Documentation Research on the USAID Growth through Nutrition Activity Adolescent Nutrition SBCC Program

Outcomes and Lessons Learned

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Save the Children / Ethiopia Office

By:


*The Manoff Group*
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ACKNOWLEDGMENTS

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The observation tools and interview tools for Growth through Nutrition’s SBCC Managers that were used in this research were designed by Carol Hooks of The Manoff Group and Wossen Asefa and Lioul Berhanu of Save the Children for the adolescent nutrition SBCC documentation research. The informed consent, focus group discussion and in-depth interview tools were designed by Lydia Clemmons, Senior Advisor on Social and Behavior Change Communication of The Manoff Group for related research on the Growth through Nutrition project interventions, and adapted for the adolescent nutrition SBCC documentation research by Carol Hooks, Wossen Assefa and Lioul Berhanu.

Growth through Nutrition Regional Social and Behavior Change Communication Managers Abiy Hailu, Maernet Mezgebe and Tesfane Abebe supported the research in Amhara, Tigray and SNNPR regions, respectively, by organizing the focus group discussions and interviews; conducting, translating, and taking notes for interviews as needed; and providing background information essential to the report, as did Growth through Nutrition’s North Gondar Zone Livelihoods Coordinator Mamaru Tsega. Tesfaye Arbas organized and conducted the research in Oromia.

We extend special gratitude to the participating communities, institutions, and individuals in the Amhara, Oromia, SNNP, and Tigray regions who graciously shared their information, time, and ideas to support this research.

This report was written by Carol Hooks, Senior Social and Behavior Change Advisor and Lydia Clemmons, Senior Advisor on Social and Behavior Change Communication of The Manoff Group, and by Wossen Assefa, Social and Behavior Change Communication Advisor, Save the Children. The report was edited by Rebecca Oser of The Manoff Group. The findings and opinions presented in this report do not necessarily represent those of USAID, Growth through Nutrition or its implementing partner organizations.

\(^1\) Cover photo: Adolescent girls in Amhara region participating in creative concept testing for adolescent girl nutrition SBCC materials.
## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>ARH</td>
<td>Adolescent Reproductive Health</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
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<tr>
<td>CCA</td>
<td>Community Change Agent</td>
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<tr>
<td>DA</td>
<td>Development Agents</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Surveys</td>
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<tr>
<td>ECC</td>
<td>Enhanced Community Conversation</td>
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<tr>
<td>ENGINE</td>
<td>Empowering the New Generation to Improve Nutrition and Economic Opportunities</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>Health Extension Worker</td>
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<td>In-depth Interview</td>
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<td>Out-of-School</td>
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<td>SBC</td>
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<td>SBCC</td>
<td>Social and Behavior Change Communication</td>
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<td>SNNPR</td>
<td>Southern Nations, Nationalities, and Peoples Region</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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BACKGROUND

Adolescent Malnutrition in Ethiopia

Ethiopia has achieved major progress in improving health and nutrition status of mothers and children across regions, but the undernutrition rates in Ethiopia remain high. While much focus deservedly goes to pregnant women and children under five, adolescents also suffer. The Demographic Health Surveys (DHSs) of DHS 2011 and 2016 measured the nutritional status of 15-19-year-old girls and boys using the Body Mass Index (BMI). The results show that about one out of three (36.1%) adolescent girls of age 15-19 were found to be thin (BMI below 18.5), as were about two out of three (65.9%) adolescent boys in 2011. Similarly, three out of ten (29%) adolescent girls and about six out of ten (59%) adolescent boys (age 15-19) are reported to be thin (BMI below 18.5) in 2016.

Adolescence, defined as the period between the ages of 10 and 19 years old, is characterized by a growth spurt as young people transition from childhood to adulthood. Adolescence is divided into three developmental stages based on physical, psychological and social changes: early adolescence, between 10/13 and 14/15 years; mid-adolescence, between 14/15 and 17 years; and late adolescence, between 17-21 years. It is a period of remarkably rapid growth: up to 45% of skeletal growth, between 15% and 25% of adult height, is achieved during adolescence, and up to 37% of total bone mass may be accumulated. Although global efforts to improve children’s nutrition have focused on the first 1000 days, nutritional needs are the greatest during adolescence. For this reason, adolescence it another “window of opportunity” to improve the nutritional status of children.

Adolescent nutrition programs prioritize adolescent girls primarily because stunting, early pregnancy and childbirth among adolescent girls impact the nutrition outcomes of their children and contribute to a cycle of intergenerational undernutrition.

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2 EDHS 2011
3 EDHS 2016
According to the 2016 Ethiopia DHS, 13% of adolescent girls between the ages of 15 and 19 years old have already begun childbearing. The proportion of adolescent girls who have begun childbearing rises rapidly with age: while two percent of girls who are 15 years old have begun childbearing, 28% of girls who are 19 years old have done so. Childbearing is more common among adolescent girls who live rural areas than it is among those living in urban areas (15% versus 5%, respectively). Meanwhile, education is inversely related to childbearing among adolescent girls: nearly three in 10 (28%) adolescent girls between the ages of 15 and 19 years old with no education have begun childbearing, compared to 12% of their cohort who have attained primary education, and four percent of their cohort who have attained secondary education. Wealth is also inversely related to childbearing among adolescent girls: 22% percent of those in the lowest wealth quintile have begun childbearing compared to five percent of those in the highest quintile.

More than four in 10 (42%) children born to mothers with no education are stunted compared with 18 percent of children whose mothers have more than a secondary education. Similarly, stunting decreases from 42% among children in the lowest wealth quintile to 27% of those in the highest wealth quintile.

In a recent study in the Southern Nations, Nationalities, and Peoples (SNNP) region of Ethiopia among 822 adolescent schoolgirls between the ages of 10 and 19 years old, BMI and height-for-age were used as proxy indicators of nutritional status. The three most significant behavioral predictors of adolescent girls’ BMI and height-for-age were the regularity of breakfast, having no episode of illness during the month prior to the interview, and hand-washing habit after toilet use. Other significant behavioral predictors of adolescent girls’ nutritional status included time spent on sedentary activities, consumption of sweet food items, and the consumption of cereal¹¹.

Research to Support Adolescent Girl Nutrition Social and Behavior Change Programming

Social and behavior change communication (SBCC) is at the heart of Growth through Nutrition’s work to improve nutritional outcomes for mothers and children during the first 1000 days and for adolescent girls between the ages of 10 and 19 years. The SBCC objectives of the program involve multiple sectors and levels of key actors working together in a coordinated program. SBCC programming unites efforts across nearly all of the project components and intermediate result areas, with the goal of improving the dietary practices of pregnant and lactating women and adolescent girls and infant and young child feeding practices, as well as increasing demand for nutrition and health

¹¹ Berheto, Astawesegn and Weji, 2017
services and improving hygiene and sanitation practices among households. SBCC programming is primarily implemented through communities and households and also relies on supporting actions from the district to national levels.

Formative research conducted by the USAID-funded Empowering the New Generation to Improve Nutrition and Economic Opportunities (ENGINE) project explored influences on adolescent girls’ nutrition-related practices in Amhara, Oromia, SNNP, and Tigray regions. The research yielded preliminary information about factors influencing the nutrition practices of older adolescent girls who attend school, including some findings about adolescent girls and their relationships with their parents. Recommendations generated through the ENGINE research included ensuring that future formative research focuses on out-of-school (OOS) adolescent girls and adolescent girls in the younger age group (10 – 14).

USAID and Feed the Future’s Growth through Nutrition Project (Growth through Nutrition) designed and implemented follow-on qualitative research to address gaps in the evidence base around nutrition-related behaviors of adolescent girls and to generate new insights, especially about younger adolescent girls, girls who are out-of-school, and the influence of girls’ relationships with their friends and peers. The research sought to identify interventions in homes, communities, schools or other platforms through which programs can improve nutrition outcomes for adolescent girls. The research also explored how local knowledge and perceptions about menstruation may impact any nutrition-related practices among adolescent girls and their families.

Both projects also conducted formative research on maternal nutrition-related practices and on infant and young child feeding practices.

**The Whole-household Approach**

The findings and recommendations from all of the formative research conducted by the two project built an evidence base that supported the development of social and behavior change communication (SBCC) strategies to improve maternal, infant, young child and adolescent (MIYCAN) nutrition-related practices in households and communities in the four regions. Growth through Nutrition’s “whole-household” approach is the overarching strategy informed by this evidence base. While all household members will benefit from improved nutrition practices, the “whole-household” approach prioritizes the household members who are most vulnerable to the negative outcomes of chronic under-nutrition: namely, pregnant and breastfeeding women, adolescent girls, and infants and young children under the age of two.

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Focusing on improving nutrition outcomes for mothers and children during the first 1000 days of maternal and child nutrition and for girls during their adolescence (10 – 19 years old), the “whole-household” approach sets the stage for the tone and overall messaging of the project’s SBCC programming to ensure that:

- Everyone within the household believes that nutrition is critical to well-being and that it benefits the entire family when all members enjoy a healthy diet;
- No family member should suffer from a poor diet; some family members may need the encouragement of others to realize a healthier diet;
- Consumption of diverse quality foods by pregnant/breastfeeding women, adolescent girls and children 6 – 23 months is prioritized;
- Infants up to six months old are given only breastmilk;
- All able-bodied household members engage in nutrition-specific, nutrition-sensitive and WASH practices that will help to increase access to diverse, safe quality foods for everyone in the household;
- Household members engage in supportive actions for maternal nutrition, infant and young child nutrition and adolescent girl nutrition; and
- All household members are supported to increase their access to and consumption of diverse, safe and quality foods.

**Figure 1:** The whole-household approach helps improve nutritional outcomes for all household members while prioritizing vulnerable household members

The project’s “Whole-household Nutrition” approach also includes the use of multi-media SBCC materials in a variety of platforms including households, Enhanced Community Conversations (ECCs), schools, out of school youth groups, savings and credit groups,
and farmers’ associations using various communication channels, including: face to face, household counseling, radio and mobile text messages. The strategy engages families of children under two years old and adolescent girls between the ages of 10 – 19 years old, school teachers, adolescent boys and girls, religious leaders, and frontline workers in the agriculture and health sector, particularly development agents (DAs), health extension workers (HEWs) and community change agents (CCAs).

The Adolescent Girl Nutrition SBCC Strategy
Growth through Nutrition’s adolescent girl nutrition SBCC strategy (Appendix A) is a component of the “Whole-household Nutrition” approach. The preliminary adolescent nutrition SBCC strategy was vetted in a three-day workshop that included diverse stakeholders from the national and regional level and subsequently refined and finalized. The program and materials resulting from the strategy are the focus of the current documentation research.

Feasible Adolescent Girl Nutrition Behaviors: Growth through Nutrition’s qualitative research revealed that adolescent girls in the project zone tend to eat the same foods as their mothers and share meals with their mothers. The adolescent girl nutrition SBCC strategy therefore promotes most of the same nutrition-related behaviors for adolescent girls, while they are at home, that are promoted for women who are pregnant or breastfeeding. Priority interventions focus on feasible (based on the formative research) nutrition behaviors for girls throughout their adolescence, shown in Table 1.

Table 1: Feasible Adolescent Nutrition Behaviors

| Adolescent Girl Nutrition | Increase food intake by eating at least one snack each day in addition to regular meals. (The easiest snacks for women are grain products, such as toasted mixes of cereals and injera.) Increase consumption of staple grains (not sweet foods) along with specific nutrient-rich foods that are local and seasonal to ensure a minimum intake of calories. | Eat an animal-source food (eggs, milk, yoghurt or cottage cheese) every day. Add dark green leafy vegetables (primarily collard greens/kale) to every meal if possible. Consume other vegetables and fruit more frequently. Add more telba (flax seed) or other local seeds or nuts to the regular diet in geographic areas where available. Avoid drinking Mirinda, Pepsi, Coca Cola and other sweetened beverages (coffee with sugar is fine during coffee ceremonies.) Take iron supplements if they are distributed to you at school. |
Priority Actors and Audiences for Adolescent Girl Nutrition: Based on the qualitative research findings and recommendations, important actors for the adolescent girl nutrition SBCC strategy include adolescent girls and their mothers, fathers, and friends, as well as teachers, health and agricultural extension workers, religious leaders, and youth groups.

Materials Development, Including Pretesting
To implement the strategic approach focused on improving nutrition outcomes for adolescent girls, Growth through Nutrition developed, pretested, and disseminated an Adolescent Nutrition SBCC Kit for in-school health clubs and out-of-school youth programs. The materials fall into three basic categories of materials:

1. SBCC materials that help raise adolescents’ awareness about adolescent nutrition, dietary diversity and priority nutritious foods. These materials do not provide in-depth nutrition information but they do help adolescents have a basic awareness of key concepts and to be aware of improved nutrition practices.
2. SBCC materials that help increase adolescents’ knowledge about nutrition information. Although these materials provide some basic nutrition information, it is important to note that they do not provide in-depth information about nutrition. If teachers ensure that students have already received classroom-based teaching about nutrition information, these materials will help reinforce what they learned in class.
3. SBCC materials that help adolescents improve their nutrition-related skills. These materials enable adolescents to practice dialogue and decision-making skills that can help them adopt behaviors to improve their own nutrition as well as the nutrition of their families.

To fast-track the development of these materials, some of the SBCC materials designed for maternal and child nutrition during the first 1000 days were modified to support adolescent girl nutrition. A few new SBCC materials were also designed. An important creative concept used in the maternal nutrition and adolescent nutrition SBCC materials is “star foods.” The star foods creative concept supports communication about priority nutrient-rich foods to improve dietary diversity for pregnant or lactating women, children 6-24 months old, and adolescent girls between the ages of 10 and 19 years old.

| Manage nausea and food aversion during menstruation | Eat smaller meals and frequent snacks, such as staple grains along with specific nutrient-rich foods that are locally available, if nausea or loss of appetite are problems during menstruation. |
Animal-source foods: Particularly valuable for their nutrients, this group gets three stars. The goal is to eat at least one serving of animal-source foods per day. These 3-star foods include eggs, milk, cottage cheese, organ meats, flesh meat, chicken, and fish.

Fruits and vegetables: Local foods that are particularly rich in nutrients in this category that are readily available in particular geographic areas are promoted by name. These 2-star foods include dish like collard greens, pumpkin, orange flesh sweet potato, Swiss chard, green beans, carrot, and tomato. 2-star vegetables should be added to each meal; 2-star fruits can be either added to each meal or consumed as daily snacks and include banana, avocado, orange, papaya, mango, guava, pineapple, and wild berry.

Fats and oils (especially for children 6-24 months): Formative research shows that young children are given bulky staple foods which their small stomachs cannot consume in quantities large enough to meet their energy requirements. Adding oil or butter is one way of enriching these bulky foods to increase children’s calorie intake and to improve the taste of the foods to increase children’s consumption. These 1-star foods include oil, butter, sesame (selyit), niger seed (nug), linseed and flaxseed (telba). For young children in particular, 1-star foods should be added to each meal. Although prioritizing fats and oils is less critical for most adolescents, 1-star foods
were retained in the design of the adolescent nutrition SBCC materials to retain consistency with the First 1000 Days SBCC materials that some adolescents and their families may have seen in other Growth through Nutrition program interventions.

Drafts of the adolescent nutrition SBCC materials were shared during the Adolescent Nutrition SBCC Materials Development Workshop held in Addis Ababa, Ethiopia in November 2018. Participants of this workshop, who included the project teams from the regions, project technical leads based in Addis, and a number of partner organizations from other international and local NGOs, and representatives of the Ministry of Health and Ministry of Education, reviewed the materials and provided feedback.

