| **Behavior** | **Priority Group or Influencing Groups** | **Determinants** | **Bridges To Activities** | **Activities** |
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| Mothers of children 0 – 23 months eat iron-rich foods at least three times a week.  | Demographics: Daily Routine:Big Desires: Known Barriers to the behavior:Current feelings/practices:Gender Issues: Stage of Change: **Influencing Group:** Husbands | 1.Self-efficacy/Access: Far from the market/difficult to get iron rich foods2.Positive consequences:Eating iron rich foods increases blood3.Social Norms: Husbands approve4.Susceptibility:Doers know they can become anemic5.Action Efficacy:Doers believe that eating iron-rich foods will prevent anemia | 1. Increase the perception that every mother has easy access to iron-rich foods (green leafy veggies)

2.Re-inforce the perception that eating iron-rich foods helps make strong blood/ Gives a mother energy;3.Re-inforce the perception that husbands approve of wives eating iron-rich foods4.Increase the perception that all mothers are at risk of anemia5.Re-enforce the perception that eating iron-rich foods can prevent anemia | Create a module for CNC and CNF on maternal nutrition and the effects of anemia. In the module cover each of these points through a story comparing two mothers and their families. Write discussion questions to generate a dialogue among the mothers to examine their own situations and abilities/desires to begin to adopt this behavior. Discuss ways to overcome the barriers they faceEncourage women to commit to take steps to try the behavior.Follow up with Home Visits 2 -3 weeks after the meeting/story to provide support/encourage/track behavior adoption.  |
| Outcome Indicator: Proportion of mothers of children under two years of age who consumed iron-rich food | Process Indicators: # CG Modules developed based on formative research; # CNC trained; #CNFs trained; # CNF & NG meetings held; CNF attendance; NG mother attendance at meetings |