HEART
HEALTH & EDUCATION ADVICE & RESOURCE TEAM

Helpdesk Report: Experience of implementing large-scale integrated preventive health programmes

Date: 24 March 2016

Query: Produce a report looking at experience of large-scale programmes delivering primary preventive health messaging and strategies. If possible, look specifically for behaviour change programmes with messages integrated across sectors. Experience from Malawi would be most useful, as well as information from sub-Saharan Africa and other low-income countries.

Content

1. Overview

Experience of large-scale preventive health programming integrated across different sectors was difficult to find within the scope of this report. Resources on large-scale messaging or strategies with some element of integration include:

- An evaluation of an intersectoral nutrition package in Madagascar (Guyon et al., 2009). Success of this programme was due to Intersectoral Nutrition Action Groups, harmonisation from a wide range of partners, and supporting interventions are required to maximise effectiveness.
- Raising Voices developed an activist kit for preventing both violence against women and HIV (Carlson, 2010). The aim was to fill a gap in prevention approaches by addressing the root cause of the power imbalance between women and men.
- Oxfam discuss the use of education entertainment (or edutainment) (Lacayo & Singhal, 2008). Recommendations for edutainment include: using language that is understandable to everyone, present alternatives to a status quo, and use engaging and attractive materials.
- Mama SASHA (Sweet potato Action for Security and Health in Africa) is a programme linking agriculture with healthcare. (PATH, 2016; Self et al., 2015). It aims to improve the health and nutrition of pregnant/lactating women and children <2 years.
- A case study on the Health Promoting Schools (HPS) programme in South Africa describes evolution from a policy developed through an alliance between government departments (particularly health and education) and between various disciplines, professionals, and sectors, based on shared goals (WHO, 2013a). There is limited evidence on evaluation of health impact, however, practitioners report greater cross

sectoral collaboration and integration of health and achievement of process objectives.

Section 3 highlights some interesting large-scale behaviour change programmes with messaging more focussed on one area. These include:

- A national initiative in Uganda for domestic violence organised through the Catholic Church (Trócaire and Raising Voices, 2012).
- An evaluation of the Southern African Regional Social and Behaviour Change Communication Program in eight countries of southern Africa for HIV prevention (Hutchinson et al, 2013).
- An evaluation of the effectiveness of televised road safety messages in Ghana (Blantari et al., 2005).

2. Integrated programmes

Implementing an integrated nutrition package at large scale in Madagascar: the Essential Nutrition Actions framework
Guyon A, Quinn V, Hainsworth M, Ravonimanantsoa P, Ravelojoana V, Rambeloson Z, & Martin L. (2009). Food and Nutrition Bulletin; 30 (3).
http://www.ncbi.nlm.nih.gov/pubmed/19927603

Madagascar has some of the highest rates of child stunting, maternal malnutrition, and infant mortality in sub-Saharan Africa. To improve infant and young child feeding practices, uptake of micronutrient supplements increased, and women's dietary practices were improved through implementation of a nutrition project based on the Essential Nutrition Actions (ENA) framework. Interventions included training, interpersonal communication, community mobilisation, and mass media. Changes in practices were assessed through a comparison of data for children under 2 years of age from representative cross-sectional household surveys collected at baseline in 2000 (n = 1,200) and at the end of program implementation in 2005 (n = 1,760). The surveys were conducted in six districts with a population of 1.4 million. The rate of initiation of breastfeeding within 1 hour of birth increased from 32% to 68%, the rate of exclusive breastfeeding of infants under 6 months of age increased from 42% to 70%, the rate of continuation of breastfeeding at 20 to 23 months increased from 43% to 73%, the rate of feeding children the minimum recommended number of meals per day at 6 to 23 months increased from 87% to 93%, the rate of iron-folic acid supplementation during pregnancy increased from 32% to 76%, and the rate of postpartum vitamin A supplementation increased from 17% to 54% ($p < .001$ for all changes). Modest improvement was achieved in maternal dietary practices during lactation and feeding of the sick child after illness. The results were inconclusive regarding food diversity for complementary feeding. No improvements were reported in increasing food intake during child illness or pregnancy. The ENA framework allows broad-scale improvement of nutritional practices to be achieved through the maximisation of contacts using multiple program opportunities within existing health systems and community structures and through mass media.

Lessons learned include:

- The Intersectoral Nutrition Action Groups were instrumental in creating an overall positive policy environment for nutrition through effective policy analysis, advocacy, and development of national guidelines.
- A wide array of partners ensures harmonisation of field approaches (especially messages and tools), expanded coverage, and maximised resources. Coordination and collaboration among partners requires considerable investment of time up front for joint understanding and planning.
- Approaches and messages must be harmonised between partners. A mix of activities such as interpersonal counselling, community mobilisation, and mass media

contributes to behaviour change when these activities deliver consistent messages to mothers and child caretakers.

- Although sizable improvements were made in infant and young child feeding practices, the best efforts cannot achieve their full potential without supporting interventions that address the underlying causes of malnutrition associated with household food security, care of mothers and children, and health and environment.

SASA! Mobilizing Communities to Inspire Social Change
Carlson C (2010) Raising Voices
http://raisingvoices.org/wp-content/uploads/2013/03/downloads/resources/Unpacking_Sasa!.pdf

Raising Voices developed the Sasa! Activist Kit for Preventing Violence against Women and HIV to fill a gap in prevention approaches by addressing the root cause of the power imbalance between women and men.

