

Khanda ndi Mphatso Campaign



Report

Prepared By: Monica Longwe (SBCC Consultant)
Prepared For: Save the Children International (SNL Project)
Date: 27th June 2016

Table of Contents

Acronyms	3
1 Introduction.....	4
Back ground.....	4
Campaign Goal	5
Communication Objectives.....	5
2 The Making of Khanda ndi Mphatso	5
Khanda ndi Mphatso Development Process	5
Understanding the Situation.....	6
Literature Review.....	6
Stakeholder Consultation Workshop	7
Formative Research	7
Focusing and designing.....	8
Campaign Phasing	8
Audience Segmentation	8
Message Design Workshop.....	10
Creative Design Workshop.....	10
Branding the New-born Health Campaign	11
Popularizing KMC.....	11
Communication Channels.....	13
Collaboration and Partnership.....	14
Creating.....	15
Khanda ndi Mphatso Materials and Activities.....	15
Pretesting Materials	19
Implementation & Monitoring.....	19
Implementation	19
Campaign Teaser	25
Outstanding Activities	29
Monitoring	30
Khanda ndi Mphatso Monitoring Plan –April 2016 Evaluation.....	32
Evaluation & Replanning.....	34
Baseline Study	34
3 Recommendations and Way Forward:.....	35

Acronyms

ANC	Antenatal Care
CHW	Community Health Worker
DHMT	District Health Management Team
FGD	Focus Group Discussion
HEU	Health Education Unit
HSA	Health Surveillance Assistant
IDI	In-depth Interview
KMC	Kangaroo Mother Care
LBW	Low Birth Weight
MOH	Ministry of Health
PNC	Postnatal Care
LBW	Preterm/Low Birth Weight
PTB	Preterm Birth
TBA	Traditional Birth Attendant
MICS	Malawi Integrated Child Survival
SSDI	Support for Service Delivery Integration
HBB	Helping Babies Breathe
CAGs	Core Action Groups
MNH	Maternal and Neonatal Health
TWG	Technical Working Group
EHP	Essential Health Package
HES	Health Education Section
IPC	Interpersonal Communication

1 Introduction

This is a report of the Khanda ndi Mphatso pilot campaign which is currently being implemented by Save the Children (Saving Newborn Lives) in Machinga and Thyolo Districts, Malawi.

The Reproductive Health Directorate in Conjunction with Health Education Unit (HEU) in partnership with Save the Children, Saving Newborn Lives (SNL) project, with funding from the Gates Foundation is piloting a Social and Behavior Change Communication (SBCC) campaign, the Khanda ndi Mphatso Campaign, in Machinga and Thyolo. The campaign aims to improve newborn health by shifting norms around the value for newborns, and to promote Kangaroo Mother Care for preterm babies.

'Khanda ndi Mphatso' is being implemented under the Government's Moyo ndi Mpamba (Life is Precious) umbrella Campaign. This is a national health promotion campaign which encompasses 6 health areas, including MNH, which we are leveraging. The Khanda ndi Mphatso builds upon the investment and success (brand equity) of the Moyo ndi Mpamba campaign and taps into its implementing partners and structures

Back ground

In Malawi, three conditions—complications of preterm birth, severe infection, and intrapartum-related (birth asphyxia)—account for 89% of all newborn mortality. Complications from preterm birth alone claim roughly a third of all newborn deaths. With the highest rate of preterm births on the globe, preterm birth in Malawi occurs in up to 20% of all births in some districts and low birth weight in 14% of births in the country with myriad contributing factors to pre-term death ranging from biological, structural, behavioral and cultural in nature such as low socio-economic status, low literacy levels, limited decision-making power among women, limited knowledge of the danger signs in pregnancy, delay in decision making to deliver at a clinic, Cultural beliefs and norms, including those lead to harmful practices and devalue newborn lives, poor infection prevention practices at hospitals and at home and previous negative experiences at health clinics/unfriendly attitudes of health care providers, just mentioning a few.

For quite some time there have been several interventions that have been implemented with the aim of promoting maternal child health in Malawi although most previous efforts have focused much on child survival like targeting caregivers of children under age 5 and promoting EPI, CDD/ORS, and ARI. Amidst multiple Behavior Change Communication (BCC) efforts to reach women of reproductive age, pregnant women, and caregivers, including the current SSDI "Life is Precious" (Moyo ndi Mpamba) campaign, no much strategically specified interventions have been focused on pregnant women at risk for pre-term birth let alone mothers who have given birth to premature infants inspite of having 'complications of preterm birth' being one of the reasons accounting for 89% of all newborn mortality. Moreover, there have been no efforts to date to address misperceptions and stigma against preterm birth or small/Low Birth Weight newborns and increase the value of newborn life. These gaps necessitated the need for an intervention that would focus on pre-term/LBW babies and their mothers. This resulted into the

inception of a Social Behavior Change Communication pilot project which has been branded 'Khanda ndi Mphatso' (A Baby is a Gift), with a tag line 'Lipatseni Mwayi' (*Give it a chance*).

The campaign brand 'Khanda ndi Mphatso' builds on the everyday positive perceptions of a baby as a gift, with the aim of increasing value for newborn life. The tag line, which is also a call to action- 'Lipatseni Mwayi' (Give the baby a chance) aims to inspire Malawians to provision the necessary care to newborns, which in the long run will result in the improvement of newborn health.

Campaign Goal

The campaign aims to increase the value of newborn life and community-wide/familial engagement in saving newborn lives, with a focus on low birth weight babies

Communication Objectives

- To increase by 20% knowledge of LBW babies and KMC among pregnant women by July 2016
- To increase by 20% proportion of mothers with low birth weight babies who strongly agree that that KMC is an effective way to save LBW by July 2016
- To increase by 20% the proportion of mothers of LBW babies who report that their community is supportive of KMC by July 2016
- To increase by 50% the number of mothers with LBW who report receiving post-discharge counselling by July 2016
- To increase by 20% the number of mothers of LBW babies who agree that their husband/partner supported me to practice KMC by July 2016
- To increase by 20% the number of pregnant women and mothers who find Medical personnel/health care workers to be a useful source of information for new-born health
- To increase by 20% the number of pregnant women and mothers who find the church to be a useful source of information for new-born health

2 The Making of Khanda ndi Mphatso

This section describes how the Khanda ndi Mphatso campaign was conceptualized and developed. It illustrates how the concept, brand name, tagline, and messages of the campaign were developed.

Khanda ndi Mphatso Development Process

In developing this campaign, we followed the C-Change process which has 5 key steps; 1). Understanding the situation, 2). Focusing and designing, 3). Creating, 4). Implementing and Monitoring, 5). Evaluating and Replanning (*refer to figure 1 below*).

Figure 1. The C-Change Process



Adapted from National Cancer Institute: Health Communication Program Cycle (1989); AED: Tool Box for Building Health Communication Capacity (1995); Parker, Dalrymple, and Durden: The Integrated Strategy Wheel (1998); McKee, Manoncourt, Chin, Carnegie: ACADA Model (2000); Health Communication Partnership, P-Process Brochure (2003).

Understanding the Situation

We set out to understand the newborn health situation and context by conducting a situation and communication analysis. This was done through a review of existing literature, Stakeholder workshop and target audience research.

Literature Review

A review of existing literature was conducted on published and grey (unpublished) literature on newborn health, preterm and low birth weight babies in Malawi. The aim of the literature review was to understand the knowledge, attitudes, perceptions and practices related to preterm and low birth weight babies in Malawi. We also conducted a communication audit on existing newborn health interventions in Malawi to establish the gaps there in. Findings from this literature review

were used to sketch a draft plan for the strategy, which would be substantiated by a stakeholder workshop and a formative research conducted in the pilot districts.

