about medium so that the center is still a little bit soft. I think they have more flavor that way. What do you think about those ideas?

PGM: Yes, okay, I can try that. I know that eating an egg is very important for my health and the health of my baby, but I just could not do it before. I will try to see if this helps the problem.

Ask:

1. How did the BCA use probing? *(To get additional information / details)*
2. What did the BCA learn that she could not have understood after the PGM's first response? *(All the details of what reactions the PGM had as well as how she was preparing the eggs; she also learned what the PGM had not tried.)*
3. Why is this technique important? *(The BCA discovered that the PGM knew that eating an egg was good for her and her baby and that she wanted to do so, but that she had a particular difficulty. It helped the BCA respond appropriately. It also helped the BCA avoid spending time on discussing why eating eggs are important, which the PGM already knew, and allowed her to use the time to help think through solutions for a very specific barrier).*



Lesson 5

Change Agent Compassion



The ability to be empathetic is very important for a BCA who will counsel women through the SBC calls. What is empathy? (Empathy is the ability to understand what others feel, see things from their perspective and imagine yourself in their place having their experience. It allows for a BCA to see a PGM's perspective, as well as understand their thoughts and feelings.)

Many of the same things we previously identified as 'noise' when we discussed communication are also the things that prevent us from being empathetic when we listen to someone. These can be differences in our culture, language difficulties, values, customs, emotions, and our own life experiences. For example, if a BCA has experienced something and did not find it very difficult, it may be a challenge for her to be emphatic when a woman in her group expresses the same experience as a huge personal challenge.



BCA trainees work in pairs. One will start with an example of a behavior they currently do or have done routinely in the past assessing whether they found it to be easy, somewhat difficult or very difficult to do. The partner will assess the same behavior for themselves. The pair will take turns offering suggestions, noting how each feel about the particular behavior.

For example: (Use this table to help role play a short example, but do not read the table; allow the participants to experience the activity themselves.)

BCA Behavior Contribution	BCA 1 Says...	BCA 2 Says...
Wash hands with soap after using toilet.	Easy – I have soap.	Easy – My habit so I can remember.
Exclusive breastfeeding to 6 months	Easy – My baby liked to breast-feed.	Difficult – I returned to work when baby was 2 months.
Eating an egg every day while pregnant.	Somewhat difficult – I find them boring to eat.	Easy – My mother cooks them in sauces.
Eating vegetables every day.	Easy – I like them.	Difficult – don't like them.
Attend ANC	Difficult – The services are interrupted.	Difficult – I do not have a car and the health facility is far.
Exercise every day for 30 minutes.	Difficult – I do not have the time.	Easy – I love to exercise and make it a priority.

Debrief:

1. What did you discover? (Some possible contributions may include:
 - o Behaviors that are very easy for some are difficult for others.
 - o Reasons for finding a behavior easy, somewhat difficult or difficult are not necessarily the same even if they classify the behavior in the same manner.
 - o Access to resources can make a difference in actions.)
2. Why are these discoveries important? How will they help us in our roles as BCAs? (Some possible contributions may include:
 - o They can help us understand a PGM better.
 - o They make us more aware that the challenges for each woman may be different.
 - o They help us to realize that all solutions cannot be the same because the barriers are different.)

The first step in showing compassion or empathy is to listen and then respond without judgement. The compassion exhibited through positive vocalized pauses and appropriate responses will help a PGM become more aware of her feelings and needs, and it will help lead her toward critical thinking which will empower her to come up with acceptable solutions to her own problems.

A BCA engages in a counseling dialogue. We've discussed dialogue or the communication process but what is counseling? (Allow for contributions.)

Counseling encompasses that package of skills that allows a PGM to feel relaxed and willing to share in order to explore their own values, beliefs, and opinions. It moves them toward positive associations and actions that they feel are the best for them after an analysis of the options available to them. By its very nature, dialogue counseling that is done correctly is empathetic and compassionate.



Lesson 6

Critical Thinking Skills



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As we begin the lesson in critical thinking, let's remind ourselves of the SBCC definition:

Social and Behavior Change Communication is the process of dialoguing with a Priority Group Member in a timed and targeted manner to help reveal barriers and enablers using critical thinking skills to set in place a supportive environment where a new behavior can be adopted and sustained such that continued practice of the behavior leads to the desired positive outcome.

From this we can understand the purpose of critical thinking skills. What do you think those are based on this definition?

(Some possible contributions may include:

- o To help a PGM articulate the challenges (barriers) that keep them from doing an action.
- o To brainstorm options for solutions to the problems.
- o To help a PGM understand how to engage others to offer support.)

By definition, critical thinking is as follows: "The objective analysis and evaluation of an issue in order to form a judgment."

As such, when a BCA helps a PGM progress through the dialogue counseling process, she is helping her to develop critical thinking skills.

What do you think are some critical elements of the process?

(Some possible contributions may include:

- o The BCA often has to probe to understand the PGM's point of view.
- o Sometimes the BCA needs to provide information.

- o *The process is more effective when the client thinks of the potential options herself rather than waiting for suggestions from the BCA.*
- o *The PGM must weigh the options and evaluate which one will work the best for her. This will be done based on her attitudes, beliefs, values, experiences, the relationship she has with the BCA as well as how well she understood what the BCA was telling her. Some of this will be done instantly and without conscientious thought and some of it may take time and intentional consideration.)*

During SBC calls when identifying barriers and enablers (solutions), BCAs need to help women to focus only on the things she can control or to which she can contribute. Remember that none of us can control another person's opinions, attitudes, values, emotions, resources, or actions. When a PGM begins to take responsibility for resolving a problem, it shows that she is developing critical thinking skills that will help her with both current and future behaviors.

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Women break into pairs to play "What if...?" One woman will play the BCA and the other will play the role of the PGM during an SBC call. The BCA will look for the woman's capacity to make cause/effect connections by asking "What if....?" The BCA can interchange 'positive' and 'negative' behaviors and probe for associated outcomes. After each question, allow the client to respond. Where the client gives a response that does not seem to match, the BCA would note that additional technical information may be needed in this area. Where the cause/effect connection is clear, then the BCA will know that a lack of knowledge is not the problem, but that other issues exist and the critical thinking skills necessary are being employed by the client.

For example:

BCA: What if you feed your child only breast milk to six months?

BCA: What if you do not give your baby colostrum?

BCA: What if you take your iron tablet throughout lactation until your baby is two years old?

BCA: What if your child has a fever and you do not go to the health facility?

BCA: What if you make a birth plan before your baby is born?

BCA: What if you do not use modern family planning after your baby is born?

Continue with as many behaviors as desired until the illustration has made the concept clear.

Debrief:

Share a few examples in plenary.

Discuss what lessons the BCAs learned about critical thinking from the exercise.



Lesson 7

The Social Science of Behavior

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This guide is intended to build the capacities of BCAs working for the Myan Ku project who are conducting SBC calls to cash transfer recipients. Although it is not intended to create experts in SBC, it is important that change agents understand some elements of the social science of behavior change. The following concepts should be internalized as much as possible so that BCAs keep them in mind and apply their principles continuously throughout the SBC call process.

The Four Principles for Change

Four very simple concepts that BCAs must keep in mind when working with PGMs are as follows:

1. People need to have a REASON to change. Change takes energy; both emotional and physical. Each person goes through either a sub-conscious or very intentional cost/benefit analysis to determine whether the benefits of changing outweigh the energy that change takes. The reason needs to be important to them.

If we promote change based only on what we value, then we might miss the opportunity to help someone else identify a good enough reason to convince them to adopt a new behavior or change their current way of doing things. People often do positive things for their health, but not always for the reason we promote.

Dialogue helps us to understand what is important to a mother. For example, we may promote daily exercise for health and weight control. A mother may only agree to walk daily if she has a friend to go with her. On days her friend is not available, she may not go walking. She may value the time away

from home talking with her friend more than the effect of the exercise. In that case, we need to help her find solutions for making exercise social, since that is what she values.

2. People need to be **READY** for the change. Unexpected change around people causes confusion. BCAs should begin by asking what a woman currently does, and possibly why. If women think that BCAs are judging their actions, they will be more resistant to listen and follow the advice of the call agent .
3. People need to be **INVOLVED** in the change. When we do something for someone, we fail to build in them the skills and confidence that they need to repeat the behavior. There is an old saying by the Chinese philosopher Lao Tzu that goes, “Give a man a fish and he will eat for a day; teach a man to fish and he will eat for a lifetime.” Asking women to provide their own potential solutions when feasible, is the best way to build their problem-solving skills and ensure that their ability to persistently adopt positive behaviors will continue long after the project ends.
4. People need to be **SURROUNDED** by models of change. Most of us model or do what we see others do; this is often referred to as “observational learning”. In addition to learning behaviors by modeling, most of us do not want to do something that nobody else is doing. We find strength and motivation in numbers. This is why role models are important and helping women see that others approve of and do the behaviors that we are promoting is powerful.



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Participants pair up and each shares an experience of something they changed in the past highlighting how the 4 Principles came into play in each scenario.

Choose a few to share their experiences in plenary.

Next:

1. Ask trainees to share ideas of when they were told to change something, and they did not feel that it was necessary. Explore how that made them feel. *(If they are married, it may be easy to find examples.)*
2. Ask for volunteers to share an experience of something that changed around them – something they were not ready to manage and how it made them feel. *(This can be very easy with Covid-19 and the political / social situation. Those changes happened without any preparation, so they have disoriented everyone.)*
3. Ask trainees to share experiences when someone changed something and did not ask their opinion or let them be a part of the process. Explore what happened. *(Good examples can often be found at the workplace but also at home or among friends.)*
4. Ask trainees to share experiences of trying to do something new but not having any support. Examine what that does to the motivation to continue trying the behavior. *(Some good examples often come with mothers trying to improve the nutritional value of meals and families not liking the new choices, when allocating chores to someone else, or even something like moving or trying to make positive changes in the workplace.)*

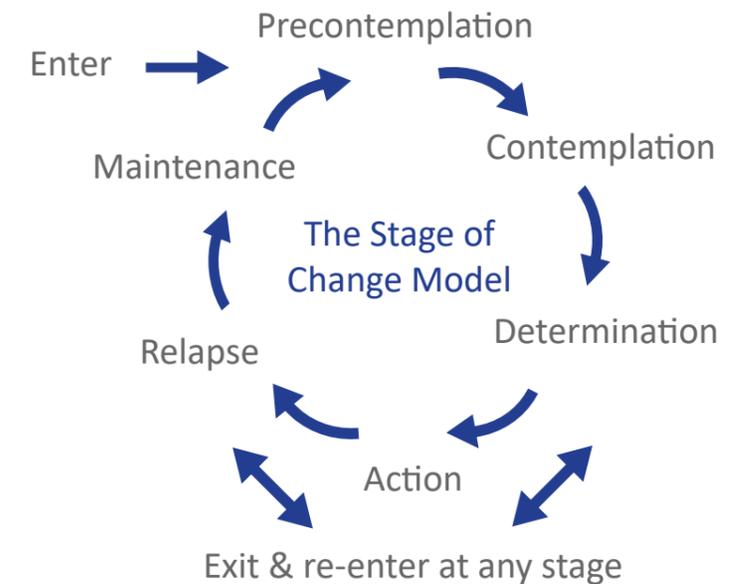
Ask the trainees to recite the 4 Principles for Change and explore why they are important to keep in mind when conducting SBC calls.

The Transtheoretical Model – Stages of Change

The Stages of Change model essentially highlights the belief that change is an intentional process. For years, projects and programs summed up behavior change as the production of educational materials. In many countries and programs, this is still the case.

Awareness raising, sensitization and increasing knowledge all address only the first and to some degree, the second stages of behavior change but they have little bearing on moving people towards adopting or sustaining new and positive behaviors.

The Stages of Change Model looks like this:



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Pre-contemplation means that we haven't even thought about a behavior yet. This is also called pre-awareness; that stage when we haven't yet identified a problem, nor have we explored any solutions. This is where education, awareness raising, and sensitization are useful.

Contemplation, also called awareness, is when we have become aware of a problem and a solution. People often need time to think about the problem; remember they need their own reason to change. People often evaluate what they think and feel about the new information for quite some time. This is where the decoding of communication messages becomes important. What are some examples? *(Lack of trust in the source of the information; conflicting experiences; inability to make cause/effect connections; lack of value around the 'reason' for the action presented to us.)*

Determination is often called the preparation phase. This is because at this point a person makes a decision to adopt the behavior. This is why the States of Change Model is referred to as a model of intentional change. Preparation is a good name for it because most behaviors, in addition to requiring a decision, require that we do some things to prepare. Can you think of some examples? *(Gain knowledge on what to do, how to do it, purchase supplies, garner support, make an action plan.)*

Action is the stage of change where we actually adopt a behavior and try it out. The basic definition of a behavior is an action or a practice.

Notice how there is an indication that someone can drop out of the cycle and re-enter at any stage? This is largely the effect of barriers. Just because someone begins an action does not mean that they will no longer encounter barriers. At any point a barrier can present itself that causes a person to fall out of the cycle.

Maintenance does not happen automatically. Remember that we discussed Principle for Change 4? That principle is important to help people maintain behaviors they have adopted. Barriers can also emerge even when a person has developed a habit of practicing a behavior.



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Walk through the Stages of Change with an example. It can be something you have chosen together, or use the following:



Desired Behavior : Exercise for 20 minutes at least 3 times a week.

Pre-contemplation – Had never thought about exercise or even why it is important.

Contemplation – A BCA has shared the importance of exercise in maintaining weight and blood pressure, which helps to prevent being overweight, obesity, diabetes, heart disease and strokes. Spend some time deciding if that is important; and then exploring options for what kind of exercise to do.

Determination / Preparation – Decide to run for exercise. Buy shoes, buy socks, buy running shorts / tops, sweatband. Decide what time of the day to run, which days and where. Choose a route.

Action – Start running on Monday, Wednesday, and Friday at 8 a.m.

Barrier – Two months into the running, develops knee pain and swelling. Doctor says that running puts too much impact on joints.

Relapse – Out of the action stage. If desire to exercise remains, then a new option must be chosen.

Contemplation – Contemplate low impact options that will not hurt knees.

Determination / Preparation – Decide to ride bike instead. Buy a bike, shoes, padded shorts, determine days, time, and route.

Action – Ride bike every Tuesday, Thursday and Saturday at 2pm.

Barrier – Weather changes and rainy season comes. Can't ride bike in monsoon and excessive rain and wind.

Relapse – Can no longer continue. Decide if exercise is still important and desired.

Contemplation – Cannot run, cannot ride the bike outside. Now low impact, indoor sport is needed.

Determination / Preparation – Decide to swim. Buy bathing costume, find an indoor pool to use, pay fees, examine the hours the pool is available, make a new schedule and transportation plan to get there.

Barrier – Gym fees for the pool rise and become too expensive.

Relapse – Can no longer continue. Decide if exercise is still important and desired.

Contemplation - Contemplate other solutions for low impact, indoor, and less expensive or free exercise options.

Determination / Preparation – Decide to do yoga at home. Buy DVDs and yoga books to help learn. Buy yoga pants, mat, block and strap. Determine exercise schedule.

Action – Do yoga every morning early before family members wake up.

Maintenance – Continue with yoga every day, enjoy the benefits and stay motivated.

ASK:

1. What did we learn about behavior change? *(It is a cycle and even though there are stages they are not linear; but iterative. People can relapse and exit and re-enter at different stages.)*
2. Why is this important to understand as BCAs? *(Because we may think that once we tell women what is important, they will do it. We need to be sure to continue the process with them because even once they are doing a behavior, relapses can happen. Women may need support to come up with additional ideas and strategies.)*

The Social-Ecological Model of Change



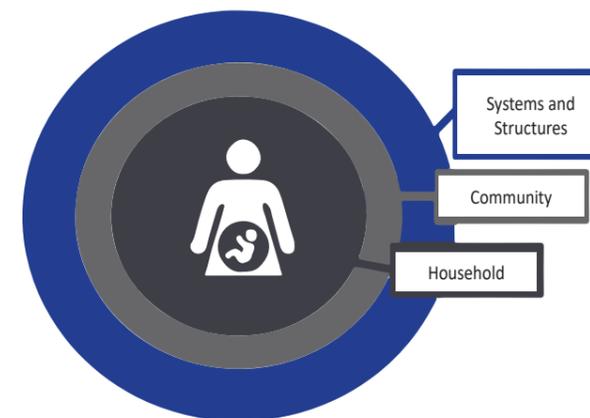
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Women in our cash transfer programs do not live alone. They are surrounded by people who can either help them practice a behavior or hinder them from doing it. Just because we tell women to take certain actions, does not mean that they have control over everything in their environments that will impact their ability to practice.

Part of the job of a BCA during the SBC calls is to help a woman create an enabling environment where barriers are at a minimum and support is at a maximum.

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Draw the simple graphic on flipchart paper, project it or distribute it in print form to participants.



Talk to the women about the **household level**. List as many people who live at this level as possible. *(Husbands / partners, mothers, mother-in-law, fathers, fathers-in-law, siblings, children, etc.).*

Note that many behaviors are only made possible when other family members help a mother do them. In almost every study conducted, women report greater success in practicing key nutrition behaviors for children, such as exclusive breastfeeding, when they have help from husbands and other family members.

Discuss the community level. Who is in the community that can be supportive of women who are trying to practice healthy behaviors? *(Community leaders, health workers, lawmakers, teachers, neighbors, friends and peers, businessmen, market stall and shop owners, pharmacists, community volunteers, etc.)*

Note how all of these individuals can help build supportive networks for pregnant and lactating women. For example, if the health facility is not operational or is out of iron/folate, working with pharmacists or shop owners to make sure that they are available and affordable will help women take them during pregnancy and lactation.

Discuss the systems and structures level. This is the most difficult level for individuals to intervene. Much advocacy happens at the systems level and is headed by Non-governmental Organizations (NGOs) or local leadership groups. At this level, women can identify law makers, ministry policies (Ministry of Health, Ministry of Social Welfare, and ministries that regulate workplace policies and so forth). This is also the level where regulations are made for the services offered at government health facilities. If systematic problems cause huge barriers for health behaviors, then this is the best place for NGOs to work together to advocate toward positive change. *(An example would be that iron/folate is only given to women for free during pregnancy, but the benefits of a daily iron supplement extend through lactation; an NGO could advocate to government officials, for example, to extend the distribution of supplements throughout the lactation period.)*

ASK:

Why do you think it is important to understand the SEM and keep it in mind when conducting SBC calls with clients? *(Keep the levels of support in mind when exploring solutions and making recommendations or referrals; brainstorm solutions at the household, community and systems levels.)*



Lesson 8

The SBC Call



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Skills in this training guide are meant to be paired with the series of SBC Call Guides that have been produced. Each call guide is self-explanatory and includes all of the necessary information for the call agent to conduct the calls.

As we move into this lesson, let's remind ourselves of the definition of SBCC:

Social and Behavior Change Communication is the process of dialoguing with a Priority Group Member in a timed and targeted manner to help reveal barriers and enablers using critical thinking skills to set in place a supportive environment where a new behavior can be adopted and sustained such that continued practice of the behavior leads to the desired positive outcome.

~ R. Danielle Chekaraou, MPH

We've already discussed the elements of process, dialogue, Priority Group, barriers and enablers, critical thinking, supportive environments and action and maintenance. The outstanding element is timed and targeted.

SBC calls have been organized in a "timed and targeted" manner to ensure the most timely and relevant

delivery of key messages surrounding the positive actions mothers can take to keep themselves and their children at optimal health.

A guide timeline has been produced with corresponding SBC Call Guides. There are 18 recommended calls and therefore, 18 guides. The content of each guide has been programmed to correspond to the stage of the woman’s pregnancy or the age of her child and the optimal time to introduce key protective behaviors for both her health and the health of her child. A large amount of information is needed for women throughout their pregnancy and lactation periods, and therefore the content has been spread across the 18 calls to allow adequate time to understand, process, prepare and act on each.

Timed content means that the information is discussed at an appropriate time; early enough that a woman may process and decide and prepare to do the behavior, and not too late that she missed the opportunity to practice it.

Targeted means that we use the principles of behavior change to understand our PGMs and to appeal to them specifically as well as those who influence their behaviors.

Ideally, call guides can be transformed into electronic forms that populate a database that can be used to track calls and monitor progress. Under the management of a skilled SBC Manager and Data Analyst, the database can be used effectively to track progress, minimizing the need for frequent population-based studies over the life of the project.

The SBC Call Guide Timeline is as follows:

Myan Ku – SBC Call Timeline / Cohort Approach

Call 1	Call 2	Call 3	Call 4	Call 5	Call 6
Early Pregnancy 1-3 Months	Mid Pregnancy 3-5 Months	Mid Pregnancy 3-5 Months	Mid Pregnancy 6-7 Months	Late Pregnancy 8-9 Months	Late Pregnancy 8-9 Months
1.ANC – 8 visits 2.Iron/Folate supplementation 3.Nutrition (3+2+1 Diet) 4.Emotional and Practical Support	1.Iron Rich Foods 2.Rest 3.Healthy Snacks	1.Danger Signs in Pregnancy 2.Handwashing	1.Birth Plans 2.Saving Money 3.Immediate Breastfeeding 4.Food Pairing 5.Coffee, Tea, Milk Spacing	1.Immediate Breastfeeding / Colostrum 2.Skin-to-skin Care 3.Exclusive Breastfeeding to 6 Months 4.Supplementation After Delivery	1.Danger Signs for Newborns 2.Danger Signs for Postpartum Mothers 3.Care Seeking for Danger Signs 4.Family Planning

Call 7	Call 8	Call 9	Call 10	Call 11	Call 12
Within Week 1 Post Delivery	Within Week 2 Post Delivery	1 Month	2-3 Months	5 Months	6 Months
Check-in Call 1. Danger Signs and care seeking 2. IBF/Colostrum 3. Skin-to-skin	1. Breastfeeding difficulties 2. 3+2+1 diet 3. Soap handwashing at 5 critical times	1. Mental Health Danger Signs 2. Mental Health Support 3. Early Childhood Development / Stimulation	1. Modern Family Planning check in 2. Vaccination 3. Growth Monitoring 4. Danger Signs and Care seeking	1. Complementary Feeding 2. Continued Breastfeeding 3. Vitamin A supplementation	1. Complementary feeding check-in 2. Continued breast-feeding check-in 3. Thickened porridges and complementary foods 3 meals a day 4. 3 meals a day 5. Foods from all 4-Star Food Groups

4. EBF to 6 months 5. Supplementation 6. 3+2+1 diet 7. Modern Family planning					6. Iron rich foods daily 7. Vitamin A rich foods daily 8. Keep a food journal
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Call 13	Call 14	Call 15	Call 16	Call 17	Call 18
7 Months	8 Months	9 Months	12 Months	18 Months	23 Months
1. Monitoring milestones and development 2. Responsive feeding	1. 3 meals and 2 snacks daily 2. Increase amount of food at each feeding 3. Increase density of food 4. Offer healthy alternatives to junk food and drinks	1. Child feeding check-in 2. Handwashing check-in 3. Brushing teeth and gums	1. 3 meals and 3 snacks daily 2. Signs of malnutrition and care seeking 3. Deworming 4. Vitamin A supplementation	Check-in Call (all behaviors)	Evaluation call Recap of key behaviors Exit information

Each call, for the most part follows the same format. There are exceptions for the first, last and check-in calls. The different content requires some variance, but the steps remain largely the same. Each step in the SBC call has a purpose and supports SBC theory and best practices. The steps should not be skipped or re-ordered.

Once a BCA is comfortable conducting the calls, she may personalize them by adjusting the “SAY” portions of the calls, as long as she does not change the content or intent of the section. Each guide begins with the call number and the Key Behaviors that will be discussed during the call.

Every guide has 8 steps as follows:

- Step 1: Greeting and Review
- Step 2: Explore Current Practices
- Step 3: Classifying Doers and Non-doers Using The Behavior Flowchart
- Step 4: Teach and Identify Barriers
- Step 5: Discuss Solutions
- Step 6: Negotiate Behaviors and Small Doable Actions
- Step 7: Gain Commitments
- Step 8: Establish a Follow Up Plan

Step 1: Greeting and Review

E



The meeting will begin with a very quick introduction and check in to ensure that the arranged time is still convenient for the woman. This can include a check in on the health of the mother and/or baby as appropriate.

Some calls follow with a check-in on the developmental milestones of the child. These happen during calls corresponding with the child’s age of 2, 6, 9, 12, and 18 months.

BCAs should remember to use the communication skills acquired over the course of the training.

This portion of the call also includes a time for reflection on the past lesson, key behaviors, commitments made and accomplishments. The BCA will use the commitment table from the previous lesson to check in and see how the mother has done in keeping those agreements. Where new barriers are expressed, the BCA

conducts an abbreviated version of the dialogue counseling process, (short guide in the red box) asking her to identify her barriers and potential solutions. The process is repeated for each past commitment and if new commitments are made, they are added to the table which appears in Step 7 of the current call guide so that the BCA may continue to follow up on each behavior.

Step 2: Explore Current Practices

E



Women may already be practicing the behaviors that we are promoting. By asking questions like, “What have you heard about...(any behavior)” BCAs create a starting point for discussion and eliminate the need to take time giving technical knowledge that is not needed. BCAs check off those things that a woman already does. At this point in the call, no new information is provided; this is simply to establish a baseline which helps the BCA choose where to put the emphasis of the call; giving more attention to behaviors that have not been done or mentioned.