Sasa! uses multiple strategies to reach diverse people and groups in a variety of ways. Not only do multiple strategies increase the opportunity for different types of people to engage with an idea, but people often need to hear an idea multiple times before fully understanding. These strategies include Local Activism, Media & Advocacy, Communication Materials, and Training. The content in each of these strategies changes as the community moves from one phase of Sasa! to the next. Activists say that one of the most helpful aspects of Sasa! is the well thought-out materials that are premade and ready to be translated, adapted or even used immediately, saving groups much time and ensuring that materials contain strong and focused content.

Evaluation of community-based interventions for non-communicable diseases: experiences from India and Indonesia
Krishnan A, Ekowati R, Baridalyne N, Kusumawardani N, Kapoor SK, & Leowski J (2010). Health promotion international, daq067.
http://heapro.oxfordjournals.org/content/26/3/276.long

This paper reports the results of formative and outcome evaluation of two ongoing community-based intervention programmes for integrated non-communicable disease (NCD) prevention and control in urban low-income settings of Ballabgarh near New Delhi, India, and in Depok, West Java Province of Indonesia. At both sites, a coalition of community members facilitated by academic institution and the World Health Organization, planned and implemented the intervention since 2004. The intervention consisted of advocacy and mediation with stakeholders, training of volunteers and school teachers, communication campaigns, risk assessment camps and reorientation of health services. The formative evaluation was based on the review of documents, and outcomes were assessed using the standardized surveys for NCD risk factors in 2003–2004 and 2006–2007. The baseline surveys showed that tobacco use, low intake of fruits and vegetable, suboptimal levels of physical activity and obesity were prevalent in both the communities. A frequent change in local administrators and lack of perceived priority for health and NCDs limited their involvement. Pre-existing engagement of community-based organisations and volunteers in health activities facilitated its implementation. The reach of the programme among the population was modest (25–32%). Health system interventions resulted in increased diagnosis and better management of NCDs at health facilities. Early outcome measures showed mixed results of change in different risk factors. The experiences gained are being used in both countries to expand and provide technical support to national efforts. This paper adds to the knowledge base on the feasibility of designing and implementing large-scale community-based interventions for integrated prevention of NCDs through modification of risk factors.

Pop Culture with a Purpose! Using Edutainment Media for Social Change
Lacayo V & Singhal A (2008) Oxfam Novib
http://utminers.utep.edu/asinghal/Books/Singhal-Lacayo-POP%20CULTURE%20with%20a%20purpose-final-copy.pdf
Abstract from: http://www.comminit.com/edutain-africa/content/pop-culture-purpose-using-edutainment-media-social-change

This Oxfam Novib document discusses basic concepts and strategies in education-entertainment (E-E or edutainment), including: using edutainment to build and strengthen social movements; the common challenges of planning and evaluating edutainment; and the main theories supporting its practices and strategies. The author uses several examples of projects, including: Breakthrough in India, Soul City and Soul Buddyz in South Africa, and Sexto Sentido from Puntos de Encuentro in Nicaragua.

The document lists the following as connected to the effectiveness of this kind of entertainment:

- Entertainment is taking up more and more of people's daily time.
- Use of the powerful and engaging effect of drama and storytelling is relevant to convey complex messages and engage people in complex, long-term processes based on the serial nature of programming to enhance audience popularity, emotional identification and role modelling, complex and layered treatment of multiple themes, and long -term exposure to themes.
- The length of engagement leads to more debate and dialogue around various aspects of themes leading to deeper engagement and stronger possibilities of change. As stated here, "...for social change to occur, oppressive relationships need to be identified, then deconstructed, and then reconstructed."

The stories of the processes for creating The Soul Buddyz Club programme, Breakthrough's Is This Justice? - India campaign, as well as the more recent Breakthrough ICED effort, and Puntos de Encuentro's TV series Sexto Sentido (Sixth Sense) and the accompanying social change communication strategy, Somos Diferentes Somos Iguales (SDSI), are detailed by the organisations that created them. Among the lessons learned by these organisations include lessons on linking to social change movements. For example, Puntos de Encuentro needed to develop strategies to bridge generational differences in how women perceive the role of a women's movement in both reducing violence against women and in increasing opportunities for women. They had to pay attention to building a movement that included large and small organisations linked by the issues brought to society through an edutainment series. They had to overcome dissension in the movement caused when their organisation received resources and recognition for creating the series, while other organisations were lacking resources. For the Breakthrough organisation, after bringing attention to violence against women in India through an advertising campaign, a music video, and capacity building of youth, senior field workers, and trainers to address gender-based discrimination, sexuality, and HIV/ AIDS, Breakthrough took on a different campaign in the United States, based on the issue of immigrant deportation, presented in its video game "I Can End Deportation" (ICED). Observing that gaming, social networking, and Web 2.0 platforms were changing the way in which some audiences were communicating, Breakthrough developed a multi-media campaign with the game, including benchmarks and indicators to inform their work. Hence, they have the tools to measure how often it is downloaded and to survey players in a quantitative and qualitative evaluation on increases in knowledge on the topic and changes in attitude. They indicate that as an organisation, they have benefited from the differences in approach and strategies that their two-country transnational identity has generated.