Stakeholder Consultation Workshop

A stakeholder workshop, hosted by the Ministry of Health (Health Education Unit and Reproductive Health Directorate) and Save the Children Saving Newborn Lives project, was held on 26th – 27th February 2015 at the Capital Hotel, Lilongwe. The aim of the workshop was to solicit input from partners and stakeholders on the draft newborn health strategy, to share with stakeholders a situation analysis (from secondary research), including background and barriers to newborn health in Malawi, to discuss the current communication (SBCC) environment in Malawi around newborn health, and to solicit input from stakeholders on campaign content, target audience identification, objectives, M & E plan, and selection of implementation pilot districts. The meeting was well attended by stakeholders, and there was a lot of participation and useful input from the participants on the various aspects of the Newborn strategy.

Selection of Pilot Districts

At the stakeholder workshop, an agreement for selection criteria was made with the Ministry of Health- Health Education Unit, RHD and other stakeholders to select 2 pilot districts for the intervention, each of which has; a high birth volume district, a well-established Kangaroo Mother Care (KMC) services to ensure that there is quality supply to meet increased demand, a community based Maternal Newborn Health interventions currently being implemented and at least one district with SSDI interventions and other partner support for KMC services. SSDI coverage was deemed necessary as the newborn health campaign will build on the existing Moyo ndi Mpamba campaign that is being implemented by SSDI. Thyolo and Machinga districts were the final selected implementation pilot sites for the newborn campaign.

Machinga and Thyolo are both in the Southern region of Malawi. SNL has got on-going activities on KMC QI in both districts; and Machinga is an SSDI-Communication District where the "Life is Precious" SBCC campaign has had a media and community-based presence. Both have district hospitals with well-established KMC units. There are however distinct differences between the two districts in terms of religion and cultures. The Yao tribe, a large proportion of whom belong to the Muslim religion, dominates Machinga. In contrast, Thyolo is dominated by the Lomwe tribe, the majority of whom belong to the Christian religion. Polygamy is more common in Machinga than Thyolo.

Formative Research

In April 2015, a formative assessment was conducted with the aim of understanding people's knowledge, feelings, attitudes, social norms, beliefs and practices around new born health, preterm/LBW babies and KMC in Machinga and Thyolo. This was a qualitative Research using focus group discussions and in-depth interviews among community members, pregnant women, families who had preterm babies and health care providers in the pilot districts.

Focusing and designing

Based on findings from the formative research and deliberations from the stakeholder workshop, we designed and focused the Newborn Health communication strategy.

Campaign Phasing

The Khanda ndi Mphatso campaign communicates on two separate simultaneous levels, through:

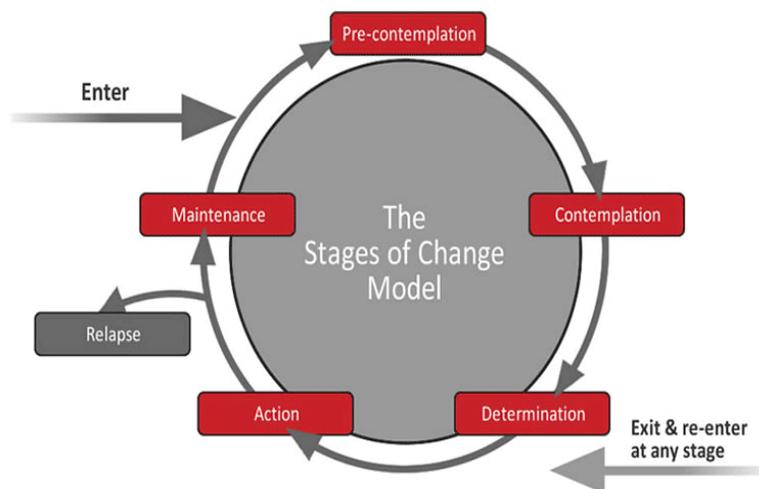
- ✓ An umbrella IMAGE phase: This component is aimed at shifting norms, increasing the value of newborn lives (regardless of size), and mobilizing pregnant women, male partners, family members, and providers.
- ✓ A TACTICAL phase: This is a component that promotes specific health behaviors, with a focus on increasing demand for the early initiation of KMC that continues after discharge from the KMC Unit and into the community (CKMC)

Audience Segmentation

Primary Target Audience

The Khanda ndi Mphatso campaign primarily targets pregnant women and mothers who have just given birth to a low birth weight (LBW) baby. The primary target audience of the campaign was segmented using the Transtheoretical Model (Prochaska & DiClemente, 1977). In this behavior change model, change is recognized as a process involving progress through a series of stages: Pre-contemplation (Not ready), Contemplation (Getting ready), Preparation (Ready), Action (Adopting behavior) and Maintenance (Maintaining behavior).

Figure 2. The Trans theoretical Model (Prochaska & DiClemente, 1977).



Pregnant Women

PRE-CONTEMPLATORS: This group reflects one of the segments being targeted currently by the *Moyo ndi Mpamba* campaign in their life stages approach. They are young married women who are currently pregnant or planning a pregnancy in the near future. They are currently not thinking about (contemplating) a pre-term delivery nor caring for a pre-term low birth weight baby. They are living in the pilot districts. Most of them already know the importance of ANC visits due to previous and current health education campaigns, although they may only be accessing ANC late in their pregnancy due to living in remote locations or other obstacles. They live in a rural area in where only basic health care services are provided, yet they hope to deliver in a facility. We may find them in a maternal waiting home as they get closer to delivery.

CONTEMPLATORS: This group of women cuts across the *Moyo ndi Mpamba* campaign segments. They may currently be pregnant or planning a pregnancy and have already had a preterm delivery in the past, putting them at increased risk for having another. They are most likely contemplating the possibility of another pre-term birth, making the information to be disseminated by this intervention even more relevant. Reaching them will prove challenging through mass media, but can be accomplished through interpersonal communication (IPC) with nurse midwives, HSAs, and other community volunteers. To the extent possible, women with predisposing factors for pre-term birth will be identified and targeted, including pregnant women with UTIs/STIs, hypertension, anemia (poor nutrition), malaria, those living with HIV, and women who have experienced multiple pregnancies resulting in twins and triplets

Mothers who have just given Birth to PTB/LBW babies

DETERMINED/PREPARING & TAKING ACTION: This woman has just given birth to a LBW newborn and is in a KMC unit. Most likely one of her family members is with her. She is determined and preparing to practice KMC on her small new baby and the nurse midwife/patient attendant help her to take action.

MAINTENANCE: This group of women have been discharged from the KMC unit and now face multiple obstacles for practicing continuous KMC. Maintenance will be a challenge at home and she could easily relapse due to competing priorities, stigma, and lack of support.

Secondary target audience

The secondary target audience are the people who influence the behavior of the primary audience. They include individuals to whom the primary audience talks about health, those who influence their beliefs and/or actions, and those who provide information, products, and services. This target audience can be described in three (3) categories. In addition, the provider target audience will be segmented between facility-based and community-based.

PROVIDERS

- Nurse Midwives (at the front lines of preterm deliveries and responsible for early initiation of KMC)
- Clinicians (doctors & clinical officers)

- HSAs (to support community KMC/early discharge for stable newborns with follow-up care at home)
- Community Midwives

FAMILY

- Husbands
- Mother-in-Laws
- Other family members of the primary audience

COMMUNITY

These other members of the secondary target audience will form part of a larger group of campaign 'messengers' targeted through messenger training activities.

- Community (health)volunteers, including Lead Mothers
- Religious Leaders (Pastors & Imams)
- Community leaders, including group village headmen
- Community Action Groups
- Community Mobilization Team (CMT) members
- Former('veteran') KMC mothers (mentors)
- Local media officials

Message Design Workshop

A message design workshop was conducted to developed key campaign messages against the barriers identified from the formative research. Messages were developed according to the campaign phases i.e. image messages aimed at increasing the value of newborn life, while tactical messages aimed at promoting KMC.