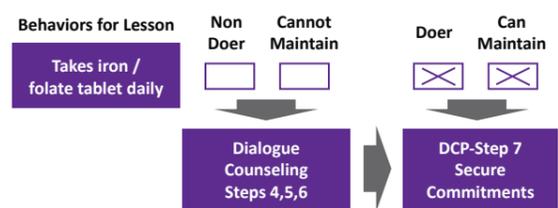
Step 3: Classifying Doers and Non-doers using the Behavior Flowchart



E

After identifying behaviors of which a woman is aware, then next step is to find out what she is already doing. If she had mentioned a particular practice, then the BCA should check back to see if the woman is indeed doing the practice. For example, she may say, “Earlier, you said that you take care of yourself by taking an iron/folate tablet. When is the last time you took one?” Then, the BCA will probe to find out if the mother does indeed take one every day and whether or not she intends to maintain that practice. In the flowchart then, the BCA would write the behavior in the box, mark “Doer” and “Can maintain”. This means that in the subsequent sections of the call, she can skip the educational portion of this behavior and mark

SBC Call Guide Flow Chart and the Dialogue Counseling Process



it directly in the “Commitments” table in Step 7.

If the mother said that she has taken iron / folate in the past, but not regularly, the BCA would then mark, “Doer” and “Cannot maintain” and proceed with the DCP toward negotiation through steps 4, 5, and 6.

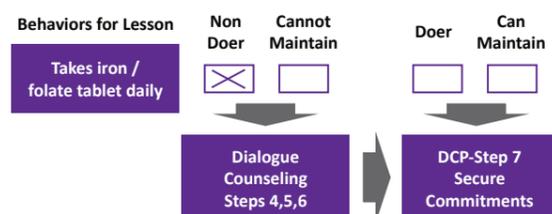
Conversely, if the mother did not mention it, then the BCA can ask, “Have you heard about iron / folate tablets?” If the mother says, “No”, then the BCA should mark, “Non-doer” in the flowchart which

SBC Call Guide Flow Chart and the Dialogue Counseling Process



means that when she continues with the next step, she will cover the critical information on iron / folate supplementation and conduct the DCP for that behavior by starting at Step 4.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



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Trainees break into pairs with one playing the role of the BCA and the other, the client. Begin at Step 2 and use these sections of any call guide to explore behaviors. Pretend that some ideas were previously mentioned, but others were not. “Clients” should respond so that in some cases she is a doer who can maintain and in other cases she is a doer who cannot maintain to allow the BCA to practice going straight to commitments or through steps 4-6 in addition to step 7.

Step 4: Teach and Identify Barriers

As noted above, if the woman reports already doing a behavior, then the technical information and negotiation can be skipped for each of those actions. For those that remain, it is necessary to give the woman some information which is likely connected to the problem and the solution that the behavior offers.

Recall that in the communication process we want to deliver a message that is properly encoded and decoded so that clients can begin the process of internalizing the information about the behaviors and start the process of the Stages of Change. Helping a woman think critically about her real barriers will help her to identify the true factors that prevent her from adopting the behaviors promoted during the calls.

Remember the first Principle for Change; people must have a reason to change. Nobody would take a car to the mechanic if the car were in perfect condition; they would see that as a waste of money and time. Nobody would call plumber to come to their house if everything was working perfectly. And yet, as BCAs we often expect people to change behaviors and do something differently when they feel that the way they do things is perfectly fine.

Myan Ku is promoting certain actions to improve the health of women and children. Even though, to most, that would be a strong motivating factor, some women may need more. Noise happening in the communication loop can serve as a stumbling block for many. Ideas and values may not be aligned with the information that is given by BCAs during the SBC call. For example, if a BCA promotes exclusive breastfeeding to six months, a mother may have an older child that was not exclusively breastfed whom she perceives him to be healthy and well-nourished; her experience is not in alignment with the message, which may deter her from adopting that particular behavior. The BCA will only come to understand this through dialogue.

Often times, a BCA sharing a short story or experience can be helpful in drawing the woman to help identify the problem, understanding how the behavior is the solution, and recognizing that the issue does exist, if not in her own home, then certainly within her community.

Remember the second Principle for Change is that people need to be ready for the change. Psychologically and even physically, women need to make a mental shift to prepare to adopt a new behavior; exploring what prevents her from doing it can prepare a solid foundation for that mental shift. Remember that as BCAs become more skilled at the dialogue counseling process, they may divert from the call guide to enhance the richness of the information they are able to collect from a woman during the call; care should be taken, however, to stay on track with the goal of each of the steps and to avoid adding to the overall time required to complete the call.

M



BCAs form pairs. Each is given a behavior to address. They will discuss how they can discover hidden issues when a mother is not receptive to a behavior. This can be done by sharing a very short experience, story, or probing to provoke the mother to confront her bias.
Debrief: Share some examples from each group in plenary.

Step 5: Discuss Solutions

Recall that the Principle for Change 3 is that people need to be involved in the change. Asking women to be participatory in the thinking process allows her to propose solutions that she already knows are feasible for her. The danger when the BCAs makes all of the suggestions, is that the woman may simply agree, even though she has no intention of taking that action.

Principle for Change 4 is that people need to be surrounded by others who support the change. No woman lives alone in her home. It is very important that husbands/partners and other family members are also on board with the changes. Sometimes having the support of a husband or mother is the only thing that helps a woman to be faithful to practice a new behavior. Often, the BCA will have to remember to suggest that a woman try to involve her partner or family where feasible.

Talking to women about the advantages (pros) and disadvantages (cons) of a solution, in addition to the behavior, also helps them develop critical thinking skills which builds their capacities for future challenges and helps them make the decision about which action to take. Solutions should be based on something the woman herself feels that she can do rather than on someone else.

M



Pre-select participants who have practiced this in advance and are prepared to demonstrate it. (Explain that this role play extends past Step 5 and into 6 and 7 just to help with continuity and understanding.)

After the role play, pairs choose a behavior and brainstorm on some barriers. (Suggestions appear after the script.) **They choose 1 barrier and brainstorm on several solutions to the barrier. The BCA asks the PGM to list the advantages (pros) and the disadvantages (cons) of taking each action which will help her decide which is the most desirable option.**

Role play example:

BCA: What makes it difficult for you to take your iron / folate tablet every day?

PGM: I don't like to take it because it makes me sick at my stomach and it makes my stools very hard and green.

BCA: What would make that easier for you?

PGM: Well, I am thinking that maybe if I take it before I go to bed then it might be better.

BCA: Okay, you are saying that you could take it before you go to sleep; do you have any other ideas you would like to discuss?

PGM: Well, maybe I could try to take it with food instead. What do you think is better?

BCA: I think it would be good if we look at those options and talk about the advantages and disadvantages of each one.

PGM: Okay, that will help.

BCA: What are the pros of taking it before bed?

PGM: Well, I will just take it and go to sleep, and it will work in my body through the night. Then, when I wake up it should not be so strong in my stomach, and I will feel okay.

BCA: Yes, I think that makes sense. What else?

PGM: I think that if I put it by my nightstand then I will see it regularly and it will also help me not to forget.

BCA: Okay, I hear you saying that the good things that will happen is that you will not feel sick and taking it at night will help you remember. What are the cons?

PGM: Well, I still have this issue with the hard green stool. I don't think taking it at night will help with that.

BCA: That is something to consider. Anything else?

PGM: I'm not really sure, but maybe it will prevent me from sleeping well.

BCA: Okay, you are concerned that taking it at night might not solve the stool issue and prevent you from sleeping. Let's talk about the choice of taking it with food instead. What do you think would be the advantages?

PGM: I think that it will prevent me from feeling sick.

BCA: Yes, many women say that if they take their iron/folate tablet with food, that it will prevent them from feeling badly. Any other advantage?

PGM: Yes, well, I can't think of any.

BCA: We did not really talk about it much during the lesson, but if you increase your intake of vegetables and water, then it will help your stools to be softer and make it much easier to go to the bathroom. I don't know that it will help with the green color, but that is not dangerous, so you do not have to be worried about it. What do you think about that?

PGM: Oh, well, then an advantage is that it will remind me to eat the vegetables and drink the water! I know that I am supposed to eat 3 meals a day containing a vegetable; so this might help me to keep that commitment as well!

BCA: You should be very proud of yourself that you have thought of that and that you are trying very hard to make your health and nutrition commitments; that is just wonderful! Can you think of any disadvantage of taking your iron/folate tablet with food? Think very hard about the lessons we covered on taking the iron/folate tablet.

PGM: Humm, well, yes, I remember that you said that we should not take our iron/folate with coffee, tea or milk. I really do like to drink tea after my meal so that would be a disadvantage.

BCA: So now you have two very good choices. Take a few minutes to think about the pros and cons of each. If you take it at night, it will help you remember but it might not help with constipation. If you take it with meals, it will help you eat enough vegetables and drink enough water, but it means you will not be able to drink your tea for two hours after you eat. What do you think you would be willing to try? (This is Step 6)

PGM: I actually think that I would like to try to take it with my midday meal because I like tea in the morning and night but if I don't have it at lunch, it is not so difficult for me.

BCA: That sounds like a very good plan; let me ask you, how do you plan to remember to take it with your midday meal and not forget?

PGM: I think I will have to keep it on the cupboard where I keep my vegetables. That will help me to remember to take it because I will see it when I am cooking.

BCA: That sounds like a very good plan. So, can we agree then, that you will take your iron/folate very day with your midday meal, you will keep it on the cupboard by the vegetables, and you will not drink tea afterwards? (This is Step 7)

PGM: Yes, I think that is a good plan that will work for me. (This is Step 7)

Do the exercise here.

After the groups have practiced, allow a few groups to share their results in plenary.

Potential behaviors to use: *(Choose any from any of the schedule of calls / call guides).*

1. Wash hands with soap after defecating.
2. Defecate only in a toilet or latrine (no open defecation).
3. Cover food in cabinet or closed containers.
4. Check baby for danger signs every day.
5. Go to the health facility if danger sign is seen.
6. Practice skin-to-skin care for one hour several times a day from birth to 12 weeks old.
7. Play with baby during feeding.
8. Take an iron/folate tablet every day.
9. Attend 8 visits to ANC before delivery.
10. Take child for a vitamin A supplement at 6 months.
11. Keep a daily food diary for the child.
12. Eat foods from each of the 4-Star Food Groups every day.
13. Eat an iron rich food every day.
14. Give baby at least one vitamin A rich food every day.
15. Seek help for depression, anxiety, or stress immediately.

Step 6: Negotiate Behaviors and Small Doable Actions

Once a BCA has helped a woman identify possible solutions, which may or may not include looking at the pros and cons of each action, she needs to move the client toward a decision. Sometimes a woman may have a difficult time making the choice and sometimes her suggestions may not seem feasible at all. Under those circumstances, the BCA needs to probe to get a sufficient amount of information to understand what she intends to do and why she thinks that it is a practical choice. This is especially important if a woman proposes a solution over which she has no control.

M



Demonstrate the role play with pre-selected volunteers who have practiced and then follow up with the activity.

Pairs choose a behavior, a barrier and role play how a BCA will redirect the PGM toward a feasible small doable action.

BCA: What makes it difficult for you to go to ANC?

PGM: The government clinic close to my house is not functioning properly. It is closed many days and on days when it is open there are not enough workers.

BCA: What would make it easier for you to go to ANC as scheduled?

PGM: Well, I think the government has to get organized and make sure that they work.

BCA: Can you explain to me how you think that you can influence that?

PGM: Well, really, I cannot.

BCA: Let's take some time then to think about things that you can do to make sure you get your ANC visits. Do you have any ideas?

PGM: Well, there are some private clinics that are not far from my house. My neighbor goes to one.

BCA: I think going to a private clinic during this unstable time is a very good idea. How can we make that happen for you?

PGM: I can talk to my husband about it and see what he thinks. I know we will have to pay for it.

BCA: That is a good first step. Maybe it will help to explain that going to the clinic for ANC is much less expensive than having to go to the hospital with an emergency that can be prevented if you get regular care throughout your pregnancy.

PGM: Yes, I think that is also true. Okay.

BCA: So what are you going to do?

PGM: I will talk to my husband about going.

BCA: I am concerned because you should have already gotten some medications so you are behind on the ANC visit schedule; when will you talk to him?

PGM: I will talk to him tonight after dinner. He is happier when his stomach is full. I will make his favorite dinner (laughing) so that he is in a good mood!

BCA: You are a very smart and clever woman! That is a great idea. So, can we agree that you will talk to him tonight after dinner about going to the private clinic for ANC? *(This is Step 7)*

PGM: Yes, I will talk to him.

BCA: That is very good. I will call you tomorrow midday to check with you and see what he has said. Remember that it will be good for you to have him help you think of solutions if he does not like this one that you have proposed. He will be more supportive if you talk about the problems and solutions together. *(This is Step 8)*

PGM: That is a very good idea. Thank you. I will tell you tomorrow how it went.

Step 7: Secure Commitments



E

Many studies on health behavior show that people are more likely to do something if they tell someone else, they are going to do it. It is not always the case but sharing a commitment does increase accountability and shifts in social norms about what is acceptable and expected.

The BCA begins to wrap up the call by repeating all of the commitments that were made. It is important to keep in mind that the commitment may not be to practice the behavior, although it may be. As long as the woman is working toward being able to practice the behavior through small doable actions, then she is on the right track.

Each call guide has a table where the BCA should make note of all of the commitments from the call. These include those that were re-negotiated from a previous meeting in Step 1, commitments to continue current behaviors that were identified in Step 2, and new commitments made for those which were discussed and worked out in Steps 4, 5 and 6.

The commitment table from each call guide will be used during the following call in Step 1.

Step 8: Establish a Follow-up Plan



E

In the role plays above, the woman did not commit directly to go to a private clinic for ANC, but rather, she committed to talk to her husband about it. This is why Step 8 – and a follow up plan is important because this small doable action may not actually result in the woman overcoming the barrier; she may need more help to come up with different ideas. If the follow-up reveals that she was successful then that should be noted; if not, then the BCA will go through the DCP with the woman again to come up with new solutions and new negotiated actions and commitments. The BCA will note the new commitment on the call log.

The BCA should offer congratulations to the woman after reading off her commitments in summary, using the method to promote self-efficacy by using the phrase, “You should be proud...” rather than “I am proud of you for...”

Practical Exercises

Exercise 1

Executing A Call

E

The best way to ensure that all of the trainees have developed the necessary skills is for them to practice and receive feedback. All of the steps are important, and every trainee must be given the opportunity to conduct a call and receive feedback from their peers.



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Each BCA in training needs time to practice each of the skills from this guide. The best way to do that is to continue the training with each call guide and have them work through the calls in their entirety each taking turns to model a call.

Use the “Fishbowl” evaluation method at the end of each group’s presentation.

1. Ask the BCA what she thought she did well.
2. Ask the BCA what she thinks she can improve.
3. Ask the PGM how she felt about the call in general.
4. Ask the PGM what she appreciated that the BCA did.
5. Ask if she has any constructive feedback on what the BCA can improve upon.
6. Ask the observers (the rest of the trainees) for what they thought was done well.
7. Ask the observers where they think the BCA can improve.

**Ensure that each is instructed NOT to repeat points that were already offered in steps 1-5 but only add new information and insights. If there is none, it is okay to say, “I have nothing to add; all of my observations have been noted.” This will help save time and move through the process quickly.

Alternatively, each pair can have one assigned person to offer feedback. This will be done in the same manner, meaning that no repetition should occur, but instead of opening it up for everyone to comment, each person is assigned only one pair upon whose role play they should comment.

Pay special attention to how the BCA used the skills outlined in this guide as well as the tools that are in the call guides like the review table and flow chart.



Exercise 2

The Dialogue Counseling Process (Steps 4, 5, 6 And 7)

E



The DCP is the key to effective SBC encounters. It is very important that each BCA gets enough practice with the process to do it well during their calls.

Every BCA should practice at least this portion of each call guide during a training event.

M



Trainers extrapolate Steps 4-7 from the call guides and each triad will practice, shifting roles from BCA to PGM to observer. Feedback will be given as above, but instead of role plays shared in plenary; feedback will be given only within the small group of 3.

The following check list may be helpful for the observers in this exercise.

- Yes No Did the BCA introduce herself and check to see if the time was convenient?
- Yes No Was the BCA respectful in language, tone, speed, and volume of speech?
- Yes No Did the BCA practice active listening?
- Yes No Did the BCA probe and ask clarifying questions?
- Yes No Did the BCA use the tools in the call guide correctly? (the pink box, the flow chart, the two tables, and recording commitments and notes?)
- Yes No Did the BCA conduct a review and revisit the DCP with those the mother reports that she has not yet done?
- Yes No Did the BCA get to the lowest doable action?
- Yes No Did the BCA help get the PGM to offer her own solutions?
- Yes No Did the BCA steer the PGM away from putting the responsibility for the actions on someone other than herself?
- Yes No Did the BCA use the questions well to lead the PGM through the DCP?
 - What makes it difficult?
 - What would make it easier?
 - What are you willing to try?
 - Can we agree that you will (action) by (time/date)?
- Yes No Did the BCA arrange a follow up to check in on the commitment?
- Yes No Did the BCA exhibit compassion for the PGM?
- Yes No Did the BCA seem supportive of the woman's commitment decisions?

Call #1 Early Pregnancy (1 to 3 months pregnant)

KEY BEHAVIORS:

1. Pregnant women attend Antenatal Care at least 8 times over the course of pregnancy.
2. Pregnant women take one iron/folate tablet every day.
3. Pregnant women eat a 3+2+1 diet (3 meals- including vegetables, 2 snacks -1 fruit, 1 and 1 egg and 1 supplement) including foods from each of the 4-Star Food Groups every day.
4. Pregnant women talk to their husbands (partner) and one other person (mother, mother-in-law, sister, or friend) about emotional and practical support during pregnancy and delivery.

Step 1: Greet the person and establish confidence

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project which has been supporting you through cash transfer and vouchers to help with your health and nutrition and the nutrition of your baby. Is this a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

SAY: Can you tell me the things you want the most throughout your pregnancy?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions.

- 1.
- 2.
- 3.
- 4.

SAY: I am very sure that you want to be strong and healthy, to feel well throughout your pregnancy, to have a safe delivery, and to deliver a healthy baby. Today, because you are in early pregnancy, I want to talk to you about 4 very important things you can do to help you have all these things.

Step 2: Ask about current practices

SAY: Can you tell me briefly about any special things you are doing regularly to take good care of yourself since you found out that you are pregnant?

- Mentions ANC
- Mentions iron/folate
- Mentions extra meals
- Mentions special foods
- Mentions the 4-Star Food Groups
- Mentions rest
- Mentions emotional support
- Mentions getting help with chores

DO: If the mother had mentioned doing any of the key behaviors in Step 2 and you had marked her as a “doer” for those, then reiterate each one here and confirm that she has done it. If she has, then ask if she foresees any problem in continuing to do it. For example, if she said she has started to spend at least an hour resting, ask whether or not she intends to continue to make that a daily practice. For any behavior that the mother notes she does regularly and has no problem maintaining, skip to DCP Step 7 and note her commitments. (If she is practicing the behavior, then there is no need to discuss or negotiate it).

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

DO: Acknowledge every good thing that the mother has done and affirm her choices. Use affirmations that help her develop the skills to self-affirm. (Say, “You should be very proud of yourself for prioritizing your health and the health of your baby; the fact that you are going regularly to your ANC visits, taking your daily iron/folate (etc) are all signs that you are making great choices.”)

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

SAY: I mentioned earlier that we are going to talk about some very important things today.

SBC Call Guide Flow Chart and the Dialogue Counselling Process

Behaviors for Lesson	Non Doer	Cannot Maintain	Doer	Can Maintain
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DO: Skip the information on the behaviors that the mother has said that she already does and can maintain and focus on those that she did not mention in step 2.

SAY: It is important for a healthy pregnancy and safe delivery that you:

Step 4: Teach and identify barriers

SAY: Let me give you some important information.

1. Antenatal care is important for pregnant women. ANC is free at the government health clinics, but sometimes, due to the situation, they are closed. Even if they are closed, it is important that you go to a private clinic. The money you get from Myan Ku can be used for those visits. The health workers attending pregnant women are trained to identify problems that might affect your health or the health of your baby. They will run some tests, check your blood pressure, give you some necessary vaccinations that will protect you and the baby during delivery, and give you some vitamin supplements as well as counseling and advice. Go to all of your scheduled appointments.

SAY: Is there anything that will make attending Antenatal Care at the clinic at least 8 times before you deliver your baby difficult for you?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2. Take iron/folate tablets every day during pregnancy and beyond. You should get these from the health worker at the clinic; but even if you do not, it is important for you to find them at a local pharmacy and purchase them. The funds you receive from Myan Ku can be used for this. Women who take folate during pregnancy protect their babies from birth defects that can cause severe handicap or even death. Women who take iron protect themselves from anemia which is weak blood. Weak blood causes women to be very tired during pregnancy and they are also at a higher risk of bleeding too much when they give birth. Women who have anemia often have very small babies, babies that are born too soon, too weak, or stillborn which means they die before they are born. Taking iron/folate tablets every day is one of the most important things you can do to protect you and your baby.

SAY: Is there anything that will make it difficult for you to take an iron/folate tablet every day?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

3. When you are pregnant, and even after you deliver your baby and are breastfeeding, your body needs extra nutrients. In order to grow a healthy baby and stay strong yourself, you need to eat a 3+2+1 diet. That means, 3 cooked meals a day that include a vegetable, 2 healthy snacks; good choices include 1 fruit and 1 egg, and 1 iron / folate tablet.

There are four food groups in Myanmar called the 4-STAR FOOD GROUPS. They include:

GO FOODS –

1. ENERGY-GIVING FOODS. GO FOODS are usually staple foods that make up the base of our meals; they include rice, grains, bread, sugar, and oil. They also include highly processed snack foods like anything made with flour, sugar or oil such as biscuits, crackers, cookies, snack foods like potato chips (crisps). Candy, sugary and flavored drinks such as sodas, coffee drinks, Ovaltine, chocolate or flavored milk or powders are also included. While we all need energy, choosing the right foods from this category is essential for optimal health. Eating too much from this group, especially processed and snack foods leads to being overweight and obese; which can be very dangerous. We will discuss that further in another lesson.

GROW FOODS –

2. PROTEIN-FOODS. GROW FOODS generally contain a lot of protein and iron. These foods help our bones, muscles and organs grow well. There are two categories of GROW FOODS – plant and animal source foods. Plant GROW FOODS are things like all kinds of pulses and legumes like beans, lentils, chickpeas, cow peas, pigeon peas. The group also includes a variety of nuts, seeds, and soybeans.

3. ANIMAL SOURCE FOODS. ANIMAL-SOURCE FOODS are also GROW FOODS because they are also generally high in protein and iron as well as a variety of vitamins and minerals that help the body grow. These include animal flesh foods like beef, pork, poultry, fish and shellfish or animal-source foods like milk, eggs, yogurt, and cheese.

GLOW FOODS –

4. PROTECTIVE FOODS. PROTECTIVE FOODS are those that contain a lot of vitamins and minerals as well as healthy fats. They include fruits, and vegetables. These foods help our bodies’ immune systems which means if we eat enough of them, it will be more difficult for us to suffer from illness and infections. They also help us have healthy and glowing skin and hair and improve our overall appearance.

SAY: Is there anything that will make it difficult for you to eat a 3+2+1 diet eating foods from each of the 4-Star Food Groups every day?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

4. Women need extra support when they are pregnant and even after they have their babies. Many studies

show that women who get support from their husbands and close family members are able to practice the best health behaviors; as a result, they stay healthy and deliver healthy babies. An important thing to do in early pregnancy is to talk to your partner and one other person who will support you. That can be a person who is likely to help you during delivery or with your baby after delivery. Try to secure a commitment from both your husband and support person to help you in the following ways: to participate in health calls or clinic visits, to help ensure that you have the foods you need to eat at home, to help remind you to take your supplements and to rest, and to do practical things around the house so that you can rest for at least 1 hour every day.

SAY: Is there anything that will make it difficult for you to talk to your husband (partner) and another support person?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		
4		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? (Remember that you are asking specifically about the barrier, to the behavior.)

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? (Note the actions in the box.)

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: (repeat in a concise manner what she has agreed to try).

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Behavior	Commitments
1	
2	
3	
4	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you have a healthy pregnancy and deliver a healthy baby.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with reminders to attend 8 ANC visits before delivery.

SMS messages with reminders to take iron/folate daily and strategies to remember.

SMS messages with reminders to follow a 3+2+1 diet.

SMS messages with reminders to get emotional and practical support from husband and at least one additional person.

SMS messages with ideas on how others can help mom (household chores, watching older children, cooking meals, allowing her to rest every day for at least 1 hour, going to the market, watching for signs of depression.)

SMS messages with her commitments to serve as a reminder and for accountability.

Call #2

Early Pregnancy (3 to 5 months pregnant)

KEY BEHAVIORS:

1. Pregnant women eat one iron-rich food every day.
2. Pregnant women rest for at least 1 hour every day.
3. Pregnant women choose healthy alternatives over processed snack foods at every snack time.

Step 1: Greet the person and conduct a quick review of last call's content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project which has been supporting you through cash transfer and vouchers to help with your health and nutrition and the nutrition of your baby. Is this a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

SAY: Last time we spoke, we talked about a few important things for mothers to do in early pregnancy to keep them healthy and to ensure that they have a healthy baby and delivery. Do you remember that those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- Pregnant women attend Antenatal Care at least 8 times over the course of pregnancy.
- Pregnant women take one iron/folate tablet every day.
- Pregnant women eat a 3+2+1 diet (3 meals- including vegetables, 2 snacks -1 fruit, 1 egg and 1 supplement)
- Pregnant women talk to their husbands (partner) and one other person (mother, mother-in-law, sister, or friend) about emotional and practical support during pregnancy and delivery.