The document describes theories and their application to edutainment development. The theories include: Social Marketing, Diffusion of Innovation, Spiral of Silence Theory, Individual Differences Theory, Elaboration Likelihood Model and Reception Theory, The Health Belief Model, Social Learning Theory, and Stages of Change Theory. Thomas Tufte's three generations of E-E are charted.
Some working principles on edutainment selected from Puntos de Encuentro include:

- Critique the status quo and present alternatives
- Use language that is understandable to everyone
- Take on controversial issues and build bridges
- Create and sustain one's own mass media outlets
- Use engaging and attractive materials and formats
- Involve organisations and audiences in content creation and use

In addition, Puntos suggests that people respond to different things in different moments, and that change occurs as a result of multiple catalysts working simultaneously, on different levels and over time. Puntos' strategies combine mass media with interpersonal interchange, networking, and community mobilisation to effect both individual and social change. Media used in their projects include leaflets, radio, youth maps, a DVD methodology pack, national and cable TV, cast visits and appearances, joint social actions with a network of alliances, monitoring and evaluation, and advice and guidance from service providers, including 60 centres on sexual violence and HIV/AIDS counselling and sexual and reproductive health.

Integrated approach to HIV and water, sanitation and hygiene in southern Africa a gap and needs assessment
WaterAid and SAfAIDS (2014) Anglo American Group Foundation
http://www.wateraid.org/~/media/Publications/Integrated-approach-to-HIV-and-water-sanitation-and-hygiene-in-Southern-Africa.pdf

This report documents findings of a rapid assessment on existing implementation linkages between HIV responses on one hand, and water, sanitation and hygiene (WASH) on the other, in four southern African countries: Lesotho, Mozambique, Swaziland and Zambia.

The Southern African Development Community (SADC) has a number of policies and strategic frameworks that have an influence on the policies of member states. Two main policies were reviewed: the SADC Regional Water Policy and the SADC HIV and AIDS Strategic Framework 2010 – 2015. The latter document is silent on integrating WASH and HIV. The SADC Regional Water Policy, however, makes a number of provisions for the integration of HIV. Foremost, the Policy Principles for Water Resources Management take into consideration the importance of gender mainstreaming and addressing HIV in water resources management at all levels. At country level, Swaziland, Lesotho and Zambia have incorporated some WASH and HIV integration provisions in prevailing policies, but this is not the case in Mozambique.

There are a number of platforms that are available in each country where different WASH or HIV stakeholders meet. Most of these platforms are specific either for WASH or HIV initiatives. The assessment did not find a single platform in any of the four countries that is formally meant to bring together WASH and HIV partners. At community levels in all four countries, WASH issues are addressed at clinics and hospitals and through the work of community-based volunteers (CBVs).

The assessment showed that in all four countries, representatives of government, UN agencies, NGOs and health staff were not aware of specific guidelines or standard operating procedures for integration of WASH and HIV. There, however, existed several other guidelines, e.g., guidelines for integration of HIV and TB, HIV and nutrition, etc. Results from the literature review showed that lack of planned integration starting at policy level, and

further reflected in both WASH and HIV programming, was sometimes a result of lack of country-specific research on linkages between WASH and HIV. Regardless, in each country, some activities do integrate WASH and HIV. Focused HIV or WASH only funding was mentioned as a serious barrier for integration.

The main stumbling block to WASH and HIV integration is inadequate national integration policies, guidelines and frameworks. At implementation level, WASH and HIV linkages exist, but in an adhoc manner. Lesotho has clearer policies in terms of provisions for HIV and WASH integration compared to other countries. More work, particularly on the HIV side, needs to be done in Zambia, Swaziland and Mozambique in that order. The availability of SADC regional frameworks and guidelines can be used to guide development of national and local HIV and WASH integration frameworks.

There is limited co-ordination between WASH and HIV sectors and unavailability of funding for both WASH and HIV activities makes these linkages difficult. Disparities between the two sectors in terms of co-ordination, funding and policy commitment also affects any efforts at synchronisation of activities. Although there are several in-country platforms where different HIV or WASH stakeholders meet, the platforms are more aligned to either sectors, with limited integration between each other. Stronger linkages exist between WASH and health, although through the Department of Environmental Health under the Ministry of Health and platforms exists at all levels. With regards to WASH and HIV, the critical question is who will lead the integration of HIV and WASH?

An example of a stakeholder initiative involving behaviour change comes from Lesotho. To improve infant feeding, UNICEF supported the government to implement a behaviour change programme focusing on educating communities about hand washing with soap and the use of safe sanitation facilities. However, initiatives did not target HIV, but used nutrition as an entry point for water and sanitation. In March 2014 UNICEF, in partnership with line ministries, introduced a programme implemented following the community-led total sanitation approaches. The programme was at advocacy level, and was being implemented by the Government of Lesotho and national stakeholders at the time of the assessment. Through the programme, UNICEF planned to facilitate the formation of a national sanitation taskforce that would advocate for, plan and foster community-led total sanitation approaches. At the time of the assessment, taskforce membership included Rural Water Supply, MoH Environmental Health Division, MoE, Ministry of Local Government and the Red Cross. The membership, it was planned, would be widened to co-opt all relevant stakeholders as implementation gained momentum.

In the context of the assessment findings, the following recommendations are made:

- Consider strengthening capacities and broadening mandates of existing platforms to include WASH and HIV integration, rather than creating new structures or platforms.
- The WASH and HIV integration process should be owned by all stakeholders at all levels, from local to national levels, with national governments leading through their responsible ministries and departments.
- Efforts to initiate WASH and HIV integration should take note of existing guidelines, best practices and lessons learnt from integration initiatives, processes and practices in other sectors, such as those between HIV and TB, SRH, and nutrition.
- WASH and HIV integration initiatives should adequately assess existing implementation barriers in the respective sectors and provide adequate mitigation efforts to address policies.
- Ensure that a critical mass of stakeholders from all key government ministries (health, water, etc.) relevant UN agencies, local and international NGOs, and community level representatives have adequate buy-in to the WASH/HIV integration initiatives.