The pretest activities were conducted in four of the five project regions: SNNPR, Oromia, Tigray and Amhara. Pretesting found that Growth through Nutrition’s SBCC Managers and regional teams were enthusiastic and ready to begin implementing the adolescent nutrition work and that the materials were generally well received by pretest respondents. The material and approaches were revised based on pretest findings. Some key observations and recommendations from the pretest activities included:

- The need to assess the school environment to determine the right platform and operational strategy for implementing the adolescent materials;
- The need to adapt the program strategy to be appropriate for adolescents who live away from home during the school week;
- The need to leverage existing demand for and perceived benefits of improved nutrition among youth (such as diet diversity and improved school performance, respectively);
- The need to consistently apply the well-received Sun/Bright Girl concept throughout the materials;
- Explore ways to introduce a competitive element to the skills-building games so that young people would be more likely to play them even in the absence of facilitation by an adult (with attention to implications for gender norms to ensure that there are no unintended consequences); and
- Consider building upon students’ current or more recent nutritional studies (e.g., about food groups) and how to integrate the star food concept in a way that won’t cause confusion with youth familiar with the five food groups concepts taught in school.

The materials were finalized and printed, and supplemental materials such as a Training of Trainers Manual and Teachers’ Guide were developed. Workshops were held with regional educational media teams to develop 14 adolescent nutrition radio spots to be played during the school day at primary schools. Teacher and facilitator training, along with dissemination of the adolescent nutrition SBCC materials, began in May 2019, just two months before the end of the school year. In-school clubs began implementing
adolescent nutrition SBCC activities in May/June 2019. Implementation resumed with the new school year in September/October 2019.

**Purpose of the Documentation Research**
This research sought to provide an early, rapid assessment of the Adolescent Nutrition SBCC programming, in order to identify apparent strengths, weaknesses, and opportunities for improvement. Adolescent nutrition SBCC programming currently includes the use of SBCC print materials during school-based club meetings and in other community platforms where adolescents and their families are reached, as well as broadcasting adolescent nutrition education radio spots in classrooms. The documentation focused on the processes undertaken to date, any early knowledge and behavior change, areas for improvement, and ways to ensure sustainability.

**RESEARCH METHODS**
The research consisted of focus group discussions (FGDs), individual and small group interviews, and direct observation. Data collection tools can be found in Appendix B.

FGDs are a qualitative research method used with groups of 6 – 12 participants usually of the same gender and with similar age ranges. The FGDs were designed to explore how the adolescents interact with the adolescent nutrition SBCC materials and what impact, if any, use of the materials is having on adolescents’ knowledge, attitudes, and practices related to nutrition. This includes whether they are sharing the information with family members, friends, and neighbors, and whether they and others are changing any eating or nutrition-sensitive behaviors as a result. To a lesser extent, they sought to explore the relationships between adolescent girls, their peers, and their parents, as well as gender roles and differences. Semi-structured discussion guides were developed to facilitate the FGDs. During some of the FGDs, the research team also introduced images on cards to assess how respondents felt about their participation in the nutrition clubs. The images can be found in Appendix C.

In-depth Interview (IDIs) were conducted with mothers and fathers of adolescent girls, in- and out-of-school adolescent nutrition program facilitators, educational radio personnel, and Growth through Nutrition Regional SBCC Managers. Because of the small size of the research team, language, and other factors, individual interviews were sometimes replaced with couple or small group interviews.

- Individual in-depth interviews with the mothers and fathers of some of the adolescent girls who participated in the FGDs were designed to help confirm information provided by the girls’ reports.
- Interviews with teachers, other school personnel, and one out-of-school program facilitator were designed to obtain information about their program design and activities, training provided by Growth through Nutrition, use and perception of the
adolescent nutrition SBCC materials, and the strengths, weaknesses, and sustainability of the adolescent nutrition SBCC materials and activities.

- Two small-group interviews with educational radio personnel involved in the design and dissemination of adolescent nutrition radio spots for primary schools sought to learn about their experience with the program and plans or ability to assess and ensure that the spots reach their intended audience.
- To learn more about regional approaches and differences in planning, conducting, and monitoring adolescent nutrition SBCC activities, including training, SBCC Managers were interviewed or, in the case of Oromia, responded in writing to a questionnaire.

Direct observation consisted of noting and photographing how the adolescent nutrition SBCC materials were kept and displayed as well as using an observation checklist as one club demonstrated part of a typical club session. Following one FGD, the Growth through Nutrition SBCC Advisor showed a group of secondary school girls how to play the Hookworms and Ladders game, which they had seen others play but not had the chance to play themselves.

Table 2 presents an overview of the research methods and respondents planned for this effort, while Table 3 shows the proposed daily workplan for the two-week field visit to Amhara, SNNPR, and Tigray.

<table>
<thead>
<tr>
<th>Data collection methods</th>
<th>Amhara</th>
<th>Tigray</th>
<th>Oromia</th>
<th>SNNPR</th>
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The research team (consisting of the Growth through Nutrition SBCC Advisor; a Senior Social and Behavior Change Advisor from Growth through Nutrition Subcontractor The Manoff Group; the Regional SBCC Manager from each region; and, in Amhara, the Growth through Nutrition Livelihood Coordinator) conducted 11 FGDs and 16 individual
and small group interviews in eight communities in Amhara, Oromia, SNNP, and Tigray regions. At least one club observation took place with a group of female and male high school students demonstrating how they typically function. At other sites, observation was limited to the availability, display, and storage of the adolescent nutrition SBCC materials.

Table 3: Illustrative Daily Work Plan

<table>
<thead>
<tr>
<th>Week</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tr>
<td>11 – 17 Nov</td>
<td>Carol arrives</td>
<td>Addis Planning review Security Briefing with Dan/Lioul</td>
<td>SNNP - Hadiya Regional SBCC Advisor FGD Teacher IDI</td>
<td>SNNP FGD FGD Teacher IDI</td>
<td>SNNP FGD Program Lead IDI Review &amp; process check</td>
<td>Addis Review audio-recordings Clean notes Summarize data</td>
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<td>18 – 22 Nov</td>
<td>Travel to Gondar</td>
<td>Gondar FGD Teacher/Leader IDI FGD Teacher/Leader IDI Gondar Educational Radio</td>
<td>Gondar Parent IDI FGD Teacher/Leader IDI Travel to Axum</td>
<td>Axum FGD Teacher/Leader IDI FGD Teacher/Leader IDI</td>
<td>Axum FGD Teacher/Leader IDI Parent IDI Addis</td>
<td>Addis Debriefing? Clean notes Summarize data Carol departs</td>
</tr>
</tbody>
</table>

The Oromia SBCC Manager conducted FGDs, interviews, and observations in two kebeles (Sadan Kite and Shoboka) in Bako Tibe woreda 12-13 November. As the assessment was deemed a component of project monitoring, no ethical review took place.

**Informed Consent**

An informed consent script previously used by Growth through Nutrition was adapted for use in this research and is included with the data collection tools in Appendix B. The research teams sought written consent for the FGDs from club leaders and the OOS program leader and oral consent from the adolescent participants. Parents, teachers, and the OOS program leader also provided written consent for their interviews, with parents being read the consent script.
**FINDINGS**

**Selection of the Study Sites**

The adolescent nutrition intervention was initiated in 20 woredas in 2019 - 5 woredas each from Tigray, Amhara, East Oromia, West Oromia and SNNPR. A total of 4 woredas were selected for the documentation research. One woreda each from Amhara, Oromia and SNNPR were randomly selected for research. The woredas selected from these regions were food secure. Decision was made to include Neadir Adet woreda from Tigray purposefully as it contains both food secure and food insecure kebeles for adolescent nutrition interventions.

**Table 4: Research kebeles, by type**

<table>
<thead>
<tr>
<th>Kebele Type</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amhara</td>
</tr>
<tr>
<td>Food-Secure</td>
<td>Wogera woreda,</td>
</tr>
<tr>
<td></td>
<td>Kossoye kebele</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Food-Insecure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**The Study Sample**

The assessment sample was based on the existence of functioning adolescent nutrition SBCC programming. Regional SBCC Managers selected kebeles and asked teachers leading the club implementing adolescent nutrition SBCC activities in the primary and secondary school to assemble female members of the club to participate in an FGD. They also identified parents (of club members) who could be interviewed.
Table 5: Planned vs. Actual Research, by Region

<table>
<thead>
<tr>
<th>Data collection methods</th>
<th>Amhara</th>
<th>Tigray</th>
<th>Oromia</th>
<th>SNNPR</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-school girls, age 10-14</td>
<td>2-4</td>
<td>3</td>
<td>2-4</td>
<td>3</td>
<td>8-16</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Out-of-school girls, age 10-14</td>
<td>0-1</td>
<td>0</td>
<td>0-1</td>
<td>0</td>
<td>0-2</td>
</tr>
<tr>
<td>Out-of-school girls, age 15-19</td>
<td>0-1</td>
<td>0</td>
<td>0-1</td>
<td>1</td>
<td>0-2</td>
</tr>
<tr>
<td>Interview</td>
<td>3-8</td>
<td>6</td>
<td>2-7</td>
<td>6</td>
<td>13-29</td>
</tr>
<tr>
<td>Teachers</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Out-of-School Program Leads</td>
<td>0-1</td>
<td>0</td>
<td>0-1</td>
<td>1</td>
<td>0-2</td>
</tr>
<tr>
<td>Mothers of girls aged 10-19 years</td>
<td>0-2</td>
<td>1</td>
<td>0-2</td>
<td>1</td>
<td>0-2</td>
</tr>
<tr>
<td>Fathers of girls aged 10-19 years</td>
<td>0-2</td>
<td>0</td>
<td>0-2</td>
<td>2</td>
<td>1-2</td>
</tr>
<tr>
<td>Grandmother</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grandfather</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Radio station team</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0-1</td>
<td>2-3</td>
</tr>
<tr>
<td>Direct Observation</td>
<td>TBD</td>
<td>TBD</td>
<td>1</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Club Observation</td>
<td>TBD</td>
<td>TBD</td>
<td>1</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>SBCC Materials</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

Tables 6-9 describe research respondents; minimal information was requested of respondents. All 25 members (both female and male) of the out-of-school group participated in a discussion, but participant information was not collected.

At least 40 primary school girls and four primary school boys participated in the four FGDs. (Some groups were large, and not everyone participated or was counted.) Primary school FGD participants ranged in age from 10 to 15 years and were in grades five through eight.
Table 6: Primary School FGD Participant Characteristics

<table>
<thead>
<tr>
<th>Region</th>
<th>Sex</th>
<th>Age</th>
<th>Grade</th>
<th>Club Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Amhara</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Oromia</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SNNPR</td>
<td>15</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Tigray</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>40</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

At secondary schools, 56 girls participated in five FGDs, and one FGD with 15 boys took place. Secondary school participants ranged in age from 12 to 20 years and were in grades nine through 11. Some FGD respondents did not add their age and grade to the sign-in sheet circulated. A few of the secondary school boys said they lived away from home during school, but the vast majority of FGD participants go home to their families every day.

Table 7: Secondary School FGD Participant Characteristics

<table>
<thead>
<tr>
<th>Region</th>
<th>Sex</th>
<th>Age</th>
<th>Grade</th>
<th>Club Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Amhara</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Amhara</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oromia</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNNPR</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNNPR</td>
<td>15</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tigray</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>56</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
All of the FGD participants had participated in at least one club meeting on nutrition, with some participating in six or more nutrition sessions. Participating teachers and school administrators had 4-12 years of teaching experience, with six teaching science, two teaching mathematics, and two teaching a language. All but two had at least a university degree.

Parents and grandparents interviewed typically had more than one adolescent child and were housewives, farmers, or small merchants. One father was a church pastor.

### Table 8: Teacher and OOS Leader Information

<table>
<thead>
<tr>
<th>School</th>
<th>OO S</th>
<th>Education Attained</th>
<th>Years Teaching</th>
<th>Grade Taught</th>
<th>Subjects Taught</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amhara (Central Gondar Zone)</td>
<td>x</td>
<td>x</td>
<td>10+3</td>
<td>12</td>
<td>1-4 Enviro Science</td>
</tr>
<tr>
<td>2.</td>
<td>x</td>
<td>x</td>
<td>7</td>
<td>9</td>
<td>Math</td>
</tr>
<tr>
<td>Oromia (West Shoa Zone)</td>
<td>x</td>
<td>x</td>
<td>14</td>
<td>5, 8</td>
<td>Math</td>
</tr>
<tr>
<td>4.</td>
<td>x</td>
<td>x</td>
<td>15</td>
<td>9, 10</td>
<td>Biology</td>
</tr>
<tr>
<td>SNNPR (Hadiya Zone)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>x</td>
<td>x</td>
<td>15</td>
<td>4</td>
<td>Biology</td>
</tr>
<tr>
<td>6.</td>
<td>x</td>
<td>x</td>
<td>14</td>
<td>8</td>
<td>Hadiyyisa</td>
</tr>
<tr>
<td>7.</td>
<td>x</td>
<td>x</td>
<td>11</td>
<td>7, 8</td>
<td>Biology</td>
</tr>
<tr>
<td>8.</td>
<td>x</td>
<td>x</td>
<td>15</td>
<td>4, 8</td>
<td>HIP</td>
</tr>
<tr>
<td>9.</td>
<td>x</td>
<td>x</td>
<td>10</td>
<td>n/a</td>
<td>(Vice-Director)</td>
</tr>
<tr>
<td>10.</td>
<td>x</td>
<td>x</td>
<td>4</td>
<td>Amharic</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>x</td>
<td>x</td>
<td>12</td>
<td>9</td>
<td>Biology</td>
</tr>
<tr>
<td>12.</td>
<td>x</td>
<td>x</td>
<td>12</td>
<td>n/a</td>
<td>(Director)</td>
</tr>
<tr>
<td>Tigray (Maekelay Zone)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td>College Diploma</td>
<td>12</td>
<td>7-8 Biology</td>
</tr>
<tr>
<td>14.</td>
<td>x</td>
<td>X</td>
<td>20</td>
<td>9-12</td>
<td>Phys ed</td>
</tr>
<tr>
<td>15.</td>
<td>x</td>
<td></td>
<td>n/a</td>
<td>n/a</td>
<td>(Health worker)</td>
</tr>
</tbody>
</table>

Photo 1: Amhara region primary school focus group discussion, November 2019
Table 9: Respondent Parent Information

<table>
<thead>
<tr>
<th>#</th>
<th>Relationship</th>
<th>Education Attained</th>
<th>Occupation</th>
<th>Club Student</th>
<th>Children 10-19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Non Prim</td>
<td>Prim</td>
<td>Sec</td>
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<td>-----</td>
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<td>----------</td>
</tr>
<tr>
<td>1</td>
<td>Mother</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grandmother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grandfather</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mother</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Mother</td>
<td>x</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
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<tr>
<td>7</td>
<td>Mother</td>
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<td></td>
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<td>8</td>
<td>Mother</td>
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<td></td>
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<tr>
<td>10</td>
<td>Father</td>
<td>x</td>
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<tr>
<td>11</td>
<td>Mother</td>
<td>x</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Shading indicates small group interview.
Description of the Adolescent Nutrition SBCC Materials
Growth through Nutrition developed and pretested seven adolescent nutrition SBCC materials in three languages (Amharic, Oromo, and Tigrigna).

Nutrition Awareness-raising SBCC Materials
Girls’ “Bright Minds, Bright Futures” Poster: This poster is about star foods that help girls have bright minds and bright futures. There is an image of a smiling school girl at school with her books. She looks happy and healthy. There are rays of sunlight coming from her brain (suggesting her intelligence). There are images of star foods on the poster to suggest that these are the foods that are helping her to be successful in school.

“Five Household Doable Actions for Girls and Boys” Poster: This poster is about five areas where adolescent boys and girls can take doable actions to help improve their nutrition and the nutrition of their households. The poster shows adolescent girls and boys engaging in each of the five household action areas for whole household nutrition. In the middle of the poster there is an image of a happy family with the parents and an adolescent girl and adolescent boy and their younger siblings.