SAY: Let's talk about them one by one. I want to see how you are doing with each of the commitments that you made last time. During our last call, you said that you wanted to:

DO: Refer to the notes (database) from the previous call and address the mother's commitments one by one. Ask how each is going and if she has been able to adopt the practice. Discuss barriers, ideas for solutions and commitments for any that still need reinforcement. (Try to be as quick and efficient as possible targeting each behavior because there are additional behaviors in this lesson as well).

Commitment 1:

Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

What is still difficult about that for you?

What would make it easier for you?

How can we make that happen for you?

What are you willing to try?

Can we agree then, that before our next call, you will...(repeat and make note of the commitment)

Commitment 2:

Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

(Repeat for as many commitments as needed to review.)

Step 2: Ask about current practices

SAY: Besides the behaviors we just discussed, are you doing any other things to keep yourself healthy during your pregnancy?

- Mentions eating iron rich foods.
- Mentions rest for at least 1 hour a day.
- Mentions avoiding processed foods including salt, fat, oils, sugary foods, cakes, cookies, biscuits, sugary, high calorie drinks.

DO: Acknowledge every response that the mother has given and affirm her choices. (Use the language that teaches her to self-affirm such as, "You should be very proud of yourself that...." Rather than "I am proud of you for....")

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

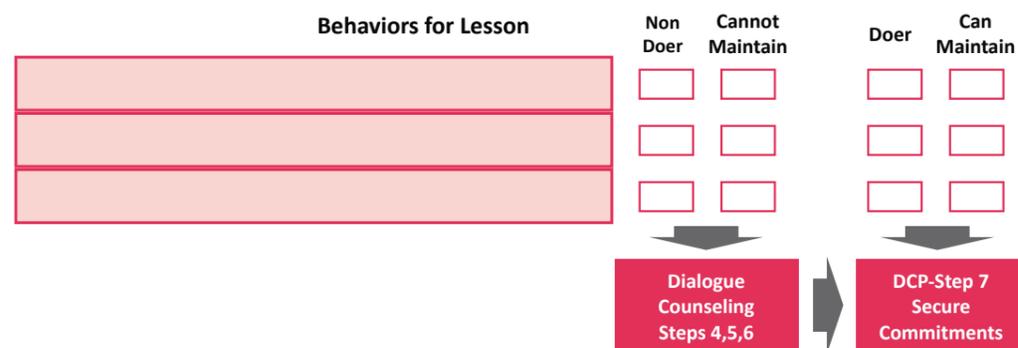
SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

DO: If the mother had mentioned doing any of the key behaviors in Step 2 and you had marked her as a "doer" for those, then reiterate each one here and confirm that she has done it. If she has, then ask if she foresees any problem in continuing to do it. For example, if she said she has started to spend at least an hour resting, ask whether or not she intends to continue to make that a daily practice. For any behavior that the mother notes she does regularly and has no problem maintaining, skip to DCP Step 7 and note her commitments. (If she is practicing the behavior, then there is no need to discuss or negotiate it).

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process

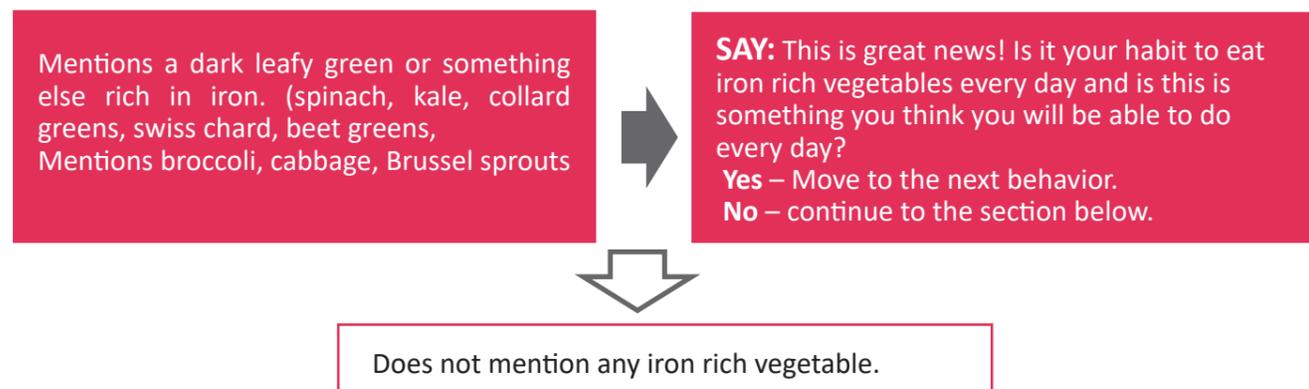


DO: Acknowledge every good thing that the mother has done and affirm her choices. Use affirmations that help her develop the skills to self-affirm. (Say, “You should be very proud of yourself for prioritizing your health and the health of your baby; the fact that you are going regularly to your ANC visits, taking your daily iron/folate (etc) are all signs that you are making great choices.”)

Step 4: Teach and identify barriers

SAY: Let me give you some important information about the behaviors. I understand that a lot of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1. **Eating iron-rich foods** is important for pregnant women. During our last call, we talked about eating a **Eat a 3+2+1 diet (3 meals containing a vegetable, 2 snacks including 1 fruit and 1 egg and 1 iron/folate supplement)**. We’ve already talked about how you are doing with that behavior. Can you please tell me which vegetables you ate with your meals yesterday? (If they are not doing well with the behavior, ask them which vegetables they think they would like to start adding; knowing that you might have to help her identify some that are rich in iron.)



SAY: Even though it is important for pregnant women to take an iron supplement every day, it is equally as important that you get iron from your food choices now, and even after your baby is born. Anaemia is sometimes referred to as ‘weak blood’ and it is very dangerous for pregnant women. Women who have anaemia are more likely to bleed too much when they deliver their babies. They also are more likely to have babies that are too small, are born too early, or are stillborn. Women who eat iron rich vegetables every day understand that they are full of vitamins and minerals and make you healthy. Many women who are successful at eating vegetables every day say that they get support from family members, and they plant some vegetables at home.

Dark leafy green vegetables, like spinach, kale, greens, and broccoli, cabbage and Brussel sprouts are very rich in iron.

Eating an iron-rich food every day and taking an iron/folate supplement protects you and your baby.

SAY: Is there anything that will make eating an iron rich vegetable every day difficult for you?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2. Pregnant women need to **rest at least one hour a day during pregnancy**. Your body is doing a lot of work. You may find that you need more sleep. That is okay. Discuss with people in your house so that you can get some support for doing household chores to just keep the house quiet while you are resting. Many pregnant women get swelling in their legs and feet. Find some time each day to lie down and get your feet up for at least an hour every day.

SAY: Is there anything that will make it difficult for you to rest for at least one hour every day?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

3. Women are at **risk for becoming obese, developing diabetes, heart disease and stroke**. Many times, even when women do not seem to be overweight, they are putting their health at risk by eating processed snack foods. This is especially dangerous during pregnancy and breastfeeding. **Your body needs more calories but only from good quality foods to build a strong baby and to keep you healthy as well**. Eating cakes, cookies, biscuits, chips, fried foods or pre-made desserts and sugary, flavored drinks is dangerous because **they make your body weaker**. If you get full on foods that are not good for you, we call that ‘empty calories’ meaning there is no benefit to your body or to your baby.

What are some foods that you could choose that are better for you and cost the same as processed snack foods and drinks? (Fruit, nuts, seeds, raw vegetables, cheese, yogurt)

Where can you get those foods so that you always have an option available?

Who can you ask to help you choose healthy snacks instead of processed snacks and drinks? (Mother, co-workers, friends, nurse, doctor, health workers, etc.)

Most women in Myanmar, women that work at factories and your friends and neighbors choose healthy alternatives over snack foods, especially when they are pregnant or lactating.

SAY: Is there anything that will make it difficult for you to choose a healthy alternative over processed snack foods and sugary and flavored drinks?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? (Remember that you are asking specifically about the barrier, to the behavior.)

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior. (It is best to ask her until she has suggestions rather than trying to solve the problems for her.)

SAY: What will you agree to try? (Note the actions in the box.)

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: (repeat in a concise manner what she has agreed to try and what you have taken note of in the box).
(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	
3	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you have a healthy pregnancy and deliver a healthy baby.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with reminders to eat a 3+2+1 diet.

SMS messages with reminders to eat an iron rich food every day.

SMS messages with reminders of which foods are rich in iron.

SMS messages with any messages from the tables below.

SMS reminders to get 1 hour of rest a day.

SMS reminders to ask for help to get rest.

SMS messages with ideas for healthy alternatives to junk snacks and drinks.

SMS reminders to avoid coffee, tea and milk with iron and iron rich tablets but to wait at least 2 hours.

SMS messages to remind a woman of her commitments.

Additional Resources for Call Guide 2

Action Table of Supporting Messages

Text / Social Media Reminders and messages ²	Image ³	Caption
Iron rich vegetables	The most common affordable and available iron rich vegetables. (There may be several of these produced for different seasons).	“1 a Day!”
	With image of those or alone.	Dark leafy green vegetables, like spinach, kale, greens, and broccoli, cabbage and Brussel sprouts are very rich in iron.
	The most commonly home-grown vegetables.	“Easy to grow and eat every day!”
	A husband by a small home garden.*if the activities have expanded to include calls or interventions for husbands, then send this directly to the husband.	“Ask your husband to help!”
	Other readily available and affordable vegetables. (Not the iron rich options)	“These vegetables are great too. Remember your 3+2+1 diet!”
	A Pregnant Woman (PW) ‘glowing’ – looking very strong and healthy with a plate of vegetables (or holding a basket of vegetables – whichever is more commonly seen)	“Vegetables are full of vitamins and minerals; I eat them every day and I am very healthy.”
	A PW at home. Her husband and mother are standing on either side of her giving her a vegetable.	“Husbands and mothers agree – they want pregnant women to eat vegetables every day!”
	3 to 4 friends (PW) eating together – all have visible vegetables.	“Everyone you know eats vegetables every day – don’t be left behind!”
	A PW cooking with her mother. They are by the pot and are preparing vegetables. They are adding them to a staple and meat.	“My mother and I always put vegetables in the evening meal to make sure that I eat vegetables very day.”
	A PW cooking with her mother. They are by the pot and are preparing vegetables. (Not a lot of alternative ingredients are visible but a nice variety of vegetables).	“The healthiest meals are often the least expensive meals!”
A PW having a snack of vegetables. (Whatever would be common – carrot, cucumber, peppers, etc)	“My routine is to eat raw vegetables for my afternoon snack every day.”	
‘Other’ vegetables that are commonly consumed and available.	“With so many choices it is easy to eat vegetables every day!”	
Alternatives to processed snack foods and sugary drinks	A PW at a shop. There is a processed snack food to one side and a healthy alternative on the other – visible price posters show that they are equal in price OR the healthy alternative is less expensive. Show the PW reach for the healthy one with a satisfied smile.	“It costs less to give your body more!”
	A PW at a shop (or in a market) There are 2-3 processed snacks and drinks, but she is surrounded by healthy alternatives (seeds, nuts, cheese, yogurt, fruit, eggs, vegetables) so that the abundance of healthy choices is obvious.	“It is easy to make good choices – they are everywhere!”
	A PW stocking up on healthy foods (fruit and vegetables).	“The best foods are at shops farther from my house; I plan ahead and stock up for the week to make sure I can always eat healthily!”
	A mother taking a processed food and drink away from her daughter (PW) and handing her a piece of fruit or an egg instead.	“My mother helps me to make good choices at snack time.”
A series of places ⁴ (locations around Myanmar). PW holding up a healthy choice option for a snack. Large groups of healthy PWs holding up a healthy snack (like a piece of fruit, an egg)	“Pregnant women in Myanmar choose to be healthy – for themselves and their babies!”	

Alternatives to processed snack foods and sugary drinks	A group of friends (PW) sharing healthy alternatives (eggs, fruit, seeds, nuts) with their hands out as to imply rejection of someone offering them sugary drinks and processed snacks.	“Friends stay strong together; choose healthy snacks and drinks.”
	A group of women at the factory (in front or in the break / lunch room (or several different ones with options) all of them smiling, one arm around another woman and one holding an egg, piece of fruit, handful of seeds or nuts.	“Women like me choose only healthy snack foods and drinks.”
Rest	Text ⁵ PW resting on bed. PW resting in comfortable chair with feet up.	“Put your feet up for one hour!”
	Giant question mark. Zzzz marks (what symbolized sleep or rest in Myanmar?)	“Did you rest today?”
	Image of a clock (animate the hands to rotate the dial to the next hour)	“Give your body a break – rest for an hour.”
		“Making a baby is a LOT of work – take a break.”
	PW resting and her mother is entertaining a small child in the background. The grandmother has her finger over her lips to indicate that the child must play quietly.	“Hey mom! Can you please keep the house quiet for one hour?”
Soap and water handwashing	Soapy hands under running water.	1 – after using the toilet 2 – before preparing food 3 – before eating”
	PW coming out of toilet going right to the sink.	“Always wash hands with soap and water after using the toilet.”
	Handwashing station right beside a PW who is about to cook. She is washing her hands and food preparation items are visible.	“The best part of a good meal is that it is clean; protect yourself and your baby.”
	Food on table, family is washing hands at sink before sitting down.	“Soap and water before eating keeps the whole family healthy.”
Danger Signs	One image of each of the danger signs. One collective image of each of the danger signs.	“Go to the health facility immediately if you have any of these danger signs.”
	Danger signs acronym and a cross universal hospital sign.	Acronym = hospital
	Danger signs song ⁶	
General	Commitment reminders – these should not have images but be specific to each PGM based on the notes that the BCA took during the call and recorded in the Table of Commitments in STEP 7 of the DCP . One should be sent shortly after the call and then each commitment should be sent as a reminder separately at least once before the next call.	Text based on the TOC in Step 7 They should be worded something like, “Hello, this is Dr. X from Myan Ku. How is your commitment to rest one hour a day coming along?” (then add anything relevant from the discussion). “Have you been able to ask your mother to help keep everyone in the house quiet every afternoon so you can rest?” ⁷
	SMS appointment reminders for the next call. Once can be sent with the commitments made and next appointment time immediately, then several days prior to the next call.	Based on the agreed upon date and time.

² These can be sent via SMS, WhatsApp or another appropriate platform and/or posted to the FB site.

³ These suggestions for images and captions are provided to support the research findings where available, and to create supportive environments for women. They may need some contextualization of both images and captions, especially where translations would be difficult and hinder comprehension. Myan Ku staff should feel free to work with an artist and adjust them as long as they remain true to the main message and research findings.

⁴ These would be more effective as photographs rather than drawings.

⁵ These are meant to be very quick reminders. They can be sent as SMS messages without images or the images can be added to enhance interest.

⁶ Simple and repetitive songs are great for helping people remember a lot of information (like many different danger signs). Local staff can write one and teach it to people, post it on social media. FB can even host a ‘contest’ so people can enter submissions (like Tik Tok) about danger signs.

⁷ If the bulk system does not allow for replies and there can be no continued conversation, then the message will not ask questions, but rather be worded more like, “Hello this is Dr. X from Myan Ku. I’m just checking in to remind you of your commitment to rest one hour every day. Don’t forget to ask your mother to help!”

Action Table of Supporting Activities

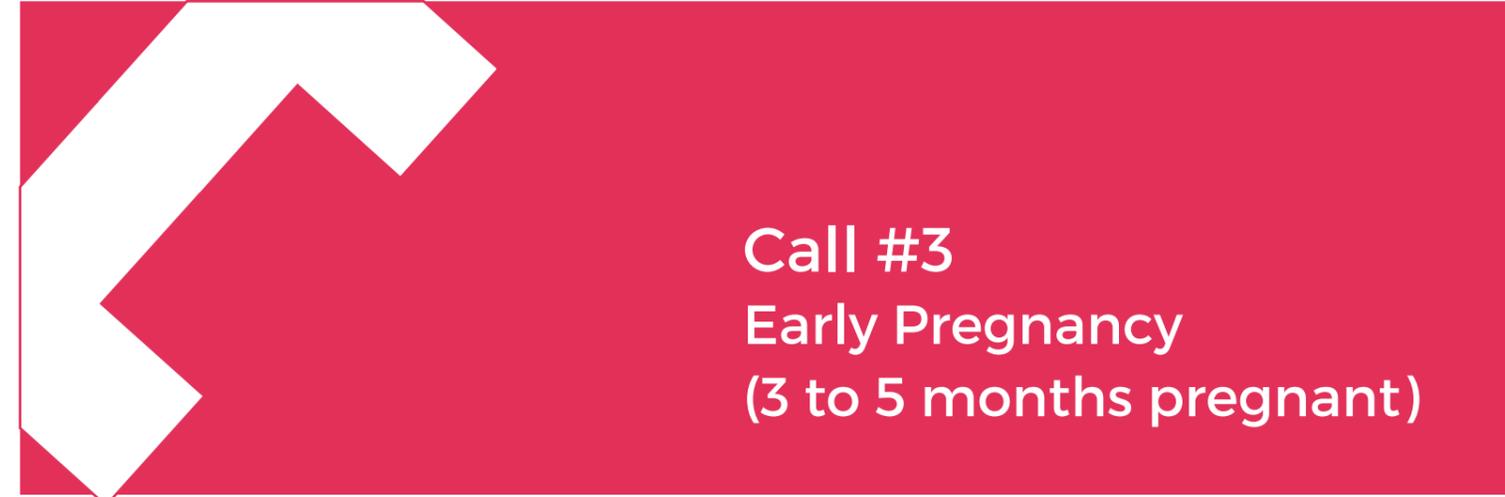
Activity	Description	Purpose
Rapid market surveys	Rapid market surveys to identify: Foods from each food group that are available by season (geographic area if applicable)	To help with barriers of availability.
	Foods per group and season are ranked from least expensive to most expensive (and price ranges)	To help with barriers of affordability.
	Identify common processed foods and drinks and record a price range.	
	Make a chart of processed options per price range and an accompanying alternative in the same price range. For example, a package of cookies and a small bag of groundnuts (peanuts).	To help PW make choices when they feel that healthy alternatives are more expensive.

Table of Significant and Actionable Findings: Daily Vegetable Consumption

Determinant	Finding	Significance	Communication Objective (Bridge to Activities)
Self-efficacy	Doers are 1.4 times more likely to say, “I own the farm or plant vegetables at my house” than ND.	ERR 1.42 p-value 0.019	Increase the capacity to grow vegetables at home.
Positive Consequences	Doers are more likely to say, “An advantage is that daily consumption of vegetables makes me healthy because vegetables have a lot of nutrients, vitamins and minerals” than ND.	ERR- p-value 0.038	Increase the perception that vegetables contain a lot of nutrients, vitamins and minerals and make women healthy.
Social Norms / Access to Support	Doers are 4 times more likely to say, “Yes, most people are supportive” than ND.	ERR 4.02 p-value 0.001	Increase the perception that most people are supportive of mothers eating vegetables every day.
	ND are 4 times more likely to say, “No, most people are not supportive” than doers.	ERR 0.25 p-value 0.001	
Social Norms	ND are 2.8 times more likely to say, “My mother told me to avoid vegetables during breastfeeding as it can sometimes cause loose stools and flatulence in my baby” than doers.	ERR 0.36 p-value 0.018	Decrease the perception that vegetable consumption by mothers causes flatulence and loose stools in children who are breastfed.
	ND are 2.8 times more likely to say, “Among women that I know, very few eat vegetables every day” than doers.	ERR 0.36 p-value 0.018	Increase the perception that most women that women know eat vegetables every day.
Access	Doers are 1.6 times more likely to say, “It is just as easy for me to access vegetables as it is compared to other foods that I eat every day” than ND.	ERR 1.60 p-value 0.018	Increase the perception that accessing vegetables is just as easy as accessing other foods that women eat daily.
	ND are 1.6 times more likely to say, “It is more difficult for me to get vegetables compared to other foods that I eat every day” than doers.	ERR 0.63 p-value 0.023	
Cues for Action	Doers are 1.6 times more likely to say, “When there is no food to cook at home, I remember to cook vegetables because they are cheap and easy to prepare” than ND.	ERR 1.57 p-value 0.004	Increase the ability to remember that vegetables are a healthy and less expensive alternative to many foods.
	Doers are 1.7 times more likely to say, “It is just my routine to eat vegetables every day” than ND.	ERR 1.71 p-value 0.001	Increase the capacity to establish a routine to eat vegetables daily.

**Table of Significant and Actionable Findings:
Alternatives to Processed Snack Foods and Sugary Drinks**

Determinant	Finding	Significance	Communication Objective (Bridge to Activities)
Self-efficacy / Access	ND are 2.2 times more likely to say, "It would be easier if I had more money to buy healthy snacks" than doers.	ERR 0.46 p-value 0.045	Increase the perception that healthy snacks are not more expensive than processed snack foods.
	ND are 1.6 times more likely to say, "It is difficult because vendors are closed sometimes or not opened near my house area" than doers.	ERR 0.61 p-value 0.001	Increase the ability to plan for food purchase during vending hours.
	Doers are 1.3 times more likely to say, "It is easier for me to get alternative foods over processed snack foods" than ND.	ERR 1.34 p-value 0.040	Increase the perception that healthy alternatives are as easy to access as processed snack foods.
	ND are 1.7 times more likely to say, "It is easier for me to get processed snack foods than healthy alternatives" than doers.	ERR 0.61 p-value 0.003	
Social Norms / Access to Support	Doers are 1.4 times more likely to say, "My mother prepares traditional healthy snacks at home and feeds them to me" than ND.	ERR 1.40 p-value 0.032	Increase the ability of mothers to garner support from their mothers to eat healthy snacks.
Social Norms	Doers are 1.5 times more likely to say, "In all of Myanmar, all or most mothers choose to eat healthy alternatives over processed snack foods" than ND.	ERR 1.48 p-value 0.010	Increase the perception that most mothers in Myanmar choose healthy alternatives over processed snack foods.
	ND are 1.8 times more likely to say, "Some mothers in Myanmar choose to eat healthy alternatives over processed snack foods" than doers.	ERR 0.57 p-value 0.002	
	Doers are 1.5 times more likely to say, "Among women that I know, all or most choose to eat healthy alternatives over processed snack foods" than ND.	ERR 1.51 p-value 0.005	Increase the perception that most women that women know choose healthy alternatives over processed snack foods.
	Doers are 1.7 times more likely to say, "Among women who work at the factories like me, all or most choose to eat healthy alternatives over processed snack foods" than ND.	ERR 1.7 p-value 0.000	Increase the perception that most mothers working in factories choose healthy alternatives over processed snack foods.



**Call #3
Early Pregnancy
(3 to 5 months pregnant)**

KEY BEHAVIORS:

1. Pregnant women washing their hands with soap and water after using the toilet, before preparing food and before eating.
2. Pregnant women know the danger signs during pregnancy and go to the health facility if they have any.

Step 1: Greet the person and conduct a quick review of last call's content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project which has been supporting you through cash transfer and vouchers to help with your health and nutrition and the nutrition of your baby. Is this a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

SAY: Last time we spoke, we talked about a few important things for mothers to do in early pregnancy to keep them healthy and to ensure that they have a healthy baby and delivery. Do you remember that those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- Pregnant women eat at least one iron-rich food every day.
- Pregnant women rest for at least one hour every day.
- Pregnant women choose healthy snacks as alternatives to sugary snacks and drinks.

SAY: Let's talk about them one by one. I want to see how you are doing with each of the commitments that you made last time. During our last call, you said that you wanted to:

DO: Refer to the notes (database) from the previous call and address the mother's commitments one by one. Ask how each is going and if she has been able to adopt the practice. Discuss barriers, ideas for solutions and commitments for any that still need reinforcement. *(Try to be as quick and efficient as possible targeting each behavior because there are additional behaviors in this lesson as well).*

Commitment 1:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

(Repeat for as many commitments as needed to review.)

Step 2: Ask about current practices

SAY: Besides the behaviors we just discussed, are you doing any other things to keep yourself healthy during your pregnancy?

- Mentions soap and water handwashing at critical times.
- Mentions knowing danger signs in pregnancy and willingness to seek care if any signs are present

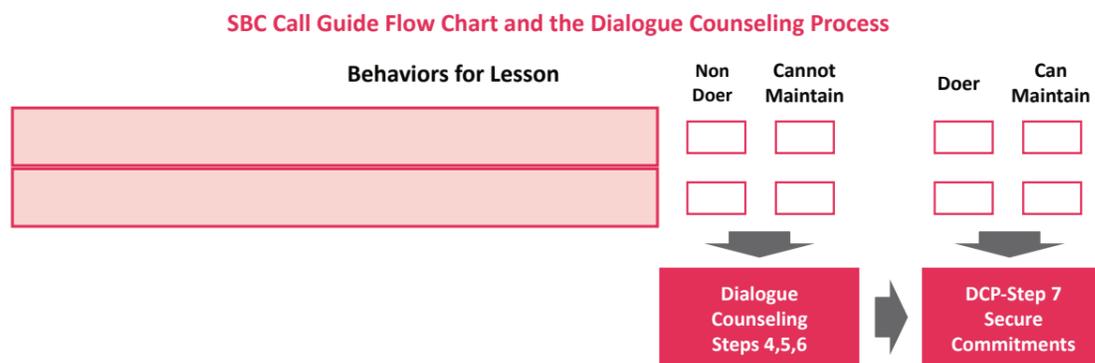
Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

DO: If the mother had mentioned doing any of the key behaviors in Step 2 and you had marked her as a “doer” for those, then reiterate each one here and confirm that she has done it. If she has, then ask if she foresees any problem in continuing to do it. For example, if she said she has started to spend at least an hour resting, ask whether or not she intends to continue to make that a daily practice. For any behavior that the mother notes she does regularly and has no problem maintaining, skip to DCP Step 7 and note her commitments. *(If she is practicing the behavior, then there is no need to discuss or negotiate it).*

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.