- Ensure a community-led demand process that guarantees effective representation and participation of affected individuals, households and communities, including the poor and other vulnerable groups.
- Funding of WASH/HIV integration processes should be additional and not shared from the current funding towards the two respective sectors.
- Ensure that existing inhibiting cultural beliefs and practices are addressed through appropriate strategies such as culturally sensitive but strong and effective advocacy programmes at all levels.
- The WASH and HIV integration process and strategies should include interventions that address sustainability issues, which include capacity building of beneficiary government institutions, communities, households and individuals to support project outcomes on a long-term basis.
- The integration process should incorporate gender and other crosscutting issues. Balanced roles for women are critical as women are disproportionately affected by WASH and HIV challenges compared to men, and they are responsible for most WASH and HIV chores at household level.
- Development of WASH and HIV integration mechanisms need to consider how guidelines can be used in both rural and urban settings.

Getting to the root of better nutrition
PATH. Webpage accessed 23/3/16
http://www.path.org/projects/sweetpotato-project.php

In Kenya, the Mama SASHA (Sweet potato Action for Security and Health in Africa) project is unlocking the secret of these sweet potatoes by linking agriculture with health care. Pregnant women are leaving prenatal visits with an unusual prescription: a voucher for orange-fleshed sweet potato vine that they can redeem from local farmers so they can grow their own nutritious tubers.

Combining agriculture and prenatal care is an innovative approach. In fact, this is the first project of its kind in sub-Saharan Africa, and PATH aim to provide solid evidence of its effectiveness. When the project ends, impact evaluations will have assessed whether there were significant changes in the consumption of vitamin-A rich foods and the use of pre- and postnatal care, and whether these changes resulted in improved health for mothers and children.

Cost-effectiveness of Mama-SASHA: a project to improve health and nutrition through an integrated orange-fleshed sweet potato production and health service delivery model
Self J, Girard AW, McFarland D, Grant F, Low J, Cole D, & Levin C. (2015). The FASEB Journal, 29(1 Supplement), 39-8.
http://www.fasebj.org/content/29/1_Supplement/39.8

The Mama-SASHA project aims to improve the health and nutrition of pregnant/lactating women and children <2 years through an integrated orange-fleshed sweet potato (OFSP) and health service strategy in Western Kenya. The authors analysed the cost effectiveness from a societal perspective. They estimated the incremental cost-effectiveness ratio (ICER) of the intervention, which includes OFSP vouchers provided at antenatal care (ANC) visits, nutrition education, and pregnant women's clubs, compared to status quo ANC services. Effectiveness data from a quasi-experimental study were used to estimate DALYs associated with changes in vitamin A deficiency, stunting, wasting, anemia, diarrhea, and mortality for children <2 years and their mothers. The authors used ingredients based micro-costing to estimate economic costs of agriculture, health and community interventions, including

opportunity costs of labour for health workers, community volunteers and participants.

Net economic cost over three years was US $445,151. 77 DALYs were averted per year, mostly attributable to improvements in stunting and anemia. The ICER was US $1,919 per DALY averted, which is two times Kenya's GDP per capita ($994 per person) and meets cost-effectiveness criteria set by WHO. Benefits not convertible into DALY's include improved sweet potato yield, food security, extension services and nutritional knowledge.

The healthy schools programme South Africa
WHO (2013a) WHO Regional Office for Africa
http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=9241&Itemid=2593

This case study describes the Health Promoting Schools (HPS) programme in South Africa post 1994 to date. The school provides a setting for across sectoral work between education, health and other sectors to prevent factors that place learners at risk, such as poverty, violence, substance abuse and HIV/AIDS. The case study is of a national level policy and programme, with further exploration of evidence from a rural primary school site in Western Cape initiated in 1996.

The HPS programme was initiated in response to shared policy concerns across health and education sectors, and with support from WHO bringing options to address these concerns from international experience. The policy was developed through an alliance between government departments (particularly health and education) and between various disciplines, professionals, and sectors, based on shared goals. The case study shows the role of provincial departments, local authorities, technical support teams and community actors in taking the national concept to local level. The programme offered space for flexibility in application to facilitate local ownership and initiative, with support from provincial technical teams and management levels of schools.

While there is limited evidence on evaluation of health impact, practitioners report greater cross sectoral collaboration and integration of health and achievement of process objectives. After several years there was a growing demand for processes to support institutionalisation, including guidelines on roles and responsibilities, consistent training, budget support and formal tools for monitoring and evaluation. The role of parents and learners is not well reported in available documents and was noted by practitioners to need greater visibility in future work.

Household Energy, Indoor Air Pollution and Health: Overview of Experiences and Lessons in South Africa
Palmer Development Consulting (2004) Winrock International
http://www.pciaonline.org/files/South_Africa_Household_Energy_and_Health_Overview.pdf

This report highlights key actors and stakeholders in the field of household energy and health in South Africa. It also discusses key household energy and health programs in South Africa.

Lessons learned include:

- Cost is a key impediment to wide adoption of clean and more energy efficient household energy appliances by poor households in South Africa.
- A key requirement to using cleaner fuels and more efficient appliances is affordability. In some cases subsidising the fuel or the appliance may be the only option for reaching a mass consumer base.