Nutrition Knowledge-building SBCC Materials
The Nutrition Practices Card Game includes 24 pairs of playing cards. In each pair, one card shows a nutrition practice that Growth through Nutrition’s earlier research on adolescent girl nutrition practices has shown is common and the other card shows the improved practice that the same research has indicated are feasible. The practices shown are done by adolescent girls and adolescent boys, and by their mothers or fathers at home. The goal of the cards is to raise awareness, provoke discussion, and encourage adolescents to try the improved practices or to encourage their friends, mothers and fathers to try the improved practices. There is also a wild card— the card that remains in the hands of the person who loses the game. Participants identify a relevant image or color for the wild card; usually this card symbolizes a bad nutrition outcome.
The “Best Nutrition Secrets to Share” Conversation Leaflet for Girls
The “Best Secrets to Share” leaflet is small and easily folded to keep in a pocket. It is designed to look fun and attractive for girls to read and to use with their friends.

The “Nutrition Hookworms and Ladders” Game
Based on Snakes and Ladders, this game allows players to role a die to land on a nutrition behavior and its consequences (good or bad). Good nutrition behaviors tend to allow the player to move forward, sometimes skipping spaces or levels, while poor nutrition behaviors result in staying place, moving backward, or losing a turn.

Nutrition Skills-building SBCC Games
The Menu Planning Game
The game includes a large vinyl mat, food cards and instructions. Players practice planning their daily menus by selecting various food cards, placing them on the images of large plates (representing meals) and a small plate (representing a snack, and discussing the nutritional value with other players.

The Earn & Buy Game
This game builds skills for adolescents to have family dialogue and to make decisions about using agriculture income to buy nutrient-rich foods and WASH commodities. The game includes a large vinyl mat, money cards and instructions. On the mat is a picture of an adolescent girl and an adolescent boy. Both of them are smiling. At the time of the assessment, multiple copies of all six materials had been distributed to schools where teachers have been trained through Growth through Nutrition. All but the accordion leaflet, which was intended only for the in-school adolescent girls, had been distributed to out-of-school programs. Dice needed for the Hookworms and Ladders game had not yet been distributed to all programs. Tigray programs improvised by writing numbers on small papers and having students select one to know how many moves to make. Oromia schools had not played the game due to lack of dice.
Two additional materials were developed but were not yet available: a take-home discussion leaflet for parents and a reminder checklist leaflet for teachers and OOS program leaders.

**Teacher and Program Leader Training**

Regional SBCC managers conducted initial regional adolescent nutrition SBCC workshops with the SBCC Advisor in May 2019. Since then, they have conducted one or more workshops at zone level with woreda health or education officials or local Growth through Nutrition staff as co-trainers. The workshops last two days and use the Growth through Nutrition *Training of Trainers Manual: Adolescent Nutrition SBCC Materials for After-school Health Clubs* and Promoting Adolescent Nutrition through After-school Health Clubs: Guide for School Teachers on the Adolescent Nutrition Social and Behavior Change Communication Materials.

By the time of the documentation research visit, SNNPR had trained 36 teachers, 12 woreda education and health office staff, and 18 out-of-school program facilitators/directors, and had another training workshop scheduled for the following week. These have, in turn, oriented 503 primary and high school students on adolescent nutrition. The OOS program in SNNPR, which will work through youth centers and youth-friendly adolescent reproductive health services, is just starting.

Amhara has trained teachers in 12 schools in six woredas and has begun training out-of-school program leaders. Oromia has trained 25 teachers and 30 OOS facilitators and others (including nongovernmental organization staff). Tigray is working in 24 schools and had trained 48 teachers, 18 woreda education officers, and 24 primary health care unit providers by the time of the adolescent nutrition SBCC documentation research visit. Each youth in the clubs and out-of-school programs is expected to train five other young people on adolescent nutrition.

SBCC Managers expressed high satisfaction with the training materials and felt participants were also satisfied with them. Suggestions for improving training included adding a bit more theory (national data, the impact of adolescent malnutrition), having a teacher’s guide tailored to OOS programs, and adding cluster coordinators (one coordinator per zone or two zones) to provide more and better supportive supervision given the number trained and the wide geographic area to be covered. Oromo staff requested more time and that both the training manual and teachers’ guide be translated into Oromo for training primary school teachers.

Teachers were largely satisfied with the training Growth through Nutrition provided, and at least two mentioned how the training had helped them improve nutrition practices in
their own households. The few requested changes included adding a day (or two), less PowerPoint and more participation, training more than two people per school, training school directors or vice-directors, and translating the guide into regional languages such as Tigrigna so that teachers and out-of-school program leaders can more effectively train others (other teachers, fellow health workers, etc.).

**In-school Gender/Health/Nutrition Clubs**

Growth through Nutrition-trained teachers introduced adolescent nutrition activities into existing gender or health clubs, or created nutrition clubs. Most of the clubs visited were created or introduced nutrition activities at the end of the last school year (June 2019). Clubs meet weekly, bi-weekly, or monthly, depending on the school, for 30-45 minutes, and have from 25 to more than 80 members (both girls and boys). Club activities include discussing adolescent and family nutrition using the posters and girls’ leaflet, playing the games, cooking demonstrations, demonstration gardens, and teaching others about good nutrition. Most of the clubs had all the materials that have been distributed by Growth through Nutrition. Use of the materials varied, though all had used at least a few of the materials with club members. Schools tended to lend the girls’ leaflet instead of giving it to club members to keep (due to fear of not having enough to last). At one school the games were taped to the wall like posters; it is not clear whether they are actually used or if they were posted for the documentation visit. It was difficult to ask FGD participants about every material (due to translation, discussion flow, and time constraints), so after the first two FGDs, discussion focused on the materials they said they used and preferred. Some of the schools visited displayed the posters on exterior walls around the school in addition to having them in the room used by the club.

**Motivation for joining the club**

Primary and secondary school participants said they joined to get valuable nutrition information to share with their parents; to understand why they are undernourished; to learn how to improve their nutrition so they can be healthier and learn better; to prevent stunting; because nutrition is a big problem in their community; and to improve the
nutritional status of themselves, their families, their community, and their country. They felt this information had been lacking, and primary school participants in particular stated that improving nutrition was easy once they had the knowledge. This knowledge includes the knowledge that their traditional diets were not actually sufficient and that better nutrition could lead to better health, educational, and development outcomes for them. All participants expressed high levels of satisfaction with the clubs and their participation.

According to one secondary school boy:

“Previously our nutrition behavior was not correct. If we make our nutrition good, we could be as good as the boy in picture [referring to one of the faces used to elicit their feeling about the club, found in Appendix C].” (Male secondary school FGD participant, SNNPR)

Programs for Out-of-school Adolescents
In most of the regions, work with out-of-school youth is just getting underway. The exception is Tigray, in which work with youth-friendly adolescent reproductive health (ARH) services is already underway. They meet every week. Participants have been members of the youth friendly reproductive health services peer education program from three months up to five years. In the ARH peer education program, the members focus on HIV/AIDS prevention, reducing child marriage to mitigate the effect of HIV, reducing adolescent commercial sex work, and reducing alcohol and drug addiction. They said they became peer educators because they want to help change their community, because it is important to have life skills, and to avoid trouble for themselves and others.

The nutrition club was established three months before the rapid assessment (i.e., August 2019). Twenty-five adolescent girls and boys participate in the nutrition club. Participants expressed that integration of nutrition into their program helped its members to understand the causes of malnutrition, the problems of hygiene and sanitation for adolescent girls as well as the whole community, and that the most vulnerable members of the family are pregnant women, lactating women, children and adolescents. Nutrition activities involve learning about adolescent nutrition, adopting improved nutrition behaviors, and teaching/training five other adolescents to improve their and their family’s nutrition. This was a mixed group (female and male) with nearly all of its 25 members participating.

Health workers in the facility lead the nutrition club. The SBCC materials are kept in the facility and space is provided for the club members to come together, use the materials, and discuss nutrition issues. In addition to the SBCC materials, the platform presents bi-weekly nutrition education and food demonstrations for pregnant women (nutrition club members participate) and maintains a garden at the health center (for demonstration
purposes as well as to improve the diversity of foods for women who stay in the facility’s maternity waiting home for days or weeks before delivering – it existed before the adolescent nutrition club). The club also is developing a drama to perform in schools and the community (and suggests that Growth through Nutrition create short dramas on DVD for use with groups).

They plan to begin home visits to peer educators and their families to see what nutrition-related changes are taking place and to help identify barriers and opportunities for the needed behavior change. Their vision is for peer educators to become role models for their community.

**Acceptability and Use of Adolescent Nutrition SBCC Materials**

The adolescent nutrition SBCC materials appear to be very well-received, understood, and used. FGD participants and parents knowledgeably discussed the importance of good nutrition to growth and development, the need for breakfast and a snack in addition to lunch and dinner, diet diversity, star foods in detail and with examples, the need to preserve food for later consumption, maternal-child nutrition needs (1000 days), nutrition-sensitive behaviors such as handwashing with soap at critical times and separation of livestock from people spaces (“Good nutrition without good sanitation is not good enough”), and, to a lesser extent, how gender and nutrition interact. Girls in four FGDs (Amhara and SNNPR primary schools, SNNPR secondary school, Tigray out-of-school) mentioned links between nutrition and menstruation (certain foods helpful during menses, nutrition can affect menstrual cycle).

“Now I know the effect of menstruation on nutrition. Since adolescent girls menstruate, they are vulnerable to malnutrition.” [OOS FGD participant, Tigray]
Favorite Adolescent Nutrition SBCC Materials

By far the most appreciated material is the Hookworms and Ladder Game. Adolescents and parents said they enjoyed playing it because it showed actions and consequences, entailed competition, and taught them things they need to know. Similar comments were made about the card game. The Earn and Buy and Menu Planning Games were also popular, especially in Oromia. Primary school girls also expressed appreciation of the girls’ poster (because it shows what they could be) and the girls’ “Best Nutrition Secrets to Share” conversation leaflet (which was the favorite of the secondary school girls in Amhara).

In the OOS group, most of the participants like Hookworms and Ladders, Earn and Buy, and the Menu Planning Game. They were not given the girls’ leaflet.

Borrowing the Adolescent Nutrition SBCC Materials to Share with Family and Friends

Students from all of the primary schools and three of the secondary schools (Amhara, Oromia, and Tigray) said they had borrowed materials to take home. Parents confirmed that they had seen materials or played a game brought home by their student. The materials were borrowed from the club, rather than from a school library, via sign-out sheet or oral request. The Tigray secondary school left the club room open after hours and on weekends so students also had the option of bringing friends in to play the games. Participants who had not been able to take materials home said they would really like to do so. (The out-of-school group might not have been asked directly if they had borrowed materials, but they talked a lot about teaching others so could well have access to the materials apart from their group meetings.)

Information-sharing with Parents

Almost all FGD participants said they had shared nutrition information gained from the club with their parents. Many said they also shared information with neighbors. Secondary school girls were the least likely to have asked for improved nutrition at home. (Many said they had, but nearly as many, except in the Tigray group, admitted they had not.) Most who shared the information said their parents were receptive to it (eventually, if not
immediately). The parents interviewed confirmed learning a lot from their children and trying to put it into practice:

“Previously my thinking was that injera and shiro was enough for adolescents; she told me the importance of mixing different types of food; the importance of fruits and vegetables; the importance of egg for adolescents.” (SNNPR mother)

“My daughter was complaining about the monotony of the food. She says, ‘Yesterday shiro, today shiro, tomorrow shiro. Let us change that.’ If for example I serve shiro at lunch and dinner, she would say, ‘Are you a signatory of shiro?’.” (SNNPR mother)

“She informed us that our food should contain one-, two-, and three-star foods. The food should be mixed. We should not repeat the same type of food during breakfast, lunch or dinner. She also informed me of the importance of snack for adolescents.” (Amhara mother)

“Though HEWs told us about nutrition, they said nothing about standard diet, and the teaching was interrupted (not consistent or integrated). Our children give us a consistent message.” (Tigray parent)

“She told us to use the grown cabbage, salad, egg, and other vegetables… She told me about hand washing using soap or by ash, after latrine, before feeding and after field work… It is very important and we are ready to practice what [she] told me.” (Oromia parent)

Parents interviewed were able to list star foods and key messages such as eating four times per day (adolescents and pregnant women), diet diversity, growing and buying vegetables for family consumption, giving adolescents eggs to eat, handwashing with soap after latrine use, before feeding, and after field work, and good nutrition making their children brighter/more intelligent. One parent recalled seeing the Menu Planning Game but not understanding it (or having sufficient time to learn about it).

**Nutrition-related Behavior Change**

In addition to sharing nutrition-related information with others, a fair number of in-school participants mentioned changes they had made or were trying to make. Most often mentioned were adding a vegetable or protein to breakfast, eating (more) eggs, starting a backyard garden, not eating the same thing all day every day, keeping some of the star foods they produce instead of selling them all, and making smarter purchases with the limited funds available. A few mentioned drinking more milk, adding a snack, buying chickens for eggs, or asking for fruit. A few also mentioned eating three or four meals some days (as opposed to their normal two or three) or washing their hands with soap more often.
“Before, if there was meat, we ate just that until it was finished, same with vegetables; now we know and practice diet diversity within meals.” (Secondary school girl, Tigray)

“Previously we never learned about what to eat at home. We simply learn the importance of balanced diet at school. But that information was not enough to guide us prepare nutritious food at home. Participation in the club gave us the opportunity to identify the type of food we need as adolescents.” (Secondary school boy, SNNPR)

The parents interviewed noted several of the changes they had made as a result of intervention from their adolescent club member:

“Previously, I have never given snack to my children. After Sofia informed me [of] its importance, now I prepare snack for my children. Previously, I used to sell all the eggs and most of the milk. Now I give priority for my children, give most of the eggs and milk, and sell what is remaining.” (SNNPR mother)

“For example, yesterday kale and bread was served at breakfast, lunch was shiro, and milk and porridge was served during dinner. So the day’s meals had all the star foods.” (SNNPR mother)

“Now I have started giving snack to my daughter.” (Amhara mother)

“We are adding vegetables to daily food due to our child, not due to HEW. She insists.” (Tigray parent)

“I buy vegetables from market because we have no land to plant. Also because of my daughter, I got two chickens for eggs.” (Tigray mother)

“It is difficult to get meat. We used to eat all the meat we obtained in one to two days. My son told us about drying meat, so we will do it.” (Tigray father)

In the out-of-school program, six of 25 participants said they started backyard gardening as a result of the adolescent nutrition SBCC program. Ten of 25 said the program led them to buy a chicken so they could have eggs to eat.

When asked about nutrition-sensitive practices such as handwashing with soap, secondary school participants said they had learned about that in science class and were already doing it. Primary school participants were more likely to have learned about such behaviors in the club, e.g., by playing the Hookworms and Ladders Game.

Teachers and the OOS program leader noted the need to follow up with families (through home visits) to verify and support behavior change. At least one teacher (Oromia) is asking club members to recall what they have eaten in the past 24 hours.
Radio Spots
Growth through Nutrition supported regional or zonal educational media to develop adolescent nutrition radio spots for broadcast at primary schools during the school day. These stations expressed great appreciation for improving the way they develop programming (the concept development portion of the workshops). They wished there had been more time during the Growth through Nutrition workshop to give and receive feedback on concepts and draft scripts.

Each station developed 14 spots and plans to or is in the process of developing 14 more. In theory, all schools have access to and broadcast education radio programs that align with the school curriculum, on subjects such as science. However, the schools visited did not have functioning radios, could not receive the signal where they were located, or may not have had the habit of accessing educational radio for other reasons.

Spots lasting 30-45 seconds, such as the adolescent nutrition spots, are meant to air during morning or afternoon breaks. Schools that receive programming on flash drives can broadcast them at need, including during morning flag ceremonies. Educational radio can also broadcast the spots during or between community-focused edutainment programs broadcast on Sundays and during school breaks. Regional Educational Bureaus distribute radios and mini-media kits (cassette stereo, an amplifier, loudspeaker and microphone) to schools. One interviewed said they were considering listening groups, flash drive distribution, supervision visits, and other ways to encourage use of the nutrition spots.