DO: Acknowledge every good thing that the mother has done and affirm her choices. Use affirmations that help her develop the skills to self-affirm. *(Say, “You should be very proud of yourself for prioritizing your health and the health of your baby; the fact that you are going regularly to your ANC visits, taking your daily iron/folate (etc) are all signs that you are making great choices.”)*

Step 4: Teach and identify barriers

SAY: Let me give you some important information. I understand that a lot of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1. Because your body is working so hard, you want to do everything you can to stay strong and prevent illness. Something really simple like getting in the habit of always washing your hands with soap and running water after you go to the toilet can protect you and your family from getting ill. Also, it is important to always wash your hands before you cook food and before you eat. If you develop this habit now, it will even help you to keep your baby from getting sick after you deliver.

SAY: Is there anything that will make it difficult for you wash your hands with soap and clean water every time you go to the toilet, prepare food and eat?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2. We have really talked about a lot of things that pregnant women need to do to take care of themselves so that they will have a healthy pregnancy, delivery and baby. I know it is a lot to remember. One more thing that we need to talk about is Danger Signs. Do you know of any danger signs in pregnancy?

- Vaginal bleeding, discharge, itching, burning or painful urination
- Fits or convulsions
- Excessive nausea or vomiting
- A high fever (38.9 or higher)
- Severe headache, blurred vision
- Leg or calf pain, swelling and inflammation of legs or feet
- Severe and persistent abdominal cramps

What would you do if any of these things happened to you? *(Go to the hospital)*

SAY: Is there anything that will make it difficult for you to immediately to the health facility if you experience one of these danger signs?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? *(Remember that you are asking specifically about the barrier, to the behavior.)*

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? *(Note the actions in the box.)*

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: *(repeat in a concise manner what she has agreed to try and what you have taken note of in the box).*

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you have a healthy pregnancy and deliver a healthy baby.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with reminders to wash hands with soap and water at critical times.

SMS messages with reminders with a handwashing song to help women know to wash long enough.

SMS messages with reminder images of the danger signs in pregnancy.

SMS messages with reminders to go to the health facility immediately if danger signs occur.

SMS messages with her commitments to serve as a reminder and for accountability.

Call #4 Mid Pregnancy (6 to 7 months pregnant)

KEY BEHAVIORS:

1. Pregnant women develop a birth plan along with their partner.
2. Pregnant women and their partner save money for the birth of their child.
3. Pregnant women plan and prepare to give ONLY breastmilk to their baby within one hour of birth.
4. Pregnant women pair iron/vit C foods, vit A/healthy fats.
5. Pregnant women drink coffee, tea or milk a minimum of 2 hours after eating iron rich foods.

Step 1: Greet the person and conduct a quick review of last call's content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project which has been supporting you through cash transfer and vouchers to help with your health and nutrition and the nutrition of your baby. Is this a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

SAY: Last time we spoke, we talked about a few important things for mothers to do in early pregnancy to keep them healthy and to ensure that they have a healthy baby and delivery. Do you remember that those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- Wash hands with soap and water after using the toilet, before preparing food and before eating.
- Recognize the danger signs in pregnancy and go to the health facility immediately.
 - Vaginal bleeding, discharge, itching, burning or painful urination
 - Fits or convulsions
 - Excessive nausea or vomiting
 - A high fever (38.9 or higher)
 - Severe headache, blurred vision
 - Leg or calf pain, swelling and inflammation of legs or feet
 - Severe and persistent abdominal cramps

SAY: Let's talk about them one by one. I want to see how you are doing with each of the commitments that you made last time. During our last call, you said that you wanted to:

DO: Refer to the notes (database) from the previous call and address the mother's commitments one by one. Ask how each is going and if she has been able to adopt the practice. Discuss barriers, ideas for solutions and commitments for any that still need reinforcement. *(Try to be as quick and efficient as possible targeting each behavior because there are additional behaviors in this lesson as well).*

Commitment 1:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

(Repeat for as many commitments as needed to review.)

Step 2: Ask about current practices

SAY: Besides the behaviors we just discussed, are you doing any other things to keep yourself healthy and prepare for the arrival of your baby?

- Mentions working on a birth plan.
- Mentions saving money for the baby.
- Mentions preparing for immediate breastfeeding.
- Mentions food pairing for maximum absorption. (iron/vitamin C; vitamin A and healthy fats)
- Mentions delaying drinking coffee, tea, and milk 2 hours from eating an iron rich food. (or giving up coffee, tea, and alcohol during pregnancy)

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

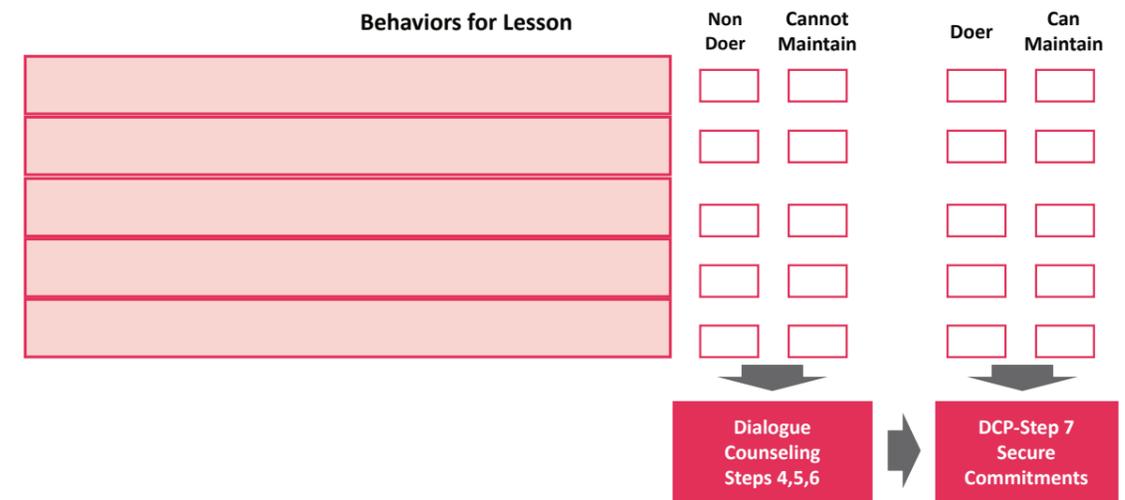
SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

DO: If the mother had mentioned doing any of the key behaviors in Step 2 and you had marked her as a “doer” for those, then reiterate each one here and confirm that she has done it. If she has, then ask if she foresees any problem in continuing to do it. For example, if she said she has started to spend at least an hour resting, ask whether or not she intends to continue to make that a daily practice. For any behavior that the mother notes she does regularly and has no problem maintaining, skip to DCP Step 7 and note her commitments. *(If she is practicing the behavior, then there is no need to discuss or negotiate it).*

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



DO: Acknowledge every good thing that the mother has done and affirm her choices. Use affirmations that help her develop the skills to self-affirm. *(Say, “You should be very proud of yourself for prioritizing your health and the health of your baby; the fact that you are saving money for the birth of your baby and making a birth plan; these are all signs that you are making great choices.”)*

Step 4: Teach and identify barriers

SAY: Let me give you some important information. I understand that a lot of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1. Developing a birth plan is important for pregnant women and their husbands. There is so much that needs to be prepared for a baby’s arrival. The more you talk about it in advance, the easier it will be when it is time for the baby to come. Your birth plan should be done with your husband/partner and any other person who will support you in your labor, and after the baby comes like your mother, auntie, or sister. Can you tell me what kind of planning you have done?

- Mentions a written plan.
- Mentions a decision on place of delivery (home/facility).
- Mentions the purchase and sterile storage of supplies for the baby.
- Mentions the purchase and storage of supplies for her.
- Mentions pre-arranging transport (including driver, vehicle, cost, and savings to pay).
- Mentions who will be with her during delivery.
- Mentions preparing a bag in advance – what she will take for the baby, and for her.
- Mentions who will care for older children at home during her labor.
- Mentions her plans for natural versus medically supported labor.
- Mentions hopes and dreams
- Mentions fears and concerns
- Mentions medically necessary interventions like a c-section / blood transfusion if necessary.
- Mentions plans for what should be given to the baby and what should not. (Colostrum within one hour of birth and only breastmilk to six months. *(This will be repeated as a separate behavior but should appear in the plan.)*)



SAY: This is great news! I can see that you have already begun to plan for the arrival of your baby. There are many things to consider, and a good birth plan should be written down and discussed with everyone who will be helping you both during the delivery and afterwards, with the baby.

DO: Note the things that the woman has said and highlight additional things that she has not mentioned. Ask her to commit to completing a written plan with all of the key elements.

Yes – Move to the next behavior.

No – continue to the section below.

SAY: Creating a written birth plan is very important for women in your stage of pregnancy.

DO: Use the checklist in the Doer section to briefly explain the elements of a good birth plan.

SAY: What makes it difficult for you to write down a birth plan?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2. As a part of the plan, saving money for your child’s birth is also important. Everyone hopes that there will be no unexpected issues, but even though many of the services are free, pregnant women and their families must prepare in advance for expected and surprise expenses. Many women and babies die every year from delays in getting care during emergencies. It is important that when doing your birth plan, you anticipate how much money you will need for supplies, transport, and medicines and you work to save a little bit of money every week and save it only for that. If you don’t need it for an emergency, then you have some money saved!

SAY: Is there anything that will make it difficult for you to save money for the birth of your child?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

3. Newborn babies need to be **breastfed within one hour of birth. Colostrum is the first milk that comes from a mother after she has given birth.** Many women do not think colostrum is milk because it looks different. For some women, their colostrum is thick, sticky and yellow but for others, it is thin, clear and runny. Regardless of the consistency and color, colostrum is very good for your baby. It is filled with vitamins and minerals and will help protect your baby from getting sick. It is like giving your baby a vaccine against many germs and illnesses. When you give your baby colostrum within one hour of birth, not only does it protect your baby, but it helps him to start to pass meconium, the thick, tar-like stools. It also **helps your milk begin to come in and helps you learn to latch your baby on to the breast** so that you can be successful in giving only breastmilk to your baby for six months. It is very important that you discuss giving colostrum to your baby with your mother, sister, or auntie – whomever will be helping you. They must agree in advance to refuse to give anything else to the baby and to help you to be successful in giving only colostrum within the first hour after delivery and nothing but breastmilk for six months.

SAY: Is there anything that will make it difficult for you to give your baby colostrum within one hour of birth?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

SAY: So far, we have been talking about preparations for the baby during this call. Now I want to talk to you about some things that will help you to have a healthy pregnancy and delivery.

4. **Pregnant women pair foods to improve the body’s ability to use the vitamins and minerals from certain foods.** Remember back when we talked about the 4-Star Food Groups? We also have been discussing foods that are rich in iron to help prevent anemia and foods that are rich in vitamin A to help keep your immune system strong. Did you know that you can improve the body’s ability to absorb the vitamins and minerals in foods by eating them together?

SAY: **Iron rich foods like vitamin C rich foods.** Can you think of iron rich foods and some ideas for vitamin C rich foods that you might eat with them to improve your body’s ability to use them?

DO: Discuss some iron rich foods and vitamin C rich foods that can be a complement. *(Note that in this table the left column and right column are separate pieces of information so for example, the woman does not have to pair spinach with citrus fruits, she can choose tomatoes for example.)*

Iron Foods (Husband Foods)	Vitamin C Foods (Wife Foods)
Spinach, kale, swiss chard, greens	Citrus fruits (lemon, lime, oranges)
Pumpkin seeds, cashews, pistachio, pine nuts, sunflower seeds	Kiwi, strawberries, papaya, guava
Beef, lamb, pork, organ meats, fish, shellfish	Tomatoes, yellow peppers
Black beans, kidney beans, chickpeas, soybeans, pinto beans, black-eyed peas (cowpeas), lima beans, peas	Broccoli
Iron fortified foods	Kale

SAY: Is there anything that will make it difficult for you pair iron rich foods with vitamin C rich foods?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

SAY: Vitamin A rich foods and healthy fats. Can you think of vitamin A rich foods and some ideas of healthy fats you might eat with them to improve your body’s ability to use them?

DO: Discuss some vitamin A rich foods and healthy fats that can be a complement. *(Note that in this table the left column and right column are separate pieces of information so for example, the woman does not have to pair orange flesh sweet potato with olives, she can choose almonds for example.)*

Vitamin A Rich Foods (Husband)	Healthy Fats (Wife Foods)
Orange flesh sweet potato	Olive oil, olives
Pumpkin / squash	Avocado
Carrot	Salmon, tuna
Sweet red peppers	Eggs
Kale, collard greens, spinach, romaine lettuce	Tofu, soybeans
	Nuts - almonds, pistachios, cashews, walnuts, pecans
	Nutbutter – peanut butter (groundnuts), almond butter
	Yogurt, cheese

SAY: Is there anything that will make it difficult for you to pair vitamin A rich foods with healthy fats?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

5. **Pregnant women drink coffee, tea or milk a minimum of 2 hours after eating iron rich foods.** Coffee, tea, and milk can all prevent the body from accessing the iron in iron rich foods, especially plant sources like spinach, Swiss chard, and other dark leafy greens. Giving your body enough time to process these foods and get the full benefit is an important way of preventing anemia. We have already discussed taking iron/folate tablets and eating iron rich foods to prevent anemia. Drinking coffee, tea or milk with an iron rich food is like erasing it from your diet; your body will not be able to get the benefit. It is best to stop drinking coffee and tea when you are pregnant and to drink a glass of milk as one of your snacks.

SAY: Is there anything that will make it difficult for you drink coffee, tea or milk at least two hours after eating a food rich in iron?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		
4		
5		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? *(Remember that you are asking specifically about the barrier, to the behavior.)*

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? *(Note the actions in the box.)*

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: (repeat in a concise manner what she has agreed to try and what you have taken note of in the box).

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	
3	

4	
5	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you have a healthy pregnancy and deliver a healthy baby.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with reminders to prepare a birth plan and include her husband (partner) and any other support person.

SMS messages with reminders on the key elements of the birth plan.

SMS messages with reminders to save money for emergencies and unexpected expenses for the birth.

SMS messages with reminders to talk to everyone about giving colostrum to the baby within one hour of birth and write it in the birth plan.

SMS messages to remind a mother that after colostrum, give only breastmilk to the baby to six months. *(This will be covered later but it is good to get her thinking about it and planning for it.)*

SMS messages with reminders to pair iron/vit C foods.

SMS messages with reminders to pair vit A / healthy fats.

SMS messages with images of food rich in iron and vit C.

SMS messages with images of foods rich in vit A and healthy fats.

SMS messages with reminders to wait 2 hours after eating iron rich foods or taking an iron tablet to consume coffee, tea or milk.

SMS messages with her commitments to serve as a reminder and for accountability.

Call #5

Late Pregnancy

(7 to 8 months pregnant)

KEY BEHAVIORS:

1. Pregnant women give their baby colostrum within one hour of birth.
2. Pregnant women (and their husbands/partners) practice skin-to-skin care for at least 1 hour several times per day.
3. Mothers give ONLY breastmilk to their babies to six months of age.
4. Women continue to take iron tablets after delivery of their baby through breastfeeding.

Step 1: Greet the person and conduct a quick review of last call’s content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project which has been supporting you through cash transfer and vouchers to help with your health and nutrition and the nutrition of your baby. Is this a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

SAY: Last time we spoke, you we talked about a few important things for mothers to do in early pregnancy to keep them healthy and to ensure that they have a healthy baby and delivery. Do you remember that those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- Pregnant women create a written birth plan with their husband/partner and anyone else who will help them during labor and post-partum.
- Pregnant women and their husband/partner save money for the birth of their child.
- Mothers put their baby to the breast and feed their baby colostrum within one hour of delivery.
- Pregnant pair iron and vitamin C rich foods and vitamin A and healthy fats.
- Pregnant women drink coffee, tea, or milk at least 2 hours after eating an iron rich food.
-

SAY: Let’s talk about them one by one. I want to see how you are doing with each of the commitments that you made last time. During our last call, you said that you wanted to:

DO: Refer to the notes (database) from the previous call and address the mother’s commitments one by one. Ask how each is going and if she has been able to adopt the practice. Discuss barriers, ideas for solutions and commitments for any that still need reinforcement. *(Try to be as quick and efficient as possible targeting each behavior because there are additional behaviors in this lesson as well).*

Commitment 1:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 (Repeat for as many commitments as needed to review.)

Step 2: Ask about current practices

SAY: Besides the behaviors we just discussed, are you doing any other things to keep yourself healthy and prepare for the arrival of your baby?

- Mentions planning to give colostrum within one hour of birth.
- Mentions planning to practice skin-to-skin care for at least 1 hour several times per day.
- Mentions preparing to give only breastmilk to the baby for six months.
- Mentions continuing taking iron tablets after the baby is born and throughout breastfeeding.

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

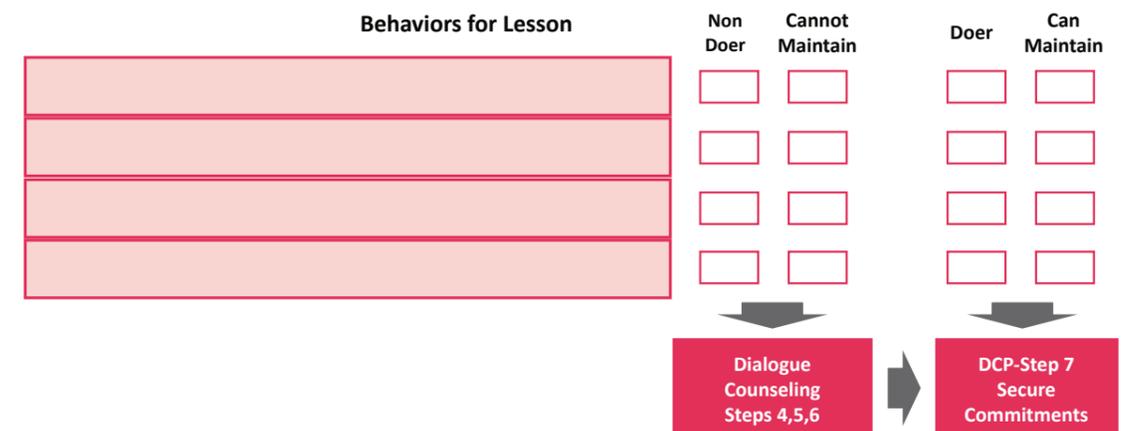
SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

DO: If the mother had mentioned planning to do any of the key behaviors in Step 2 and you had marked her as a “doer” for those, then reiterate each one here and confirm that she plans to do it. If she does, then ask if she foresees any problems. For example, if she said she intends to give only breastmilk to her baby, ask what her concerns may be. For any behavior that the mother notes she foresees no problem, skip to DCP Step 7 and note her commitments. *(If she knows the importance and plans to do it, then there is no need to discuss or negotiate it).*

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



DO: Acknowledge every good thing that the mother has done and affirm her choices. Use affirmations that help her develop the skills to self-affirm. *(Say, “You should be very proud of yourself for prioritizing your health and the health of your baby; the fact that you are saving money for the birth of your baby and making a birth plan; these are all signs that you are making great choices.”)*

Step 4: Teach and identify barriers

SAY: Let me give you some important information. I understand that a lot of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1. Remember, in the last call we discussed **immediate breastfeeding, that means putting the baby to the breast and giving the baby the first milk, or colostrum within one hour of birth.** We are talking about this again today, just to help you remember why it is so important and see if you have made plans to do this. This is one of the most important things you can do to keep your baby healthy. Have you spoken to your mother, sister or auntie – whomever will be helping you? Have they agreed in advance to refuse to give anything else to the baby and to help you to be successful in giving colostrum within the first hour after delivery?

SAY: Is there anything that will make it difficult for you to give your baby colostrum within one hour of birth?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2. **Skin-to-skin care means putting only a diaper (nappy) and a hat on the baby and bundling the baby against your bare chest.** (Or your husband/partner’s chest). Wrapping a baby up against the mother or father’s bare skin has many benefits.

- Small, newborn babies have a hard time regulating their body temperature and this type of bundling helps a baby maintain the correct body temperature.
- Studies show that babies who experience skin-to-skin care show signs of improved brain development due to increased oxygen intake, stable heart rate and improved sleep patterns.
- Babies who experience skin-to-skin care experience more opportunities for breastfeeding and do not expend their body’s energy on staying warm which helps with growth and weight gain.
- Skin-to-skin care helps to regulate mother’s hormones that improves breastfeeding.
- Skin-to-skin care helps to regulate the baby’s cortisol and oxytocin hormones and makes the baby feel calm and safe.
- It helps improve the baby’s sleep allowing mom and dad to get more rest too.
- This type of care helps to regulate the hormones that often cause post-partum depression in new mothers, increasing their sense of happiness.
- Skin-to-skin care between baby and dad can increase the positive bonding.

Skin-to-skin care can be practiced daily up to 12 weeks post-delivery and beyond! It is not just for newborns.

SAY: Is there anything that will make it difficult for you to practice skin-to-skin care for at least one hour several times a day?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

3. **Giving only breastmilk to the baby from birth to six months is the best way to ensure that the child gets all the nutrition it needs and stays healthy.** Only breastmilk means no water, rice water, tea, herbs, milk substitutes, porridges, animal milk, or juice. The baby does not need anything but breastmilk until s/he is six months old.

- There is enough water in breastmilk to quench a baby’s thirst.
- Eating regular meals and drinking a lot of water will help with breastmilk production.
- Most mothers who are successful at giving only breastmilk to their babies to 6 months get help from their husbands and mothers to do other things around the house that frees up their time for

breastfeeding.

- You can get posters and pamphlets from the health facility to help you know how to breastfeed and remember to do it.
- If you plan to go to work before your baby is 6 months old, you will need a plan on how to maintain breastfeeding once you are working.

SAY: Is there anything that will make it difficult for you to give your baby only breastmilk to six months?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

4. We have talked a lot during other calls about anemia, or weak blood and why that is dangerous to both mother and baby. As a part of your Antenatal Care (ANC), you should receive iron/folate tablets that will take you through your pregnancy. It is important though, that you continue to take iron even after the baby is born. Iron supplements will help to prevent post-partum anemia. **Take iron supplements every day at least until you stop breastfeeding your baby.**

- Iron supplements may not be given to you at post-natal care visits, so it is important that you budget to purchase them. Financial support from Myan Ku can help you purchase iron supplements.
- Women who take iron supplements report that their husband helps by purchasing the supplements; talk to your husband about helping.
- Women who take iron supplements while breastfeeding say that they have better breastmilk production than women who do not take them. If you are concerned about breastmilk supply, taking iron daily may help.
- Women who take iron supplements every day throughout breastfeeding say they can eat and sleep well and feel energized and fresh.
- Women who take supplements every day throughout breastfeed saying that most of the women they know, and other women who work in factories like they do, think that most or all women take supplements throughout breastfeeding.

SAY: Is there anything that will make it difficult for you to take an iron supplement every day throughout breastfeeding?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		
4		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? *(Remember that you are asking specifically about the barrier, to the behavior.)*

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? *(Note the actions in the box.)*

Step 7: Gain commitments and agreements

SAY: *So, can we agree that before we talk next, that you will: (repeat in a concise manner what she has agreed to try and what you have taken note of in the box).*

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	
3	
4	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you have a healthy pregnancy and deliver a healthy baby.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with reminders to talk to everyone about giving colostrum to the baby within one hour of birth.

SMS messages to remind a mother that after colostrum, give only breastmilk to the baby to six months. *(This will be covered later but it is good to get her thinking about it and planning for it.)*

SMS messages with reminders to practice skin-to-skin care with the newborn for at least 1 hour several times a day to at least 12 weeks of age.

SMS messages with reminders to continue taking iron/folate supplements after delivery and throughout breastfeeding.

SMS messages with her commitments to serve as a reminder and for accountability.

Call #6
Late Pregnancy
(8 to 9 months pregnant)

KEY BEHAVIORS:

1. New mothers seek care immediately if they recognize danger signs in their newborns.
2. New mothers seek care immediately if they recognize danger signs for themselves (postpartum women).
3. Women and their husbands begin to choose a modern method of family planning.

Step 1: Greet the person and conduct a quick review of last call's content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project which has been supporting you through cash transfer and vouchers to help with your health and nutrition and the nutrition of your baby. Is this a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

SAY: Last time we spoke, we talked about a few important things for mothers should plan to do once their babies are born. Have you thought about them and planned for them? Do you remember that those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- Give colostrum to your baby within one hour of birth.
- Practice skin-to-skin care for at least one hour each time and several times a day.
- Give only breastmilk to your baby from birth to six months.
- Take an iron supplement every day after delivery and throughout the breastfeeding period

SAY: I know these are not things that you can practice until the baby comes, but once your baby is born, you will have so much to do, and you will be very busy and tired. It is good that you talk to your husband and mother, mother-in-law, sisters, and aunties before the baby comes to make plans to do these things. If you do not plan, then it will be difficult for you to keep your commitments.

SAY: Last time you made some commitments around these behaviors. Let's just see how you have done. *(Remember, these should be around planning and preparing for the behaviors because they cannot yet be practiced.)*

Commitment 1:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 (Repeat for as many commitments as needed to review.)

SAY: Besides these behaviors that we discussed during our last call, I am going to talk to you about more things you should know before your baby comes.

Step 2: Ask about current practices

SAY: What have you heard about the danger signs in newborns?

(Check any of the following that the mother mentions.)