- Capacity building around energy and health intersection issues is required at provincial and local government levels where most health interventions are located and planned.
- Implementation of innovative low cost interventions like Basa Njengo Magogo low smoke programme can reduce air pollution, effect fuel and monetary savings and improve the health of low income households dependent on coal for household use.
- Participatory planning in community based energy programmes allows the project planners to fully understand the community's needs and better integrate those needs in the implementation plans thereby making the project more acceptable to the community.
- Available technologies are rarely fully commercialised. There are several potentially viable designs and ideas, however, they lack the support which would enable them to make further progress.
- The government and development agencies have an important role to play in supporting commercialisation of innovative household energy technologies that have potential for commercialisation.
- End-user awareness remains a challenge. It is expensive to launch public awareness campaigns, and there are some obstacles to funding such interventions.

Linking Biodiversity Conservation and Water, Sanitation, and Hygiene: Experiences from sub-Saharan Africa
Bonnardeaux D. (2012). Africa Biodiversity Collaborative Group.
https://www.k4health.org/sites/default/files/ABCG%20Conservation%20and%20WASH_final.pdf

This paper aims to build the evidence base for how implementers have integrated WASH and freshwater ecosystem conservation to date in sub-Saharan Africa and to document lessons learned from projects taking a more holistic approach to conservation and development.

The projects described are: The Rural Access to New Opportunities for Health and Water Resource Management (RANON'ALA) Project in Madagascar; Pangani Basin Environmental Flow Assessment in Tanzania; Working for Wetlands in South Africa; and the Sustainable Fisheries (Ba-Nafaa) Project in The Gambia and Senegal.

Lessons must be learned from these and used to replicate successful programs throughout sub-Saharan Africa. Illustrative lessons found in this review include:

- Linking various sectors such as WASH, forestry, agriculture, population and community development can result in cost and effort sharing which in turn can increase the effectiveness of the project.
- Environmental flows and EFAs have the potential to be suitable vehicles to integrate WASH and freshwater ecosystem conservation aspects.
- More work is required to bridge the gap between research and assessments to operationalisation and implementation of integrated WASH and conservation interventions.

3. Large-scale programmes

Through the Voice of Faith: learnings to inspire domestic violence prevention through faith institutions
Trócaire and Raising Voices (2012)
http://raisingvoices.org/wp-content/uploads/2013/03/downloads/resources/ThroughtheVoiceofFaithFINALFeb2013.pdf

Since 2008, an unprecedented undertaking has taken shape in Uganda: a domestic violence prevention initiative driven through the voice of the Catholic Church. Most unique and instrumental has been the rare collaboration that made it possible—a partnership between the Catholic Church, the women's rights NGO Raising Voices, and the Irish, church-based NGO Trócaire, with its commitment to justice and human rights. Officially launched in late 2009, the initiative includes two levels of activity: 1. An annual national domestic violence prevention campaign held during the season of Advent. 2. An ongoing, comprehensive community engagement methodology for select dioceses. The learnings from this initiative have provoked broad reflection about the power of faith in many countries of the Global South, and thus the potential of accelerating positive change at scale through effective collaboration with faith institutions. It is hoped that these learnings will provoke organisations of all interests and affiliations to rethink their assumptions and begin exploring new possibilities for preventing violence against women. This document provides stories, voices and the learnings. For each period of work, a snapshot of that time is presented and the four key lessons that emerged.

The programme began with a national domestic violence prevention campaign. An approach known as SASA was also piloted. SASA is Kiswahili for now and an acronym for the major phases of the approach: start, awareness, support, action. All this is achieved through four key strategies, led by community members and community leaders themselves:

1) Local Activism: Creating "everyday" activists by engaging women, men and young people in interesting and creative activities at the grassroots.
2) Media and Advocacy: Spreading provocative stories and facts across the airwaves, in the newspapers and in the offices of leaders and policymakers.
3) Communication Materials: Using creative and fun materials like posters or comics to engage people spontaneously during their day-to-day activities.
4) Training: Strengthening people's understanding of the issues using interactive and thought provoking exercises.

It was important in the beginning to not say and do it all, but to send messages that were a natural next step for parishioners—nudging existing knowledge and values slightly further along the path of change. This equally applied to training for clergy, who were working largely from broad conceptual understandings and biblical text.

The level of response from using Catholic infrastructure surprised the steering committee more than once. For example, in Uganda the best way to reach people, and particularly men, is through the radio. The country's nine Catholic radio stations were essential to the national campaign, and created a quickly popular opportunity to phone in.

This initiative is succeeding, in part, thanks to its unique blend of partners: a funder willing to support experimentation and innovation, a progressive faith-affiliated NGO willing to broker unlikely collaborations, a women's rights NGO and a faith steeped in history and tradition open to combining expertise in ways that put women first.

Domestic violence prevention is about fostering activism among a critical mass, resulting in deeply held ideas and sustained behaviour change. "Everyone was approaching domestic violence in a different way," a parish priest explained. "Now we have something in common, a consistent message across our diocese. We needed a kind of syllabus to engage."