None of the primary school students with whom we spoke had heard a nutrition radio spot, and radio staff expressed the need for a mechanism to assess listenership and maximize the effectiveness of the spots.

Maximizing Impact
FGD participants had lots of suggestions for maximizing the impact of the program and materials. Every group expressed the desire to extend activities into their communities. Specific suggestions in this area included informing and including other schools, taking the information into communities to reach women who have no children in school (e.g., by using the materials at churches and health center meetings), and other community outreach. Secondary school girls and boys emphasized that making the games widely available for families would make a big difference.

Members of one secondary school club requested regular club meetings with a defined program, e.g., weekly, 30-45 minutes (they said they have met during the 45-minute club period, but that it is not long enough for everyone to play the Earn and Buy Game). This
same club had not yet made the games available for borrowing. They liked the idea of choosing a student leader to assist the teacher so that more could be done.

Three of the groups would like the club to provide seeds for home gardening. (Seed variety was also an issue, with Swiss chard, cabbage, and carrots seen as too limited by some.) Amhara and Tigray clubs mentioned the need to bring water closer for school and home gardening.

Other suggestions from in-school participants included: intensifying outreach to other students, continuing the club throughout all school years (instead of participating for just one school year), teaching how to cook nutritious foods, teaching and equipment for preserving food, promoting foods adapted to local growing conditions (likely what has led to the limited variety of seeds available), and practice gardening.

Parents suggested organizing meetings with parents of non-club members to provide important information to more than the parents of club members, government support for improved chicken coops, and bringing water closer to homes to enable more families to grow vegetables.

Teachers recommended expanding/scaling up the program, including demonstrations students can repeat at home, having audio messages to use in clubs, using mini-media to engage more students on nutrition, providing seeds and financial support for small incentives for students such as tea during meetings and prizes, and making the materials available to students to use at home during school breaks (which students also requested).

Regional SBCC Managers recommended training health workers and health extension workers to implement adolescent nutrition activities at community level, orienting all teachers and staff at intervention schools, having clubs train and orient teachers in non-intervention schools, and documenting club activities through meeting minutes so that lessons and ideas can be shared.

**Sustainability**
Radio station staff mentioned that the Growth through Nutrition adolescent nutrition radio spots were not the first nutrition programming they had done, nor would it be the last,
even if they never got more partner support. As a government priority, and with the
guidance on concept development provided by GROWTH THROUGH NUTRITION, they
expect to maintain a focus on adolescent nutrition. They also said they would likely
continue to run the radio spots during weekend community programming and during
school breaks. Similarly, the one out-of-school program facilitator interviewed stated that,
“We will continue with or without a project. It’s our problem, and we don’t want to be
dependent on others to solve it.” That program plans to train other health workers using
the eventual Tigrinia version of the Teachers’ Guide.

Teachers recommended involving the woreda education office (SNNPR has done this),
training more teachers per school, training or orienting school directors, and supportive
supervision to strengthen capacity. Some have briefed or trained other teachers (or plan
to do so). Some club leaders would consider continuing to work with students during
breaks, especially on maintaining the demonstration garden, but at least one stated that
was not at all feasible.

Regional SBCC Managers suggested further strengthening teachers’ capacity, providing
more technical support, and having school administrations strengthen club monitoring
and evaluation and recognizing the nutrition clubs for the value they bring.
LESSONS LEARNED

Findings and discussion with Growth through Nutrition staff highlight several lessons learned that could improve start-up and implementation as the adolescent nutrition SBCC program adds new schools and OOS programs.

- While it is very early in the program, it is evident that adolescents can change nutrition practices for their entire family. As one youth put it:
  “Previously I used to eat similar types of food— injera with shiro— day in and day out. After learning about the star foods in this club, I advised my mother about adding vegetables in our meal. First my mother was not willing. Then I told my older sister about it. Then we continue telling our mother about good nutrition. Now she is adding vegetable in our meals.” [OOS participant, Tigray]
  In the same vein:
  “Usually parents take time to accept new ideas. So we need to tell them several times.” [OOS participant, Tigray]

- Students seem to really like the idea and practice of sharing nutrition information with other students and their broader community—even those not in the “each one reach five” programs. This has the potential to change community nutrition behaviors, especially over time.

- Club leaders have not given members the girls leaflet to keep as their own (as intended by Growth through Nutrition) because they fear running out of them. This might mean that printing so many was not worth doing, or it might mean that Growth through Nutrition needs to demonstrate that a continued supply will be forthcoming.

- Based on the information adolescents and other respondents volunteered before and after probing, the easiest messages to assimilate are those that reflect what they already wanted, i.e., diet diversity (including star foods, even though they did not know them as star foods before the clubs), more frequent meals, better nutrition for pregnant and lactating women (and young children), and the ability of improved nutrition to improve other aspects of their lives such as the ability to learn. Much less mentioned (or not mentioned at all) were concepts such as nutrition during menstruation, gender and nutrition, improving communication to improve nutrition (there might not have been a need), and getting more rest. Clubs and OOS programs might need to emphasize these ideas more as activities progress.

- Demonstration gardens in which students actively participate seem to be a great way to help student practice what they are learning and possibly to help them address problems they might encounter in their home gardens.

- While maintaining the basic integrity of program design, each region seems to have tailored activities to suit their realities. This could provide excellent opportunities for cross-fertilization, which could, in turn, enable the clubs and programs to sustain adolescents’, teachers’, and administrators’ interest over time.
Teachers who mentioned being from the communities where they teach tended to express more commitment to the program. One teacher offered, for example: “We are motivated to lead this club because we are from these schools, and we know that the people around here are affected by malnutrition. I believe that by changing the students, and, through them, their parents, I can contribute to reduction of malnutrition in this community. So, we are very happy to lead this club.” [Teacher, Oromia]

Radio does not seem to play a role yet in improving adolescent nutrition and might only be a viable platform if the messages are available in other formats (e.g., flash drives, phone-downloadable audio), guidelines are provided for listening clubs or other active use of the nutrition spots, and feedback and support mechanisms function to maximize effective use of the spots.

**RECOMMENDATIONS**

Overall the adolescent nutrition SBCC materials and program seem to be having a positive impact on adolescent and family nutrition awareness, knowledge, and behavior. Valid concerns exist about needing further evidence of change in nutritional and nutrition-sensitive practices, sustaining interest in improving adolescent nutrition, and the ability of the program to help adolescents and families overcome resource-related impediments to good nutrition such as extreme poverty, lack of water for home gardening, poor soil and other growing conditions, lack of means to safely preserve food, and lack of easy availability of fruits, vegetables, and meat. Several opportunities exist for the program to begin to address these issues and to improve in other areas.

**Training:**

- Tailor the TOT Manual for use by teachers who have been trained to train students and include a practicum using the training package and SBCC materials with students.
- Include ample time for teachers and student group leaders/facilitators to practice using each material with adolescents (or even each other); creating, sharing, and getting feedback on concrete work plans; planning for the use, storage, and lending of materials; and planning for feasible monitoring and evaluation could help with start-up and sustainability.
- Develop an implementation guide for teachers and students that includes guidance on how to:
  - integrate nutrition into a health or gender club;
  - set nutrition goals and objectives for the club;
  - develop and implement supportive activities such as demonstration gardens, parent-teacher outreach, community outreach, etc.
Teachers, program facilitators, and administration:

- Demonstrate or make it easy to practice nutrition-sensitive behaviors such as having and maintaining handwashing stations near school latrines and keeping herd animals off school grounds.
- Collaborate with agricultural extension, Peace Corps, or others to teach keyhole gardening, food preservation, modern poultry management, and other locally appropriate nutrition-positive practices.
- Implement student-led cooking demonstrations and other student-led activities at schools and in the community.
- Conduct food shopping trips with club members (and a family member, if possible).

Growth through Nutrition Regional Offices:

- Make “each one reach five” a standard part of club programming.
- Collaborate with government and partner-supported WASH efforts to improve water access, including for home gardens.
- Provide monthly or bi-monthly supportive supervision. Both club leaders and Regional SBCC Managers felt that this would keep leaders motivated and promote continuous improvement.
- Make radio spots available for use on teachers’ mobile phones and in mini-media (flash drives, possibly cassettes where appropriate).
REFERENCES


Appendix A: Growth through Nutrition Adolescent Girl Nutrition SBCC Strategy

Adolescence, the period between the ages of 10 and 19 years old is characterized by a growth spurt as young people transition from childhood to adulthood. It is a period of remarkably rapid growth: up to 45% of skeletal growth, between 15% and 25% of adult height is achieved during adolescence, and up to 37% of total bone mass may be accumulated. Although global efforts to improve children's nutrition have focused on the first 1000 days, nutritional needs are the greatest during adolescence. For this reason, adolescence is another “window of opportunity” to improve the nutritional status of children.

Growth through Nutrition’s adolescent nutrition program prioritizes adolescent girls because stunting, pregnancy and childbirth in adolescent girls not only impacts their own nutrition outcomes but those of their children as well, contributing to a cycle of intergenerational undernutrition. The World Health Organization (WHO) issued recent guidance for program interventions to improve nutrition outcomes. These are:

1. Promoting healthy diets in adolescents
2. Providing additional micronutrients through fortification of staple foods and targeted supplementation in adolescents
3. Managing acute malnutrition in adolescents
4. Preventing adolescent pregnancy and poor reproductive outcomes
5. Promoting preconception and antenatal nutritional care in adolescents
6. Providing access to safe environment and hygiene for adolescents
7. Promoting physical activity in adolescents
8. Prevent and manage disease in adolescents

The Growth through Nutrition project recently implemented two qualitative research studies to gain more insights into maternal and adolescent girl nutrition-related practices in their home environments: one a maternal nutrition trials of improved practices (TIPs) study and the other a formative study. The studies focused primarily on the first two of the eight program intervention areas identified by WHO: promoting healthy diets and providing additional micronutrients. In addition, the studies focused on the enabling environment in the household, particularly relationships between adolescent girls and their parents, and in the community, particularly relationships between adolescent girls and their friends. Although the formative research study reviewed girls’ eating practices during menstruation, other areas of reproductive health were not explored in the research. Adolescent pregnancy and its prevention were also not explored in the formative research study.

The findings from both studies inform the present SBCC strategy to improve adolescent girls nutrition-related practices.

Feasible Adolescent Girl Nutrition Behaviors

15 Adolescent girls’ nutrition-related practices in the Amhara, Oromia, SNNP, and Tigray regions of Ethiopia: Formative research findings and recommendations. USAID/Growth through Nutrition Project. May 2018.
Growth through Nutrition’s qualitative research has revealed that adolescent girls in the project zone of intervention tend to eat the same foods as their mothers and share meals with their mothers. The adolescent girl nutrition SBCC strategy will therefore promote most of the same nutrition-related behaviors for adolescent girls, while they are at home, that are promoted for women who are pregnant or breastfeeding.

Priority interventions will focus on the following nutrition behaviors that these research studies indicated are feasible for adolescent girls and their families. Feasible nutrition behaviors for girls throughout their adolescence are:

<table>
<thead>
<tr>
<th>Adolescent Girl Nutrition</th>
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<tbody>
<tr>
<td><strong>Increase quantity of food intake</strong></td>
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<tr>
<td><strong>Improve food diversity</strong></td>
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<tr>
<td><strong>Avoid sweet beverages</strong></td>
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<tr>
<td><strong>Take iron supplements</strong></td>
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<tr>
<td><strong>Manage nausea and food aversion during menstruation</strong></td>
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</table>
Priority Actors and Audiences for Adolescent Girl Nutrition

Based on the qualitative research findings and recommendations, important actors for the adolescent girl nutrition SBCC strategy are indicated below.

**Adolescent Girl Nutrition SBCC Strategy Priority Audiences**

<table>
<thead>
<tr>
<th>Primary actors</th>
<th>Supporting actors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adolescent girls 10 – 14 years old</td>
<td>• Teachers</td>
</tr>
<tr>
<td>o In-school</td>
<td>• Health Extension Workers and Health Facility Nurses</td>
</tr>
<tr>
<td>o Out of school</td>
<td>• Religious leaders</td>
</tr>
<tr>
<td>• Adolescent girls 15 – 19 years old</td>
<td>• Agriculture extension workers</td>
</tr>
<tr>
<td>o In-school</td>
<td>• Women and children’s affairs representatives</td>
</tr>
<tr>
<td>o Out-of-school</td>
<td>• Social workers</td>
</tr>
<tr>
<td>• Mothers of adolescent girls</td>
<td>• Youth groups</td>
</tr>
<tr>
<td>• Fathers of adolescent girls</td>
<td></td>
</tr>
<tr>
<td>• Peers/friends of adolescent girls</td>
<td></td>
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</tbody>
</table>

**Important Facilitators and Barriers for Improved Adolescent Girl Nutrition Practices**

Formative research conducted under the ENGINE project and the Growth through Nutrition project identified a number of facilitators and barriers to improved adolescent nutrition practices. These are summarized in Table 4 below.

Table 4. Main facilitators and barriers for improved adolescent girl nutrition practices

<table>
<thead>
<tr>
<th>Facilitating Factors</th>
<th>Constraining Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perceived benefits of good nutrition</td>
<td>• Actual or perceived poverty and limited resources</td>
</tr>
<tr>
<td>• School education</td>
<td>• Limited access to diverse foods</td>
</tr>
<tr>
<td>• Adolescent girls’ self-efficacy in family and community roles</td>
<td>• Socio-cultural expectations for families to eat the same food together</td>
</tr>
<tr>
<td>• Parents and family Support</td>
<td>• Parents</td>
</tr>
<tr>
<td>• Peers and friends</td>
<td>• Nutrition is not prioritized in the management of household resources</td>
</tr>
<tr>
<td>• Neighbors</td>
<td>• Low knowledge or awareness of nutrient-rich foods and the dietary needs of adolescent girls.</td>
</tr>
<tr>
<td>• Health Extension Workers</td>
<td>• Gender constraints in households (e.g. prioritizing men over women and adolescents when there is limited food, gender-bound concepts of feminine beauty)</td>
</tr>
<tr>
<td>• Teachers</td>
<td>• Food taboos related to menstruation and controlling girls’ sexual urges</td>
</tr>
<tr>
<td>• Other people who are trusted sources of nutrition information</td>
<td>• Neighbors</td>
</tr>
<tr>
<td>• Home gardens</td>
<td>• Peers</td>
</tr>
</tbody>
</table>

**Messaging and Positioning for Adolescent Girl Nutrition SBCC Program Interventions**

Growth through Nutrition’s SBCC programming for adolescent girls and their families will:

*Promote girls’ increased consumption animal source foods (ASF)*
• Discourage beliefs that these foods incite early sexual debut and promiscuity among girls, or to diminish a girl’s beauty because they may make her fat or possibly too strong), developing and testing creative concepts that will help to combat these taboos where they exist.

• Focus messaging on eggs as a healthy option for girls to keep and prepare for meals for themselves and their families. Develop messaging and to help girls make pro-nutrition decisions around what to buy with the money they earn from selling eggs.

• Develop a “whole family” approach for messaging and materials that capitalize on another social expectation: that, generally, families should eat together and should eat the same foods. A “whole family” approach to improving adolescent girls’ nutritional outcomes would include interventions such as family counseling in facilities as well as during home visits (i.e. counseling families, or girls together with their parents, rather than solely counseling individuals).

• Develop and test materials promoting communication between fathers and daughters about decision-making related to using agricultural income to purchase animal source foods for the family.

Promote girls’ increased consumption of a greater diversity of nutrient-rich foods in their daily diets

Link ASF to the aspirations of parents and girls for adolescent girls to do well in school and to have successful futures. Position nutrient-rich foods as helpful for adolescent girls’ concentration, intelligence and doing well in school and in life.