- Baby is unable to breastfeed
- Trouble breathing (flaring nose, indrawn chest), wheezing
- Rigid body or fits
- Lethargic, weak, or limp
- Fever, sweating
- Body, eyes turn yellow – jaundice
- Blisters on body
- Pus, discharge, or redness around cord stump
- Pus or discharge in eyes

SAY: Yes, those are all danger signs in newborn babies up to one month of age. We will talk about them more in a few minutes. For now, let me ask you what you have heard about danger signs in postpartum women; that is to say, women who have just given birth?

(Check any of the following that the mother mentions.)

- Severe lower abdominal pain
- Severe vaginal bleeding
- Fever or chills
- Rapid or difficult breathing, shortness of breath, chest pain
- Severe headache with blurred vision
- Red, swollen, and painful legs
- Difficulty breastfeeding, red, swollen, hot or painful breasts

SAY: Yes, those are all danger signs in postpartum women. We will discuss them more in a few minutes. Right now, let me ask you what you know or have heard about using modern Family Planning after having a baby?

- Modern FP methods generally mean anything that is accessed through a government, private health facility or pharmacy. These include condoms (male and female), IUD, birth control pills, injections, or implants.
- Permanent sterilization for the mother is called tubal ligation.
- Three to Five Saves Lives! Spacing births a minimum of three years and a maximum of five years apart ensures optimal health for both mother and baby.
- Exclusive breastfeeding can delay the onset of monthly cycles and help to delay pregnancy after giving birth.

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

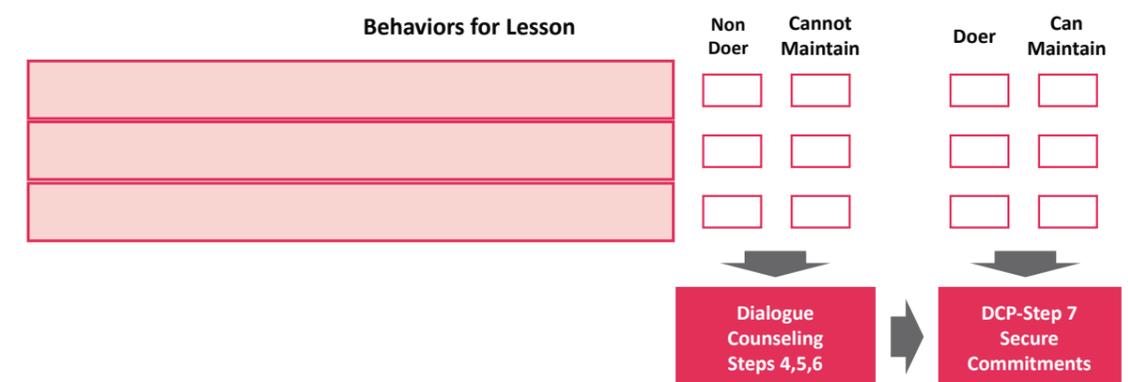
SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

DO: If the mother had mentioned planning to do any of the key behaviors in Step 2 and you had marked her as a “doer” for those, then reiterate each one here and confirm that she plans to do it. If she does, then ask if she foresees any problems. For example, if she said she intends to use modern family planning, ask what her concerns may be. For any behavior that the mother notes she foresees no problem, skip to DCP Step 7 and note her commitments. *(If she knows the importance and plans to do it, then there is no need to discuss or negotiate it).*

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



DO: Acknowledge every good thing that the mother has done and affirm her choices. Use affirmations that help her develop the skills to self-affirm. *(Say, “You should be very proud of yourself for prioritizing your health and the health of your baby; the fact that you are saving money for the birth of your baby and making a birth plan; these are all signs that you are making great choices.”)*

Step 4: Teach and identify barriers

SAY: Let me give you some important information. I understand that a lot of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1. Babies who are born healthy can sometimes have complications following birth. Babies who are born too early or too small are especially vulnerable. **Mothers must be able to recognize danger signs in babies so that they can go to the health facility immediately if they see any. Any of the following signs means that the baby may have an infection and must be treated immediately.**

DO: Read each of the danger signs and ensure that the woman understands each as you describe them.

- Baby is unable to breastfeed
- Trouble breathing (flaring nose, indrawn chest), wheezing
- Rigid body or fits
- Lethargic, weak, or limp
- Fever, sweating
- Body, eyes turn yellow – jaundice
- Blisters on body
- Pus, discharge, or redness around cord stump
- Pus or discharge in eyes

SAY: Is there anything that will make it difficult for you to go immediately to the health facility if your baby has any of those danger signs?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2. Women who have just given birth can also have complications. Any of the following danger signs may mean that a woman has an infection which must be treated immediately at the health facility.

DO: Read each of the danger signs and ensure that the woman understands each as you describe them.

- Severe lower abdominal pain
- Severe vaginal bleeding
- Fever or chills
- Rapid or difficult breathing, shortness of breath, chest pain
- Severe headache with blurred vision
- Red, swollen, and painful legs
- Difficulty breastfeeding, red, swollen, hot or painful breasts

SAY: Is there anything that will make it difficult for you to go immediately to the health facility if you experience any of those danger signs?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

3. Women who space their births from three to five years apart are shown to have healthier children and are stronger and healthier themselves. **The ONLY way to ensure that you do not get pregnant again too early is to faithfully use a modern method of family planning.** You and your partner can get information on all the methods available to you from the health facility. I can also answer any of your questions. **Breastfeeding is not enough to prevent getting pregnant again.**

- There are short-term, medium-term, long-term and permanent methods to choose from.
- These include condoms (male and female), IUD, birth control pills, injections, or implants, diaphragm, or vaginal ring.
- The permanent sterilization procedure for women is called a tubal ligation.
- Exclusive breastfeeding can delay the onset of monthly cycles and help to delay pregnancy after giving birth but is not a reliable solution for preventing pregnancy. By the time you are healed from the delivery and you, and your husband/partner begin to resume sexual intercourse, then to ensure that you will not become pregnant again too soon, use one of the methods we had discussed.

DO: Discuss each of the choices listed and answer any questions the woman may have.

SAY: Is there anything that will make it difficult for you to use a modern method of family planning by the time you resume sexual intercourse after delivering your baby?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you?

(Remember that you are asking specifically about the barrier, to the behavior.)

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? (Note the actions in the box.)

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: (repeat in a concise manner what she has agreed to try and what you have taken note of in the box).

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	

3	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you practice behaviors that will keep you and your baby healthy.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with images of danger signs in newborns.

SMS messages with images of danger signs in postpartum women.

SMS reminders to go to the health facility immediately if baby has any of the signs.

SMS reminders to go to the health facility immediate if mother has any post-partum danger signs.

SMS messages with images of the modern methods of family planning.

SMS messages with “Three to Five Saves Lives”.

SMS reminder to choose a method of modern family planning and use it correctly and continuously by the time post-partum intercourse resumes.

SMS messages with a woman’s commitments as a reminder.



Call #7 Post Delivery (Within 2 Days of Delivery [ideal] up to 1 Week)

Behavior Review and Check In Call

KEY BEHAVIORS PROMOTED IN THE PAST 2 CALLS:

1. New mothers recognize danger signs in their newborns take them to the health facility immediately.
2. New mothers recognize danger signs for themselves go to the health facility immediately.
3. Women give colostrum to their newborn within one hour of birth.
4. Mothers and fathers practice skin-to-skin care for at least one hour several times a day.
5. Women give only breastmilk to their babies for six months.
6. New mothers take an iron supplement every day.
7. Women and their husbands choose a modern method of family planning.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project and I know you have just delivered your baby and you have so much on your mind, but I want to check in on you. Can we talk for about 10 minutes today?

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

SAY: The last two times we spoke, we talked about some very important things for you to remember and do when your baby arrived.

SAY: Has your baby experienced any of the **danger signs in newborns**? Can you tell me what the danger signs are just so I can be sure that you remember what to look for?

- Baby is unable to breastfeed
- Trouble breathing (flaring nose, indrawn chest), wheezing
- Rigid body or fits
- Lethargic, weak, or limp
- Fever, sweating
- Body, eyes turn yellow – jaundice
- Blisters on body
- Pus, discharge, or redness around cord stump
- Pus or discharge in eyes

DO: Check the ones the mother lists and affirm her. Remind her of those she has missed.

SAY: That is very good. Can we agree that you will go to the health facility immediately if your baby has any of these complications?

DO: Mark the behavior in box 1 and check “Doer; Can Maintain” if she agrees. If not, check “ND, Cannot Maintain” and move through steps 4,5 and 6 before continuing to step 7.

SAY: Have you experienced any of the **danger signs for postpartum women**? Can you tell me what the danger signs are just so I can be sure that you remember what to look for?

- Severe lower abdominal pain
- Severe vaginal bleeding
- Fever or chills
- Rapid or difficult breathing, shortness of breath, chest pain
- Severe headache with blurred vision
- Red, swollen and painful legs
- Difficulty breastfeeding, red, swollen, hot or painful breasts

DO: Check the ones the mother lists and affirm her. Remind her of those she has missed.

SAY: That is very good. Can we agree that you will go to the health facility immediately if you experience any of these complications?

DO: Mark the behavior in box 2 and check “Doer; Can Maintain” if she agrees. If not, check “ND, Cannot Maintain” and move through steps 4,5 and 6 before continuing to step 7.

SAY: How did you do at giving **colostrum to your baby**? If the mother says she did immediately breastfeed, then ask, “How long after the baby was born were you able to do that?”

DO: Offer her praise if she was successful. Encourage her that the baby will still get protection from Exclusive Breastfeeding.

DO: Mark the behavior in box 3 and check “Doer” if she was successful. If not, check “ND,” Remember that this is now a behavior that only occurred in the past so there is no need to work on can or cannot maintain or negotiate the behavior. At this point, asking about immediate breastfeeding is solely for monitoring purposes.

SAY: Remember that **skin-to-skin care** has many benefits for baby, mother and father. Do you remember what skin-to-skin care means?

DO: Allow her to explain briefly. Praise her for the points she gets correct and remind her of any that she has missed.

- It means putting only a diaper (nappy) and hat on the baby and bundling the baby between the bare breastbones of mother or father, so they are both covered around the back but are touching bare skin in the front.
- It should be done for at least one hour several times a day.
- Baby will benefit from skin-to-skin with both mother and father.

SAY: Have you been practicing skin-to-skin care? How often? Do you plan to continue skin-to-skin care for at least the first month with your baby?

DO: Mark the behavior in box 4 and check the appropriate boxes. If mother cannot maintain or states they have not been doing skin-to-skin care, conduct steps 5 and 6 before continuing to step 7.

SAY: What have you **given your baby up** to now?

DO: Offer her praise if she gave **only breastmilk**. Check “Doer” and ask her if she intends to continue giving only breastmilk to her baby. Ask if she foresees any difficulties in maintaining the behavior.

DO: Mark the behavior in box 5 and check “Doer” if she was successful. If not, check “ND,” if she is a ND, then remind her of the benefits of EBF and ask if she intends to give only breastmilk to her baby now. Mark the appropriate boxes based on her responses. If she states that she cannot maintain, then work through steps 4,5 and 6 before continuing to step 7.

SAY: How are you doing on your 3+2+1 diet? Can you remind me what the 3+2+1 means? Have you managed to take your **iron supplement** every day?

DO: Offer her praise if she reports being successful. Check “Doer” and ask her if she intends to continue taking an iron tablet every day. Ask if she foresees any difficulties in maintaining the behavior

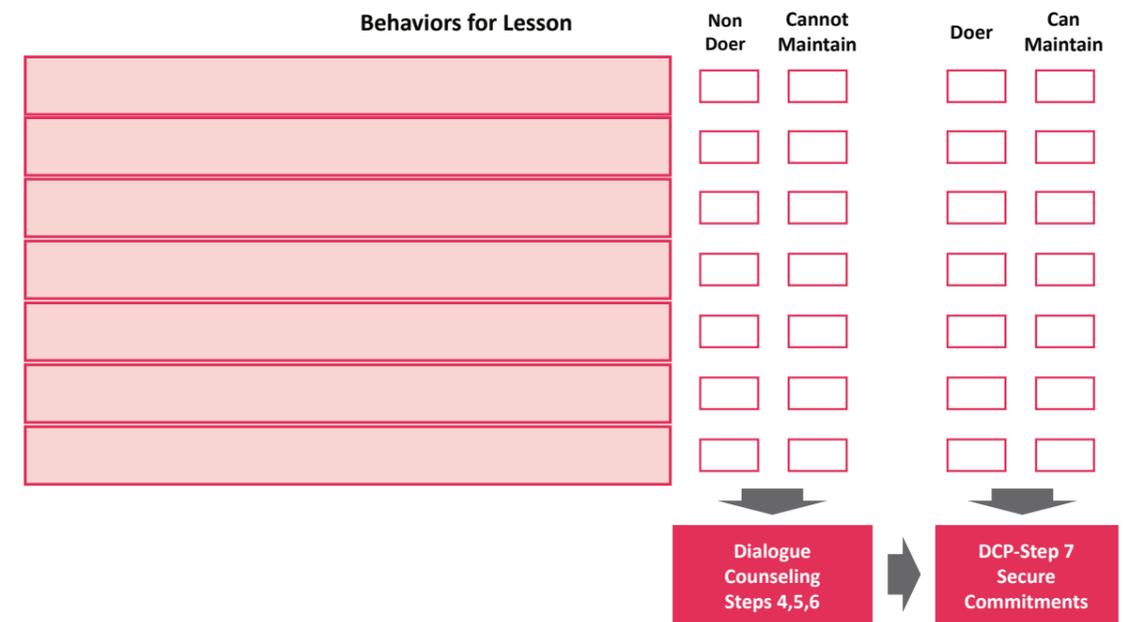
DO: Mark the behavior in box 6 and check “Doer” if she was successful. If not, check “ND,” if she is a ND, if she feels she cannot continue the behavior, then work through steps 4,5 and 6 before continuing to step 7.

SAY: Which **modern family planning method** have you and your husband/partner chosen to use?

DO: Offer her praise if she reports that they have selected a method and ask when she will begin using it?

DO: Mark the behavior in box 7 and check “Doer” if they have selected on and move to step 7. If not, check “ND”, then work through steps 4,5 and 6 before continuing to step 7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



Step 4: Identify barriers

SAY: Is there anything that will make it difficult for your to....? (Insert every behavior one at a time and note any barriers in the table below.

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		
4		
5		

6		
7		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? *(Remember that you are asking specifically about the barrier, to the behavior.)*

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? *(Note the actions in the box.)*

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: *(repeat in a concise manner what she has agreed to try and what you have taken note of in the box).*

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	
3	
4	
5	
6	
7	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. I know that you are very busy with your baby. I want to encourage you to practice the behaviors that we have been discussing to keep your baby healthy.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

- SMS messages with images of danger signs in newborns.
- SMS messages with images of danger signs in postpartum women.
- SMS messages with images of the modern methods of family planning.
- SMS messages with “Three to Five Saves Lives”.
- SMS with reminders to do skin-to-skin care.
- SMS messages with reminders for the 3+2+1 diet and specifically continued iron supplementation.
- SMS messages to give only breastmilk to a baby for 6 months.
- SMS messages with a woman’s commitments as a reminder.

**Call #8
Early Postpartum
(Within 2 weeks of Delivery)**

KEY BEHAVIORS:

1. Mothers seek help at the health facility if they have any difficulty breastfeeding.
2. Mothers continue a 3+2+1 diet.
3. Mothers wash their hands with soap after using the toilet, after changing the baby’s diaper (nappy), before preparing food, before eating and before feeding the baby.

Step 1: Greet the person and conduct a quick review of last call’s content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project. Is this still a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

SAY: Last time we spoke, we had a check-in call to discuss some of the most important behaviors you can do to ensure that your baby stays healthy. Do you remember any of those behaviors?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- 5.Go to the health facility for care if mother or baby experience any danger signs.
- 6.Practice skin-to-skin care for at least one hour each time and several times a day.
- 7.Give only breastmilk to your baby from birth to six months.
- 8.Take an iron supplement every day after delivery and throughout the breastfeeding period.
- 9.Begin using a modern method of family planning prior to resuming sexual intercourse.

SAY: Last time you made some commitments around these behaviors. Let’s just see how you have done. *(Remember, these should be around planning and preparing for the behaviors because they cannot yet be practiced.)*

Commitment 1:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

(Repeat for as many commitments as needed to review.)

SAY: Besides these behaviors that we discussed during our last call, I am going to talk to you about more things you should practice in order to protect your health and the health of the baby.

Step 2: Ask about current practices

SAY: What have you heard about problems with breastfeeding?

- Some mothers think that they cannot produce enough breastmilk to satisfy their baby.
- The size of a woman’s breast has no bearing on her ability to produce milk or breastfeed her baby.
- Some mothers think their baby will be thirsty and need rice water.
- Mixed feeding is harmful to breastmilk production but giving only breastmilk on demand night and day enhances milk production.
- Empty one breast fully before switching to the other breast.

- If the child is urinating, passing stools, sweating, and shedding tears when crying these are good signs that the baby is getting enough milk and is not dehydrated.
- Breastfeeding should not be painful if the baby is positioned and properly latched to the breast.
- Women¹ who are more successful at breastfeeding to 6 months have husband that support them by doing household chores and helping at home.
- Posters and pamphlets from the health facility can help a mother remember to give only breastmilk to her baby, how to properly position and latch her baby for feeding.
- Women who continue the 3+2+1 diet (including the iron supplementation) report that they have an easier time breastfeeding and think their milk production is better.
- Women who eat at regular meal and snack times feel it is easier for them to breastfeed on demand night and day.

SAY: Yes, those are all things that you may have heard about breastfeeding. Some may be true, and others are myths, but we will talk about them more in a few minutes. Now I’d like to ask you what you know about hygiene, specifically washing your hands and when you should do that.

- Hands carry germs that you cannot see with your eyes but can make your baby very sick.
- Wash hands with soap and clean running water.
- Wash hands after using the toilet.
- Wash hands after changing the baby’s diaper (nappy).
- Wash hands before preparing food.
- Wash hands before feeding the baby.
- Wash hands before eating.

SAY: Yes, those are all things to know about handwashing. We will talk more about them.

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

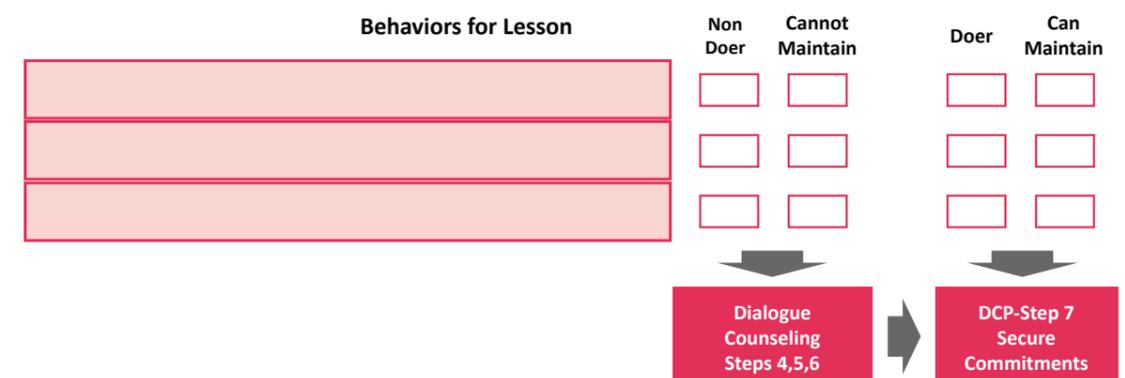
SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

DO: If the mother had mentioned planning to do any of the key behaviors in Step 2 and you had marked her as a “doer” for those, then reiterate each one here and confirm that she plans to do it. If she does, then ask if she foresees any problems. For example, if she said she intends to use modern family planning, ask what her concerns may be. For any behavior that the mother notes she foresees no problem, skip to **DCP Step 7** and note her commitments. (If she knows the importance and plans to do it, then there is no need to discuss or negotiate it).

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



¹ Points in blue are significant and actionable findings from Barrier Analysis study.

Step 4: Teach and identify barriers

SAY: Let me give you some important information. These are mostly behaviors that we have discussed before, but there is some new information, so please feel free to stop and ask me any questions you may have at any time:

1. Often people think that breastfeeding is very easy, and it is something that mothers naturally know how to do. This is far from true! **Most mothers need to be taught different positions for holding their babies and the correct means of latching their baby onto the breast.** If a mother has difficulty doing those things, she can experience breast health complications. Having difficulty breastfeeding is nothing to be ashamed of; most women need support to breastfeed. Common problems during breastfeeding include:

- a. **Cracked, sore nipples** – are usually caused by improper positioning or latching of the baby’s mouth to the mother’s breast. Be certain that you hold the baby horizontally with the baby’s stomach touching your chest, support the baby’s head so that his head / neck is straight and not twisted. Next, ensure that the baby’s mouth is opened wide prior to allowing the baby to latch. A correctly latched baby should have the nipple deep inside his mouth, his bottom lip turned out and down and his chin and nose touching the breast. More of the areola should be visible above his mouth than below. If the baby is correctly latched, he will not make sucking or clicking sounds. If you need to break suction to reposition the baby, insert your pointer finger into the baby’s mouth rather than pulling the breast for release as this increases the likelihood of injury to the mother’s nipple and breast.
- b. **Engorgement** – happens when the breast is too full of milk either because the mother is not nursing enough, or because the milk production is high. The breast may be hard, tight, and painful. Massage prior to breastfeeding can help to soften the breast and if it is still too painful, the mother can extract some milk prior to allowing the baby to latch. Warm compresses can also help to ease the pain as can Paracetamol.
- c. **Blocked milk duct** – often happens when the tubes or ducts that carry the milk from the top of the breast toward the nipple get blocked. This can occur if your baby is not latched well and is not draining the breast during feeding. Mothers with blocked ducts can often feel a small tender lump in the breast. To help relieve the blockage, if possible, position your baby with his chin pointing toward the lump to feed from that part of the breast, feed from that breast more than the other to help relieve the blockage, massage the lump toward the nipple while breastfeeding, take warm showers or use warm compresses. Blockages should be resolved quickly to prevent infections from developing in the breast.
- d. **Mastitis** – happens when a blocked milk duct is not quickly resolved. The breast may feel hot and tender with a red patch of skin that is too painful to touch. The mother may have a fever, feel hot, achy and more tired than usual. Treat the breast as above with massage, warm compresses, continued breastfeeding and if the symptoms do not disappear within 16 hours, go to the health facility as antibiotics may be needed.

SAY: Is there anything that will make it difficult for you to go immediately to the health facility if you have difficulty breastfeeding your child or you have any breast health complications?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2. **Women who are breastfeeding need to eat the same as women who are pregnant. It is important to continue a 3+2+1 diet.**

- During the recent studies that we conducted, we found that women who continued to take iron supplements throughout breastfeeding reported that their breastmilk production was better.
- Women also reported that eating their meals and snacks at regular times helped them to successfully breastfeed both day and night on demand.
- Even after they deliver, postpartum women can become anemic or have ‘weak blood’ so taking iron supplements and continuing to eat iron rich foods is important.
- Women who successfully continued to take iron tablets throughout breastfeeding reported that

even though the health facility stopped giving them the supplements, their husbands purchased them, or they used funds from Myan Ku to purchase them.

SAY: Is there anything that will make it difficult for you to continue a 3+2+1 diet throughout breastfeeding?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

3. **Many germs are invisible to us but can be very dangerous to newborn babies.** Everyone in your household and every visitor should wash their hands with soap and clean water before touching your newborn baby. **There are 5 critical times when mothers should wash their hands with soap and clean running water to prevent their child from becoming ill.** We talked about 3 times in an earlier call, but now that your baby is here, there are 2 times to add. Illness such as diarrhea and infection in newborns is very dangerous.

- a. **Wash hands after you use the toilet.** Many illnesses are passed from feces. Germs from genitals, urine and feces can be passed to you if you eat, drink, or touch your mouth without washing your hands. They will also transfer to your baby. These infections in you might not be severe, but in a newborn they can be deadly.
- b. **Wash hands after changing the baby’s diaper (nappy) or cleaning the baby’s bottom.** Just as adult feces can be dangerous to the baby, infant feces can be dangerous to the mother and the child.
- c. **Wash hands before preparing or handing any food.** Anyone in the household that prepares food needs to wash their hands with soap and clean water before touching food. Germs from dirty hands are easily transmitted through food, drink, and dishes to others in the household. This makes every household member vulnerable but is especially dangerous for the newborn.
- d. **Wash hands before eating.** To keep yourself safe and to avoid transmitting germs to the baby, mothers need to wash their hands before eating to avoid contaminating their food, drink, or dishes.
- e. **Wash hands before feeding the baby.** This is true whether breastfeeding as well as when the child is older than six months and begins to eat other foods. For now, know that washing hands with soap and rinsing the breast with water will help keep the baby safe during breastfeeding.

SAY: Is there anything that will make it difficult for you to wash your hands with soap at the five critical times?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you?

(Remember that you are asking specifically about the barrier, to the behavior.)

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? *(Note the actions in the box.)*

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: (repeat in a concise manner what she has agreed to try and what you have taken note of in the box).

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	
3	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you practice behaviors that will keep your baby healthy.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with images of proper breastfeeding positioning options.

SMS messages with images of proper breastfeeding latching.

SMS messages that iron supplementation helps produce breastmilk.

SMS messages that eating scheduled meals and snacks helps mothers breastfeed day and night on demand.

SMS messages with images of handwashing at the 5 critical times.

SMS messages with a woman’s commitments as a reminder.

Call #9 Early Childhood - One Month

KEY BEHAVIORS:

1. Mothers recognize signs of mental health distress.
2. Mothers who experience mental health distress seek support.
3. Mothers stimulate baby during feeding and play time every day.