Creative Design Workshop

In October 2015, a creative workshop was convened. This workshop brought together SNL program staff, producers, writers and all who are involved in the creative and technical parts of the production and implementation processes to:

- To brand and reposition newborn Health developing a visual identity/image , slogan and symbol that will be used for all campaign activities and materials
- Brainstorm how to popularize KMC in the pilot districts
- Discuss how to make use of the creative brief and the message brief for the actual production of communication materials(including radio drama digital stories, job aids)
- Prioritize messages for key communication materials especially text messages

Participants included creative partners (Mercantile International, Centre for Development Communication, Adecoats and Heko Technologies), SSDI-Communication , District partners (KMC coordinators, ANC Supervisors, Health Promotion Officers), SNL Project staff involved

in training providers in newborn health and/or implementing SBCC interventions and MICS staff in Thyolo district.

Branding the New-born Health Campaign

The Creative Workshop was a spring board to the brand development of the campaign. It was at this workshop that campaign brand name, tagline and logo were conceptualised through brainstorming (group) sessions. The brand development process was a highly participatory and rigorous process which involved group and plenary discussions focused on finding adjectives, phrases and images that best position newborn and low birth weight babies, preterm babies, in line with Umbrella platform (Moyo ndi Mpamba). In finding a brand name for the campaign, the workshop considered common attributes, feelings, adjectives, phrases and proverbs that people in Malawi use to positively describe a newborn baby. There was a lot of interaction and suggestions, and the workshop jointly suggested a number of names, tagline and logos for the campaign. In the final analysis, it was concluded that people in Malawi ‘value babies a gift (Khanda ndi Mphatso) and need to be embraced (Lifungatireni), and that’ babies are considered as the future of the nation (Khanda ndi Tsogolo), and need to be given a chance (Lipatseni Mwayi)? These two concepts were pretested with the target audience for relevance and appropriateness. The winning brand name based on pretest findings was Khanda ndi Mphatso (A baby is a gift), and the winning tagline was Lipatseni Mwayi (Give it a chance).

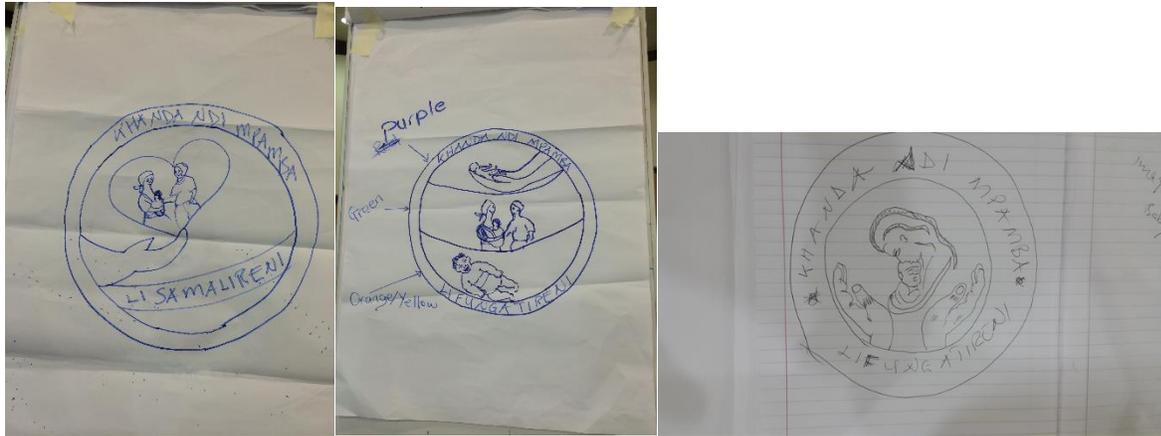
Popularizing KMC

At the creative design workshop, we also deliberated on what to call KMC in order to popularize it. Considerations for popularizing KMC took into account the key benefits of KMC. 3 key benefits of KMC were selected to be used as slogans for KMC as follows: Chikondi, Chisamaliro, Tsogolo Lowala (Love, Care, bright future).

Developing Campaign Logo

Creative workshop participants were also tasked to develop images/symbol/logo for positioning newborn babies. Participants several logos (*including those presented in figure 3*) produced the following logos in groups:

Figure 3: Logo Concepts Developed from Creative Design Workshop



These images were further refined by Mercantile International, with input from SBCC Consultants and SNL team to come up with final logos that were pretested with the targeted audiences. (Figure XX below shows the final logos that were pretested together with the brand names and taglines.

Figure 4. Logo Concepts Pretested



Pretest results showed that the brand elements developed communicated love and care for new born babies while giving the babies a chance to live. This was in sync with the common belief among Malawians that position a baby as a gift which is usually warmly received and valued. Findings showed that the suggested brand elements were not in conflict with any religious or cultural beliefs. According to the pretest findings, the winning logo was an all Purple Heart with the baby in caring hands in the heart be used, and the brand name and tagline “Khanda ndi Mphatso. Lipatseni mwayi” were suggested to place around the heart.

Figure 5, Final Campaign Logo



Communication Channels

Communication channels used in this campaign are a mix, and include community-based, media-based, and facility-based and create 'surround-sound' so that one channel reinforces another. Communities in selected pilot districts will be reached through community mobilization meetings facilitated by trained campaign messengers, radio listening groups, and road shows (to be conducted by Mercantile International). In addition, they will hear sermons when they go to church or to the mosque. At the same time, they will hear campaign messages on local radio and when they visit the clinic or enter the KMC ward, they will engage in interpersonal communication (IPC) with providers who will provide more detailed information for skill-building. Community health workers will also follow up with mothers who have been discharged from KMC units to support CKMC efforts.

Knowledge Management

An effort will be made to create and share knowledge on all campaign processes and activities. Knowledge management is important because it facilitates learning and sharing for the organization, ensures effective dissemination of best practices and lessons learned, Improves opportunities for innovation, ensures that knowledge is retained and builds organizational memory. Additionally, interventions that initiate cross learning and knowledge management during implementation enhances the quality of impact.

All critical aspects of the campaigns will be documented and shared through email, organizational newsletter, website, social media or other such avenues deemed appropriate by SCI. The following are the learning and knowledge management activities that have been planned the pilot:

Learning Sessions

This is a forum that brings together all key role players from up the decision making level all the way down to implementation. The objective of the session is to facilitate cross learning, sharing of experiences and implementation and consolidation of findings thereof, with the aim of enhancing impact and generating evidence for progress reporting. The session can be organized to take place every two months where key role players from Machinga and Thyolo will be taken to some place for two days and share their experiences.

Learning session Deliverables.

During each learning session implementers from Machinga and Thyolo will report on their progress using reporting tools designed for the pilot (i.e case study and reporting templates) and KM exercise. This way information pertaining successes, lessons learnt, recommendations and opportunities will be consolidated alongside case studies. Towards the end of each of these sessions action plans will be drawn from the reported findings to inform further implementation. These action plans will require feedback reporting on the following learning sessions respectively. During each learning session participants can share experiences on;

- How individual modalities of implementation has contributed to reaching the implementation goals. Individual modalities comes about because of the different community structures in different places using different modes of message delivery. Each of these modalities will definitely yield results and it will be an interesting learning point to learn from the processes of each of them.
- How implementation has enhanced the reach and quality of services for the most vulnerable pre-term children in the communities.
- How experiences has enhanced the capacity of community service providers in the implementation of Community MNH.
- Feedback from previous learning session action points(this will begin in the second learning session)
- What challenges are they facing in the course of implementation?
- Adaptation tweaks wherever need be and how the challenges are being addressed;
- Share success stories and lessons learned;
- Share and learn from each other in line with their different contexts.

