



Malawi Government Ministry of Health and Population



Social Art for Behaviour Change (SABC) Strategy 2018-2023

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ACRONYMS

AoC	Agents of Change
C4D	Communication for Development
CLTS	Community Led Total Sanitation
D	Doers
DBC	Design for Behaviour Change
EBF	Exclusive Breastfeeding
EHP	Essential Health Package
HAI	Health care associated infections
HEU	Health Education Unit
HH	Household
HPO	Health Promotion Officer
HWWS	Handwashing with soap
IBM	Integrated Behaviour Model
IEC	Information, Education and Communications
IG	Influencing Group
M/F	Male or Female
MICS	Multiple Indicator Cluster Survey
ND	Non-Doers
NHCS	National Health Communication Strategy
ORS	Oral Rehydration Solution
PG	Priority Group
SABC	Social Art for Behaviour Change
SAG	Social Art Group
SAP	Social Art Partner
SABC	Social Art for Behaviour Change
SBA	Skilled Birth Attendant
SBCC	Social and Behaviour Change Communication
SEM	Socio-Ecological Model
U5	Children under five years
WASH	Water, Sanitation and Hygiene

Acknowledgements

Developing the Social Art for Behaviour Change (SABC) Strategy has been a task aimed at promoting healthy behaviours by mothers, pregnant women, guardians to improve maternal, newborn and child health as well as uptake of Water, Sanitation and Hygiene (WASH) behaviours in Chitipa, Kasungu and Salima Districts and Malawi as a whole. The task had the required input, collaboration, and support from a wide range of stakeholders facilitated by the Health Education Section of the Ministry of Health and Population.

The SABC Strategy has been developed jointly by the Ministry of Health and Population and InPATH Project as well as other partners, facilitated by the Information Education and Communication Technical Working Group (IEC TWG), and representatives from the district councils. The Ministry of Health and Population (MoH&P) acknowledges with gratitude the generous contribution of the InPATH Project and One Drop Foundation and Canadian Government through Global Affairs Canada (GAC) for their technical and financial support specifically for the development of this strategy that will provide guidance towards implementation of SABC activities in Malawi.

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The SABC Strategy is designed to complement the WASH and MNCH efforts by working with priority groups in behaviour change activities aimed at strengthening delivery of MoH's MNCH services as well as demand creation from communities.



Dr. Dan Namarika

Secretary for Health and Population

Executive Summary

Social Art for Behaviour Change (SABC) is an approach to Behaviour Change Communication (BCC). It involves working with various art forms to address social problems through practicing art with local artists and groups. SABC puts emphasis on entertaining, evoking emotion, raising awareness, and mobilizing communities to address social, including health, issues.

The 2016-20 PATH Project aims to contribute to a reduction of maternal and newborn deaths in Malawi by strengthening MoHP Maternal, Newborn and Child Health (MNCH) service delivery in Chitipa, Kasungu and Salima districts. This is being undertaken by working with local health authorities to strengthen capacities of Skilled Birth Attendants (SBAs), improve WASH systems and labour rooms at health facilities, and through improved capacity of community-based health workers to deliver gender-responsive MNCH services.

The SABC Strategy has been developed in line with the 2015-20 MoH National Health Communication Strategy (NHCS). It is grounded in Immediate Outcomes 1120 (*Improved availability of gender-responsive environment for antenatal, delivery & post-natal care for women, newborns & U5 in selected public sector health facilities*) and 1220 (*Enhanced capacity of Health Surveillance Assistants (HSAs) (f/m) to provide gender-responsive MNCH services in communities*).

It is intended to be primarily implemented in the following two (2) Outputs, respectively:

- *1126: SABC interventions promoting hand washing with soap (HWWS) and latrine use for target audiences at selected Health Facilities (HF) delivered.*
- *1125: Community awareness events on MNCH held.*

The SABC Strategy is therefore designed to complement the WASH and MNCH efforts above by working with priority groups in behaviour change activities aimed at strengthening delivery of MoHP's MNCH services at selected health facilities as well as demand for the same from their communities.