Step 1: Greet the person and conduct a quick review of last call’s content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project. I know that you are busy with the baby, is this still a good time to talk? We will need about 20 minutes, but we will try to make it less.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

SAY: Last time we spoke, we talked about a few important things for mothers should do to keep themselves and their babies healthy. Do you remember that those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- Mothers who have difficulty breastfeeding seek help the health facility.
- Continue to eat a 3+2+1 diet throughout breastfeeding.
- Mothers wash their hands with soap at the five critical times. (After using the toilet, changing a diaper, before preparing food, eating, and feeding the baby.)

SAY: Last time you made some commitments around these behaviors. Let’s just see how you have done.

Commitment 1:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

Repeat for as many commitments as needed to review.)

SAY: Besides these behaviors that we discussed during our last call, I am going to talk to you about more things you should practice to protect your mental and emotional health and how to help the mental and physical development of your baby.

Step 2: Ask about current practices

SAY: What have you heard about postpartum depression and the emotional needs of new mothers? Postpartum women can experience depression?

- Sometimes new mothers cry more than usual.
- Sometimes new mothers feel sad and they can't think of a reason.
- Sometimes new mothers lose their appetites.
- Sometimes new mothers feel like being alone a lot.
- Sometimes new mothers feel anxious or nervous.
- Sometimes new mothers have trouble completing tasks.
- Sometimes husbands and new mothers argue more than usual.
- New mothers may feel like sleeping a lot more than usual.
- New mothers sometimes experience a fast heartbeat, tension or sweating.

SAY: Yes, those are all things that you may have heard about a new mother's mental health. It is very common for new mothers to experience these things and we will talk more about them in a few minutes. Now I want to ask you, what have you heard about where a mother can get help if she experiences any mental health distress?

- From a husband
- From a mother, sister, auntie, grandmother
- From another mother in the neighborhood who has experienced postpartum depression
- From the midwife, nurse, or doctor at a health facility
- From a social worker

SAY: Yes, those are all things that you may have heard about where a mother can get support if she experiences any mental health distress. We will talk more about them in a few minutes.

Now I want to ask you what you have heard about Early Childhood Development or ECD?

- Babies thrive when they are stimulated.
- Even from birth, babies have emotional needs that must be met in addition to their physical needs.
- Talking, singing, or massaging a baby while breastfeeding helps with the baby's cognitive and physical development.
- Established play times help babies to develop cognitively and emotionally as well. Good activities are signing, clapping moving the baby's arms and legs or massaging the baby.
- Every member of the family can help to stimulate the baby.

SAY: Yes, those are all things to know about helping a baby develop mentally and emotionally. We will talk more about them in a few minutes.

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

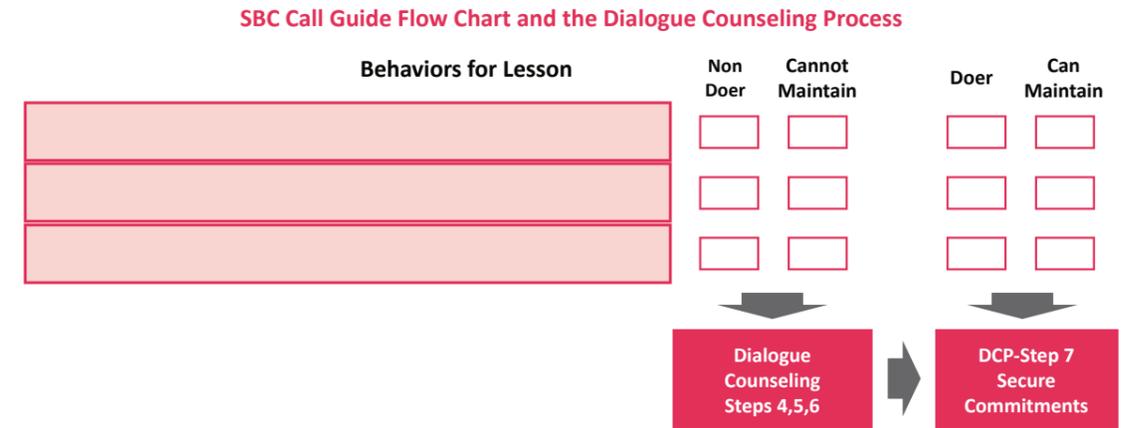
SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

DO: If the mother had mentioned planning to do any of the key behaviors in Step 2 and you had marked her as a "doer" for those, then reiterate each one here and confirm that she plans to do it. If she does, then ask if she foresees any problems. For example, if she said she intends to use modern family planning, ask what her concerns may be. For any behavior that the mother notes she foresees no problem, skip to DCP Step 7

and note her commitments. (If she knows the importance and plans to do it, then there is no need to discuss or negotiate it).

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.



Step 4: Teach and identify barriers

SAY: Let me give you some important information. I understand that some of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1.Many, if not all mothers experience some kind of mental health distress after giving birth. It can be right away or even up to a year after the birth. Even completely weaning a child up to two years after the baby is born can trigger some depression. It is very common and nothing to be ashamed of. Covid-19 and the current situation in Myanmar has made this even more common. Women who get help and develop coping strategies are more likely to get through it quickly.

- a. New mothers who experience mental health distress often have one or more of these signs:
- Postpartum women can experience depression.
 - Sometimes new mothers cry more than usual.
 - Sometimes new mothers feel sad and they can't think of a reason.
 - Sometimes new mothers lose their appetites.
 - Sometimes new mothers feel like being alone a lot.
 - Sometimes new mothers feel anxious or nervous.
 - Sometimes new mothers have trouble completing tasks.
 - Sometimes husbands and new mothers fight more than usual.
 - New mothers may feel like sleeping a lot more than usual.
 - New mothers sometimes experience a fast heartbeat, tension or sweating.

SAY: Would you like to share with me if you have experienced any of these? (If she says, "Yes" then mark those she has mentioned and allow her time to share. Reaffirm her with responses such as, "That is very common." "Yes, I understand." "So many women feel that way." and so on. If she says "No", then take her through the coping strategies so that she will know what to do if she does experience any of them.)

SAY: Is there anything that will make it difficult for you to recognize signs of mental health distress that you may experience up to one year after giving birth?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2. New mothers who experience signs of mental health distress need to seek support and make a self-care plan.

- b. Self-care strategies include:
- Getting fresh air every day even for 15 to 30 minutes
 - Exercising every day or doing small sessions several times a day.
 - Getting enough rest.
 - Tracking feelings in journal.
 - Doing relaxation exercises or breathing exercises.
 - Sharing feelings with someone.
 - Maintaining a healthy diet.
 - Getting someone to help with child care and household chores.
 - Going to the health facility if there is no improvement after using several of these strategies.

SAY: Is there anything that will make it difficult for you to seek support at a health facility if you do not improve after using several of the self-care strategies?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

SAY: Coping strategies need to be written down and shared with your husband/partner, mother, sister, auntie or a trusted friend who can help you.

SAY: Is there anything that will make it difficult for you to make a written self-care plan and share it with someone else?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

3. Babies develop better both physically and mentally when parents make a special effort to stimulate them. Looking your baby in the eyes during breastfeeding, talking or singing, or rubbing the baby’s feet, legs and arms will stimulate the baby’s brain. In between feedings, playing with your baby through talking, singing, clapping, massaging arms, legs, feet, hands, belly and back will also stimulate a baby. Physical and vocal stimulation makes the baby feel secure, increases brain activity, and promotes healthy growth and development. Every family member can help to stimulate a baby during playtime.

SAY: Is there anything that will make it difficult for you to stimulate your baby during feeding and play times?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? (Remember that you are asking specifically about the barrier, to the behavior.)

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? (Note the actions in the box.)

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: (repeat in a concise manner what she has agreed to try and what you have taken note of in the box).

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	
3	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you practice behaviors that will keep you and your baby healthy.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

- SMS messages with images or notes of signs of maternal mental distress.
- SMS messages with images or notes on coping strategies for mental health distress.
- SMS messages that help a woman know where to go when experiencing mental health distress.
- SMS messages about ways to stimulate a baby during feeding.
- SMS messages about ways to stimulate a baby during playtimes.
- SMS messages to remind mothers that all family members can help with stimulation during playtimes.
- SMS messages with a woman's commitments as a reminder.

Call #10

Early Childhood - Two to Three Months

KEY BEHAVIORS:

1. Mothers use a modern method of family planning. (Check in)
2. Mothers take their child for vaccinations and growth monitoring and promotion.
3. Mothers seek care within 24 hours when their child experiences any childhood danger sign.

Step 1: Greet the person and conduct a quick review of last call's content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project. Is this still a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

Milestones

What Most Babies Do by this Age:

Social/Emotional

- Begins to smile at people
- Can briefly calm himself (may bring hands to mouth and suck on hand)
- Tries to look at parent

Language/Communication

- Coos, makes gurgling sounds
- Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

DO: Begin the call by asking about the health of the child and checking in on the appropriate age specific milestones.

SAY: What is your baby able to do? This is wonderful that your child is able to do all of these things!

DO: If the child has reached all or most milestones, then congratulate the mother. If the child has not reached any of the milestones, probe specifically for the ones that the mother did not mention and at the end of the call, refer her to a health facility for assessment. It is important to not do the referral at this point because she will not be able to focus on the information in the call.

SAY: Last time we spoke, you we talked about a few important things that you should do to keep yourself and your baby healthy. Do you remember that those important behaviors are?

- Mothers recognize signs of mental health distress.
- Mothers who experience one of more signs of mental health distress seek support and make a written self-care plan.
- Mothers stimulate babies during feeding and play times.

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

SAY: Last time you made some commitments around these behaviors. Let's just see how you have done.

Commitment 1:

Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:

Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

(Repeat for as many commitments as needed to review.)

SAY: Besides these behaviors that we discussed during our last call, I am going to talk to you about more things you should practice to protect your health and the health of the baby.

Step 2: Ask about current practices

SAY: What have you heard about tracking your baby’s growth and nutritional status?

- The health facility near you may have vaccination and growth monitoring and promotion (GMP) services. If they do, it is very important to go regularly as scheduled.
- At GMP, the nurse will weigh and measure the baby.
- The nurse will make sure that the baby has received all the necessary vaccinations to protect him/her from many childhood diseases.
- The nurse will help mothers who have difficulty giving only breastmilk to their babies.

SAY: Yes, those are all things that you may have heard about health and nutrition services for your baby at the health facility. Now I want to ask you what you have heard about seeking care and danger signs in children who are older than one month?

- Seek care for a child experiencing any danger sign immediately.
- Vomits everything up
- Child refuses to breastfeed
- Unusually sleepy or lethargic (weak)
- Difficulty breathing (chest in-drawn)
- Excessive or continued coughing
- Fever, sweating, chills
- Seizures, fits, or a rigid, stiff body or neck
- Pus in eyes
- Blood in stool
- Diarrhea (3 or more watery stools in 24 hours)
- Skin pustules, bumps, blisters, sores or rash
- A thick, grey/white film covering the child’s throat, red painful throat

SAY: Yes, those are all things that you may have heard about getting care for a child or danger signs in children.

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

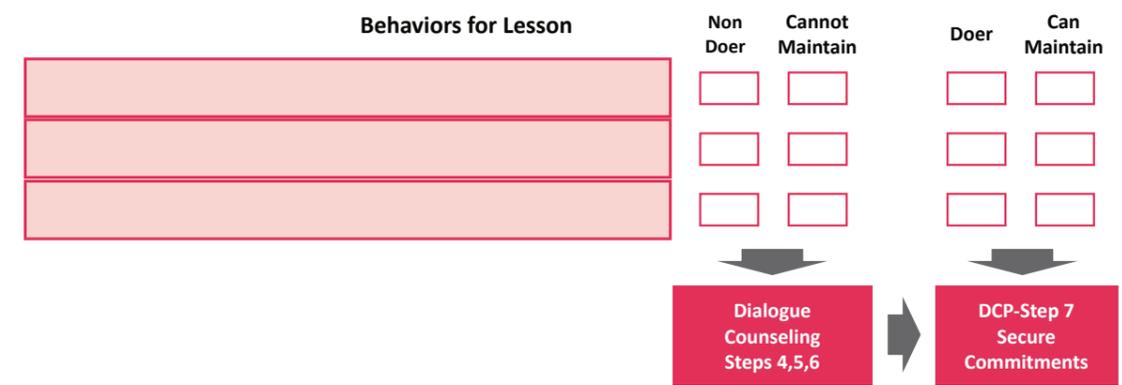
SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

DO: If the mother had mentioned planning to do any of the key behaviors in Step 2 and you had marked her as a “doer” for those, then reiterate each one here and confirm that she plans to do it. If she does, then ask if she foresees any problems. For example, if she said she intends to use modern family planning, ask what her concerns may be. For any behavior that the mother notes she foresees no problem, skip to DCP Step 7 and note her commitments. (If she knows the importance and plans to do it, then there is no need to discuss or negotiate it).

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



DO: Acknowledge every good thing that the mother has done and affirm her choices. Use affirmations that help her develop the skills to self-affirm. (Say, “You should be very proud of yourself for prioritizing your health and the health of your baby; the fact that you are saving money for the birth of your baby and making a birth plan; these are all signs that you are making great choices.”)

Step 4: Teach and identify barriers

SAY: Let me give you some important information. I understand that some of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1.Children’s growth patterns need to be monitored regularly to make sure they are not likely to become malnourished.

- Regular growth monitoring services can help detect problems with your child early, so you have the best chance of getting care to avoid serious problems.
- Going for regular visits at the health facility will help the nurses identify any nutritional deficiencies in your child, slow growth patterns for length and weight, as well as developmental delays.
- Regular visits will also ensure that your child completes their vaccination schedule to protect him/her from common childhood illnesses.
- Nurses will also give you advice and help to make sure you can successfully breastfeed your baby to six months.
- Nurses can check for signs of postpartum depression.
- Nurses will help ensure that you are using a modern method of family planning to delay additional pregnancies.
- If your area does not offer free GMP and vaccination services, it is important that you and your husband budget to get the services at a private clinic. Funds from the Myan Ku cash transfer can help with this.

SAY: Is there anything that will make it difficult for you to vaccination and growth monitoring and promotion services at a health facility as scheduled?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2.Danger signs in newborns are different than danger signs for children from one month old. Just like newborns though, small children can fall seriously ill or die in a very short time if they have one or more of the following danger signs. **Children who have one or more danger signs need to be taken to the health facility immediately and no longer than 24 hours after onset of illness.**

- a. Danger Signs include:
- Vomits everything up
 - Child refuses to breastfeed
 - Unusually sleepy or lethargic (weak)

- Difficulty breathing (chest in-drawn)
- Excessive or continued coughing
- Fever, sweating, chills
- Seizures, fits, or a rigid, stiff body or neck
- Pus in eyes
- Blood in stool
- Diarrhea (3 or more watery stools in 24 hours)
- Skin pustules, bumps, blisters, sores, or rash
- A thick, grey/white film covering the child’s throat, red painful throat

SAY: Is there anything that will make it difficult for you to take your child with one or more danger signs to the health facility immediately?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? *(Remember that you are asking specifically about the barrier, to the behavior.)*

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? *(Note the actions in the box.)*

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: *(repeat in a concise manner what she has agreed to try and what you have taken note of in the box).*

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	

2	
3	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you practice behaviors that will keep you and your baby healthy.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with reminders to use a modern family planning method consistently and correctly.

SMS messages with reminders to attend monthly GMP and vaccination appointments.

SMS messages with images on the danger signs for children.

SMS messages that remind a mother to take a child for care within 24 hours of onset of any danger sign.

SMS reminder of the 2-month milestones.

SMS messages with a woman’s commitments as a reminder.

Call #11

Early Childhood - Five Months

KEY BEHAVIORS:

1. Mothers begin to introduce complementary foods to babies at six months.
2. Mothers continue to breastfeed children along with complementary foods to 24 months.
3. Mothers take children to the health facility for a dose of vitamin A.

Step 1: Greet the person and conduct a quick review of last call's content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project. Is this still a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

DO: Begin the call by asking about the health of the child and checking in on the appropriate age specific milestones.

SAY: This is wonderful that your child is able to do all of these things!

DO: If the child has reached all or most milestones, then congratulate the mother. If the child has not reached any of the milestones, probe specifically for the ones that the mother did not mention and at the end of the call, refer her to a health facility for assessment. It is important to not do the referral at this point because she will not be able to focus on the information in the call.

SAY: Last time we spoke, you we talked about a few important things for mothers should do to keep themselves and their babies healthy. Do you remember that those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- Mothers use a modern method of family planning. (Check in)
- Mothers take their child for vaccinations and growth monitoring and promotion.
- Mothers seek care within 24 hours when their child experiences any childhood danger sign.

SAY: Last time you made some commitments around these behaviors. Let's just see how you have done.

Commitment 1:

Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

What is still difficult about that for you?

What would make it easier for you?

How can we make that happen for you?

What are you willing to try?

Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:

Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

(Repeat for as many commitments as needed to review.)

SAY: Besides these behaviors that we discussed during our last call, I am going to talk to you about more things you should know before your baby comes.

Step 2: Ask about current practices

SAY: What have you heard about introducing complementary foods to your baby at 6 months?

- Babies need to learn to swallow, so feed very soft pureed food in small portions and be patient.
- Introduce one new food every 3 days to 1 week so that you can track allergies or adverse reactions.
- Start with bland rather than sweet foods like porridge, pureed vegetables such as carrots, green beans, leafy greens, and legumes, chicken, fish, pork and beef.
- Feed baby iron rich or iron fortified foods such as fortified cereals, grains, pasta.
- Do not add salt or sugar to foods.
- Offer a few tablespoons of food 1 to 3 times per day.
- Give the baby breastmilk before food and in between.

SAY: Yes, those are all things that you may have heard about introducing foods into a baby's diet when they are 6 months old. Now I want to ask you what you have heard about vitamin A?

- Vitamin A helps to keep a child's immune system strong to help fight off illness and infection.
- Vitamin A rich foods are generally yellow, and bright orange like orange flesh sweet potato, carrots, pumpkin, kale, greens, spinach, red sweet pepper.
- Every six months a child can get a long-lasting high dose of vitamin A from the health facility. If there is no service at the government clinic, you and your husband/partner should save to take your child to a private clinic to receive this, just like you would a vaccination.

SAY: Yes, those are all things that you may have heard about vitamin A supplementation.

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

What Most Babies Do by this Age:

Social/Emotional

- Smiles spontaneously, especially at people
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- Begins to babble
- Babbles with expression and copies sounds he hears
- Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad
- Responds to affection
- Reaches for toy with one hand
- Uses hands and eyes together, such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people and things at a distance

Movement/Physical Development

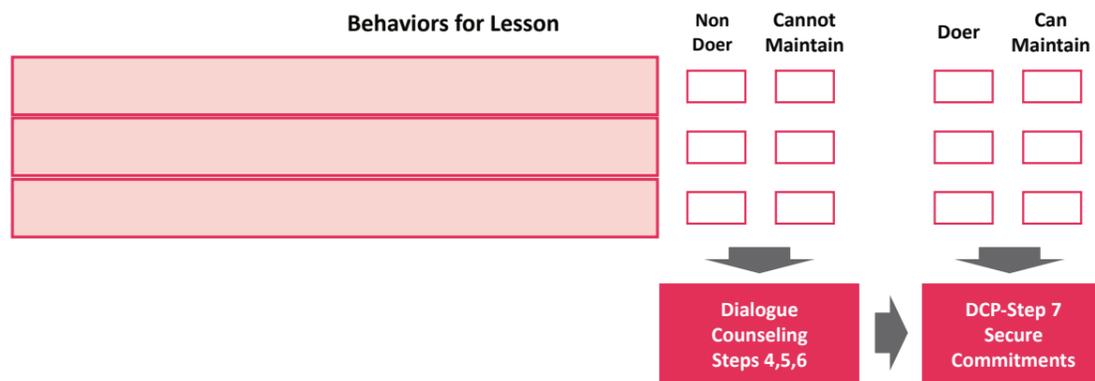
- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and swing at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows

DO: If the mother had mentioned planning to do any of the key behaviors in Step 2 and you had marked her as a “doer” for those, then reiterate each one here and confirm that she plans to do it. If she does, then ask if she foresees any problems. For example, if she said she intends to use modern family planning, ask what her concerns may be. For any behavior that the mother notes she foresees no problem, skip to DCP Step 7 and note her commitments. (If she knows the importance and plans to do it, then there is no need to discuss or negotiate it).

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



DO: Acknowledge every good thing that the mother has done and affirm her choices. Use affirmations that help her develop the skills to self-affirm. (Say, “You should be very proud of yourself for prioritizing your health and the health of your baby; the fact that you are saving money for the birth of your baby and making a birth plan; these are all signs that you are making great choices.”)

Step 4: Teach and identify barriers

SAY: Let me give you some important information. I understand that some of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1. At six months old, a baby is ready to begin to eat food. Up until 6 months, the mother’s breastmilk contains enough vitamins, minerals, and calories to support the baby’s growth and nutrition, however at 6 months a baby needs to begin getting them from foods. It is especially important to feed your baby iron rich and vitamin A rich foods as well as ensure that the baby eats foods from each of the 4-Star Food Groups. Babies need to learn to swallow, so feed very soft pureed food in small portions and be patient.

- Babies need to learn to swallow, so feed very soft pureed food in small portions and be patient
- Introduce one new food every 3 days to 1 week so that you can track allergies or adverse reactions.
- Start with bland rather than sweet foods like porridge, pureed vegetables such as carrots, green beans, leafy greens, and legumes, chicken, fish, pork, and beef.
- Feed baby iron rich or iron fortified foods such as fortified cereals, grains, pasta.
- Do not add salt or sugar to foods.
- Offer a few tablespoons of food 1 to 3 times per day.
- Give the baby breastmilk before food and in between the meals.

SAY: Is there anything that will make it difficult for you to introduce foods into your baby’s diet at six months?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2. We call this complementary feeding because it is meant to complement the breastmilk. Mothers should continue to breastfeed their babies up to 2 years old. Offering breastmilk before foods and in between meals will ensure that your child still consumes enough breastmilk. At six months old, a child can begin drinking small amounts of purified water, but breastmilk should still be the main source of fluids to a baby who is just learning to eat.

SAY: Is there anything that will make it difficult for you to continue to give your baby breastmilk before, and in between meals until he is 2 years old?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

3. At six months old a child is eligible to receive a high dose of vitamin A. Taking a child to the health facility for a high dose of vitamin A is one thing a mother can do to really protect her child’s health. Even though the child will need to eat vitamin A rich foods regularly, the dose is important both to prevent illness and disease but also to help the child’s immunizations to be very effective. Parents must think of high dose vitamin A in the same manner as a vaccination. If it is not available at the government health facility, parents should seek it at a private clinic.

SAY: Is there anything that will make it difficult for you to take your child to the health facility for a high dose of vitamin A?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? (Remember that you are asking specifically about the barrier, to the behavior.)

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? (Note the actions in the box.)

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: (repeat in a concise manner what she has agreed to try and what you have taken note of in the box).

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	
3	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you practice behaviors that will keep you and your baby healthy.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with reminders to feed a child several tablespoons of pureed food 3 times a day at 6 months old.

SMS messages with reminders to introduce one new food every 3 days to 1 week.

SMS messages with images of good starter foods like fortified cereals, pureed vegetables, pureed meat (foods rich in iron and vitamin A)

SMS messages with reminders to breastfeed before offering baby food.

SMS messages with reminders to breastfeed in between feedings.

SMS messages with reminders to continue to give breastmilk to a baby to 2 years.

SMS messages that remind a mother to take a child for a high dose vitamin A treatment at the health facility.

SMS messages with a woman's commitments as a reminder.

Call #12

Early Childhood - Six Months

KEY BEHAVIORS:

Complementary Feeding – check in

Continued Breastfeeding – check in

1. Mothers feed their babies thickened mashed foods at 7 months.
2. Mothers feed their baby at least three times per day.
3. Mothers feed their baby foods from each of the 4-Star Food Groups daily.
4. Mothers feed one iron rich food and one vitamin A rich food to their baby daily.
5. Mothers keep a food diary for their baby.

Step 1: Greet the person and conduct a quick review of last call's content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project. Is this still a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

DO: Begin the call by asking about the health of the child and checking in on the appropriate age specific milestones.

SAY: This is wonderful that your child is able to do all of these things!

DO: If the child has reached all or most milestones, then congratulate the mother. If the child has not reached any of the milestones, probe specifically for the ones that the mother did not mention and at the end of the call, refer her to a health facility for assessment. It is important to not do the referral at this point because she will not be able to focus on the information in the call.

What Most Babies Do by this Age:

Social/Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror

Language/Communication

- Responds to sounds by making sounds
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Movement/Physical Development

- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

SAY: Last time we spoke, you we talked about a few important things for mothers should do to keep themselves and their babies healthy. Do you remember that those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- Mothers begin to introduce complementary foods to babies at six months.
- Mothers continue to breastfeed children along with complementary foods to 24 months.
- Mothers take children to the health facility for a dose of vitamin A

SAY: Last time you made some commitments around these behaviors. Let’s just see how you have done

Commitment 1:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

(Repeat for as many commitments as needed to review.)

SAY: Besides these behaviors that we discussed during our last call, I am going to talk to you about more things you should know before your baby comes.

Step 2: Ask about current practices

SAY: What have you heard about the consistency of your baby’s food as they learn to eat and swallow?

- Babies start out with pureed and liquified foods.
- Once a baby learns to swallow, change the consistency of the food gradually making it thicker.
- Begin with puree, move to lumpy mashed and then finely chopped.

SAY: Yes, those are all things that you may have heard about changing the consistency of a baby’s foods as they get used to eating and swallowing. Now I want to ask you ask you what you have heard about how many times a baby should eat in a day at different ages?