1. Documentation process.

The documentation process will take a series of forms just to ensure that all information is tapped from all angles. The following are the ways through which documentation will be done;

- a. Information consolidation from reports (monthly reports e.t.c)
- b. Information consolidation during learning sessions.
- c. Case study compilation exercise during Monitoring visits with the M&E responsible personnel.
- d. Video documentary towards the end of the pilot, to pin together all the achievements and lessons learnt in a creative way.

Collaboration and Partnership

The campaign is being implemented as part of the Moyo ndi Mpamba national health promotion campaign which encompasses 6 health areas, including MNH. In Machinga, we have piggybacked Moyo ndi Mpamba already active community mobilization interventions to create a link between community, media, and facility-based communication. In Thyolo, the campaign has used community groups that were established by MICS, A SCI programme which phased out recently.

Through all development and implementation processes, the SBCC consultant worked in collaboration with the HEU, RHD, DHO, Health Promotion Officers, KMC coordinators, SSDI district coordinators, MICS coordinator and other relevant stakeholders. The continued involvement of these stakeholders through the lifespan of the campaign should be emphasized as it is critical to the success of this intervention.

Creating

After finalizing the communication strategy and campaign branding, campaign interventions & materials were created with the support of creative service providers. SNL engaged the services of creative partners; Mercantile International, ADECOTS, CDC and Heko Technologies to support in the development and delivery of the campaign materials and activities.

The process of creating materials for the campaign was initiated at the design stage during the creative design workshop, where sessions were held to brain storm storyline Ideas for the flip chart (job aid) for health care providers, ideas on artists/vocalists to produce the theme song, presentation of digital stories, and a discussion on repackaging already existing Moyo ndi Mpamba radio drama series. All the ideas discussed were passed on to the relevant creative firms for further refinement and production. In liaison with SNL team and SBCC Consultants.

Khanda ndi Mphatso Materials and Activities

The table below shows campaign materials that have been developed and their use.

Table 1. Campaign Materials and Activities

Material	Description	Use
Radio spots (Tactical and Image) <i>Vendor: Mercantile Int.</i>	Tactical spot promotes KMC as a family/community effort -Kangaroo is the best you can give to your preterm baby The image spot aims to increase the value of small newborns Message: A baby is a gift, give it a chance	Currently airing national radio stations; MBC, ZBS, Yoneco, Radio Islam and Times Radio. (Could also be used at community-based events, in facility waiting rooms)
Campaign theme song (Image)	This is a love song from parent to child (produced by Ethel Kamwendo). There are 2 versions of the theme song, the slow and fast version	Audio song is airing on national radio stations, and a music video running on National Television stations. Has been included in messenger toolkit to entertain, as well as for educational purposes in facility and community discussions.

<p><i>Vendor: Mercantile Int.</i></p>	<p>The music video includes a series of beautiful images of babies cut to the campaign theme song</p>	<p>It has also been used as a musical bed for radio spots, digital stories and repackaged radio drama (*could be used in waiting rooms, video vans, community based events, WPD; You Tube*)</p>
<p>Digital stories (nkhani za chiyembekezo) Tactical</p> <p><i>Vendor: ADECOTS</i></p>	<p>Stories of women who gave birth to LBW babies , faced and surmounted obstacles, and successfully provided KMC</p>	<p>Included in the messenger toolkit, and is used a catalyst for discussion at community-based events and in group settings and in maternity waiting homes, KMC wards, ANC visits at health facilities; (could also be aired on local radio stations)</p>
<p>CNN Programs</p>	<p>These are magazine format programs, Developed as part of Moyo ndi Mpamba Cheni Cheni Nchiti reality program (radio)</p>	<p>5 CNN programs with newborn health content were aired as part of the Moyo ndi Mpamba CNN program on on MBC and ZBS (Consider using them in community and facility activities)</p>
<p>Repackaged radio drama series (Tactical) <i>Vendor: CDC</i></p>	<p>Select episodes of "Life is Precious" drama that are most relevant to newborn health and survival were strung together with a narration that describes the characters and fills in the storyline.</p>	<p>Used as catalysts for discussion in community based groups (included in messenger toolkit)</p>
<p>Branded Messenger badges (Image) <i>Vendor: Mercantile Int.</i></p>	<p>Message: You can ask me more about KMC</p>	<p>483 Branded messenger badges produced Given to campaign messengers for identification</p>
<p>KMC flip chart (Tactical) <i>Vendor: Mercantile Int.</i></p>	<p>The flip chart is presented in a story format (Illustrates the benefits of KMC through the Story of Maliya and Patuma)</p>	<p>200 Copies A3 size flipcharts produced Used as a job aid in messenger toolkit for campaign messengers. This flip chart is used by for health workers in ANC and PNC ward, and community based messengers in community group discussions</p>
<p>take-home card/calendar (Tactical)</p>	<p>This is a resources for parents of LBW and contains critical information on the benefits of</p>	<p>580 Branded take-home cards/ calendars produced</p>

<p><i>Vendor: Mercantile Int.</i></p>	<p>KMC. It also has a calendar which should help them keep track of follow up visits to the health facility</p>	<p>Given to parents who have given birth to a preterm low birth weight baby upon discharge from KMC ward. This will help new parents to remember follow-up visits, take note of their newborn's progress, and reinforce what they've already learned about KMC</p>
<p>Messenger toolkit (Tactical) Vendor: Mercantile Int.</p>	<p>Includes radio spots, repackaged radio drama series, digital stories, take home cards/calenders, facilitator guide</p>	<p>500 Toolkits produced This toolkit was developed for health providers, educators, and community leaders (campaign messengers) to help them plan educational discussion sessions</p>
<p>Toolkit Guide <i>Content: Lynda and Monica</i> <i>Design and layout - Steve Kamponda</i> <i>Printing : Mercantile Int.</i></p>	<p>The facilitator's guide provides guides for each tool included in the Messenger toolkit guide to help messengers use them effectively and adapt them for different audiences</p>	<p>200 Toolkit guides produced This is a guide has been distributed to campaign messengers as part of the toolkit to guide them on how to use the messenger toolkit</p>
<p>Road show (Tactical) <i>Vendor: Mercantile Int.</i></p>	<p>6 roadshows have been schedule, yet to be conducted, 3 in each district. This is a largely edutainment activity; Components of the road show include interactive drama, quiz, performances, role plays –</p>	<p>Roadshows are mainly aimed at awareness on newborn health and KMC in the pilot communities</p>
<p>Religious sermons and facilitator guide for religious leaders (Tactical)</p>	<p>Not yet Developed</p>	<p>For use in faith based activities and discussions to promote the value of newborn life (sample sermons need to be developed, and religious leaders should be oriented how to use sermons and facilitator guide)</p>
<p>Community based discussions (Tactical)</p>		<p>These are facilitated group discussions led by campaign messengers who use Messenger toolkit as catalyst for discussions</p>