• Develop and test the concept of the sun as the metaphor for adolescent girls’ strength, intelligence, leadership in their family (“illuminating the way”), value, femininity, and beauty. In this concept testing, test the conceptual links between the creative concept of the sunflower (first one thousand days) and the sun (girls between the ages of 10 – 19 years old).
  • Creative concept testing around the sun in messaging and materials should include trying this concept in materials that promote improve agricultural practices for adolescent girls such as: growing nutrient-dense vegetables in kitchen gardens, using improved seed varieties and fertilizers in kitchen gardens, and adopting improved planting methods (e.g. permagardens or inter-cropping) for nutrient-rich vegetables.
  • “Be the sun in your family” is an example of a message that might be used to also promote girls’ improved practices in raising chickens, practicing good hygiene and encouraging family members to practice good hygiene (especially washing hands with soap and water/soap and ash at critical times), keeping some of the chickens’ eggs for family consumption, and making pro-nutrition decisions with income generated from selling eggs at the market.

• Develop creative concepts, messages and materials that can be easily embedded in girls’ friendships and in the leisure and work activities girls enjoying doing with their friends: Adolescent girls prefer to confide in their friends, rather than their mothers or fathers, about secrets and intimate topics. Growth through Nutrition will explore creative concepts and messaging around adolescent girl nutrition as “the best-kept secret” (i.e. eating nutrient-rich foods) and designing a fun and innovative set of interpersonal communication materials for adolescent girls to enjoy using with their friends. These may be games, songs, puzzles, riddles, comic books, or picture books that focus on nutrition information and improved nutrition practices conveyed in an entertaining way, and in formats that are designed for adolescent girls to use or carry with them as they do housework, fetch water,
go to the market, or sit and chat with their friends. Improved nutrition practices during menstruation, and dispelling the association between ASF with promiscuity or becoming less physically attractive, are examples of the kinds of constructive “nutrition secrets” that girls can enjoy sharing with one another.

**Maximize adolescent girls’ healthy and supportive interpersonal relationships with their parents**

- Develop new interpersonal communication materials for parents of adolescent girls to help mothers and fathers integrate improved nutrition practices into their regular parental counseling sessions with their daughters. The materials should be simple and, given relatively low literacy rates in rural Ethiopian communities, they should be mainly pictorial in their design.
- Messaging should position improved nutrition practices as one of the things adolescent girls should do to stay safe, avoid misfortune (e.g. specifically rape and/or early pregnancy), and to be successful in school and in life. This includes practices such as increasing the consumption of ASF and other nutrient-rich foods and making pro-nutrition choices around eggs (how much to keep for family consumption, what to do with the money earned from selling eggs).
- Develop materials that are designed to appeal to parents’ placing importance on information that is modern and credible. These materials may be disseminated through teachers to girls in school- and are designed to take home.
- Leverage adolescent girls’ existing influence in their families. Growth through Nutrition will develop take-home materials that are designed to appeal to parents’ placing importance on information that is modern and credible. These take-home materials will be designed to complement existing nutrition materials already developed by UNICEF and the Government of Ethiopia for primary and secondary students (girls and boys) with a focus on filling in gaps.
- Link Growth through Nutrition’s school-based nutrition-sensitive agriculture initiatives, such as school gardens, with nutrition promotion.

**Priority Communication Channels and Platforms to Reach Adolescent Girls and their Influencers**

**Messaging and materials design ideas include:**

- Branding with a credible information source, such as the Ministry of Health, the Ministry of Education, or possibly a religious authority.
- Identifying and using a positive role model for adolescent girls in nutrition SBCC programming. This role model may be a well-known and respected local or national celebrity who is a young woman—or possibly the creative development of a fictional character who has the ideal qualities of a respected and credible young woman— as the source of information about adolescent girls’ nutrition.
- Qualitative research identified the sun as being generally perceived in the communities supported by Growth through Nutrition as having feminine qualities associated with strength and leadership: rather than being fragile or weak, the sun is vibrant, bright, illuminates everything and everyone. The sun is above others. This research finding around perceptions of girls and women being sources of light (illumination) for their families is consistent with some of the other research findings that suggest that adolescent girls are able to influence their families in part because their parents perceive their daughters to have new information or modern and progressive thinking.

**Leveraging adolescent girls’ existing agency in their families**
Nutrition SBCC programming will focus on promoting areas where adolescent girls already have some authority and control. Specifically, nutrition SBCC programming can include content, messaging, materials and activities that include:

- Offering recipes and new cooking techniques to improve girls’ decision-making and preparation of more nutrient-rich meals for themselves and their families;
- Promote the use of handwashing with soap and water (or ash and water) at critical times, including after handling cow dung (used for cooking fuel), including making and using tippy taps, and encouraging other family members to adopt these practices (using creative concepts that employ the symbolism of the sun and “illuminating” the family);
- Specific information to help girls improve chicken raising and chicken egg production (information and materials promoting chicken raising should include a special emphasis on keeping younger siblings away from chickens and chicken feces) separated from young children); grow nutrient-rich vegetables in kitchen gardens using improved agricultural inputs and techniques, and improving decision-making around the use of income earned from selling eggs or other agricultural produce at the market (consider promoting the use of the “Earn & Buy” game in schools and through other platforms to reach adolescent girls (see next recommendation).

Prioritizing school-based and community platforms to reach adolescent girls with nutrition SBCC programming

Nutrition SBCC strategies aimed at improving nutrition outcomes for adolescent girls should prioritize the following platforms:

- Adolescent girls’ homes
- Schools, classrooms and school nutrition clubs
- Churches and mosques
- Health centers and health posts
- Well-known, recognized gathering places for community assemblies or where adolescent girls may be known to gather in their communities for special meetings, or for leisure and entertainment.
- Leverage with other organizations and programs already working with organized groups to support adolescent girls (Growth through Nutrition can explore possible collaboration with Pathfinder or other groups who are implementing peer education trainings for young adolescents, or livelihoods/vocational training programs for adolescents). Where possible, adolescent girl nutrition SBCC content and materials can be delivered through these existing platforms with cooperation from other USAID-funded programs.
3. What We Know about Adolescent Girls’ Nutrition-Related Behaviors

Defined as the period between the ages of 10 and 19 years old, adolescence is characterized by a growth spurt as young people transition from childhood to adulthood. Adolescence is divided into three developmental stages based on physical, psychological and social changes: Early adolescence, between 10/13 and 14/15 years; mid adolescence, between 14/15 and 17 years; and late adolescence, between 17-21 years\textsuperscript{vii}. It is a period of remarkably rapid growth: up to 45% of skeletal growth, between 15% and 25% of adult height is achieved during adolescence\textsuperscript{viii}, and up to 37% of total bone mass may be accumulated\textsuperscript{ix}. Although global efforts to improve children’s nutrition have focused on the first 1000 days, human nutritional needs are the greatest during adolescence\textsuperscript{x}. For this reason, adolescence is another “window of opportunity” to improve the nutritional status of children\textsuperscript{xi,xii}.

Adolescent nutrition programs prioritize adolescent girls primarily because stunting, early pregnancy and childbirth among adolescent girls not only impact their own nutrition outcomes but those of their children as well, and contribute to a cycle of intergenerational undernutrition\textsuperscript{xiii}. According to the 2016 Ethiopia Demographic Health Survey, thirteen percent of adolescent girls between the ages of 15 and 19 years old have already begun childbearing; the median age of marriage in Ethiopia is 17.1 years for girls. The proportion of adolescent girls who have begun childbearing rises rapidly with age: while 2% percent of girls who are 15 years old have begun childbearing, 28% of girls who are 19 years old have done so. Childbearing is more common among adolescent girls who live rural areas than it is among those living in urban areas (15% versus 5%, respectively). Meanwhile, education is inversely related to childbearing among adolescent girls: nearly 3 in 10 (28%) of adolescent girls between the ages of 15 and 19 years old with no education have begun childbearing compared to 12% of their cohort who have attained primary education, and 4% of their cohort who have attained secondary education. Wealth is also inversely related to childbearing among adolescent girls: 22% percent of those in the lowest wealth quintile have begun childbearing compared to 5 percent of those in the highest quintile.

Improving the nutrition of adolescent girls requires clear insights into the constraints as well as the opportunities that lie within the socio-cultural context of girls’ access to and consumption of diverse quality foods. Formative research under the ENGINE project highlighted the challenges of girls’ limited resources, lack of awareness of their nutritional needs, and the socio-cultural expectations of rural Ethiopian societies for families to eat the same foods together- with husbands and fathers being prioritized for larger quantities and more nutrient-rich foods when there is not enough for everyone in the household to have an equal share\textsuperscript{16}. At the same time, the research revealed that older adolescent girls enjoy the interest and support of their parents, exert some influence in their homes, are interested in gaining more financial independence by earning income, and would enjoy bringing more diversity into their monotonous diets.

3.1 Adolescent girls’ daily lives and relationships with family members and friends

Most adolescent girls are engaged in household chores as well as duties outside of their homes. The qualitative data shows that girls in vulnerable kebeles may be doing more household chores than girls in non-vulnerable kebeles. Younger girls (10-14 years old) appear to be doing more

\textsuperscript{16} Adolescent girls’ diet and nutrition practices and their determinants: A report on formative research findings and recommendations for Social and Behavior Change Communication Programming. USAID/ENGINE project; Save The Children and The Manoff Group, March 2017.
housework than older girls (15-19 years old), especially tasks such as cleaning house, washing clothes, and preparing and serving coffee (coffee ceremonies). Outside of their homes, girls fetch wood and water, work with their fathers in the fields, and go to market with their mothers. After chores are done, girls who are in school will study. Leisure time may begin in the late afternoon around 3 or 4 pm, although during the rainy season and times of harvest, girls may be busy working with their fathers in the fields.

Many adolescent girls enjoy a close relationship with their mothers. Mothers take time to counsel their daughters on life, making wise choices (especially when it comes to chastity), and doing well in their studies (for those whose daughters are in school).

Adolescent girls’ fathers are not at home as much as their mothers are. Adolescent girls may only see their fathers briefly during meal times (when some fathers may eat alone rather than together with the girls and other family members). Girls therefore have fewer opportunities to have conversations with their fathers at home. Nevertheless, some girls work with their fathers during planting and harvest times or carrying meals to their fathers when they are working in the fields. When they do have an opportunity to talk with their daughters, fathers—like mothers—counsel them on avoiding places, people and conduct that could lead to consensual sex or rape, and (for those in school) focusing on their studies.

Friends are an important part of adolescent girls’ lives. Girls go to worship at the local church or mosque with their friends, and they do housework and chores outside the home, such as carrying water, with their friends. Whether working or at leisure, girls enjoy talking with their friends. Romance, menstruation and sex are topics that girls prefer to discuss with their friends.

3.2 Adolescent girls’ typical diets

Adolescent girls typically eat what the rest of the family eats, and they usually share meals with their family members. Girls’ diets consist of injera with shiro wot, or kale, bread or kita. Kocho is a common part of girls’ diets in SNNPR while pasta, macaroni and ambasha are more commonly reported by participants from Tigray. Most of these foods are staple foods with low nutritional value other than calories. Kale and shiro (chick peas), however are higher-nutrient foods. Some girls reported eating animal source foods, including meat (especially on holidays) and occasionally eggs. Girls may deliberately avoid animal source foods in some places, especially in the Amhara region, because they may be perceived to elicit promiscuity, or to make girls less attractive by making them “fat” or possibly too strong. The most common reason for not consuming animal source foods, however, was simply that they are not available in the household.

Adolescent girls eat approximately the same quantities that their mothers do, although the younger girls (10-14 years old) may eat a bit less than their mothers. Girls’ fathers often eat greater quantities than other family members, and the reason for this is that men are said to do harder physical work and also that men have the power, authority and respect in their families and are thus prioritized for larger quantities of food and animal source foods. Sometimes families eat together, sometimes meals are separated by gender: fathers may eat alone, or together with their adolescent sons, mothers and their adolescent daughters and younger children may all eat together.

Fasting

Older girls (15-19 years old) generally follow their parents’ fasting practices. Like their parents, Protestant girls usually do not practice any fasting. Muslim girls follow the practice of fasting one month in the year. Orthodox Christian girls follow the weekly fasting practices, and the more
common annual fasting periods that precede the major religious holidays. The younger Muslim and Orthodox Christian girls (10-14 years old) may try to follow their parents’ fasting practices, but they are not expected to be fully compliant, and indeed their families sometimes discourage them from adhering to the full duration of a fasting period because their parents believe this would be harmful to their health or their ability to do well in school.

**Menstruation**

Menstruation is the time to imbibe in- or to avoid- hot beverages, depending on how an adolescent girl and her family or community perceive the menstrual flow. Where menstruation is perceived to be a way for the body to get rid of impurities, girls drink a lot of hot beverages (especially tea and also coffee) as these are believed to increase the menstrual flow. In these cases, drinking hot beverages is perceived to be a health-conscious behavior. Where menstruation is simply perceived as blood loss, adolescent girls avoid drinking hot beverages because they are believed to increase the loss of blood, and to exacerbate cramps and nausea from excessive bleeding. Oily foods, animal source foods and spicy foods are also commonly believed to increase menstrual flow and may therefore be consumed or avoided by adolescent girls for the same reasons that they consume or avoid hot beverages. These findings were observed across regions.

3.3 Adolescent girls’ agency and influence around the production, preparation and serving of food

Overall, adolescent girls appear to have a good deal of influence in their families when it comes to deciding what to prepare for the family meals, although this influence is often constrained by what foods are actually available in the home. In many cases, however, adolescent girls across regions, religions and age groups reported having some influence on what is purchased outside of the home. Girls and fathers also occasionally reported that when girls ask their fathers to buy certain foods for the family, and if their fathers have the means, they will do so. When they accompany their mothers to the market, or go on their own, they may exert some influence on the decision of what foods to buy for the family to eat. Girls frequently mentioned being the ones who have the responsibility of raising chickens in the family and reported that they may sell the eggs and use the money as they wish. Few girls reported keeping the eggs for their own consumption or for family meals.

Some fathers listen to their advice when they make suggestions about a particular variety of seed or fertilizer- presumably because their fathers believe they have received this new or modern information from school or from another reliable source.

3.4 Gender-bound social expectations of adolescent girls and their roles

In the rural Ethiopian communities covered by the Growth through Nutrition project, adolescent girls are perceived to be fragile, weak, and soft. Much of the communication between girls and their parents involves their parents counseling their daughters to avoid the company of boys and men, who society perceives to be strong, aggressive, and potentially dangerous to girls. Parents want their daughters to remain chaste and modest, and fear that they will be promiscuous. In places where there are food taboos for adolescent girls, they appear to be have the function of helping to control girls’ sexual urges. Animal source foods in particular, as well as spicy foods, are associated in some places in Amhara region as foods that could provoke early sexual debut and promiscuity and are thus foods that adolescent girls should avoid. In other regions, such as Oromia, similar food taboos exist but are recognized by many of the study participants from these areas, as being old-fashioned taboos that are no longer followed in modern society.
Fragility, weakness and softness are closely associated with social ideals of feminine beauty. For this reason, animal source foods are sometimes avoided by girls because they fear they will become “fat” or perhaps too strong, and thus not in line with societal expectations of feminine beauty.