External Evaluation of the Southern African Regional Social and Behaviour Change Communication Programme
Hutchinson P, Wheeler J, Silvestre E, Meekers D, Anglewicz P, Hembling J, Cole E, and Keating J (2013) Tulane University Paper.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/303482/Southern-African-Regional-Social-Behaviour-Change-Programme.pdf

In 2011, the Tulane University School of Public Health and Tropical Medicine was commissioned to conduct a post-project evaluation and cost-effectiveness analysis of the Southern African Regional Social and Behaviour Change Communication Program in eight countries of southern Africa. The Regional Programme combined the HIV/AIDS prevention and treatment mass media of the Soul City Institute for Health and Development Communication (IHDC) and its local affiliates with the community-based approaches of the Community Media Trust (CMT) and the Southern Africa HIV and AIDS Dissemination Information Services (SAfAIDS). Data on HIV/AIDS related health behaviours, attitudes, risk reduction strategies, and exposure to behaviour change communication programs were collected using multi-stage cluster sample surveys of randomly selected adults aged 15-49 years in each of the countries.

Results:
OneLove: The effects of the Regional Programme interventions varied greatly depending on the nature of the media mechanism and the outcomes examined. Radio and print media for Soul City had consistently measurable effects across indicators of knowledge, attitude, norms and interpersonal communication but to a lesser extent on indicators of behaviour change. Across all countries, the vast majority of surveyed populations – regardless of programme exposure - demonstrated good knowledge of HIV and AIDS, transmission and prevention mechanisms, and treatment literacy. Print media was shown to have “strong” evidence in support of effectiveness, with measurable effects detected in five of nine countries, while the evidence to support the effects on knowledge indicators from exposure to OneLove television was categorised as “small.” The majority of respondents across countries and exposures disagreed with statements reflecting negative sentiments about HIV/AIDS and persons living with HIV and AIDS. However, there was “strong” evidence of associations between exposure to OneLove radio programming and improved HIV attitudes. Exposure to OneLove radio media was consistently associated with greater frequency of discussions and other communication about HIV and sexual relations. The evidence in support of OneLove television programming on most indicators of attitudes, knowledge, norms and behaviours was “small or limited.” In all of the countries surveyed, multivariate regression analyses indicated positive effects of exposure to the programmatic activities of Soul City and its partners on many of the key behaviours (e.g., HIV testing, condom use, sexual partnerships). The effects were most evident for HIV testing and condom use behaviours. Radio and print media appeared to be the most effective in achieving behaviour change. There was little evidence to support the effects of OneLove media, regardless of type, on a key programmatic goal – reductions in multiple and concurrent partnerships. Across all countries, there appeared to be limited effects of exposure to program media on outcomes related to the exchange of gifts or money for sex, although attitudes towards such exchanges were less favourable among certain groups.

SAfAIDS: There is clear evidence that SAfAIDS programs have affected HIV norms and attitudes in the areas in which they have operated but have had much more limited impacts upon HIV-related risk behaviours. Overall exposure to SAfAIDS interventions varied from 8.0% of respondents in Mozambique to approximately 86% of respondents in Malawi. HIV risk perceptions tended to be greater among those exposed to SAfAIDS interventions. Further, there are clear indications that SAfAIDS has contributed to improving the skills and resources of communities to respond to the HIV epidemic. Respondents exposed to SAfAIDS interventions were more likely to report that people in the community are joining together to help people with HIV, that people in the community are discussing multiple partnerships and the risk of HIV, and that leaders are speaking out against the risk of HIV from having multiple partners. In nearly all countries, there was limited evidence that individuals who were exposed to SAfAIDS interventions were more or less likely to have experienced physical or sexual violence. The evidence surrounding reporting of violence to authorities, friends or family was also mixed, though increased reporting was apparent in a number of countries.

Community Media Trust: Exposure to CMT interventions varied by country, from 7.8% of respondents who reported exposure to any CMT interventions in Lesotho, where Beat It! was accessible principally through treatment literacy sessions, to 25.1% in Malawi. Exposure to CMT interventions had clear effects on indicators related to HIV knowledge and treatment literacy, as well as on the behavioural indicators related to testing and treatment. Respondents exposed to CMT activities perceived themselves to be at higher risk for HIV than unexposed respondents, a likely reflection of the fact that CMT treatment literacy programmes are targeted towards HIV positive individuals. CMT programs also had notable effects on norms and attitudes surrounding HIV risk behaviours, particularly with respect to the acceptability of negotiating condom use among partners. Cost Analysis: Analyses of the full economic costs of the Regional Program indicated that the interventions of all of the partners have high levels of reach and low costs per person, at least relative to many alternative HIV prevention interventions.

An evaluation of the effectiveness of televised road safety messages in Ghana
Blantari J, Asiamah G, Appiah N & Mock C (2005) International Journal of Injury Control and Safety Promotion; 12 (1)
http://www.tandfonline.com/doi/full/10.1080/17457300512331342199

The goal was to evaluate the effectiveness of recent televised advertisements conducted by the National Road Safety Commission in Ghana. These concerned speeding and alcohol-impaired driving and were targeted towards commercial drivers. Focus group discussions were conducted with 50 commercial drivers in four cities. Discussions addressed coverage, clarity and appropriateness of messages, including suggestions for improvements. Most discussants indicated that the messages were clear and appropriate. Television reached all participants in this urban group. However, they felt that other modes of communication, such as flyers and radio, should also be used to reach drivers who did not own televisions. A particular problem was language. The advertisements had been in English and Akan (the most common vernacular language). Participants wanted the messages diversified into more of the major Ghanaian languages. Some participants were unclear on the behaviour that the advertisements were telling viewers to take. Participants advocated greater involvement by police in road safety and called for laws banning the sale of alcohol at bus stations. The advertisements reached and were understood by most of the target audience. Opportunities for strengthening the messages included using other media; increasing the number of languages; and stressing the change in behaviour being recommended. Overall road safety activities would be strengthened by increasing accompanying law enforcement activities related to speed and alcohol-impaired driving. To the authors' knowledge this is the first formal evaluation of a road safety social marketing programme in a low-income sub-Saharan African country. This evaluation will hopefully assist Ghana and other similar countries in strengthening road safety work.