- Start by offering several tablespoons of food up to three times a day.
- Gradually begin to add in at least one snack time.
- The amount of food and number of times you baby should eat every day will increase as he ages.
- By the time your baby is 9 months old, he should be eating 3 meals and 2 snacks every day.

SAY: Yes, those are all things that you may have heard about the number of times your baby should eat in a day. Now I want to ask you what have you heard about feeding your child foods from all the 4-Star Food Groups every day?

- Children should eat at least one food from each of the 4-Star Food Groups every day.
- Remembers the Go, Grow, Glow 4-Star Food Groups and a few examples of each.
- Mentions food taboos that she thinks children should not eat.

SAY: Yes, those are all things that you may have heard about feeding a child foods from all of the 4-Star Food Groups. Now I want to ask you ask you what you have heard about children eating iron rich and vitamin A rich foods every day?

- Children should eat at least one iron rich and one vitamin A rich food every day.
- Remembers the foods that are rich in iron.
- Remembers the foods that are high in vitamin A.
- Mentions taboos associated with iron rich foods.

- Mentions taboos associated with vitamin A rich foods.

SAY: Yes, those are all things that you may have heard about feeding a child iron rich and vitamin A rich foods every day. Now I want to ask you ask you what you have heard about keeping a food diary for your child?

- Keeping a simple diary helps a mother know if her child is eating from all of the 4-Star Food Groups every day.
- Keeping a simple food diary helps a mother to know if her child is eating often enough in a day.
- Keeping a simple food diary helps a mother to know if her child is getting iron rich and vitamin A rich foods every day.
- Keeping a simple food diary helps a mother to know if the consistency of her child’s food is appropriate for his/her age.
- Keeping a simple food diary helps a mother to know when her child is ready to increase his/her food intake.
- Keeping a simple food diary helps a mother to remember to stimulate her child throughout the day at meal and play times.

SAY: Yes, those are all things that you may have heard about the benefits of keeping a simple food diary for your child.

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

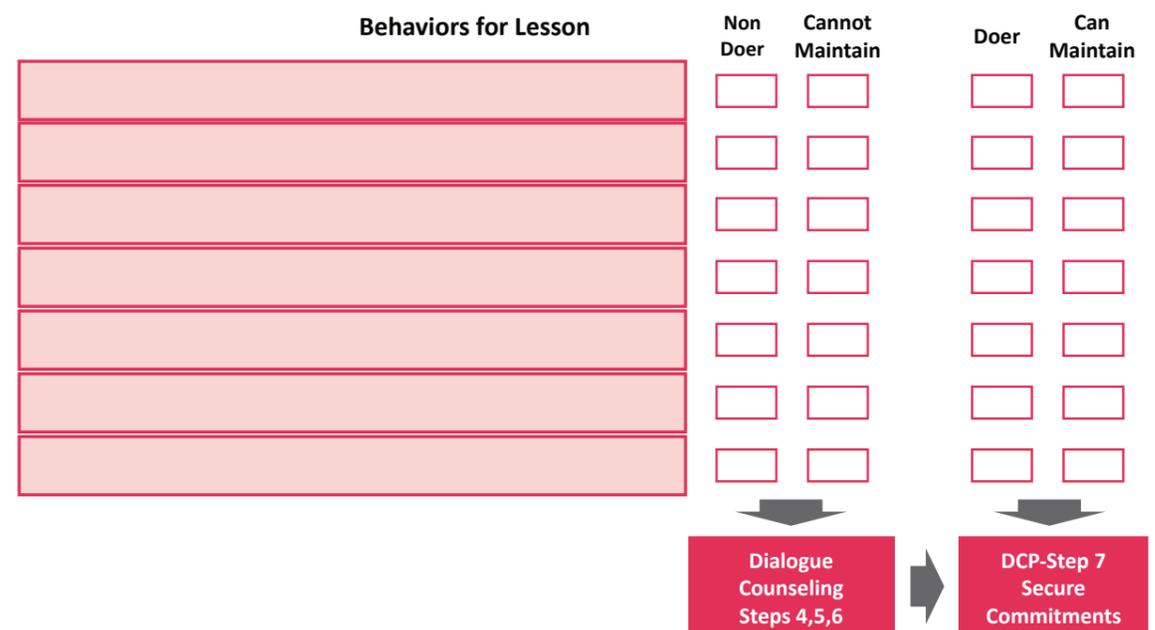
SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

DO: If the mother had mentioned planning to do any of the key behaviors in Step 2 and you had marked her as a “doer” for those, then reiterate each one here and confirm that she plans to do it. If she does, then ask if she foresees any problems. For example, if she said she intends to use modern family planning, ask what her concerns may be. For any behavior that the mother notes she foresees no problem, skip to DCP Step 7 and note her commitments. (If she knows the importance and plans to do it, then there is no need to discuss or negotiate it).

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



DO: Acknowledge every good thing that the mother has done and affirm her choices. Use affirmations that help her develop the skills to self-affirm. *(Say, “You should be very proud of yourself for prioritizing your health and the health of your baby; the fact that you are saving money for the birth of your baby and making a birth plan; these are all signs that you are making great choices.”)*

Step 4: Teach and identify barriers

SAY: Let me give you some important information. I understand that a lot of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1. As your baby ages and learns to eat, increase the density of the foods. Start with pureed food and gradually increase the thickness to lumpy mashed foods and then finely chopped foods. By the time a child is 10-12 months old, he/she should be able to eat what the family is eating.

SAY: Is there anything that will make it difficult for you increase the density of your baby’s food as he/she learns to eat and swallow?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2. When your baby is just learning to eat, his stomach is very small. They can only handle a few spoonful of food at each feeding time. **Small children need to be fed frequently throughout the day.** As the baby grows, add one snack to the three meals at about 7 months old, and then two snacks plus three meals by the time they are 9 months old.

SAY: Is there anything that will make it difficult for you to feed your child three cooked meals a day containing a staple food?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

3. Give a child at least one food from each of the 4-Star Food Groups every day. Do you remember what the three 4-Star Food Groups are, and can you give me several examples from each?

DO: Allow the woman to make contributions and help to fill in knowledge gaps as needed.

SAY: Just like we have discussed for you in the 3+2+1 diet, you have been advised to eat foods from all the groups to keep you strong and healthy. The same is true for your child. There are no foods that your baby cannot eat. Sometimes there are myths or taboos that prevent us from giving highly nutritious and beneficial foods to children, but all children can eat good, whole, natural foods.

SAY: Is there anything that will make it difficult for you to give your child foods from all of the 4-Star Food Groups?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

4. Every child at least one iron rich and one vitamin A rich food every day. Do you remember what foods are high in iron and which ones are high in vitamin A?

DO: Allow the woman to make contributions and help to fill in knowledge gaps as needed.

SAY: Just like we have discussed that you needed to eat iron and vitamin A rich foods in pregnancy and throughout breastfeeding. Now that your baby is eating foods, s/he also needs to consume iron rich foods to prevent anemia, and vitamin A rich foods to increase immunity from illness and disease.

SAY: Is there anything that will make it difficult for you to feed your baby one iron rich and one vitamin A rich food every day?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

5. Keeping a simple food diary to monitor a child’s consumption can help mothers prevent malnutrition in their children. The journal does not have to be special or formatting in a certain manner. Just write down the date, what time the baby ate, and how much. Also make a note of the foods that are high in iron by marking an “I” beside the food, and those which are rich in vitamin A by putting an “A” beside the food. At the end of the day, check 4-Star Food Groups 1, 2 and 3 (Go, Grow and Glow Foods) to be sure that all of them have been given to the baby. Total the number of times that you gave breastmilk to the baby as well. You can write yourself reminders to stimulate the baby by singing, clapping, talking and playing games. Always feed your child from his/her own bowl so that you can monitor how much has been eaten.

- Keeping a simple diary helps a mother know if her child is eating from all of the 4-Star Food Groups every day.
- Keeping a simple food diary helps a mother to know if her child is eating often enough in a day.
- Keeping a simple food diary helps a mother to know if her child is getting iron rich and vitamin A rich foods every day.
- Keeping a simple food diary helps a mother to know if the consistency of her child’s food is appropriate for his/her age.
- Keeping a simple food diary helps a mother to know when her child is ready to increase his/her food intake.
- Feed the baby from his/her owl bowl so it is easy to monitor how much the child is eating.
- Keeping a simple food diary helps a mother to remember to stimulate her child throughout the day at meal and play times.

SAY : Is there anything that will make it difficult for you to choose keep a simple food diary for your child?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		
4		
5		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? *(Remember that you are asking specifically about the barrier, to the behavior.)*

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? *(Note the actions in the box.)*

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: *(repeat in a concise manner what she has agreed to try and what you have taken note of in the box).*

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	
3	
4	
5	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you practice behaviors that will keep you and your baby healthy.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with reminders to feed a child three cooked meals a day.

SMS messages with reminders to breastfeed before giving food to the baby and between meals.

SMS messages with reminders to increase the thickness or density of foods as baby learns to eat and swallow

from puree, to lumpy mashed and to finely chopped foods.

SMS messages with reminders to breastfeed before offering baby food.

SMS messages with reminders to breastfeed in between feedings.

SMS messages with reminders to continue to give breastmilk to a baby to 2 years.

SMS messages with images to remind women to give a baby foods from each of the 4-Star Food Groups.

SMS messages with images to remind women go give baby an iron rich and vitamin A rich food every day.

SMS messages to remind mothers to keep a simple food diary / journal for their baby’s consumption.

SMS messages with a woman’s commitments as a reminder.



Call #13 Childhood - Seven Months

KEY BEHAVIORS:

1. Mothers practice responsive feeding.
2. Mothers monitor their children for milestone development.

Step 1: Greet the person and conduct a quick review of last call’s content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project. Is this still a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

SAY: Last time we spoke, you we talked about a few important things for mothers should do to keep themselves and their babies healthy. Do you remember that those important behaviors are?

- Complementary Feeding
- Continued Breastfeeding
- Mothers feed their babies thickened mashed foods at 7 months.
- Mothers feed their baby at least three times per day.
- Mothers feed their baby foods from each of the 4-Star Food Groups daily.
- Mothers feed one iron rich food and one vitamin A rich food to their baby daily.
- Mothers keep a food diary for their baby.

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

SAY: Last time you made some commitments around these behaviors. Let's just see how you have done.

Commitment 1:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

(Repeat for as many commitments as needed to review.)

SAY: Besides these behaviors that we discussed during our last call, I am going to talk to you about more things you should know before your baby comes.

Step 2: Ask about current practices

SAY: What have you heard about 'responsive feeding'?

- Responsive feeding means following a baby's cues about when s/he is hungry or full and feeding accordingly.
- Signs that a baby wants to eat include:
 - Waving arms and legs
 - Showing excitement at the sight of food
 - Grabbing for a spoon or bowl / dish
 - Baby opening mouth
 - Baby leaning toward the food
 - Baby smiling, laughing or making cooing noises
 - Putting fist in mouth, chewing on objects baby can reach
- Signs that a baby is full or not in the mood to eat include:
 - Turning head away
 - Closing mouth tightly
 - Pushing spoon, bowl or dish away
 - Spitting out food
 - Frowning, crying or fussing
 - Falling asleep

SAY: Yes, those are all things that you may have heard about responsive feeding.

Now I want to ask you what you have heard about developmental milestones?

- Developmental milestones have been created to help us know if our babies are on track with both physical and mental growth.
- Mothers can track their baby's progress by using a milestones chart.
- Babies who are stimulated through talking, singing, clapping, using toys and having interaction with family members meet and surpass developmental milestones.
- If a mother is worried that her child is not meeting physical or mental milestones, she should take her child to the health facility to consult with a doctor.

SAY: Yes, those are all things that you may have heard about developmental milestones.

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

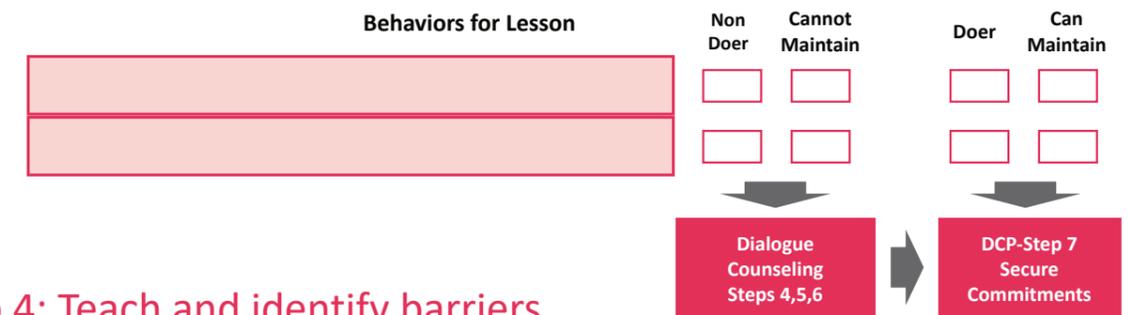
SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

DO: If the mother had mentioned planning to do any of the key behaviors in Step 2 and you had marked her as a "doer" for those, then reiterate each one here and confirm that she plans to do it. If she does, then ask if she foresees any problems. For example, if she said she intends to use modern family planning, ask what her concerns may be. For any behavior that the mother notes she foresees no problem, skip to DCP Step 7 and note her commitments. *(If she knows the importance and plans to do it, then there is no need to discuss or negotiate it).*

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



Step 4: Teach and identify barriers

SAY: Let me give you some important information. I understand that a lot of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1. Responsive Feeding means following the cues that your child gives to you to help you understand when they want to eat and when they have had enough. Many mothers worry that they will overfeed their babies, but it is difficult to do so. Babies will not become overweight or obese if mothers choose to give them good whole foods from all of the 4-Star Food Groups. Babies are only in danger when they do not get enough of the right foods or they get too much of the wrong foods like sugary, salty, fried, processed snack foods or sugary flavored drinks. Using responsive feeding techniques will help you to ensure that your baby does not eat too little or too much.

- Babies show that they want to eat when they:
 - Wave arms and legs or bang their arms and hands on the table
 - Show excitement at the sight of food
 - Grab for a spoon or bowl / dish
 - Baby opens mouth
 - Baby leans toward the food
 - Baby smiles, laughs or makes cooing noises
 - Puts fist in mouth, or chews on objects baby can reach
- Babies show that they have finished eating or are full when they:
 - Turn head away
 - Close mouth tightly
 - Push spoon, bowl or dish away
 - Spit out food
 - Frown, cry or fuss
 - Fall asleep

SAY: Is there anything that will make it difficult for you to follow your baby’s cues around eating and practice responsive feeding?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

What Most Babies Do by this Age:

Social/Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people’s emotions and often seems happy
- Likes to look at self in a mirror

Language/Communication

- Responds to sounds by making sounds
- Strings vowels together when babbling (“ah,” “eh,” “oh”) and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with “m,” “b”)

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Movement/Physical Development

- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

2. All babies should be able to do certain things vocally, physically, and mentally at around the same time. Every baby is a little bit different, but in general, monitoring a child’s milestones can be a good way to know if a baby is on track and developing the way s/he should. **At this age your baby should be able to:** (see inset)

SAY: Is there anything that will make it difficult for you to choose keep a simple food diary for your child?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you?
(Remember that you are asking specifically about the barrier, to the behavior.)

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? (Note the actions in the box.)

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: *(repeat in a concise manner what she has agreed to try and what you have taken note of in the box).*

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you practice behaviors that will keep you and your baby healthy.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with images of responsive feeding cues.
 SMS messages with information on milestones sent every month with that month’s cues.
 MYAN KU calendar with milestone trackers for each mother, and possibly visual information for the lessons for each call. Ensure that the mother can track her baby’s milestones on the calendar when appropriate.

Call #14 Childhood - Eight Months

KEY BEHAVIORS:

1. Mothers of 9-month-old children increase the number of times they feed their baby every day to 3 meals and 2 snacks every day.
2. Mothers increase the amount of food they give their baby at each feeding from 9 months old.
3. Mothers increase the density of the food they give their baby from 9 months old.
4. Mothers choose healthy alternatives to processed snack foods for children’s snacks.

Step 1: Greet the person and conduct a quick review of last call’s content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project. Is this still a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

SAY: Last time we spoke, you we talked about a few important things for mothers should do to keep themselves and their babies healthy. Do you remember that those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- Mothers practice responsive feeding.
- Mothers monitor their children for milestone development.

SAY: Last time you made some commitments around these behaviors. Let’s just see how you have done.

Commitment 1:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

(Repeat for as many commitments as needed to review.)

SAY: Besides these behaviors that we discussed during our last call, I am going to talk to you about more things you should know before your baby comes.

Step 2: Ask about current practices

SAY: What have you heard about how many times a day you should feed your 9-month-old baby?

- At 9 months you baby should be eating 3 cooked meals a day
- At 9 months a baby should be eating at least 2 healthy snacks a day.
- Babies who are not breastfed at 9 months old should be given 1 to 2 cups of milk in addition to meals and snacks.

SAY: Yes, those are all things that you may have heard about increased meals and snacks at 9 months. Now I want to ask you what you have heard about the amount of food to give a 9-month-old?

- A baby’s appetite will grow with him.
- If mother’s use responsive feeding and take cues from the child, they will understand that a child will eat more at each feeding as they grow.
- Feeding a child from their own bowl and cup is a good way to monitor their growing consumption.

SAY: Yes, those are all things that you may have heard about the amount of food to feed a baby at nine months. Now I want to ask you what you have heard about increasing the density or consistency of food.

- At 9 months, a baby will be able to eat finely chopped foods. You no longer have to give a baby liquids or puree.
- The denser the foods, the more nutrients it contains. Give a 9-month-old baby finely chopped foods from each of the 4-Star Food Groups every day.

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

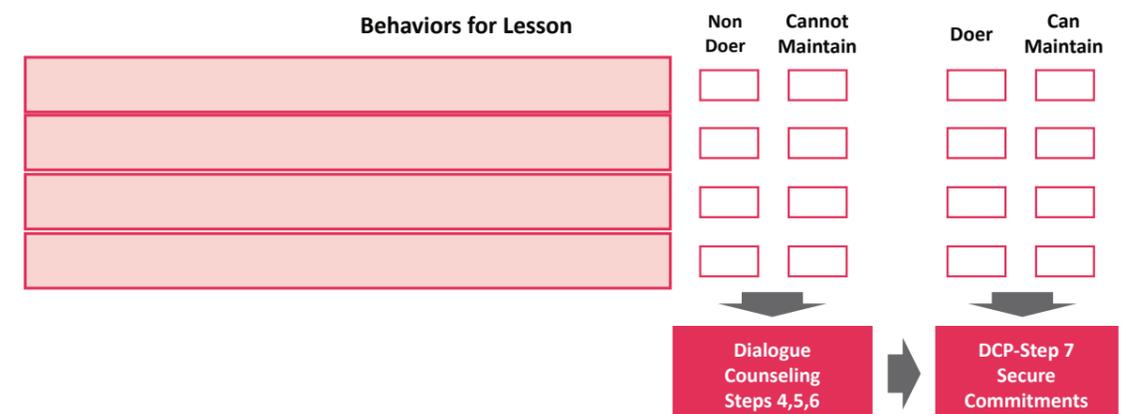
SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact health of your baby.

DO: If the mother had mentioned planning to do any of the key behaviors in Step 2 and you had marked her as a “doer” for those, then reiterate each one here and confirm that she plans to do it. If she does, then ask if she foresees any problems. For example, if she said she intends to use feed her baby 3 meals and 2 snacks every day, ask what her concerns may be. For any behavior that the mother notes she foresees no problem, skip to DCP Step 7 and note her commitments. *(If she knows the importance and plans to do it, then there is no need to discuss or negotiate it).*

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



Step 4: Teach and identify barriers

SAY: Let me give you some important information about each of the behaviors I mentioned. I understand that a lot of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1.As babies grow, they need to eat more frequently. Remember that even though your baby is growing and s/he will begin eating more than before, the baby’s stomach is still tiny compared to yours and mine. In order to get enough calories, the baby needs to eat more often. At 9 months your baby will be a lot more active than before. That activity means that their body needs more energy rich foods as well as foods that will help them grow.

- At 9 months you baby should be eating 3 cooked meals a day like before.
- At 9 months a baby should be eating at least 2 healthy snacks.
- As we discussed, it is recommended that babies be given breastmilk until they are 2 years old, but sometimes mothers have challenges with that. Babies who are not breastfed at 9 months old should be given 1 to 2 cups of milk in addition to meals and snacks.

SAY: Is there anything that will make it difficult for you to add an extra snack (and milk if needed) to your baby’s diet every day?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2.As babies grow so does their capacity to eat. Recall when you first started giving your baby food, s/he may have eaten a small spoonful at a time. As s/he has gotten older, the baby will want more. Following the cues and practicing responsive feeding like we discussed during the last call will help you to understand when your baby is hungry or when your baby is full. You do not have to worry about your child becoming overweight or obese if you use responsive feeding techniques and you give your baby good foods from all of the 4-Star Food Groups. Begin to increase the amount of food you give to your baby at each feeding when they are 9 months old.

SAY: Is there anything that will make it difficult for you to increase the density of the foods you give to your baby from 9 months old?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

3.As mentioned, as babies age, they need more energy and vitamins and minerals in their diets in order to grow well. By the time your baby is 9 months old, s/he may have four or more teeth to help with increased density of foods. Foods that are more dense (thicker) contain more calories and nutrients. For example, a stew with chunks of meat and vegetables will contain more calories and nutrients than a puree. For this reason, it is important to increase the density of your baby’s food gradually from 6 months old. Finely chopped foods will be a good choice as they are still manageable for the baby to eat safely, but they will help to meet the baby’s nutritional needs.

SAY: Is there anything that will make it difficult for you to feed your baby finely chopped foods from 9 months old?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

4.Process snack foods and drinks such as cookies, cakes, biscuits, chips (crisps), street fried foods with extra oil, sugar and salt, drink mixes, flavored artificial and sugar sweetened drinks are not good for your baby. Your baby needs to eat several meals and snacks of good whole foods from each of the 4-Star Food Groups. **Healthy alternatives to snack foods and drinks help your baby’s immune system be stronger to prevent disease, they help the baby develop mentally and physically and ensure that your baby does not become anemic, overweight or obese which can lead to diabetes and heart problems.**

- Just as you have been advised to replace highly processed snack foods and sugary drinks in your own diet, your child needs to have a healthy diet with natural foods as well.
- Junk foods such as cookies, cakes, biscuits, and sugary drinks can cause obesity, a dangerous form of malnutrition in your child.
- Replace any of these foods you would like to give your baby with healthy snacks like meat, fruit, vegetables, and unsweetened yogurt.
- Mothers who are successful giving their children healthy snacks say an advantage is that their child grows better and has stronger bones.
- Mothers who are successful at giving their children healthy snacks say that they give fruit as a sweet treat and snack because it is naturally sweet and babies like it.
- Mothers who are successful say that their mothers help them to prepare healthy alternatives as snacks for their children.
- Mothers who have decided to give their children healthy snacks say that it is easier and cheaper to get healthy foods over processed foods and drinks.

SAY: Is there anything that will make it difficult for you to choose healthy whole foods for your child instead of processed snacks and drinks?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		
4		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? *(Remember that you are asking specifically about the barrier, to the behavior.)*

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? *(Note the actions in the box.)*

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: *(repeat in a concise manner what she has agreed to try and what you have taken note of in the box).*

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	
2	
3	
4	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you practice behaviors that will keep you and your baby healthy.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with images or messages of 3 meals and 2 healthy snacks.

SMS messages with information on milk feeding for non-breastfed children.

SMS messages with increased quantities of food.

SMS messages with increased density of foods.

SMS messages with ideas for healthy snacks as alternatives to processed junk food snacks.

Call #15 Childhood - Nine Months

KEY BEHAVIORS:

Check-in: 9 month feeding practices

Check-in: Handwashing at the five critical times

1. Mothers brush baby's teeth and gums with a rice grain amount of toothpaste on a finger brush, toothbrush or wash cloth 3 times a day.

Step 1: Greet the person and conduct a quick review of last call's content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project. Is this still a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

DO: Begin the call by asking about the health of the child and checking in on the appropriate age specific milestones.

SAY: This is wonderful that your child is able to do all of these things!

DO: If the child has reached all or most milestones, then congratulate the mother. If the child has not reached any of the milestones, probe specifically for the ones that the mother did not mention and at the end of the call, refer her to a health facility for assessment. It is important to not do the referral at this point because she will not be able to focus on the information in the call.

What Most Babies Do by this Age:

Social/Emotional

- May be afraid of strangers
- May be clingy with familiar adults
- Has favorite toys

Language/Communication

- Understands "no"
- Makes a lot of different sounds like "mamamama" and "bababababa"
- Copies sounds and gestures of others
- Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- Watches the path of something as it falls
- Looks for things he sees you hide
- Plays peek-a-boo
- Begins to pass things from one hand to the other
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

- Stands, holding on
- Can get into sitting position
- Sits without support
- Pulls to stand
- Crawls

SAY: Last time we spoke, you we talked about a few important things for mothers should do to keep themselves and their babies healthy. Do you remember that those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- SAY:** Last time you made some commitments around these behaviors. Let’s just see how you have done.
- Mothers of 9-month-old children increase the number of times they feed their baby every day to 3 meals and 2 snacks every day.
 - Mothers increase the amount of food they give their baby at each feeding from 9 months old.
 - Mothers increase the density of the food they give their baby from 9 months old.
 - Mothers choose healthy alternatives to processed snack foods for children’s snacks.

Commitment 1:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:
 Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

(Repeat for as many commitments as needed to review.)

SAY: Besides these behaviors that we discussed during our last call, in this call we will talk a little bit about oral health.