Parents listen to the information that their daughters bring home from school. Should their daughters suggest nutritious crops to grow in the kitchen garden, their parents would not object.
Appendix B: Data Collection Tools
FGD Guide **IN-SCHOOL GIRLS**

*Have participants add their name, age, grade and number of nutrition sessions to the sign-in sheet.*

**Activities to consider for FGDs**

- Showing them all the materials, asking them to pick out any they’ve used, and discussing what they learned and did as a result of using it/ them.
- Pictures of food for them to design a nutritious meal (especially if menu game is not available)
- A key message checklist to mark each time a respondent mentions an AN key message
- Role play of nutrition/health club meeting
- Role play of using the leaflet with friends
- Role play of sharing a material with a parent

**PART 1: INFORMED CONSENT SCRIPT**

*Read aloud to explain the purpose of the research and to ask for participants’ oral consent.*

Good morning/afternoon. My name is _____________ and I work for the Growth through Nutrition project. I would like to hear from you about the Adolescent Nutrition program that is being implemented in your community. This program includes programs for in-school and out-of-school girls and boys age 10-19. The Adolescent Nutrition program also includes educational materials, games and radio spots. The Adolescent Nutrition program is led at the national level by Save the Children, funded by USAID, in collaboration with the government of Ethiopia.

Today, we want to learn more about your experiences to help us improve our work and ultimately improve the nutrition of young people. I want to let you know that I’m not a medical professional, and I am not an expert on what we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we are going to discuss today. Your feedback, whether positive or negative, is important and very helpful to us. Before we begin, I’d like to review some important points about today’s discussion. I want to make sure you know about how it will work and your rights.

- You have been invited here to share your ideas, experiences and opinions.
- This session will be audio taped so we can capture everything that is being said today for the report.
- Even though the session is audio taped, your answers will be confidential, so feel free to say exactly what is on your mind. Your name and your family’s names will not be used in any reporting.
- Your responses will be added to the responses of many other people who will also participate in discussions just like this one.
- There are no right or wrong answers.
- You may excuse yourself from the conversation and leave at any time and for any reason.
- We would like to take pictures of the group to include in our report and for possible use in other educational materials. If you prefer, we will not take pictures.
- Other project staff from Save the Children may also join us to listen and observe.
- Do you have any questions? Is it ok for me to start the discussion?
PART II: QUESTIONS ABOUT CLUB ACTIVITIES

So, let’s discuss your experiences with the Adolescent Nutrition program and materials.

1. Please tell me how you first became involved in the health club/gender club/nutrition club.
   - What prompted you to join?
2. Please tell me how many club sessions you have attended where nutrition was the main topic discussed. <Ask each participant>

3. Look at these images <show the three images matching the group’s gender >. Which of these images best describes how you usually felt during the nutrition sessions? <Hold up the images, one at a time, asking students to raise their hand for the image that best reflects their feelings about the nutrition sessions.>

<Identify the participants who have selected the same images and ask the following questions:

• Please explain why you selected this image. What do you like/dislike about the nutrition sessions so far?

• Those of you who selected the same image, do you have other reasons why you selected this image? Please explain. <Identify the participants who have selected another image and ask the following questions:

• Please explain why you selected this image. Hat do you like [dislike] about it so far?

• Those of you who selected the same image as the first participant, do you have other reasons why you selected this image? Please explain.

<Continue until you have discussed all of the different images chosen by the participants>

PART III: QUESTIONS ABOUT THE ADOLESCENT NUTRITION SBCC MATERIALS

IF THEY HAVE ALREADY DISCUSSED 1, 2 AND 3 STAR FOODS, SKIP QUESTION #4.

4. Have you ever heard of star foods before? If you have, please tell me what they are.
   a. Probe: What are 3-star foods?
   b. Probe: What are 2-star foods?
   c. Probe: What are 1-star foods?

5. Which are your favorite Adolescent Nutrition materials?

<After they name them, ask questions only about the materials they name. Once the favorite materials have been discussed, move on to Part IV: Adolescent Nutrition Radio Spots.>

Bright Minds, Bright Futures Poster

<Show the group participants the actual Bright Minds, Bright Futures poster. Ask the questions>
6. **What do you like about this poster?**  
   **Probe:** Where have you seen this poster?
7. **Did anything change at home as a result of your having seen this poster?**

   a. **Probe:** Are there any changes in the amount of STAR foods you [or anyone in your family] are eating?

   b. **Probe:** Are there any changes in the frequency of STAR foods you [or anyone in your family] are eating every day or at every meal?

   c. **Probe:** Are there any changes in the frequency of meals or snacks you [or anyone in your family] are eating?

   d. **Probe:** Are there any changes in the quantity of food you [or anyone in your family] are eating?

   e. **Probe:** Are there any other changes in your diets or the diets of [or anyone in your family]?

8. **Did you tell anyone about the poster?**
9. **Did the people you told about the poster do anything differently at home as a result of you telling them about the poster?**
10. **What suggestions do you have for improving how the poster is used in the school or in health/nutrition/gender club meetings?**
Household 5 Do-Able Actions Poster

<Show the group participants the actual poster. Ask questions below, probing as needed.>

11. What do you like about this poster?
12. Did anything change at home as a result of your having seen this poster?
   a. Probe: Are there any changes in the amount of STAR foods you [or anyone in your family] eat?
   b. Probe: Are there any changes in the frequency of STAR foods you [or anyone in your family] are eating every day or at every meal?
   c. Probe: Are there any changes in the frequency of meals or snacks you [or anyone in your family] are eating?
   d. Probe: Are there any changes in the quantity of food you [or anyone in your family] are eating?
   e. Probe: Are there any other changes in your diets or the diets of [or anyone in your family]?
   f. Probe: Are there any changes in your family’s farming or gardening practices?
   g. Probe: Are there any changes in your family’s hand washing?
   h. Probe: Are there any changes in how your family handles livestock and poultry?
   i. Probe: Are there any changes in how you earn and spend money?
   j. Probe: Are there any changes in how you prepare, preserve, or store food?
   k. Probe: Are there any changes in your workload and rest?
   l. Probe: Are there any changes in how your family feeds or cares for young children?
   m. Probe: Are there any changes in how you communicate with any of your family members?

13. Did you tell anyone about the poster?
14. Did the people you told about the poster do anything differently at home as a result of you telling them about the poster?

15. What suggestions do you have for improving how the poster is used in the school or in health/nutrition/gender club meetings?

<Show the group participants the card game. Ask the questions below, probing as needed.>

16. **What do you like about this game?**

17. **Did anything change at home as a result of your playing this game?**
   
   a. **Probe:** Are there any changes in the amount of STAR foods you [or anyone in your family] eat?
   
   b. **Probe:** Are there any changes in the frequency of STAR foods you [or anyone in your family] are eating every day or at every meal?
   
   c. **Probe:** Are there any changes in the frequency of meals or snacks you [or anyone in your family] are eating?
   
   d. **Probe:** Are there any changes in the quantity of food you [or anyone in your family] are eating?
   
   e. **Probe:** Are there any other changes in your diets or the diets of [or anyone in your family]?
   
   f. **Probe:** Are there any changes in your family’s farming or gardening practices?
   
   g. **Probe:** Are there any changes in your family’s hand washing practices?
   
   h. **Probe:** Are there any changes in livestock and poultry handling?
   
   i. **Probe:** Are there any changes in how you earn and spend money?
   
   j. **Probe:** Are there any changes in how you prepare, preserve, or store foods?
   
   k. **Probe:** Are there any changes in your workload and rest?
   
   l. **Probe:** Are there any changes in how your family feeds and cares for young children?
   
   m. **Probe:** Are there any changes in how you communicate with any of your family members?

18. **Did you tell anyone about the game?**

19. **Did the people you told about the poster do anything differently at home as a result of you telling them about the poster?**

20. **What suggestions do you have for improving how the game is used at school or in club meetings?**
The “Best Nutrition Secrets to Share” Conversation Leaflet

<Show the group participants the leaflet. Ask the questions below, probing as needed.>

21. What do you like about this leaflet?
22. Did you talk to either of your parents about what is in the leaflet?
   a. Probe: Which parent? Why?
   b. Probe: What did you discuss with them?
   c. Probe: What did they say about what you shared?

23. Did you share the leaflet with any of your friends? If not, why not?
   If so:
   a. Probe: Which friends? Why?
   b. Probe: What did you discuss with them?
   c. Probe: What did they say about what you shared?

24. Did anything change at home as a result of your discussing this leaflet?
   a. Probe: Are there any changes in the amount of STAR foods you [or anyone in your family] eat?
   b. Probe: Are there any changes in the frequency of STAR foods you [or anyone in your family] are eating every day or at every meal?
   c. Probe: Are there any changes in the frequency of meals or snacks you [or anyone in your family] are eating?
   d. Probe: Are there any changes in the quantity of food you [or anyone in your family] are eating?
   e. Probe: Are there any other changes in your diets or the diets of [or anyone in your family]?
   f. Are there any changes in how you eat during your menstruation period?
   g. Are there any changes in how you see gender roles for girls and boys?

25. Did you share the leaflet with anyone else? If so, who? If not, why not?
26. Did the people you told about the leaflet do anything differently at home as a result of you sharing the leaflet with them?
27. What suggestions do you have for improving how the leaflet is used?
The Hookworms and Ladders Game

>Show the group participants the game. Ask the questions below, probing as needed.

28. What do you like about this game?

29. Did anything change at home as a result of your playing this game?
   a. Probe: Are there any changes in the amount of nutritious foods you [or anyone in your family] are eating?
   b. Probe: Are there any changes in the amount of non-nutritious foods you [or anyone in your family] are eating?

30. Did you play the game with anyone not in the club?

31. Did the people with whom you played the game do anything differently at home as a result of you telling them about the poster?

32. What suggestions do you have for improving how the game is used in the school or in health/nutrition/gender club meetings?

Menu Planning Game and Earn and Buy Game

>Show the group participants the actual game that was one of their favorites. Ask the questions below, probing as needed.

33. What do you like about this game?

34. Did anything change at home as a result of your having played this game?
   a. Probe: Are there any changes in the amount of STAR foods you [or anyone in your family] are eating?
   b. Probe: Are there any changes in the frequency of STAR foods you [or anyone in your family] are eating every day or at every meal?
   c. Probe: Are there any changes in the frequency of meals or snacks you [or anyone in your family] are eating?
   d. Probe: Are there any changes in the quantity of food you [or anyone in your family] are eating?
   e. Probe: Are there any other changes in your diets or the diets of [or anyone in your family] as a result of playing this game?
   f. Probe: How about IFA supplements? Are there any changes in how you [or anyone in your family] are taking IFA supplements?
35. Did your friends do anything differently at home as a result of you telling them about the game?
36. What are some of the difficulties you or others had playing this game?
37. What suggestions do you have for improving how the game is used in club meetings?

Part IV: Adolescent Nutrition Radio Spots

38. Have you heard any radio spots about nutrition? On school radio, or during weekends?
39. <If school radio> What time of day do the nutrition spots play on school radio?
40. How often have you heard nutrition information on school radio?

41. Was there something new that you learned as a result of listening to the Adolescent Nutrition radio spots?
   a. Probe: What new things did you learn?

42. Was there something you especially enjoyed about the radio spots? If so, what?

43. Did you ever discuss the Adolescent Nutrition radio spots with others?

44. Did you do anything differently at home as a result of listening to the Adolescent Nutrition Radio spot? If so, please describe what you did differently.

45. Do you listen to educational radio during school breaks (especially July-August)? What would be a good way for us to get students to hear such messages during school breaks?
Part V: Changes Due to Participation in the Nutrition Sessions

46. You have mentioned several changes resulting from what you are learning about nutrition in this club. Has anything else changed?
   a. Probe: Did you change any nutrition-related practices? If yes, which ones?
   b. Probe: Did you change any agriculture practices? If yes, which ones?
   c. Probe: Did you change any hygiene and sanitation practices? If yes, which ones?
   d. Probe: Did you have a change in attitude about anything? If yes, please explain.
   e. Probe: Any other changes you personally experienced in your attitudes or in your behaviors?

47. If you have not discussed with your family about nutrition, what was the reason?
48. What challenges have you had in trying to get your family to improve nutritional practices?
49. [Ask only if discussed with family] What changes have happened in your family as a result of what you are sharing about nutrition?
   a. Probe: Were there any changes in your family’s maternal nutrition or child feeding practices?
   b. Probe: Were there any changes in your family’s agriculture or farming practices?
   c. Probe: Were there any changes in your family’s hygiene and sanitation practices?
   d. Probe: Any changes in the relationships between family members?
PART VI. WAYS TO MAXIMIZE USE OF THE MATERIALS AND IMPROVE ADOLESCENT NUTRITION

55. Have you borrowed any of the materials to play with family, friends, or neighbors?
   - Which materials did you borrow?
   - With whom did you use them?
   - How did it go?

56. What suggestions do you have for keeping the momentum going during school breaks? Are there things you can read, share, or do? Projects? Whose help would you need?

57. If you were in charge, how would you share the materials and information with as many people as possible?
   - With whom would you share them?
   - Venues
   - Strategies
   - Frequency

58. If you were in charge, how would you help girls improve their diet?

59. Is there anything you want to tell us?

60. Thank you for participating in this discussion. We have learned a lot that we can use to strengthen the program.
# Observation Checklist for Adolescent Nutrition Sessions

**Date:**

**Region:**

**Woreda:**

**Kebele:**

**Observer:**

**Start Time:**

**End:**

**School/Program:**

**Instructions:** Circle the appropriate response (Yes/No, Female/Male). Write the number of students of that gender who are present (#4) or who borrowed a game (#7). For Part II, split tasks among observers.

## Part I

<table>
<thead>
<tr>
<th>Item</th>
<th>Notes/Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Teacher's gender</td>
<td>Female</td>
</tr>
<tr>
<td><strong>2.</strong> Teacher trained by GTN</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>3.</strong> Adolescent Nutrition SBCC materials present</td>
<td></td>
</tr>
<tr>
<td>School Girls' Poster</td>
<td>Yes</td>
</tr>
<tr>
<td>Doable Actions Poster</td>
<td>Yes</td>
</tr>
<tr>
<td>Accordion leaflet for Girls</td>
<td>Yes</td>
</tr>
<tr>
<td>Card Game</td>
<td>Yes</td>
</tr>
<tr>
<td>Hookworms &amp; Ladders Game board</td>
<td>Yes</td>
</tr>
<tr>
<td>Dice (token)</td>
<td>Yes</td>
</tr>
<tr>
<td>Tokens</td>
<td>Yes</td>
</tr>
<tr>
<td>Menu planning game board</td>
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<td>Food card</td>
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<td>Earn and buy game board</td>
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</tr>
<tr>
<td>Money card</td>
<td>Yes</td>
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<tr>
<td>Take home discussion leaflet</td>
<td>Yes</td>
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<tr>
<td>Reminder checklist leaflet</td>
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### Number and gender of students present

<table>
<thead>
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<th>Male</th>
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## Part II

**Adolescent Nutrition SBCC materials used during session**

<table>
<thead>
<tr>
<th>Item</th>
<th>Notes/Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Girls’ Poster</td>
<td>Yes</td>
</tr>
<tr>
<td>Doable Actions Poster</td>
<td>Yes</td>
</tr>
<tr>
<td>Accordion leaflet for Girls</td>
<td>Yes</td>
</tr>
<tr>
<td>Card Game</td>
<td>Yes</td>
</tr>
<tr>
<td>Hookworms &amp; Ladders Game board</td>
<td>Yes</td>
</tr>
<tr>
<td>Dice (token)</td>
<td>Yes</td>
</tr>
<tr>
<td>Tokens</td>
<td>Yes</td>
</tr>
<tr>
<td>Menu planning game board</td>
<td>Yes</td>
</tr>
<tr>
<td>Food card</td>
<td>Yes</td>
</tr>
<tr>
<td>Earn and buy game board</td>
<td>Yes</td>
</tr>
<tr>
<td>Money card</td>
<td>Yes</td>
</tr>
<tr>
<td>Take home discussion leaflet</td>
<td>Yes</td>
</tr>
<tr>
<td>Reminder checklist leaflet</td>
<td>Yes</td>
</tr>
<tr>
<td>Other (specify: ____________)</td>
<td></td>
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</table>

**Topics discussed during session**

| Importance of nutrition during adolescence | Yes | No |

**Observer:** Take a picture to attach to checklist.
## Feasible nutrition behaviors for girls

<table>
<thead>
<tr>
<th>Yes</th>
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<tbody>
<tr>
<td>Yes</td>
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## STAR foods and their importance

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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## Whole household approach to improve adolescent nutrition

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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## Raise and grow

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

## Earn and buy

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Yes</td>
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## Preserve, prepare and store

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

## Rest, share and eat

<table>
<thead>
<tr>
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<th>No</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

## Discuss and decide together

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Yes</td>
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## Cross-cutting WASH actions

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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<td>Yes</td>
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## Other (specify)

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<td>Yes</td>
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</table>

### SBCC games students asked to borrow

<table>
<thead>
<tr>
<th>Card Game</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hookworms &amp; Ladders Game</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Menu planning game</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Earn and buy game</td>
<td>Female</td>
<td>Male</td>
</tr>
</tbody>
</table>

### Notes, Observations, Impressions

#### Questions students asked

#### Key observations students made

#### Notes on teacher/leader performance (e.g., extent to which they tailored the activity/discussion to the students present, verified students’ understanding, got all to participate, were respectful toward students, engaged the students, got the students interested, responded effectively to questions and concerns, etc.)