Facility Based Discussions (Tactical)		Discussions conducted by trained health workers in ANC and KMC wards with pregnant women and parents of LBW.
SMS MESSAGES (Tactical) <i>Vendor: HEKO</i>	These are prepackaged messages that are sent by HEKO (service provider)	Sent to pregnant women and women/couples/families who are discharged from KMC ward and providing KMC at home; Reminders and reinforcement.
Roll up banner (image) <i>Vendor: Mercantile Int.</i>	Branded Message: -You can find out more about KMC here -KMC; Love, Care, Bright Future	15 roll up banners in 2 designs for placement in health facilities
Pointers	Branded -You can find out more about KMC here	30 KMC pointers. The pointers have been designed to be placed in strategic places in the communities as an indicator of a go to location for information on KMC from campaign messengers These have been printed on soft board material and in 2mx1m size
Khanda ndi Mphatso Wrap/cloth (chitenje Image) <i>Vendor: Mercantile Int.</i>	Branded Message: KMC- Love, Care, Bright Future	2500 branded Zitenje/cloth have been produced. The current wrap is used as a promotional material for the campaign. *Consider giving the the new Laerdal product that to facilitate KMC while doing household chores.
Khanda ndi Mphatso T-Shirt (Image) <i>Vendor: Mercantile Int.</i>	Branded Message: KMC- Love, Care, Bright Future	1000 T-shirts produces This is a promitonal material used at community events
Posters and Billboards (Image) <i>Vendor: Mercantile Int.</i>	Branded Message: -KMC- Love, Care, Bright Future -KMC is the best give you can give to your preterm baby	2 billboards in Thyolo and Machinga. 1023 ABS board (posters) produced (to be mounted in pilot communities and facilities) The poster are meant to remind new mothers, husbands, and their families, just how good KMC is for the health and well-being of a low birth weight baby. It should also help to 'normalize' KMC so that those

		who ridicule it will think again before saying something damaging and hurtful.
--	--	--

Pretesting Materials

Brand name, Tagline and Logo Pre-test

Qualitative research was undertaken through Focus Group Discussions (FGDs) with women of reproductive age to pretest the brand name, tagline and logo concepts that were developed for the campaign. The aim of the pretest was to get the target audience’s understanding and interpretation of the logo, to get target audience’s understanding of the brand name and slogan, to check if any of the brand elements was in conflict with religious and cultural beliefs, and to solicit suggestions for changes from the target audience to ensure the brand communicates the intended message i.e. positioning a new born baby as valuable and precious.

Flipchart Pre-test

A qualitative study using focus groups and indepth individual interviews was undertaken to pre-test of the Khanda ndi Mphatso Flip chart entitled “Bukhu Lophunzitsira Nkhani ya Maliyatu”, which is part of the Messenger toolkit, and is used as a job aid by campaign messengers to facilitate facility and community level discussion on low birth weight babies and KMC. The flip chart was pretested to determine the relevance and appropriateness of the material to the users and the end beneficiaries i.e. health workers, pregnant women and mothers of low birth weight babies.

Implementation & Monitoring

Implementation

Currently, implementation is underway and campaign activities and change processes are being monitored by SNL staff in liaison with district partners.

The implementation phase of the campaign consists of preparatory activities that were done in order to organise communities and facilitate involvement of campaign messengers. These preparatory activities include orientation sessions for community and religious leaders, organising community authorities and groups for action, and messenger trainings.

Orientation Sessions for Community Leaders and Religious Leaders

Community and religious leaders from the pilot communities in Machinga and Thyolo districts underwent a one day orientation session on new-born health and preterm/low birth weight babies in order to improve their understanding of the extent and situation of new-born health in Malawi, to improve knowledge about preterm and low birth weight babies and enhance understanding of their role in promoting new-born health and saving new-born lives in Malawi by shifting harmful cultural beliefs and social norms.

The need to orient these leaders was necessitated by the findings from the formative research which revealed misconceptions about preterm and low birth weight among religious leaders i.e. premature birth was equated to miscarriage, and was believed to be a curse. The findings showed that religious leaders believed that premature birth is just like abortion premature babies die shortly after birth. As part of the strategy to shift social norms around new-borns, The Khanda ndi Mphatso campaign had plans to actively involve Religious and community leaders as campaign messengers who will play the critical role of disseminating new-born health information and promoting/supporting new-born health in their communities. Involving these leaders is important because of the trust and influence that they have in their community, with an anticipation that the leaders would be able to convince local communities to change their attitudes towards new borns and preterm babies, thereby reducing stigma associated with preterm babies.

Given the misconceptions revealed among religious leaders about preterm and low birth weight babies, it was deemed necessary to conduct orientation sessions for religious and community leaders in an effort to improve their understanding of preterm and low birth weight babies. 50 community and religious leader in total participated in the orientation sessions; 25 leaders from Machinga (T/A sitola, T/A Nyambi, T/A Chikweo), and 25 from Thyolo (T/A Nchilamwera, T/A Bvumbwe, T/A Changata).

Site Preparation and Organising Communities for Community Mobilization

The **tactical phase** of the Khanda ndi Mphatso comprises community and facility based activities aimed at promoting KMC. Increasing the value of newborn life and promoting KMC among community members is not possible without significant buy-in, support, and involvement from community leaders, religious leaders, Health care providers and Individual community members. This campaign has brought together Community leaders, Religious leaders, Health care providers and Individual community members to jointly take actions that will result in the improvement of newborn health in their respective communities.

Community based activities aim to increase the value of new-born life, increase awareness of maternal health, preterm delivery and KMC and Counter/address KMC related stigma in pilot communities in Machinga and Thyolo

Community Mobilization Approach

In the implementation of community based activities, the Khanda ndi Mphatso campaign has adapted the SSDI-Communication (Moyo ndi Mpamba) community action cycle (*Refer to figure 6 below*)

Figure 6. Community Action Cycle used by SSDI-Com

Community Action Cycle

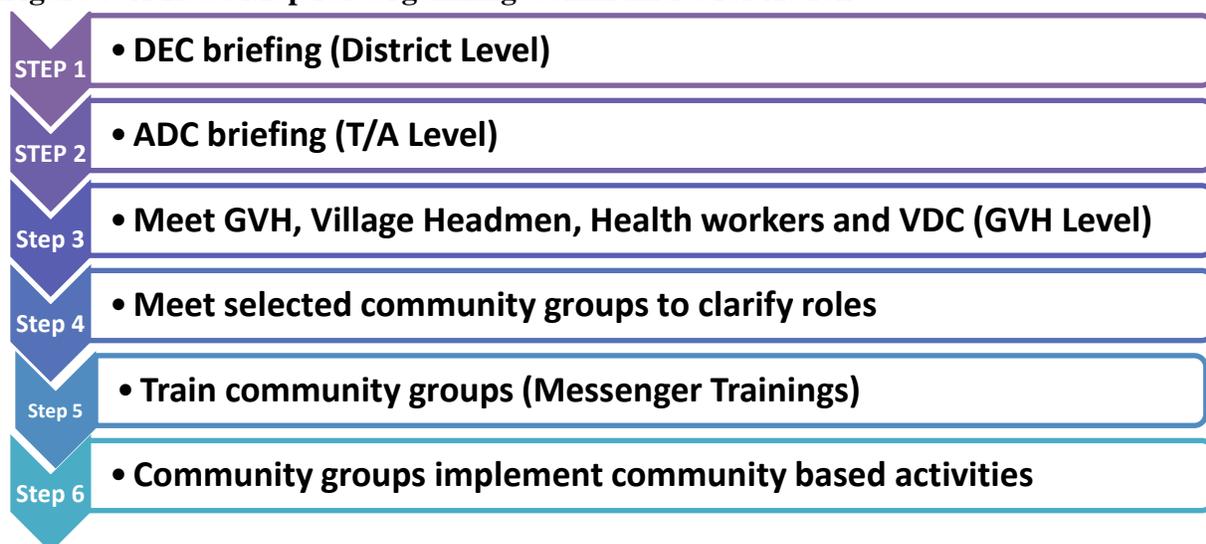


Preparing and Organizing Communities for Action

SNL undertook to organize communities in Machinga and Thyolo to take action to contribute to shifting social norms around new-borns and promote continuous KMC for preterm babies.

Figure 7 below presents the steps that were followed in preparing for community based activities and organizing communities for action in the pilot communities Machinga and Thyolo.

Figure 7. A Road Map for Organizing Communities for Action



Step 1: District Management Briefing meetings (Machinga & Thyolo)

Since this is part of an already existing Moyo ndi Mpamba campaign in Machinga, and part of MICS in Thyolo, the District Executive Committee (DEC) briefings were replaced by DHMT briefing sessions.