The SABC Strategy's strategic pillars are these five targeted behaviours:

1. HWWS at critical times (before preparing food, before eating and after using the toilet) for pregnant women and their guardians present at the HFs.
2. HWWS at critical times (before and after conducting vaginal examination in the labour room, before and after examining the baby in the labour room and post-natal ward) for Skilled Birth Attendants (SBAs).
3. Correct and consistent latrine use by pregnant women and their guardians at the health facilities.
4. Promotion of exclusive breastfeeding (EBF) among mothers with children under the age of 6 months.
5. Promotion of use Oral Rehydration Salt (ORS) and Zinc for treatment of diarrhoea among mothers of U5 children

This SABC Strategy provides a summary of the key steps jointly taken by InPATH and the MoH&P (Health Education Unit) to develop the document over the past year. The *SABC Strategy Implementation Framework* details which specific activities will be implemented to address barriers related to each of the five (5) targeted behaviors listed above. This is followed by an implementation plan centred around the work of locally identified Social Art Partners (SAPs) and Social Art Groups (SAGs) for the current period to the end of InPATH Yr 3. The final section of the Strategy presents a limited number of indicators which are aimed to monitor progress of SABC activities. The strategy will be initially implemented in the three districts of Chitipa, Kasungu and Salima through support from InPATH Project and then scaled up country wide, championed by Ministry of Health and Population as well as other partners.

1 Introduction and Background

The Ministry of Health and Population partnered with InPATH lead firm CowaterSogema which is supported by One Drop Foundation to design and implement SABC activities which will work in synergy with WASH and MNCH related interventions within Outputs 1126 and 1225 of InPATH Project Implementation Plan (PIP). SABC is a principal component of InPATH project's behaviour change approach.

SABC is an approach to behaviour change communication and involves working with various art forms to address social problems through practicing art with local artists and groups involved in daily efforts to build better communities. Application of the SABC strategy puts emphasis on entertaining, evoking emotion, raising awareness, and mobilizing communities to address social, including health, issues. In the SABC approach, social artists will also become agents of change (AoC) in fostering behaviour change activities.

The SABC Strategy is grounded in Immediate Outcomes 1120 (*Improved availability of gender-responsive environment for antenatal, delivery & post-natal care for women, newborns & U5 in selected public sector health facilities*) and 1220 (*Enhanced capacity of Health Surveillance Assistants (HSAs) (f/m) to provide gender-responsive MNCH services in communities*). It is intended to be primarily implemented in the following two (2) Outputs, respectively:

- *1126: SABC interventions promoting hand washing with soap (HWWS) and latrine use for target audiences at selected HFs delivered*
- *1125: Community awareness events on MNCH held*

The SABC Strategy has been developed in line with the 2015-20 MoHP National Health Communication Strategy (NHCS) which recognizes the scaling up of health promotion interventions to support implementation of Malawi's Essential Health Package (EHP). The SABC Strategy will facilitate coordination and harmonization of behaviour change communication initially, across the three Project supported districts in Malawi: Chitipa, Kasungu and Salima but later scaled up nationwide, championed by the MOHP. This strategy has been developed in an interactive and participatory manner involving MoHP and other health communication partners and may also be used as a guiding document for partners and stakeholders undertaking Social and Behaviour Change Communication (SBCC) in Malawi.

2 SABC Approach

In Malawi, the SABC approach¹ (onedrop.org) is intended to involve and mobilise Priority Groups² and Influencing Groups³, using Malawian artists and their various art forms, to address social problems. This is done through organised sessions where artistic methods and techniques are facilitated amongst key priority audiences to shape their vision of the world and express their emotions through that art form.

What makes the SABC approach unique is use of an evidence-based process that takes into consideration behavioural determinants as well as cultural and artistic references. This allows creation of locally inspired social art activities, which can, in turn, encourage positive behaviour change towards more sustainable access to available WASH and MNCH services. The SABC Strategy emphasizes the need to use prevailing and specialized art forms available in Malawi. Social art forms are used to evoke emotion, raise awareness, engage and mobilize individuals and their communities to address social issues and/or specific behaviours. This is premised on the notion that art has a strong impact on addressing social change and new behaviours, especially through modeling as agents of change (AoC)⁴. Social art can be positioned and used with other SBCC and/or health communication approaches such as educational entertainment (edutainment), social marketing, and community conversations and education, social media, and mobile strategies, among others.