#### Other observations (interactions, impressions, etc.)

### Suggestions for future sessions

### Part II: Adherence to suggested uses of materials

**Note:** This is not a test, and teachers are not required to use these methods. Its purpose is to help program managers understand what teachers are comfortable saying and doing, provide ideas to recommend to other teachers/leaders, and help inform future training.

Use only the section of this checklist relevant to the material being used.

**Observer 1,** please put a check mark next to the things the teacher/leader did or said, even if they said
it a different way. **Observer 2**, instead of using this checklist, take notes detailing what the teacher/leader actually says and does while using the materials.

**Posters: Bright Minds, Bright Futures and Five Household Doable Actions for Girls and Boys**

1.1. Show the two posters to the students and ask them what they see.

1.2. Thank the students for their inputs.

1.3. Ask them who they think each poster is for.

Read aloud the intended audiences of each poster.

Encourage students to discuss why one poster is for boys and girls alike when the other poster is mainly for girls.

Share some of the information in Section 1 of the orientation guide, such as:

- Adolescence is a period of rapid growth and development for both girls and boys, so good nutrition is important for both girls and boys.

- Adolescent girls have additional nutritional needs because they begin menstruating, which can reduce the iron in their bodies and increase their risk for anemia.

- Many adolescent girls will become mothers. During the first 1000 days of children’s lives, mothers nourish their children through the womb during pregnancy, and then through breastfeeding.

- Adolescent girls need to prepare for future motherhood by being well-nourished long before they become pregnant.

1.4. Thank the students for their inputs into the discussion.

Ask them what they think each poster is trying to communicate about nutrition:

- What information is each poster sharing?

- What are the behaviors that each poster is promoting for girls and boys?

- What behaviors are the most realistic and feasible for girls and boys to try to improve their nutrition and the nutrition of their families?

1.5. Thank the students for their inputs.

For each poster, read aloud the objectives for promoting awareness, behaviors and actions.

1.6. Encourage more discussion about each of the posters. Ask:

- Do you think other students will enjoy seeing these posters?

- What are the best places in the school to place these two posters?

- What can the club students do to help other students see these posters and discuss nutrition information?

- What can teachers do to help students try nutrition practices recommended in these posters?


1. Use just one game in a meeting.

2. Refer to the overview of the game to introduce the game to the students.

   Explain the objectives of the game and the nutrition information the game helps communicate.

3. Show the students the game and distribute the materials to them.

4. Read the game instructions aloud and.

   Help the students

5. Give the students time to play the game.
6. Encourage the students to have fun and to discuss the nutrition information that they notice while playing the game.

Return to review the game’s objectives after the game.

Ask the students if they felt that the game achieved its objectives.

8. Ask the students to help list some of the key nutrition information and messages communicated during the game.

9. Ask the students if they would be interested in borrowing this game from the library to take home and play it with their parents and other family members during weekends or school vacations.

Remind the students that if they take the game home, they will have the role of explaining the game to their families and helping them to understand some of the key nutrition information and messages communicated through the game.

10. Record the names of the students who would like to borrow the game.

11. Tell the students how to borrow the game.

**Leaflet: Best Nutrition Secrets to Share**

1. Find another place for the boys to meet and play the nutrition card game to play.

2. Show the girls the leaflet.

Group the girls into pairs and give one leaflet to each pair of girls.

3. Explain that the leaflet is designed to help girls learn about nutrition and to discuss some of the information amongst themselves.

4. Ask the girls to read the leaflet together in their groups.

Give them plenty of time to read the leaflet page by page.

5. Encourage the girls to discuss with each other the contents of each page.

6. When the girls have finished reading the leaflet, review the objectives of the leaflet.

Ask the girls if they felt that the game achieved its objectives.

7. Ask the girls some questions to help them discuss the information together in the larger group:

Did you learn any new information in the leaflet that you did not know before? If yes, what?

- Is there anything in the leaflet that you did not understand?

- If yes, let’s discuss it as a group so that I can help everyone to understand the information a bit better.

- Is there anything you might do differently after reading the information in this leaflet?

- What is it that you would do differently?

- Are there recommendations in the leaflet that you believe would be difficult to follow either difficult for you, or for other girls, or for your families?

- Please explain and let’s discuss these!

8. Ask the girls if they would be interested in borrowing this leaflet from the library to take home and share with their mothers, aunties, grandmothers or friends during weekends or school vacations.

Explain that the leaflet may be helpful to girls to discuss sensitive topics with their mothers.

Some of the sensitive topics in the leaflet include girls’ nutrition during menstruation, and the importance of girls eating more animal source foods.

Remind the girls that if they take the leaflet home, they will have the role of explaining the leaflet to other women and girls who see the leaflet.

Explain that they will also have the responsibility to discuss some of the key nutrition information and messages communicated through the game.
9. Record the names of the girls who would like to borrow the game.

10. Tell the girls how to borrow the leaflet to use with their relatives and friends.

**Skills Games: Menu Planning and Earn and Buy**

1. Use just one game in a meeting.

2. Refer to the overview of the game to introduce the game to the students.

3. Show the students the game and distribute the materials to them.

4. Read the game instructions aloud and help the students.

5. Give the students time to play the game.

6. Encourage the students to have fun and to discuss the nutrition information that they notice while they are playing the game.

7. Review the objectives of the game.

   Ask the students if they felt that the game achieved its objectives.

8. Ask the students to help list some of the key nutrition information and messages communicated during the game.

9. Ask the students if they would be interested in borrowing this game from the library to take home and play it with their parents and other family members during weekends or school vacations.

   Remind the students that if they take the game home, they will have the role of explaining the game to their families and helping them to understand some of the key nutrition information and messages communicated through the game.

10. Record the names of the students who would like to borrow the game.

11. Tell the students how to borrow the leaflet to use with their relatives and friends.
Adolescent Nutrition SBCC Program Out-of School Program Facilitator Information and Consent

Facilitator Name ________________  Interviewer ________________  Date ______

Facilitator Position/Title_____________ Program Name ______________________

Region _______  Zone _______  Woreda _________  Kebele _____________

Maximum Education Attained: __Secondary  ___University  ___Master’s Degree

___Other (specify) __________________________

Years of Experience Working with Adolescents ___

Please check Yes or No in each box and sign in the space beside it.

<table>
<thead>
<tr>
<th>Area of Consent</th>
<th>Responses</th>
<th>Respondent’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I agree to have my adolescent group participate in this research</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>2. I consent to having pictures taken of the adolescents in the group and used for the report and related presentations</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>3. I agree to participate in this interview about the adolescent nutrition program</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>4. I agree to the audio recording of the focus group discussion with adolescents</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>5. I agree to the audio recording of this interview</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>6. I consent to having my picture taken and used for the report and related presentation</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

To be signed by Interviewer or Note Taker:

Witnessed this day ________________ by,

Witness Name ________________ Witness Signature ______________________
INFORMED CONSENT SCRIPT

<Give or read aloud to the interviewee to explain the purpose of the research and to seek consent to proceed. Respondent may keep this page only.>

Good morning/afternoon. My name is ________________ and I work for the Growth through Nutrition project. I would like to talk with you and adolescents under your supervision about the Adolescent Nutrition program that is being implemented in your community. This program includes activities for in-school and out-of-school girls and boys age 10-19. The Adolescent Nutrition program also includes educational materials, games, and radio spots. The Adolescent Nutrition program is led at the national level by Save the Children, funded by USAID, in collaboration with the government of Ethiopia.

Today, I would like to discuss your and your students’ experiences with Adolescent Nutrition Program. We want to learn more about your experiences to help us make improvements in our work and ultimately improve the nutrition of young people in Ethiopia. I want to let you know that I’m not a medical professional, and I am not an expert on what we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we are going to discuss today. Your feedback, whether positive or negative, is important and very helpful to us. Before we begin, I’d like to review some important points about today’s discussion. I want to make sure you know about how it will work and your rights.

- You have been invited here to share your ideas, experiences and opinions.
- This session will be audio taped so we can capture everything that is being said today for the report.
- Even though the session is audio taped, your answers will be confidential, so feel free to say exactly what is on your mind. Your name and your family’s names will not be used in any reporting.
- Your responses will be added to the responses of many other people who will also participate in discussions just like this one.
- There are no right or wrong answers.
- You may excuse yourself from the conversation and leave at any time and for any reason.
- We would like to take pictures to include in our report. They might also be used for other educational purposes. If you prefer, we will not take pictures.
- Other project staff from Save the Children may also join us to listen and observe.
- Do you have any questions? Is it ok for me to continue with questions?
- Please indicate your consent by signing the form and giving it to the interviewer.
FOCUS GROUP DISCUSSION GUIDE – OUT-OF-SCHOOL GIRLS

<Before starting, have participants add their name, age, etc. to the FGD Sign-In Sheet.>

Part I. Informed Consent Script

<Read aloud to the FGD participants to explain the purpose of the research and to ask for their verbal consent to proceed.>

Good morning/afternoon. My name is ____________ and I work for the Growth through Nutrition project. I would like to talk with you about the Adolescent Nutrition program that has been implemented in your community. The Adolescent Nutrition program also includes educational materials, games, and radio spots, for girls and boys age 10-19. The Adolescent Nutrition program is led at the national level by Save the Children, funded by USAID, in collaboration with the government of Ethiopia.

Today, I would like to hear about your experiences with Adolescent Nutrition Program. We want to learn more about your experiences to help us make improvements in our work and ultimately improve the nutrition of young people in Ethiopia. I want to let you know that I’m not a medical professional, and I am not an expert on what we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we are going to discuss today. Your feedback, whether positive or negative, is important and very helpful to us. Before we begin, I’d like to review some important points about today’s discussion. I want to make sure you know how it will work and your rights.

- You have been invited here to share your ideas, experiences and opinions.
- This session will be audio taped so we can capture everything that is being said today for the report.
- Even though the session is audio taped, your answers will be confidential, so feel free to say exactly what is on your mind. Your name and your family’s names will not be used in any reporting.
- Your responses will be added to the responses of many other people who will also participate in discussions just like this one.
- There are no right or wrong answers.
- You may excuse yourself from the conversation and leave at any time and for any reason.
- We would like to take pictures of the group to include in our report and for possible use in other educational materials. If you prefer, we will not take pictures.
- Other project staff from Save the Children may also join us to listen and observe.
- Do you have any questions? Is it ok for me to start the discussion?
Part II. Out-of-School Program Activities
Let’s begin by discussing your experiences with this out-of-school program.
1. Please tell me how long you have participated in [name of program]. <Ask each participant>
2. **What is the main purpose of the program?**
3. What are some of the things you are learning or doing in the program?
4. How often do you interact with the program (meetings, events, services, etc.)?

Part III. Nutrition
Now let’s shift to nutrition.
5. **Look at these images** <show the three happy-sad-confused images matching the group’s gender>. Which of these images best describes how you usually felt during the nutrition sessions? <Hold up the images, one at a time, asking students to raise their hand for the image that best reflects their feelings about the nutrition sessions.>
   <Identify the participants who have selected the same images and ask the following questions:>
   • **Please explain why you selected this image.** What do you like about the nutrition sessions so far? Is there anything you dislike about the nutrition sessions?
   • **Those of you who selected this image, do you have other reasons why you selected this image? Please explain.**
   • <Hold up the next image.> **Hold up your hand if you selected this image.** <Ask the following questions:>
     • **Please explain why you selected this image.**
     • **Those of you who selected the same image as the first participant, do you have other reasons why you selected this image? Please explain.**
   <Continue until you have discussed all of the different images chosen by the participants>
6. How does nutrition fit with what you are already doing with the _program? _Is this a good place to learn about nutrition?
7. What other kinds of places, services, or programs would be good places to learn about nutrition? Why?
8. Who would be good facilitators in those venues? Why? <Probe about their qualities>
9. What’s the best time and place to get together with others to share about nutrition? Why?

Part IV. Supporting Improved Nutritional Status
10. Tell me about some of the things this program is doing to help you improve your nutritional status. What else would you like the program to do to help you improve your nutrition?
11. Tell me about the 5 doable household actions.
12. In addition to the support you’ve already mentioned, what support would you need to practice any of the 5 doable actions yourself?
13. [If part of a peer program] What challenges have you had convincing your peers to eat more nutritious foods? How are you overcoming those challenges?
14. [If part of a peer program] What support would you need to help your peers practice any of the 5 doable actions?
15. We want to expand and improve our program to help out-of-school adolescents get better nutrition. What else should the program do if it really wants to make a difference in the lives of adolescents?

Part V. Experience with and Opinions about the Adolescent Nutrition SBCC Materials
<Showing them all the materials by laying them on the table or floor>
16. Which of these is your favorite adolescent nutrition material so far?
17. What did you learn through using it?
18. What did you do differently after using the material?
   • <Probe about changes in nutritional intake, food production, food purchases, WASH, interactions with family and friends, eating during menstruation, perception of gender roles, sharing nutrition information with family or friends, sharing the SBCCC materials with family or friends>

Part VI. Conclusion
19. Thank you so much for helping us today. Before we go, do you have any more suggestions on how to help adolescents like you improve their nutrition?
20. Is there anything else you would like us to know?
21. Thank you so much! The insights you shared will be really helpful.
In-Depth Interview (IDI) Guide - Out-of-School Program Facilitators

Interviewer _______________  Date ______
Program ______________________ Ages and Genders Served _____________
Region ___________ Zone________ Woreda ___________ Kebele _____________

PART 1: INFORMED CONSENT SCRIPT

Read aloud to explain the purpose of the research and to ask for consent to proceed.

Good morning/afternoon. My name is ____________ and I work for the Growth through Nutrition project. I would like to hear from you and adolescents in your program about the Adolescent Nutrition program that is being implemented in your community. The Adolescent Nutrition program also includes educational materials, games and radio spots for in- and out-of-school girls and boys age 10-19. The Adolescent Nutrition program is led at the national level by Save the Children, funded by USAID, in collaboration with the government of Ethiopia.

Today, I want to learn your and your participants’ experiences with the Adolescent Nutrition Program. We want to learn more about your experiences to help us make improvements in our work and ultimately improve the nutrition of young people here. I want to let you know that I’m not a medical professional, and I am not an expert on what we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we are going to discuss today. Your feedback, whether positive or negative, is important and very helpful to us. Before we begin, let’s review some important points about today’s discussion. I want you to know how it will work and your rights.