Briefing meetings were convened with DHMT members and other district based partners and stakeholders in order to brief them on the planned pilot Social and Behaviour Change Communication pilot intervention. , and to solicit input and support from district partners on implementation of the SBCC pilot intervention. These briefing meetings were convened at the onset of the project (at the planning phase, soon after the Stakeholder Workshop). The briefing meetings were held on 26th March in Machinga District and on 27th March in Thyolo district. The meetings were attended by the District Health Officers(DHO), District Environmental Health Officer (DEHO), as well as other officials from the District Health Office, the Zonal supervisor, SSDI SBCC zonal coordinators, MICS coordinator, the DNO, Health promotion officers. All the district officials welcomed the intervention in the districts and pledged support for the intervention.

During this meeting, the DHMT selected 3 T/As in each district, where campaign activities will be implemented (*Refer to table 2 below*)

Table 2. Traditional Authorities for Implementation

Machinga	Thyolo
T/A Chikweo	T/A Nchilamwera
T/A Nyambi	T/A Changata
T/A Sitola	T/A Bvumbwe

Step 2: ADC Briefing

Briefing sessions were conducted at T/A level with the Area Development Committee (ADC). The ADC in all the selected 6 T/As were briefed on the campaign s objectives, strategy, target audiences and planned activities. Formative research findings were also shared with the ADC. The ADC selected the 1 group village headman in each T/A in which campaign activities will be implemented (*Refer to table 3below*)

Table 3. Group Village Heads Selected for Implementation

Traditional Authority	Group Village Headman
Machinga	
T/A Nyambi,	GVH Nlanje
T/A Chikweo	GVH Chikweo
T/A Sitola,	GVH Kalonjere

Thyolo	
T/A Mchilamwera,	GVH Kautuka
T/A Bvumbwe,	GVH Chinkwende
T/A Changata,	GVH Chagunda

Step 3: GVH Level Meeting

Meetings with group village headmen together with village headmen, village Development Committees (VDC) and community based Health Workers (HSAs) were held, to brief them on the purpose and key messages of the Khanda ndi Mphatso campaign, to learn more about the communities, as well as to solicit their buy-in for the campaign. This meeting also offered an opportunity to prepare community leaders and gate keepers to effectively support and oversee the planning process for community activities, and raise awareness among traditional leaders and other gate keepers in the pilot communities. Representatives from all the villages in the selected GVHs were present at this meeting.

These meeting were important because they helped to build trust between the SNL team and the community, offered an opportunity to better understand leadership and structures of the community, built a common understanding of the purpose of the campaign, and empowered community leaders and gate keepers to explain to others about the campaign.

Discussion with community leaders focused on:

- Introducing the campaign and its purpose
- Fostering trust and building relationship with the community.
- Implementation of campaign activities, and highlighting the roles of community leaders, gate keepers and community groups.
- Requesting the support and active involvement of leaders and gatekeepers
- Exploring concrete and realistic actions they can take in the newborn initiative to promote and support KMC for preterm babies
- Selecting specific community groups (already existing groups) to work with in the pilot communities

Specific community groups for piloting campaign activities were selected in all pilot communities. The selected groups varied across the pilot communities (including

Step 4: Meeting Selected Community Groups

Once the community group were identified in each community, we organized a meeting with the group members to brief them on the intervention and its purpose and clarify roles as a team. The group members were also oriented to Newborn Health, Preterm and low birth weight babies and KMC. Formative research findings were shared with the groups, and together we brainstormed activities that groups could indulge in to promote newborn health and KMC. Some of the activities listed included community meetings, meeting with chiefs, meeting with Nankugwis (women counselors) and elderly women, establishing women's groups (which will include KMC

veteran women) to discuss newborn health, and establishing men's groups to encourage male involvement)

Step 5: Messenger Trainings

The messenger training is the key building block of the tactical phase of the campaign, and marked the beginning of implementation of community and facility based activities. All messenger trainings went well. A total of 338 messengers were trained in Machinga; and 430 in Thyolo. A data base of these messengers has been submitted to SNL team for monitoring purposes. The messengers trained include facility health workers from ANC and PNC wards from various health facilities in Machinga and Thyolo, HSAs, community leaders, religious leaders and community groups from the 6 selected pilot T/As. The messengers were very motivated and the future of the campaign is quite promising.

All community groups as well as religious leaders were encouraged to work with the community leaders and community health workers to plan the first community meeting and invite SCI and district partners once set. The purpose of this meeting is to brief community members on the campaign. The participation of community members is very important as it will increase ownership, support and responsibility for community newborn activities, and promote more likelihood of sustainability for behavior change. Community leaders were urged to prepare for community participation by using local networks, such as youth groups, women's groups, churches and mosques, to spread the word about the upcoming community meeting.

The importance of ensuring that women participate in the community meeting was emphasized. We have so far gotten reports from district partners that most of the campaign messengers have started implementing Khanda ndi Mphatso activities in their communities and facilities (including facility discussions, community meetings, home visits, as well as one-on-one and group discussions with community members). SNL and district staff have attended some of the activities in some communities (*Refer to the section on Implementation of community and facility based activities below*). All these activities will be closely monitored, and the monitoring data will form part of the evaluation report in reporting campaign processes and successes.

Step 6: Implementation Community and Facility Based Activities

All campaign messengers have been trained, and implementation of the community and facility based activities through core groups and health care providers is underway.

Community based activities Community based activities are guided by the community action cycle approach that is being used by SSDI-Communication in the Moyo ndi Mpamba Campaign to explore the newborn/preterm baby issues and set priorities, plan together, Act together and evaluate together

Figure 8. A Community Group at work in Thyolo



Figure 9. Facilitated discussion in KMC Ward (Thyolo)

Community based activities include small group discussions; home/support visits to families with low birth weight babies, community gatherings, community leaders involvement in the campaign, and religious leaders involvement in the campaign.



Facility based activities include antenatal (large group) discussions, KMC counseling (individual) and group discussions, distribution of calendars to beneficiaries (families who have just given birth to low birth weight babies)

Khanda ndi Mphatso Campaign launch

Campaign Teaser

Prior to the launch of the Khanda ndi Mphatso campaign, a teaser was incorporated in the SSDI *Moyo ndi Mpamba* Campaign road show Machinga District (SSDI District). The aim of the campaign teaser was to raise awareness about the upcoming newborn health campaign, to generate interest and anticipation for the campaign among the target audience, to set the tone for the campaign, and to establish the link between the Newborn health campaign and the *Moyo ndi Mpamba*

The teaser contained various components as outlined in table 4 below:

Table 4. Campaign Teaser Components

Component	Description
Did You know?	The presenter mentioned a few striking facts about newborn health in Malawi including: <ul style="list-style-type: none"> • Malawi has the highest incidence of preterm birth in the world • Complications of preterm birth are responsible for a large proportion of all newborn deaths • Most of the preterm deaths can be prevented
Quiz	Presenter asked teasing questions to the audience about: <ul style="list-style-type: none"> • Preterm delivery • How preterm babies can be saved • Use KMC images to tease out if people can identify the practice portrayed
Role Modelling	A local a mother who gave birth to a low birth weight baby who is thriving shared her story with the audience. This was followed by an interactive session where the audience was asked questions and received Moyo ndi Mpamba promotional materials as prizes.
Call to Action	Look out for an extension of the Life is Precious campaign - the newborn health campaign, coming soon! (<i>Life is precious - no matter how small</i>)

District Campaign Launches

Save the Children, with support from Mercantile International, coordinated and launched the Khanda ndi Mphatso Campaign in 2 pilot project districts of Thyolo and Machinga on November 24th and November 26th, 2015 respectively. Overall, the district campaign launches were a success.

