KHANDA NDI MPHATSO (A BABY IS A GIFT)

EVALUATION OF A PILOT SBCC CAMPAIGN TO SHIFT SOCIAL NORMS & CARE PRACTICES FOR PRETERM AND LOW BIRTHWEIGHT BABIES
Background

• Malawi 2016: highest rate of preterm birth globally (18%)

• Limited attention given to increasing perceived value of newborn life and addressing misperceptions and stigma against small babies.

• No intervention has focused specifically on pregnant women or mothers of premature babies in Malawi.

• Building upon the investment and success of Moyo ndi Mpamba (“Life is precious”) – a national health promotion campaign that encompasses six health areas, including maternal and newborn health.
Goal: To increase the value of newborn life and community-wide/familial engagement in saving newborn lives, with a focus on low birthweight babies.

Primary audience: Pregnant women and mothers of low birth weight babies
Campaign Strategy

1. **IMAGE PHASE → shift norms**
   - Increase value of newborn lives (regardless of size),
   - Mobilize women, family, community & providers

2. **TACTICAL PHASE → address specific behaviors**, with focus on
   - early initiation of KMC
   - continued KMC practice
   - family & community support.
Campaign Activities

- Community based*
- Facility-based
- Mass Media
- Campaign support materials

*Implemented in ‘comprehensive’ communities only
# Rollout of comprehensive campaign package

<table>
<thead>
<tr>
<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td>Nov</td>
<td>Dec</td>
</tr>
<tr>
<td>Launch</td>
<td></td>
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<tr>
<td>TV music video</td>
<td></td>
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<tr>
<td>Radio spots (national)</td>
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<tr>
<td>SMS broadcasting</td>
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<tr>
<td>Community-based activities</td>
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<tr>
<td>Facility-based activities</td>
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<td>Road Shows</td>
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Pilot location: Southern districts of Thyolo and Machinga
Evaluation Objectives

1. Document effects of SBCC campaign on social norms and care practices

2. Assess appropriateness of campaign channels
   - focus on understanding additional contribution of community-based activities

3. Identify lessons learned and recommendations
Campaign reach and dose was higher in comprehensive communities and among KMC mothers

Overall Campaign Dose*

- **High** dose: participated in at least one campaign activity and recalled two or more campaign materials
- **Medium** dose: participated in at least one campaign activity or recalled two or more campaign materials
- **Low** dose: no participation in campaign activities and recalled one or no campaign materials

<table>
<thead>
<tr>
<th>Category</th>
<th>KMC mothers Comprehensive</th>
<th>KMC mothers Basic</th>
<th>Pregnant women Comprehensive</th>
<th>Pregnant women Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participated in at least one campaign activity</td>
<td>83%</td>
<td>38%</td>
<td>34%</td>
<td>6%</td>
</tr>
<tr>
<td>Recall of 2 or more campaign materials</td>
<td></td>
<td></td>
<td>38%</td>
<td>6%</td>
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Women in comprehensive communities reported greater shifts in personal and community beliefs/norms

“People used to laugh at other people when they have a pre-term baby but now those things have ended, people are now able to discuss with others…”
- Village headman, Machinga

Reported changing their thoughts about preterm babies due to something they had seen or heard in the campaign

- KMC mothers Comprehensive
- KMC mothers Basic
- Pregnant women Comprehensive
- Pregnant women Basic

Reported changes in community beliefs around preterm babies due to the campaign
KMC mothers in comprehensive areas reported stronger community support & male involvement

“We have change because at first, it was only the mother and the guardian taking care at the hospital. Now we as husband, we are also taking part together with the mother”
- FGD, KMC husband, Thyolo

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Consistent, strong relationship between campaign dose and response

<table>
<thead>
<tr>
<th>Recall at least 3 campaign messages*</th>
<th>Believe KMC is effective way to save preterm/LBW babies*</th>
<th>Reported changing their thoughts about preterm babies due to something they had seen or heard in the campaign*</th>
<th>Reported changes in community beliefs around preterm babies due to the campaign*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (n=76)</td>
<td>Moderate (n=68)</td>
<td>High (n=103)</td>
<td></td>
</tr>
<tr>
<td>25%</td>
<td>58%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>62%</td>
<td>92%</td>
<td>93%</td>
<td>31%</td>
</tr>
<tr>
<td>92%</td>
<td>97%</td>
<td>97%</td>
<td>70%</td>
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Lessons learned

• Strong results within a limited implementation period provide key learnings on how to strengthen the national SBCC campaign:
  ✓ Ensure multi-channel and blended approaches
  ✓ Build on establish CAGs already trained by previous projects
  ✓ Ensure linkages with ongoing quality of care activities in districts
  ✓ Build strong relationships with district leaders

• Lessons from missed opportunities:
  ✓ Better sequencing of activities would have further strengthened impact
  ✓ There were lost opportunities to more engagement with religious leaders
THANK YOU

Save the Children