- You have been invited here to share your ideas, experiences and opinions.
- This session will be audiotaped so we can capture everything that is being said for the report.
- Even though the session is audio taped, your answers will be confidential, so feel free to say exactly what is on your mind. Your name and your family’s names will not be used in any reporting.
- Your responses will be added to the responses of many other people who will also participate in discussions just like this one.
- There are no right or wrong answers.
- You may excuse yourself from the conversation and leave at any time and for any reason.
- We would like to take pictures to include in our report and presentations. If you prefer, we will not take pictures.
- Other project staff from Save the Children may also join us to listen and observe.
- Do you have any questions? Is it ok for me to continue with questions?
- Please indicate your consent by signing the form. <Provide and explain the consent form.>
PART II: INTERVIEW QUESTIONS

Out-of-School Program Functioning

1. Please tell me about your program. We want to be able to describe it well in our report.
   - What is its goal/purpose?
   - How many male and female participants are there?
   - What are some of the reasons they are out of school?
   - What’s the best time to work with them? Best location? Why?

2. How does the program work?
   - What is the format (how each meeting proceeds from beginning to end)?
   - How often do the participants meet with you?
   - How long do the meetings usually last?
   - What topics are covered?

Adolescent Nutrition Training

3. What adolescent nutrition training have you received?
   - When was the training?

4. What are the main things you learned during the training?

5. What has the training helped you do or do better?

6. Have you shared your adolescent nutrition training with any other adults? Tell me more about that.

7. What recommendations do you have for training others like you?
   - Probe: duration, location, content, format, trainers, training materials, timing

Adolescent Nutrition SBCC Materials

8. Which materials have you used with program participants?
   - How did it go? What went well? What could have gone better?

9. Did any participants already know most of the information? What is different about those participants?

10. Have you used any of the adolescent nutrition SBCC materials with any adults?
    - With whom? Why?
    - How did the material(s) help?

11. What have you found to be the strengths of the adolescent nutrition program and materials?

12. How useful have the program and materials been for helping participants actually change their diet and related behaviors? What else would be helpful?
    - Probe: Any other initiatives or activities? Adding a garden? Improving WASH facilities? Other?

13. How often have participants borrowed any of the adolescent nutrition SBCC materials?
    - How does the borrowing system work?

14. What role would you be willing to play in institutionalizing attention to nutrition in your program?

15. What other recommendations do you have for ensuring that adolescent nutrition remains a part of your program?

16. What recommendations do you have for incorporating nutrition in more programs for out-of-school adolescents?

17. Is there anything else you would like us to know, or to include in our report?

18. Thank you sharing your insights and experiences. It’s been really helpful.
# ADOLESCENT NUTRITION SBCC PROGRAM PARENT INFORMATION AND CONSENT

**Parent Name** ________________  **Interviewer** ________________  **Date** ______

**Region** ______  **Zone:** ______  **Woreda** ______  **Kebele** ______

Maximum Education Attained: ___Primary  ___Secondary  ___University  ___Master’s  ___Other (specify) ________________  

**Occupation** ________________

School of Participating Child ________________  Primary or Secondary (Circle one)  

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Current Enrollment (check one per child)</th>
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<tbody>
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<td></td>
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<td>Male</td>
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<td>7.</td>
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</table>

Please check yes or no for each box, and sign in the space provided.

**Area of Consent**  
1. I agree to participate in this interview about the adolescent nutrition program  
   - ☐ Yes  
   - ☐ No

2. I agree to the audio recording of this interview  
   - ☐ Yes  
   - ☐ No

3. I consent to having my picture taken and used for the report and related presentations  
   - ☐ Yes  
   - ☐ No

**Instructions for interviewer:** If the person agrees to participate and signs, sign below as the witness to their consent. If the person does not agree to the above statements, thank them for their interest and let them know their participation is not required at this time.

“I read the complete consent script to the respondent, and the respondent voluntarily agreed to participate in the research.”

_________________________  __________
Signature of the Person **Requesting** Consent  Date

---

Parent Information and Consent Form, 26 November
IDI Guide – Parents

Goal: Understand what nutrition information or advice adolescents have shared with parents and what, if any, effect it had

Part 1: Informed Consent Script

Read aloud to the interviewee to explain the research purpose and to ask for consent to proceed.

Good morning/afternoon. My name is _____________ and I work for the Growth through Nutrition project. I would like to talk with you about the Adolescent Nutrition program that is being implemented in your community. This program includes after-school programs for girls and boys age 10-19 and programs for out of school youth age 10-19. The Adolescent Nutrition program also includes radio spots, health club discussions, and educational materials and games. The Adolescent Nutrition Program is led at the national level by Save the Children, funded by USAID, in collaboration with the government of Ethiopia.

Today, I would like to discuss your experiences with Adolescent Nutrition Program. We want to learn more about your experiences to help us make improvements in our work and ultimately improve the nutrition of young people in Ethiopia. I want to let you know that I’m not a medical professional, and I am not an expert on what we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we are going to discuss today. Your feedback, whether positive or negative, is important and very helpful to us. Please just relax and enjoy the discussion. Before we begin, I’d like to review some important points about today’s discussion. I want to make sure you know about how it will work and your rights.

- You have been invited here to share your ideas, experiences and opinions.
- This session will be audio taped so we can capture everything that is being said today for the report.
- Even though the session is audio taped, your answers will be confidential, so feel free to say exactly what is on your mind. Your name and your family’s names will not be used in any reporting.
- Your responses will be added to the responses of many other people who will also participate in discussions just like this one.
- There are no right or wrong answers.
- You may excuse yourself from the conversation at any time and for any reason.
- Other project staff from Save The Children may also join us to listen and observe. Do you have any questions? Is it ok for me to continue with questions?
- Please indicate your consent by completing and signing the Parent Information and Consent Form.
PART II: DISCUSSION QUESTIONS

1. Have you participated in any Growth Through Nutrition Enhanced Community Conversations?  
   • If so, what did you learn there?

2. Has anyone ever visited your home to discuss nutrition with you?  
   • If so, who?  
   • Please tell me about your conversation with them.

3. Have you received any nutrition education or advice from a health worker?

4. Please describe the most recent meal you had with your children.

5. Has your adolescent mentioned anything about what s/he is learning about nutrition at school?

6. [If yes] What have they said about nutrition?  
   • Anything about adolescent nutrition?  
   • Anything about nutrition for mothers and their babies?  
   • Anything about farming or food shopping?  
   • Anything about hygiene or sanitation?

7. Have they shared any nutrition-related materials with you?  
   • What do you remember about the material(s)?  
   • What did you think of the material(s)?

8. Has your child asked you to provide different foods to improve your family’s health? Which foods did your child recommend?

9. What do you think of the information/advice/request shared by your child?

10. Have you done anything different about food since your child shared that information/request?  
    • Why or why not?

11. What did you do differently?

12. Why did you decide to do that?

13. Are you happy with your decision? Why or why not?

14. Finally for now, what do you think should be done to improve the nutritional status of adolescents, especially adolescent girls?  
    • What opportunities are there to help them?  
    • What support would you need?

Thank you for taking the time to speak with us today. The information you shared will help us improve the program for young people and their families.
Radio Station Interview Guide <Use one for each interview>

Radio Station Name __________________________  Region/Zone __________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Role in School Radio Program</th>
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<tbody>
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</table>

Thank you for agreeing to meet with us. We understand that you collaborate with the Ministry of Education to air radio programs in schools. Please tell us about that collaboration. What topics are covered? Does the relevant ministry or regional body review/approve the programs? When and how often are the programs broadcast? How far do your school broadcasts reach? Do you broadcast them beyond schools as well? What is the process for getting them into the school if the radio signal doesn’t reach the school?

Adolescent Nutrition Radio
1. How many adolescent nutrition radio spots have you developed?
2. How were the adolescent nutrition radio spots developed? Who was involved?
3. Please describe the adolescent nutrition radio spots you have aired.
4. How long is/are the radio spots (seconds/minutes)?
5. How many times have you broadcast the adolescent nutrition radio spots?
6. When were they aired (dates, day of week)?
7. What time of day were they aired?
8. In split shift schools, were they aired for both shifts?
9. Have you received any feedback on the adolescent nutrition radio spots aired?
10. What feedback mechanisms were/are used?
11. Do you plan to air any other adolescent nutrition radio spots?
12. Why do you develop and air the adolescent nutrition radio spots?
13. What suggestions do you have for using radio to help adolescent girls eat more nutritious foods?
14. How could you continue the nutrition programming during school breaks? Do students listen during school breaks?
15. What thoughts do you have on sustaining nutrition programming after this project? What help would you need?
## ADOLESCENT NUTRITION SBCC PROGRAM TEACHER INFORMATION AND CONSENT

**Teacher Name _______________________  Interviewer _______________________  Date _____**

School_____________________________  Primary or Secondary (Circle one)

Region _______  Zone _______  Woreda _________  Kebele ________

Maximum Education Attained:  __Secondary  __University  __Master’s Degree

__Other (specify) __________________________

Years of Teaching Experience _____

Grades Taught___________  Subjects Taught __________________________

Please check Yes or No in each box and sign in the space beside it.

<table>
<thead>
<tr>
<th>Area of Consent</th>
<th>Responses</th>
<th>Respondent’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I agree to have my adolescent group participate in this research</td>
<td>Q Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q No</td>
<td></td>
</tr>
<tr>
<td>2. I consent to having pictures taken of the adolescents in the group and used</td>
<td>Q Yes</td>
<td></td>
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<tr>
<td>for the report and related presentations</td>
<td>Q No</td>
<td></td>
</tr>
<tr>
<td>3. I agree to participate in this interview about the adolescent nutrition</td>
<td>Q Yes</td>
<td></td>
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<tr>
<td>program</td>
<td>Q No</td>
<td></td>
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<tr>
<td>4. I agree to the audio recording of the focus group discussion with adolescents</td>
<td>Q Yes</td>
<td></td>
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<tr>
<td></td>
<td>Q No</td>
<td></td>
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<tr>
<td>5. I agree to the audio recording of this interview</td>
<td>Q Yes</td>
<td></td>
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<tr>
<td></td>
<td>Q No</td>
<td></td>
</tr>
<tr>
<td>6. I consent to having my picture taken and used for the report and related</td>
<td>Q Yes</td>
<td></td>
</tr>
<tr>
<td>presentation</td>
<td>Q No</td>
<td></td>
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</tbody>
</table>

To be signed by Interviewer or Note Taker:

Witnessed this day _________________ by,

Witness Name___________________  Witness Signature __________________________
INFORMED CONSENT SCRIPT

<Give or read aloud to the interviewee to explain the purpose of the research and to seek consent to proceed. Respondent may keep this page only.>

Good morning/afternoon. My name is_________________ and I work for the Growth through Nutrition project. I would like to talk with you and adolescents under your supervision about the Adolescent Nutrition program that is being implemented in your community. This program includes activities for in-school and out-of-school girls and boys age 10-19. The Adolescent Nutrition program also includes educational materials, games, and radio spots. The Adolescent Nutrition program is led at the national level by Save the Children, funded by USAID, in collaboration with the government of Ethiopia.

Today, I would like to discuss your and your students’ experiences with Adolescent Nutrition Program. We want to learn more about your experiences to help us make improvements in our work and ultimately improve the nutrition of young people in Ethiopia. I want to let you know that I’m not a medical professional, and I am not an expert on what we are going to discuss today. I am a trained interviewer. I want to hear your honest opinions about the topics we are going to discuss today. Your feedback, whether positive or negative, is important and very helpful to us. Before we begin, I’d like to review some important points about today’s discussion. I want to make sure you know about how it will work and your rights.

- You have been invited here to share your ideas, experiences and opinions.
- This session will be audio taped so we can capture everything that is being said today for the report.
- Even though the session is audio taped, your answers will be confidential, so feel free to say exactly what is on your mind. Your name and your family’s names will not be used in any reporting.
- Your responses will be added to the responses of many other people who will also participate in discussions just like this one.
- There are no right or wrong answers.
- You may excuse yourself from the conversation and leave at any time and for any reason.
- We would like to take pictures to include in our report. They might also be used for other educational purposes. If you prefer, we will not take pictures.
- Other project staff from Save the Children may also join us to listen and observe.
- Do you have any questions? Is it ok for me to continue with questions?
- Please indicate your consent by signing the form and giving it to the interviewer.
PART 1: INFORMED CONSENT SCRIPT

Read aloud to the interviewee to explain the purpose of the research and to ask for consent to proceed.

Good morning/afternoon. My name is______________ and I work for the Growth through Nutrition project. I would like to hear from you and adolescents under your supervision about the Adolescent Nutrition program that is being implemented in your community. This program includes activities for in- and out-of-school girls and boys age 10-19. The Adolescent Nutrition program also includes educational materials, games, and radio spots. The Adolescent Nutrition program is led at the national level by Save the Children, funded by USAID, in collaboration with the government of Ethiopia.

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- We would like to take pictures to include in our report. They might also be used for other educational purposes. If you prefer, we will not take pictures.
- Other project staff from Save the Children may also join us to listen and observe.
- Do you have any questions? Is it ok for me to continue with questions?
- Please indicate your consent by signing the form. <Provide and explain the consent form.>
PART II: INTERVIEW QUESTIONS

Health/Nutrition/Gender Club Functioning

1. What club do you lead?
2. What made you decide to lead that club? Is leading a club required?
3. How does the club work?
   • How often does the club meet? For how many minutes?
   • Who participates? How many girls? How many boys?
   • Does the club have goals? If so, what are they?

Adolescent Nutrition Training

4. What nutrition-related training have you received?
   • When was the training?
5. What are the main things you learned during the training?
6. What has the training helped you do or do better?
7. We continue to train teachers. What should we do differently next time?
   • Probe: duration, location, content, format, trainers, participants, training materials, timing, etc.

Adolescent Nutrition SBCC Materials

8. How useful have the Adolescent Nutrition SBCC materials been for getting adolescents to discuss nutrition with a parent?
9. How useful have the materials been for helping adolescents actually change their diet? What else would be helpful?
10. Does the club or school library lend any of the games or other materials? What's the process for borrowing the materials?
11. How often have any of the adolescent nutrition SBCC materials been borrowed?
12. We would like to share lessons learned with other groups starting to address adolescent nutrition. What has worked well for you? What has been a challenge?
13. The project has supported educational radio to develop adolescent nutrition radio spots. If we could get you audio files of those spots, how might you use them?

Improving Adolescent Nutrition

14. Are you engaging other teachers or other adults on adolescent nutrition? Please tell me about that experience.
15. You've done a great job helping students understand the benefits of good nutrition and the things they should eat and do. What can you reasonably do to help students and their families move from nutrition knowledge to changing what they eat and do? What is realistic for you?
16. What should others do to improve adolescent nutrition?
**Sustainability**

17. How can teachers and students keep the nutrition momentum going during school breaks?
18. What recommendations do you have for ensuring that adolescent nutrition remains a part of what happens in this school even if you leave for any reason?
19. What role does school administration currently play in adolescent nutrition? What role would you like them to play?
20. How can we support you better?
21. Is there anything else you want us to know or to include in our report?
22. Thank you for taking the time to share your experience and insights with us. It will help us improve the program as we expand it.
Questions for Regional SBCC Advisors

1. Please list the training of teachers and out-of-school program facilitators in the box below, noting who else was trained at the workshop (e.g., students, directors, other staff).

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Trainers</th>
<th># Teachers/Others</th>
<th># OOS Facilitators/Others</th>
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<td></td>
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2. How useful was the Trainer’s Manual?

3. What problems did you experience using the Trainer’s Manual? What worked particularly well?

4. What changes would make the Trainer’s Manual more useful?

5. How useful did the Teacher’s Guide appear to be?

6. What did teachers like about the Teacher’s Guide? What problems did teachers have with it?

7. What recommendations do you or the trainees have for improving the Teacher’s Guide?

8. Were the trainings long enough?

9. Aside from the Trainer’s and Teacher’s Guides, what recommendations do you have for improving training of teachers and out-of-school program facilitators for improving adolescent nutrition?

10. Who should be involved in future training?

11. What plans are there for training additional teachers and OOS program facilitators?

12. What will you do differently in those trainings?

13. What recommendations do you have for ensuring the sustainability of adolescent
nutrition clubs and programs after the project ends?
Appendix C: Photos used in FGDs

Note: A4-sized photos were used during the FGDs.