The setup of the activities as well as dates and locations for the events were agreed on in consultation with the district stakeholders during preliminary consultative meetings that were held in the 2 districts districts on November 9 & 10, 2015. The preliminary planning involved District Health Offices, Save the Children, District Assembly, Health Education Unit, Reproductive Health Department, Mercantile International, and other health implementing organizations, community groups and the media.

The district launches used an interactive and interpersonal communication approach aimed at stepping down and targeting community members to promote a positive attitude towards newborn babies with a focus on the preterm and low weight baby so to change mindset and behaviors to eradicate discrimination.

The approach emphasized on active participation of the local communities discussing and sharing messages on KMC and Newborn Health issues affecting their communities. The launches were designed to be people-centered and optimized audience through quizzes, speeches and remarks by Government Officials, district health officials, Traditional leaders, drama and dance performances by groups from the local communities as well as a special performance by one of Malawi’s popular musician Ethel Kamwendo Banda.

Airing Radio Spots (by Mercantile International)

Mercantile International was contracted to develop and air radio spots on various radio stations (MBC, ZBS, Yoneco, Radio Islam and Times Radio. Neither Machinga, nor Thyolo, has a local radio station. As such, national radio airtime was bought in order to reach those districts. Table 5 below show radio spots aired from April – June 2016. Reports on airing of the radio spots have been submitted to SNL by Mercantile International.

Table 5. Radio spots aired from April - June 2016

	APRIL	MAY	JUNE
MBC RADIO 1&2			
TACTICAL (KMC)	140	122	48
IMAGE (Khanda ndi Mphatso)	139	125	48
ZBS			
TACTICAL	90	93	48
IMAGE (Khanda ndi Mphatso)	90	93	48
RADIO ISLAM			
TACTICAL	42	32	11
IMAGE (Khanda ndi Mphatso)	43	31	11
TIMES RADIO			
TACTICAL	40	35	11
IMAGE (Khanda ndi Mphatso)	42	31	11
YONECO			
TACTICAL	41	34	11
IMAGE (Khanda ndi Mphatso)	45	32	11

Airing Music video (By Mercantile International)

Mercantile International produced the Khanda ndi Mphatso music video which is currently being aired on MBC TV, TIMES TV and ZODIAK TV as shown in table 6 below.

Table 6. Music Video Airing Schedule

KHANDA NDI MPHATSO CAMPAIGN

Music Video TV Airing Schedule

MBC TV		
Music Splash	Wed&Sat	6:30pm
Top 10 Makwelerero	Sun&Mon	1:30pm & 9:00pm
Good Morning Malawi	Mon-Friday	6:00am - 8:00am
ZBS TV		
Malawi Hits	Monday	11:10am & 15:00pm
	Tuesday	16:10pm
	Thursday	15:00pm & 16:10
African Hits	Thursday	14:30pm
TIMES TV		
Urban trend	Monday	14:30pm
	Wednesday	14:30pm
Rhumba Time	Saturday	15:30pm
Gospel Kathithu	Sunday	18:00pm

SMS Messages (By Heko Technologies)

Heko Technologies has been engaged in the tactical phase of the Khanda ndi Mphatso campaign, and their role is to broadcast SMS Messages to the primary target audience.

In October 2015, a message development workshop was held to develop messages for SMS, and to develop a message sender ID in line with the campaign brand.

Targeted messages were developed for the primary target audience based on audience segmentation i.e. specific messages were developed for pregnant women with a first pregnancy (at pre-contemplation stage), Pregnant women with a history of preterm delivery (at contemplation stage) and mothers who have just given birth (at determination stage and ready to take action).

Messages and messenger IDs developed at this message development workshop were further refined and finalized by a smaller group comprising of HEKO staff, SNL staff, District KMC coordinators and District Health promotion officers.

The final Messenger ID is KHANDA (Newborn baby). The final list of messages in Chichewa was submitted to SNL staff by Heko.

Before commencement of the broadcast, SNL and HEKO convened planning and orientation meetings in the districts. Heko is building a data base of client numbers/recipients for the text messages. This required not only the buy-in of DHMT at the district Hospitals, but also the support of district coordinators in the ANC and KMC wards, as well as health-in-charges overseeing Health centre activities, including ANC and KMC departments. As such a planning meeting at the district was called. The purpose was to introduce the sms intervention, and discuss logistics of sending consent forms from Health centres to District Hospital. A consensus was reached that the consent forms would be signed at the health centres and the clients phone numbers would be sent to the KMC coordinators at the districts via sms, and the coordinators send the numbers to HEKO via sms as well. This is what is happening currently in the districts.

The orientation meeting was done with KMC and ANC staff, and aimed to orient them to the SMS process and delivery of consent forms and solicitation of phone numbers from clients. This meeting also provided an opportunity for HEKO to understand the demographics: details of the pilot health centres in each district.

HEKO started broadcasting sms messages to the recipients in January, and table 7 below shows the status of message deliveries from January – May 2016.

Table 7. SMS Message Statics from January - May 2016

Month	Total Sent	Successful Delivery	Success Rate	Undelivered	Undelivered Rate	Unknown Error	% Unknown Error	NA	Timeout	Total Registered
January	1533	1194	78	339	22	282	83.18584071	57	0	199
February	4732	3573	76	1159	24	906	78.17083693	214	39	481
March	7354	5576	76	1778	24	1453	81.72103487	325	0	557
April	5986	4340	73	1646	27	1211	73.57229648	435	0	819
May	4888	3533	72	1355	28	1046	77.19557196	309	0	952

Outstanding Activities

Road Shows

- Roadshows are scheduled to be conducted in July 2016. Mercantile in liason with SCI and district partners will have to plan structure and content of the road shows accordingly. SCI should ensure that Mercantile have the correct key messages and are able to deliver those messages in the roadshow activities. The road show wil have to be monitored using a monitoring role provided.

Development of Religious Sermons

- Religious sermons for religious leaders have not been developed yet. It will be important to hold a materials development workshop with select religious leaders from the districts to develop these religious sermons or other such materials that will facilitate religious leaders work in the Khanda ndi Mphatso campaign.

Materials Distribution

- All materials were supposed to be distributed during the messenger trainings. However, due to some unfavorable circumstances as well as set procedures at the districts for procurement, there remain outstanding materials to be distributed in the facilities and communities across the districts. The following is the breakdown:
 - We have not distributed any posters in Thyolo because the posters were still in Machinga.
 - Some calendars still need to be taken from Machinga to Thyolo
 - Pointers and Roll up banners need to be strategically positioned in the health facilities (Work with Fanuel/Maseko, and Ngozo/Wongani) on this.
 - Radios should be given to the rightful facilities and CAGs/community groups
 - We still have toolkits left at the DHO (Ngozo's office in Machinga, and Tabitha's office in Thyolo). These also need to be given to the messengers accordingly for use.
 - Production of additional badges for messengers
 - Community leaders and religious leaders in Thyolo were not given Zitenje
 - Batteries should be supplied to the CAGs on regular basis (during monitoring and support visits) – for the toolkit to be fully utilized.

Monitoring

Process Measures

All campaign activities (community based, facility based and media-based) will be monitored **throughout the lifespan of the intervention (May – November 2016)** in order to check if the project objectives are being met. Monitoring visits to the pilot sites/communities will be frequent (**bi-weekly visits to districts and communities¹**) at the beginning of implementation, and might lessen with time, depending on the implementation progress.

Monitoring and support visits will be conducted in the areas of implementation. Process data to be collected on these monitoring visits will include information on how well the program components have been carried out, if the targeted audiences are being reached, how and they are being reached etc. Data on the total numbers reached in the target group will be collected from the KMC and ANC coordinators in the facilities, and from CAG chairmen in the communities.