Malawi's BRIDGE Project
BRIDGE (2014) Tools of Change Highlights Series, USA.
http://www.toolsofchange.com/userfiles/Malawi%20Bridge%20Case%20StudyV2b.pdf

BRIDGE was a 6-year behaviour change HIV prevention project implemented in Malawi from 2003 to 2009 by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP), in partnership with a number of Malawi-based organisations, and with funding from USAID. This document illustrates highlights from the programme.

With funding from the United States Agency of International Development (USAID), the Malawi BRIDGE project was initiated to address the growing problem of accelerating HIV infection rates in the country. BRIDGE was implemented with local partners in eight focus

districts (Balaka, Chikwawa, Kasungu, Mangochi, Mulanje, Mzimba, Ntcheu, and Salima), while mass media campaigns had national reach.

To address the need for a coordinated, comprehensive, scientifically sound approach, BRIDGE coordinators developed the consensus-based National Behavior Change Intervention Strategy. Once implemented as part of a comprehensive program of prevention, services and care, this strategy was designed to contribute to a decline in new HIV infections. The campaigns included many different community approaches and radio programmes. Evaluation results were positive with improvements in HIV knowledge and testing rates, and a decrease in stigma.

Lessons learned:

- Partnerships were key to success. BRIDGE worked with many public, private, and civil society organisations and agencies.
- Collaboration ensured local ownership. All messages, materials and tools included input from local HIV, communication, development and government partners, as well as from residents in the eight districts.
- Capacity building was important. Support was provided to technical working groups and national organisations.
- Low literacy rates need to be addressed. Exposure to BRIDGE programs was positively associated with education, suggesting that better-educated individuals, relative to their less-educated counterparts, derived greater benefits from the program. This suggested that future programming should take special steps to reach those not currently being served because of their low literacy levels.

This is a programme document and presents a case study. There is no indication it has been peer reviewed.

Using social and behavior change communication to increase HIV testing and condom use: the Malawi BRIDGE Project

Kaufmana M, Rimal R, Carrascoa M, Fajobia O, Sokoc A, Limayea R & Mkandawire G. (2014) AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV; 26 (1)
http://www.tandfonline.com/doi/pdf/10.1080/09540121.2014.906741

While overall HIV prevalence in Malawi has decreased, it is still high in the southern region of the country. Behavioural prevention activities are crucial to continue the reduction in HIV prevalence. Behaviour change is influenced by many factors. Previous work indicates knowledge about HIV transmission, self-efficacy to protect oneself from exposure, and accurate risk perception of one's susceptibility all impact sexual behaviour. The current study looks at the effects of a behaviour change communication program in Malawi called the BRIDGE II Project on psychosocial and behavioural variables. The program sought to address barriers to individual action and confront societal norms related to sexual risk behaviour through a mix of community-based activities and mass media messages delivered through local radio stations. Using cohort data (n = 594), the authors examined the effect of BRIDGE exposure on three variables that affect HIV behaviours: knowledge, self-efficacy, and risk perception, as well as two behavioural outcomes: HIV testing and condom use at last sex. Data were collected at baseline and for a midterm evaluation. Regression analyses showed exposure to BRIDGE was significantly associated with knowledge level ($\beta = 0.20$, $p < .001$) and self-efficacy ($\beta = 0.35$, $p < .001$) at midterm when controlling for baseline scores, but not risk perception. Psychosocial variables did not show a significant relationship to either behavioural outcome. However, program exposure was a significant predictor of both HIV testing in the past year (odds ratio [OR] = 1.40, $p < .001$) and condom use at last sex (OR = 1.26, $p < .05$). This study suggests such a communication intervention may play an important role in not only affecting HIV-related behaviours themselves, but also critical factors that

affect HIV behaviours, including knowledge and self-efficacy. It is recommended that communication efforts around HIV risk reduction be increased.

4. Other useful resources

Effect of washing hands with soap on diarrhoea risk in the community: a systematic review.
Curtis V & Cairncross S. (2003) The Lancet Infectious Diseases; 3 (5)
http://www.sciencedirect.com/science/article/pii/S1473309903006066

The authors set out to determine the impact of washing hands with soap on the risk of diarrhoeal diseases in the community with a systematic review with random effects meta-analysis. The data sources were studies linking handwashing with diarrhoeal diseases. Seven intervention studies, six case-control, two cross-sectional, and two cohort studies were located from electronic databases, hand searching, and the authors' collections. The pooled relative risk of diarrhoeal disease associated with not washing hands from the intervention trials was 1·88 (95% CI 1·31–2·68), implying that handwashing could reduce diarrhoea risk by 47%. When all studies, when only those of high quality, and when only those studies specifically mentioning soap were pooled, risk reduction ranged from 42–44%. The risks of severe intestinal infections and of shigellosis were associated with reductions of 48% and 59%, respectively. In the absence of adequate mortality studies, the potential number of diarrhoea deaths were extrapolated that could be averted by handwashing at about a million (1·1 million, lower estimate 0·5 million, upper estimate 1·4 million). Results may be affected by the poor quality of many of the studies and may be inflated by publication bias. On current evidence, washing hands with soap can reduce the risk of diarrhoeal diseases by 42–47% and interventions to promote handwashing might save a million lives. More and better-designed trials are needed to measure the impact of washing hands on diarrhoea and acute respiratory infections in developing countries.