Step 2: Ask about current practices

- SAY:** What have you heard about cleaning your baby’s teeth?
- As soon as a baby has teeth, the mother needs to clean the teeth and gums to prevent decay.
 - A mother can clean baby’s teeth with a washcloth at first, or a child’s toothbrush which has very soft bristles.
 - Mothers can use a tiny bit of fluoride toothpaste the size of a single grain of rice until a child is 2.

SAY: Yes, those are all things that you may have heard about caring for a baby’s teeth.

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact health of your baby.

DO: If the mother had mentioned planning to do any of the key behaviors in Step 2 and you had marked her as a “doer” for those, then reiterate each one here and confirm that she plans to do it. If she does, then ask if she foresees any problems. For example, if she said she intends to use feed her baby 3 meals and 2 snacks every day, ask what her concerns may be. For any behavior that the mother notes she foresees no problem, skip to DCP Step 7 and note her commitments. *(If she knows the importance and plans to do it, then there is no need to discuss or negotiate it).*

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



Step 4: Teach and identify barriers

SAY: Let me give you some important information about oral hygiene; that means taking care of your baby’s teeth, gums, and mouth. I understand that a lot of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1. You can start to clean a baby’s mouth right when they get teeth either with a washcloth to the teeth and gums, or a special very soft bristled child’s toothbrush. Getting into this habit early will help your child develop life-long good habits that will protect their teeth, gums, and mouth for their entire life.
 - Sometimes mothers worry about using toothpaste for small children. In some areas, parents can buy a special toothpaste for children or use adult fluoridated toothpaste but use the tiniest amount like a single grain of rice each time until they are 2.
 - Brush your child’s teeth and gums several times a day after eating and before bed every night.
 - Making a game out of toothbrushing time by singing a special song, playing or having a spouse help you to distract the baby while you brush can make it easier if your baby does not like it.
 - Letting your child ‘brush’ the teeth of a favorite doll or toy with a separate brush and no paste while you brush the child’s can also help.

SAY: Is there anything that will make it difficult for you to brush baby’s teeth with a rice grain amount of toothpaste on a finger brush, toothbrush or wash cloth 3 times a day?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? *(Remember that you are asking specifically about the barrier, to the behavior.)*

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? *(Note the actions in the box.)*

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: *(repeat in a concise manner what she has agreed to try and what you have taken note of in the box).*

Table of Commitments:

Behavior	Commitments
1	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you practice behaviors that will keep you and your baby healthy.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with images of items needed to clean a child’s mouth.

SMS messages with reminders to brush 3 times a day with toothpaste.

SMS messages with a toothbrushing song in local language that mothers can use with their children.

SMS messages with reminders on mother’s commitments.

Call #16 Childhood - Twelve Months

KEY BEHAVIORS:

1. Mothers add one snack a day to their child’s diet for a total of 3 meals and 3 snacks a day.
2. Mothers recognize signs of malnutrition in children.
3. Mothers take their child to the health facility for a deworming treatment.
4. Mothers take their child to the health facility for vitamin A.

Check In:

- Mothers use a modern method of family planning.
- Mothers help their child wash their hands before every meal.
- Mothers take their child to monthly growth monitoring.

Step 1: Greet the person and conduct a quick review of last call’s content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project. Is this still a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

DO: Begin the call by asking about the health of the child and checking in on the appropriate age specific milestones.

SAY: This is wonderful that your child is able to do all of these things!

DO: If the child has reached all or most milestones, then congratulate the mother. If the child has not reached any of the milestones, probe specifically for the ones that the mother did not mention and at the end of the call, refer her to a health facility for assessment. It is important to not do the referral at this point because she will not be able to focus on the information in the call.

What Most Children Do by this Age: Social/Emotional

- Is shy or nervous with strangers
- Cries when mom or dad leaves
- Has favorite things and people
- Shows fear in some situations
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as “peek-a-boo” and “pat-a-cake”

Language/Communication

- Responds to simple spoken requests
- Uses simple gestures, like shaking head “no” or waving “bye-bye”
- Makes sounds with changes in tone (sounds more like speech)
- Says “mama” and “dada” and exclamations like “uh-oh!”
- Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it’s named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Puts things in a container, takes things out of a container
- Let’s things go without help
- Pokes with index (pointer) finger
- Follows simple directions like “pick up the toy”

SAY: Last time we spoke, we talked about a few important things mothers should do to keep themselves and their babies healthy. Do you remember what those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

- Mothers brush their child's teeth and gums several times a day with a washcloth or child's toothbrush and a child's toothpaste or fluoridated toothpaste the size of a rice grain.

Check in:

- Increased number of feedings every day to 3 meals plus two snacks.
- Increased amount of food at each feeding.
- Increased density of food.
- Handwashing with soap at the five critical times.
- Currently using a modern method of family planning consistently and correctly.

SAY: Last time we spoke, you made some commitments around these behaviors. Let's just see how you have done.

Commitment 1:

Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

What is still difficult about that for you?

What would make it easier for you?

How can we make that happen for you?

What are you willing to try?

Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:

Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)

(Repeat for as many commitments as needed to review.)

SAY: Besides these behaviors that we discussed during our last call, in this call we will talk a little bit about your child's nutrition. Some of these things will sound familiar from our past calls, other ideas may be new to you.

Step 2: Ask about current practices

SAY: What have you heard about child feeding at one year?

- Babies from one year can eat up to 6 times in a day (3 meals and 3 snacks).
- A child's energy needs increase as it grows; at one year a baby needs more food than at 9 months.
- As always, do not add salt or sugar to a baby's diet.
- Children need foods from all of the 4-Star Food Groups, just like before.
- Choose healthy whole foods for snacks over processed foods and drinks.

SAY: Yes, those are all things that you may have heard about child feeding at 1 year. Now I want to ask you, what have you heard about the signs of malnutrition in children?

- Children can be mildly, moderately, or severely malnourished.
- Loss of interest in food; reduction in the amount of food eaten; total refusal to eat.
- Lethargic, tired, weak and want to sleep more than usual.
- Loss of interest in playing and interacting with parents.
- Irritable, slow, or cry more than usual.
- Stop growing, stop gaining weight, or even lose weight.
- Baby may feel cold, especially in the extremities.
- Baby may look like they have lost fat, muscle mass and muscle tone.
- It may take longer for cuts and wounds to heal.
- It may take longer for a malnourished child to recover from illness.
- Recurring illness.

- Reddish hair.
- Dull, dry, peeling skin.
- Swelling in both feet, arms and hands or face (severe malnutrition with complications)
- Baby can be overweight or obese (look very fat and healthy), but this is a form of malnutrition.

SAY: Yes, those are all things that you may have heard about signs of malnutrition. Now, let me ask you what you have heard about intestinal worm infections and deworming treatment.

- At 12 months old, the health facility will treat your child for worms.
- Children can get worms by walking outside without shoes, not washing hands before eating or putting dirty hands and objects in their mouths.
- Children can also get worms if their mother does not wash her hands after using the toilet or preparing food or before feeding the child.
- Most people with worms never feel sick.
- Worms live and grow in the intestines (digestive system / belly).
- When people have worms, they are at risk for becoming malnourished because their bodies are not able to absorb the vitamins and minerals from their food. The worms grow bigger and stronger by robbing the nutrients from the child's food.

SAY: Yes, those are all things that you may have heard about intestinal worm infections and deworming treatment. Now, let me ask you what you remember about Vitamin A supplementation. We talked about it when your baby was 6 months old.

- Babies can begin getting vitamin A supplement at the health facility from six months.
- Children should get a dose of vitamin A every six months so that means at 12 months, a child should get their second dose.
- Vitamin A helps to keep the child protected from illness and disease, helps a child's immunizations (vaccinations) work, and helps protect from eye diseases like night blindness. It also helps to keep the skin shiny, and healthy.

SAY: Yes, those are all things that you may have heard about vitamin A supplementation. Remember that you still want to give your baby a vitamin A rich food every day, but a supplement will help provide extra protection for your child.

Step 3: Classifying Doers and Non-doers Using the Behavior Flowchart

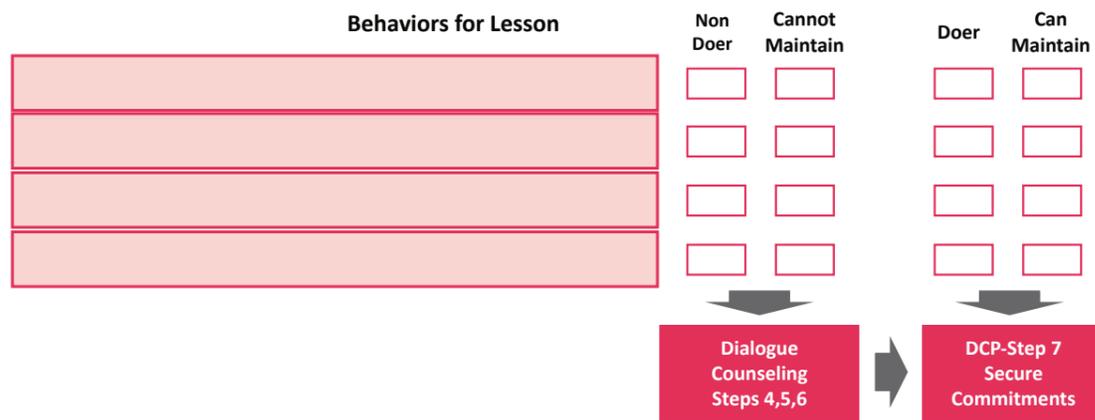
SAY: I mentioned earlier that we are going to talk about some very important things today which will have an impact on your health as well as the health of your baby.

DO: If the mother had mentioned planning to do any of the key behaviors in Step 2 and you had marked her as a "doer" for those, then reiterate each one here and confirm that she plans to do it. If she does, then ask if she foresees any problems. For example, if she said she intends to use modern family planning, ask what her concerns may be. For any behavior that the mother notes she foresees no problem, skip to DCP Step 7 and note her commitments. (If she knows the importance and plans to do it, then there is no need to discuss or negotiate it).

For any behaviors that the mother mentioned, but noted that she cannot maintain, proceed with the DCP Steps 4-7.

For behaviors that the mother has not mentioned, proceed with DCP Steps 4-7.

SBC Call Guide Flow Chart and the Dialogue Counseling Process



DO: Acknowledge every good thing that the mother has done and affirm her choices. Use affirmations that help her develop the skills to self-affirm. (Say, “You should be very proud of yourself for prioritizing your health and the health of your baby; the fact that you are saving money for the birth of your baby and making a birth plan; these are all signs that you are making great choices.”)

Step 4: Teach and identify barriers

SAY: Let me give you some important information. I understand that a lot of this may be very new to you and so please feel free to stop and ask me any questions you may have at any time:

1. Like we discussed many times before, babies’ stomachs are relatively small, but as they grow, they need more calories, vitamins, and minerals. When children are 12 months old, you can add one snack to their daily feeding schedule, so they are eating frequently (6 times throughout the day). That sounds like a lot, but small snacks can go a long way in preventing malnutrition in your child and ensuring that they are growing well both mentally and physically.

- Remember that snacks such as fruit, vegetables, nuts or seed butter, meat, eggs, and plain yogurt all make good choices.
- Giving your child sweet and salty processed and fried food snacks and sugary, flavored or carbonated drinks is likely to lead to overweight or obesity which is a type of malnutrition. Overweight babies look fat, but they are not healthy. They lack the vitamins and minerals from good whole foods, and they are more likely to get sick.
- Your baby does not need added sugar or salt to meals or snacks.
- Keeping track of your child’s consumption in the food diary as discussed earlier can help you to identify problems with your child’s health and nutritional status before they become serious.

SAY: Is there anything that will make it difficult for you to add one small snack to your baby’s diet every day?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

2. Many times, women only know the signs of severe malnutrition. Understanding mild and moderate malnutrition can prevent severe malnutrition and death. Before children get reddish colored hair and have severe swelling in feet, hands and face, there are many signs that can alert mothers that their child is suffering from malnutrition. Children may lose interest in eating, reduce the amount they eat, or refuse food altogether for several days. Children who are not well nourished often get tired, weak, and less active. They can be fussy and disinterested in play and interaction. All of these are signs that something is wrong.

Moderately malnourished children can:

- Stop growing, stop gaining weight, or even lose weight.
- Baby may feel cold, especially in the extremities.
- Baby may look like they have lost fat, muscle mass and muscle tone.
- It may take longer for cuts and wounds to heal.
- It may take longer for a malnourished child to recover from illness.
- Recurring illness.

Severely malnourished children often:

- Have reddish hair.
- Have dull, dry, peeling skin.
- Have swelling in both feet, arms and hands or face (severe malnutrition with complications)

Remember that all malnourished babies are not always skinny. Sometimes they have skinny arms and legs but look fat in the abdomen. Also, children can be overweight or obese (look very fat and healthy), but this is also a form of malnutrition. Feeding a child processed salty, oily, sugary foods and drinks leads to overweight and obesity in children which can be very dangerous for children and into adulthood. Fat babies may look healthy, but they are getting what is called, “empty calories” which means that they gain weight, but they do not get enough vitamins and minerals. Babies who are overweight get too many ‘GO FOODS / or energy foods’ and not enough “GROW” or “GLOW” foods. Remember that your baby needs to eat foods from all of the 4-Star Food Groups, not just the energy foods.

Mothers who recognize any signs of malnutrition in their child should take their child to the health facility for an assessment.

SAY: Is there anything that will make it difficult for you to recognize signs of malnutrition and take your child for care at the health facility?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

3. Intestinal worm infection is very common in small children. Children can get worms by eating with hands that have not been washed with soap, putting toys, and household items into their mouths, and even by walking barefoot in the sand. Even mothers who keep their homes very clean can have children who are infected with worms. Once a child is 12 months old, they can be treated for worms at the health facility according to their schedule which is generally in February and August.

- Most children with worms never feel sick so there are few signs that a child has worms which is why it is important that all children get treated.
- Worms live and grow in the intestines (digestive system / belly).
- When people have worms, they are at risk for becoming malnourished because their bodies are not able to absorb the vitamins and minerals from their foods. The worms grow bigger and stronger by robbing the nutrients from the child’s food.
- A child should get a routine treatment for worms every 12 months.

SAY: Is there anything that will make it difficult for you to take your child to the health facility for a deworming treatment at 12 months?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

4. We have talked a lot during other calls about the importance of vitamin A. Even though a mother should give her child at least one vitamin A rich food every day, the health facility will give a child their second high dose of vitamin A at 12 months; remember that your baby should have had a dose at 6 months.

- Babies can begin getting vitamin A supplement at the health facility from six months.
- Children should get a dose of vitamin A every six months so that means at 12 months, a child should get their second dose, and again at 18 months, generally until they are five years old.

- Vitamin A helps to keep the child protected from illness and disease, helps a child’s immunizations (vaccinations) work, and helps protect from eye diseases like night blindness. It also helps to keep their skin shiny, and healthy.

SAY: Is there anything that will make it difficult for you to take your child to the health facility for a vitamin A supplement at 12 months?

- No, it will not be difficult. (Skip to the next behavior).
- Mentions one or more barriers (Move to Step 5).

Step 5: Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		
4		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? *(Remember that you are asking specifically about the barrier, to the behavior.)*

Step 6: Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? *(Note the actions in the box.)*

Step 7: Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: (repeat in a concise manner what she has agreed to try and what you have taken note of in the box).

(Repeat Steps 4 through 7 for each of the KEY BEHAVIORS)

Table of Commitments:

Behavior	Commitments
1	

2	
3	
4	

Step 8: Make a follow-up plan

SAY: Thank you for taking the time to talk to me today. My main priority is to help you practice behaviors that will keep you and your baby healthy.

We have agreed that you will try to practice these important behaviors and I have made notes on the commitments that we have discussed. When I call you back next time, we will talk about what has gone well and where you may need additional support. Do you have any questions for me or is there anything you did not understand?

DO: Respond to her questions and concerns.

DO: Discuss her schedule and make an appointment for the next call and thank her for her time.

DO: Remind her that if she has any difficulties or concerns, she should go to the health facility.

Supporting Activities

SMS messages with images of the number of recommended feedings including meals, snacks and breastfeeding (or animal milk if they are no longer breastfed) at 12 months.

SMS messages with images on the signs of malnutrition (overweight / obese, mild, moderate, and severe).

SMS messages with reminders to go to the health facility if child has any sign of malnutrition (including obesity)

SMS messages with reminder to take child for deworming treatment at 12 months.

SMS messages with images on modes of worm transmission.

SMS messages with reminder to take child for vitamin A supplementation at 12 months.

SMS messages with reminders on mother’s commitments.

Call #17

Childhood - Eighteen Months

Check-In Call

Step 1: Greet the person and conduct a quick review of last call’s content, accomplishments, and enduring barriers.

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project. Is this still a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

DO: Begin the call by asking about the health of the child and checking in on the appropriate age specific milestones.

SAY: This is wonderful that your child is able to do all of these things!

DO: If the child has reached all or most milestones, then congratulate the mother. If the child has not reached any of the milestones, probe specifically for the ones that the mother did not mention and at the end of the call, refer her to a health facility for assessment. It is important to not do the referral at this point because she will not be able to focus on the information in the call.

SAY: Last time we spoke, we talked about a few important things that mothers should do to keep themselves and their babies healthy. Do you remember that those important behaviors are?

DO: Make notes about what the mother says in the box below. Reaffirm her contributions. Check any that she remembers and probe to help her remember the additional behaviors.

What Most Babies Do by this Age:

Social/Emotional

- Like to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explorers alone but with parent close by

Language/Communication

- Says several single words
 - Says and shakes head “no”
 - Points to show someone what he wants
- #### Cognitive (learning, thinking, problem-solving)
- Knows what ordinary things are for; for example, telephone, brush, spoon
 - Points to get the attention of others
 - Shows interest in a doll or stuffed animal by pretending to feed
 - Points to one body part
 - Scribbles on his own
 - Can follow 1-step verbal commands without any gestures; for example, sits when you say “ sit down

Movement/Physical Development

- Walks alone
- May walk up steps and run
- Pulls toys while walking
- Can help undress herself
- Drinks from a cup
- Eats with a spoon

- Mothers feed their children 3 meals and 3 snacks every day.
- Mothers recognize signs of malnutrition in children.
- Mothers go to the health facility if their child has any signs of malnutrition.
- Mothers take their child to the health facility for a deworming treatment after they are 12 months old according to the schedule in February or August.
- Mothers take their child to the health facility for vitamin A every six months.
- Mothers use a modern method of family planning.
- Mothers washing their hands with soap at the five critical times.
- Mothers take their child to monthly growth monitoring.

SAY: Last time you made some commitments around these behaviors. Let’s just see how you have done.

Commitment 1:

Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 What is still difficult about that for you?
 What would make it easier for you?
 How can we make that happen for you?
 What are you willing to try?
 Can we agree then, that before our next call, you will.....(repeat and make note of the commitment)

Commitment 2:

Achieved? Yes (offer praise) No (Dialogue to identify barrier, suggestion, negotiation, commitment)
 (Repeat for as many commitments as needed to review.)

Discuss solutions

Behavior	Barriers (Difficult)	Solutions (Easier)
1		
2		
3		
4		
5		
6		
7		
8		

SAY: You said that x (read what you listed as the barrier) would make it difficult for you to (insert behavior), what would make that easier for you? *(Remember that you are asking specifically about the barrier, to the behavior.)*

Negotiate – behaviors and small doable actions

DO: Discuss the barrier(s) that she listed and identify something she can do to progress toward the ideal behavior.

SAY: What will you agree to try? *(Note the actions in the box.)*

Gain commitments and agreements

SAY: So, can we agree that before we talk next, that you will: *(repeat in a concise manner what she has committed to do.)*

Behavior	Commitment
1	
2	
3	
4	
5	
6	
7	
8	

Step 8: Closing

SAY: Today we discussed behaviors that we have already talked about.

SAY: Just as a reminder before we complete the call. You have agreed to try these things:

DO: Repeat briefly what the woman has agreed to try from the table above.

SAY: It is great that you have made these commitments. You must be very proud that you are doing all of these things to keep you and your child healthy. We have only one more call before our time together is complete. Please make sure that you go to a health facility for support if you have any difficulties with any of these behaviors or if you notice any danger signs, illness or signs of malnutrition in your child.

DO: Set up a specific day and time when you will reach out to check on her progress (or have the next full call, as appropriate.)

Supporting Activities

SMS messages with reminders of her commitments.



Final Call

Greeting:

SAY: Hello, my name is Doctor _____. I am working with the Myan Ku project. Is this still a good time to talk? We will need about 20 minutes.

DO: Allow the mother to state an appropriate time for the call if she is busy, distracted or cannot commit to the timeframe.

DO: Begin the call by asking about the health of the child and checking in on the appropriate age specific milestones.

SAY: This is wonderful that your child is able to do all of these things!

What Most Babies Do by this Age:

Social/Emotional

- Copies others, especially adults and older children
- Gets excited when with other children
- Shows more and more independence
- Shows defiant behavior (doing what he has been told not to)
- Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication

- Points to things or pictures when they are named
- Knows names of familiar people and body parts
- Says sentences with 2 to 4 words
- Follows simple instructions
- Repeats words overheard in conversation
- Points to things in a book

Cognitive (learning, thinking, problem-solving)

- Finds things even when hidden under two or three covers
- Begins to sort shapes and colors
- Completes sentences and rhymes in familiar books
- Plays simple make-believe games
- Builds towers of 4 or more blocks
- Might use one hand more than the other
- Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development

- Stands on tiptoe
- Kicks a ball
- Begins to run
- Climbs onto and down from furniture without help
- Walks up and down stairs holding on

DO: If the child has reached all or most milestones, then congratulate the mother. If the child has not reached any of the milestones, probe specifically for the ones that the mother did not mention and at the end of the call, refer her to a health facility for assessment. It is important to not do the referral at this point because she will not be able to focus on the information in the call.

SAY: This is going to be our last call. I hope that you have felt that the Myan Ku Cash Transfer and these calls have been helpful to you and beneficial to your health as well as the health of your child. Almost all of the behaviors we have discussed are things that you should continue to do until your child is five years old to ensure that s/he stays as healthy as possible.

SAY: Because this is our last call, I want to use this time to ask you what you remember about the things we have been discussing during our calls, as well as how the program has impacted you.

SAY: What do you feel were some of the most important things you learned during these calls? (Do list the contributions the mother makes and list them.)

- _____
- _____
- _____
- _____
- _____
- _____

SAY: What changes did you make because of these calls that you feel were improvements in what you were doing? (Do list the contributions the mother makes and list them.)

- _____
- _____
- _____
- _____
- _____
- _____

SAY: What behaviors do you intend to continue? (Do list the contributions the mother makes and list them.)

- _____
- _____
- _____
- _____
- _____
- _____

SAY: Do you have any questions about the behaviors we have been discussing or other questions as your child grows? (Do respond to her questions; it is good to note them here to keep track of questions to be analyzed for common themes.)

- _____
- _____
- _____

Now I want to ask you some questions about the program.

1. How helpful did you find the cash transfer from Myan Ku for improving and sustaining the health and nutrition of your child? Would you say it was:

- Very helpful
- Somewhat helpful
- Not helpful at all

2. How helpful did you find the cash transfer from Myan Ku for improving and sustaining your own health and nutrition during pregnancy until now? Would you say it was:

- Very helpful
- Somewhat helpful
- Not helpful at all

3. How helpful did you find these Social and Behavior Change Calls from me and my colleagues for improving and sustaining the health and nutrition of your child? Would you say it was:

- Very helpful
- Somewhat helpful
- Not helpful at all

4. How helpful did you find these Social and Behavior Change Calls from me and my colleagues for improving and sustaining your health and nutrition from pregnancy until now? Would you say it was:

- Very helpful
- Somewhat helpful
- Not helpful at all

5. How much new information would you say you learned over the course of the calls?

Would you say:

- I learned a lot
- I learned some new things
- I did not learn much that was new

6. What ideas do you have for helping us improve what we are doing to help pregnant and lactating mothers and children under two?

- _____
- _____
- _____
- _____
- _____
- _____

SAY: I want to thank you for making time to speak with me today as well as over these past months. Your input is very important, and we will take into account what you have said as we continually seek to improve the services we are offering.

As we close the call, I just want to remind you that some of the key behaviors that will help you continue to stay healthy along with your family members:

- Eat foods from all of the 4-Star Food Groups every day.
- Eat 3 cooked meals and 2-3 healthy snacks every day.
- Avoid processed sugary, salty, and fried processed snack foods.
- Avoid sugary drinks and drink mixes.
- Eat at least one iron rich food every day.
- Eat at least one vitamin A rich food every day.
- Everyone washes their hands with soap at the five critical times (after using the toilet, changing a diaper (nappy), preparing food, eating, or feeding a baby or child.)
- Brush teeth with toothpaste 3 times a day.
- Recognize signs of mental health distress such as depression and anxiety and get help. Make an action plan for mental health support.
- Recognize danger signs in your child and seek care at a health facility within 24 hours of onset of any danger sign.
- Continue taking your child to the health facility for growth monitoring services as directed by the nurse or doctor.
- Take your child for deworming treatment and vitamin A supplementation as recommended.

SAY: Now that your baby is almost 2 years old, keep in mind that you should continue to use a modern method of family planning for at least 4 more months. After that, if you and your husband/partner want to have another child, it will be a safe time to begin planning.

SAY: This concludes our call unless you have any additional questions. (Allow her to ask and respond as appropriate). Thank you again for your time and your participation in the program. I wish you all the best.

The Myan Ku project and this report have been produced with financial support of the European Union under the Nexus Response Mechanism, managed by the United Nations Office for Project Services. Views in this report are the sole responsibility of the author and do not necessarily reflect the views of the European Union.