Among others, some of the activities that will be monitored in the communities include community based small group discussions; home/support visits to families with low birth weight babies, community gatherings, community leaders involvement in the campaign, and religious

¹ Bi-weekly visits to the 2 districts means that there will be need to travel every week to the districts to visit the 3 communities in each district. Frequency of the travel may be reduced with time, depending on the progress.

leaders involvement in the campaign. Facility based activities to be monitored include antenatal discussions, KMC counseling and discussions, distribution of calendars and wraps to beneficiaries (women who have just given birth to low birth weight babies). Monitoring forms will be used to collect data for monitoring all community based activities including community discussions, road show events etc., and mass media will be monitored accordingly. Data collected will include number of activities done or materials produced, distribution of materials,

Output Measures

Data will be recorded for all activities (number of community discussions, road show events, airing and facility/community use of radio jingles, radio spots and digital stories) using participant feedback /monitoring form, post discussion questionnaires and observation. Data will be collected on participation during activities, actions taken after community discussions, number of campaign messengers trained etc.

Audience Reception Research

A rapid audience reception analysis will be conducted mid-way (**August 2016**) to assess the target audience response to the campaign, campaign messages, and accurateness of the messages and to solicit suggestions for improving campaign activities.

Khanda ndi Mphatso Monitoring Plan –April 2016 Evaluation

Performance Indicators	Data source	Disaggregation	Method/Approach of Data Collection	Baseline Data 2016	Target 2016	Responsible Person
1. Number of people reached through small community discussions.	CAG SBCC register	By target group By sex (m, f) By District	SBCC monthly reporting tool	0	~800	District team and SNL Staff.
2. Number of people reached through individual level discussions from KMC	SBCC register	By target group By sex (m, f) By District	SBCC monthly reporting tool	0	~360 (180 in each of the two districts)	District team and SNL Staff.
3. Number of people reached through group level discussions from ANC clinic/Waiting home	SBCC register	By target group By sex (m, f) By District	SBCC monthly reporting tool	0	~2500	District team and SNL Staff.
4. Number of sessions conducted at ANC clinic/Waiting home	SBCC register	By target group By sex (m, f) By District	SBCC monthly reporting tool	0	~80	District team and SNL Staff.
5. Number of people reached through individual level discussions during HSA home visits	SBCC register	By target group By sex (m, f) By District	SBCC monthly reporting tool	0	TBD	District team and SNL Staff.
6. Number of individuals from target audience(Community leaders, Religious leaders) who participated in a community wide event	Road show report/ Exit interview	By T/A By District	Road show report/ Exit interview	0	6	District team and SNL Staff.

7. Number of community members who successfully completed messenger workshop training.	Training report	By specific types (community group) By gender (m,f) and District	Training report	0	~300	District team and SNL Staff.
8. Number of facility level health care providers who successfully completed messenger training workshop.	Training report	By specific types (cadre) By gender (m,f) and District	Training report	0	105	District team and SNL Staff.
9. Number of community level health care providers (HSAs) who successfully completed messenger training workshop.		By gender (m,f) and District	Training report	0	60	District team and SNL Staff.
10. Number of messenger tool kits produced.	Programme report	By district	Programme report	0	500	District team and SNL Staff.
11. Number of messenger toolkits distributed						
12. Number of messenger tool kits distributed.	Programme report	By district	Programme report	0	500	District team and SNL Staff.
13. Radio spots aired		By Radio station/image or tactical spot	Mercantile monthly report			
Music video aired		Per TV station /month	Mercantile monthly report			
SMS Messages sent (Number of participants/recipients registered)		Per month/District	Heko Monthly report			
Number of messages successfully delivered to recipients		Per month/district	Heko Monthly report			

Evaluation & Replanning

It is envisaged that the campaign will be implemented over 6 months, after which a mixed methods end line evaluation will be conducted.

Baseline Study

Prior to the implementation of the campaign, a mixed methods (qualitative and quantitative) assessment was conducted to assess baseline levels of predictors of newborn health with regard to preterm birth and KMC (including knowledge, attitudes, self-efficacy, risk perceptions, normative perceptions and practices). This was a descriptive cross-sectional survey conducted among a sample of community members, pregnant women, women who delivered a LBW/PTB baby, husbands of women who delivered a LBW baby, and nurse midwives in the two pilot districts where SBCC activities are being implemented.

Outcome (End-line) Evaluation

A mixed methods end-line evaluation will be conducted at the end of the intervention (from November 2016) to determine the outcomes of the intervention (whether the intervention has achieved its goal). The evaluation will aim to solicit feedback from the primary and secondary target audiences regarding how they have received and perceived communication materials and interventions, and assess the self-reported impact of the intervention on the target audience. The evaluation will involve conducting focus group discussions (FGDs) with pregnant women, women who have given birth to LBW babies, their spouses and families, as well as health care workers, religious leaders and other campaign messengers who will be trained in IPC.

Quantitative data will be collected through a survey, and qualitative data will be collected through focus group discussions, individual in-depth interviews, and case studies. The outcome measures for all the target audiences will include knowledge, beliefs, self-efficacy and around newborns, preterm babies and KMC (*Refer to the Performance Monitoring and evaluation plan in the SBCC Plan/strategy in Table 1 on page 17 – 20*)

Findings from this end-line evaluation will be used by SNL to determine a way forward. Lessons will be drawn in all phases of the campaign implementation and will be shared as best practices with stakeholders and partners

3 Recommendations and Way Forward:

- The importance of regular monitoring and support visits to the pilot areas especially these first few months after the trainings cannot be over emphasized. It would be important to get someone who will dedicate their time to monitor these activities and supporting community and facility activities throughout the life span of the campaign. There is need for SNL to consider getting on board dedicated (full time) personnel to monitor Khanda ndi Mphatso campaign activities in these areas. This will ensure smooth implementation of the campaign activities and will contribute greatly to the success of the campaign.
- The text messages component of the campaign (by Heko Technologies) should also be closely monitored. Heko should submit monthly reports summarising the total number of recipients, sent messages, delivered messages, undelivered messages, per district.
- Airing of radio spots on radio station, and music video on National TV stations (By Mercantile) should also be closely monitored. Mercantile should submit monthly reports based on the radio spots and music video aired, against the scheduled slots, per radio/TV station.
- SNL should consider discussing with district partners the monitoring plan and structures in place. This will enhance the continuous partnership with, and support from MoH, which is very critical for the success of the campaign.
- In all our campaign activities, media has not been actively engaged, apart from reporting events such as the campaign launch. It is very important for SNL to consider engaging the media in this campaign to improve newborn health reporting. Media will play a critical role in not only publicizing the campaign, but will also raise awareness on key campaign messages. Consider conducting targeted trainings for the media on newborn health reporting to enhance media coverage and news capture for newborn health.
- Support community groups to establish veteran KMC groups who can be able to support to women undergoing KMC in the community.
- Consider conducting additional messenger trainings for wives of religious leaders and other faith based women groups to strengthen the involvement of religious leaders in the campaign, since newborn health is an issue that is well handled by women in most Malawian communities. Involving women representatives from faith groups will help to increase the value of newborns in faith communities
- Consider developing support material such as religious sermons and other guides for faith based activities. A message development workshop would have to be conducted with a few selected religious leaders from different religions and denominations, after which materials would have to be developed for use in faith based activities.

- Consider using radio spots that are currently being aired on radio stations in community-based events, in facility waiting rooms)
- Consider using the music video in facility waiting rooms, video vans, community based events, WPD; or upload it on SCI website and You Tube*)
- Consider using CNN programs (Magazine format), developed as part of Moyo ndi Mpamba, in community and facility activities.
- Consider airing the 6 digital stories (Nkhani za Chiyembekezo) on radio stations.
- There is a health promotion technical working group coordinated by HEU; SNL team would benefit from attending meetings of this TWG to strengthen collaboration with partners in newborn health promotion