There was not time within the scope of this review to look into the articles within the review to check whether research was included on large-scale integrated interventions.

Identifying determinants of effective complementary feeding behaviour change interventions in developing countries
Fabrizio C, van Liere M & Pelto G. 2014. Maternal and Child Nutrition; 10
http://onlinelibrary.wiley.com/doi/10.1111/mcn.12119/epdf

As stunting moves to the forefront of the global agenda, there is substantial evidence that behaviour change interventions (BCI) can improve infant feeding practices and growth. However, this evidence has not been translated into improved outcomes on a national level because not enough is known about what makes these interventions work, for whom, when, why, at what cost and for how long. Our objective was to examine the design and implementation of complementary feeding BCI, from the peer-reviewed literature, to identify generalisable key determinants. 29 studies were identified that evaluated BCI efficacy or effectiveness, were conducted in developing countries, and reported outcomes on infant and young children aged 6–24 months. Two potential determinants emerged: (1) effective studies used formative research to identify cultural barriers and enablers to optimal feeding practices, to shape the intervention strategy, and to formulate appropriate messages and mediums for delivery; (2) effective studies delineated the programme impact pathway to the target behaviour change and assessed intermediary behaviour changes to learn what worked. It was found that BCI that used these developmental and implementation processes could be effective despite heterogeneous approaches and design components. Our analysis was constrained, however, by the limited published data on how design and implementation were carried out, perhaps because of publishing space limits. Information on cost-effectiveness, sustainability and scalability was also very limited. A more comprehensive reporting process

and a more strategic research agenda is suggested, to enable generalisable evidence to accumulate.

There was not time within the scope of this review to look into the articles within the review to check whether research was included on large-scale integrated interventions.

Promoting health diets through nutrition education and changes in the food environment: an international review of actions and their effectiveness
Hawkes C. (2013) FAO.
http://www.fao.org/docrep/017/i3235e/i3235e.pdf

This paper provides an overview of nutrition education actions, in their broadest sense, that international organisations, governments, the private sector and civil society have been developing and implementing around the world to influence consumer awareness, attitudes, and skills around healthy eating.

Public awareness campaigns for different issues are outlined. A campaign on food based dietary guidelines was found to be successful in Iran. Generic healthy eating campaigns were: fruits and vegetables; other “eat more” foods (wholegrain, low-fat milk); salt; other “eat less” foods (e.g. sugar-sweetened beverages, fats); and food labelling. Some evidence of these in action is noted.

The report observes an emerging possibility that actions are most effective when they involve multiple components; e.g., information provision, behaviour change communication (including skills training), and policies to change the food environment. This is consistent with the widely cited research findings that nutrition education actions are more likely to yield positive results when the broader definition of nutrition education is applied. That is, when actions are implemented as part of large, multi-component interventions, rather than information provision or direct education alone. It is notable that governments have been taking an increasing number of actions involving multiple components, such as combining policies on nutrition labels with education campaigns, public awareness campaigns with food product reformulation, and school food standards with educational initiatives in schools.

The results of studies of public awareness campaigns in all their different forms are mixed. This raises the question of whether countries have sufficient guidance on designing campaigns for their specific populations, what complementary actions they should be taking to reinforce the intended change in awareness, and which foods and nutrients to focus on. This latter point reflects the finding that “eat less” campaigns have tended, to date, to be less prevalent than “positive” foods and generic healthy eating campaigns.

Workplaces have emerged as an increasingly important setting for the delivery of nutrition education messages accompanied by changes in the food environment. Other community settings, however, notably healthcare settings, appear to have been less of a focus of action.

There appears to have been inadequate effort to promote nutrition education as part of primary health care. At a global level there are generally very low rates of implementation of management guidelines for dietary counselling in primary care settings.

One of the most striking trends is the increasing role taken by the private sector in nutrition education, including the development of educational campaigns for fruits and vegetables (fruit and vegetable industry), running nutrition education programmes in schools (transnational food companies), bringing messages into television programmes (media networks), developing worksite interventions (large private-sector employers), and introducing new forms of food labelling (food companies and retailers). This leads to questions about the most appropriate and effective role for the private sector in delivering nutrition education. What role

should the private sector have in light of their potential to deliver change, but also in view of their vested interests, products and messages that run frequently counter to government and civil society efforts to promote healthier diets, and their lobbying against government action? And how do these potential opportunities and risks differ between different types of action (e.g. worksite actions versus branded nutrition education in schools)?

Does Prevention Have Anything To Do With It An Audit & Assessment Of Prevention Based Messages Within The Cambodian Press
Gover PJ & Aalders GJD (2014) Health Squared (UK) & Media Matters International
http://mediamatters.asia/sites/default/files/an_audit_assessment_of_prevention_based_messages_within_the_cambodian_press.pdf

This paper examines and describes an audit of articles that were published by two Cambodian newspapers. The aim of the audit was to assess the extent to which Positive Preventative Messages (PPMs) appear within printed articles. Using published material as the primary source of data, the authors highlight the important health and socio-economic opportunities that can be gained and lost, on a daily basis, by virtue of the inclusion or absence of PPMs. In view of the evidence, the paper explores how the proactive adoption and integration of PPMs, can help improve the value of a story to the consumer, assist in the challenges of social development and behaviour change, and improve the integrity of a publisher.

5. Additional information

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