The specificity of the SABC approach to behaviour change within the MOHP and InPATH is the importance of designing and developing, with the Project's Social Art Partners (SAPs), activities that appeal not only to the capacity of audiences to make choices and processing information rationally, but emotionally as well⁵.

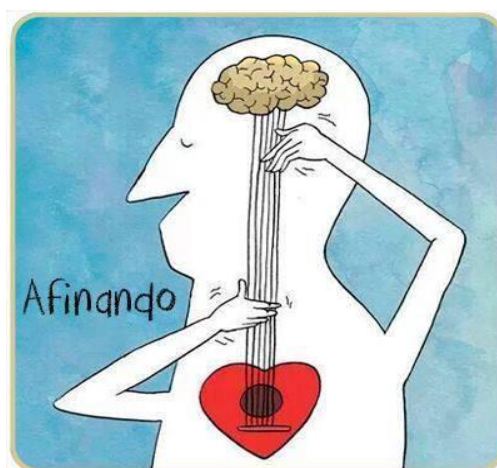


Figure 1: Aligning fast, instinctive and emotional “system 1” with “system 2” which is slower and more logical for targeted audiences to allow them to make better informed choices regarding a proposed change.

¹ https://www.onedrop.org/workspace/uploads/files/sabc_email_an.pdf

² Priority Group(s): people that are being encouraging to adopt a specific behaviour.

³ Influencing Group(s): people that the Priority Group identifies as having the most influence regarding adoption of a specific behaviour

⁴ Wijk, C van & Murre, T (1995). Motivating better hygiene behaviour

⁵ Kahneman, D (2011). Thinking, Fast and Slow

3 Guiding Principles

There are five guiding principles for the SABC Strategy, and these are:

- i. Change as process;
- ii. Working with evidence;
- iii. Effective collaboration, coordination and partnership;
- iv. Gender responsiveness and
- v. Community participation.

They are drawn from and are aligned with the principles outlined in Malawi's 2015 National Health Communication Strategy 2015-2020⁶, 2014 Health Promotion Policy⁷ and 2016 Health Sector Strategic Plan II 2017-2022⁸. See **ANNEX A** for further details.

4 Underlying Theories and Models

As described in the InPATH 2018 Diagnostic Study Report (DSR), the Integrated Behavioural Model for Water, Sanitation, and Hygiene (IBM-WASH)⁹ represents a synthesis of existing behavioural models underlying the SABC strategy. In addition, the strategy utilizes elements of the Social Ecological Model (SEM) when addressing social norms barriers with regards to who is being perceived as 'approving' and 'disapproving' of performing a behaviour. For further details on IBM WASH, SEM and how the strategy positions social art within other behavioural change communications approaches, see **ANNEX B**.

5 Milestones & current WASH/MNCH situation

To foster broad stakeholder input and consensus, the SABC Strategy was developed in stages. It started with the partnership between the InPATH Project and One Drop Foundation, who expressed intention to support, technically and financially, the IMO 1120 behaviour change needs within health facility-based interventions. Following One Drop's advised format, a Diagnostic Study Report (DSR) was prepared in Feb 2018 by InPATH to identify published evidence associated with three selected WASH behaviours to inform SABC Strategy design. This desk-based study of peer-reviewed publications was particularly useful to identify the evidence base and contextual factors influencing the behaviours in Malawi and neighbouring SABC countries.

The Feb 2018 DSR focussed on **three WASH behaviours**:

- (i) Hand washing with soap by pregnant women and guardians at guardian shelters.
- (ii) Latrine use by pregnant women and guardians at guardian shelters.
- (iii) Handwashing with soap by skilled birth attendants in labour & postnatal rooms.

⁶ Malawi MoH (2015). National Health Communication Strategy 2015-2020

⁷ Malawi MoH (2014). Health Promotion Policy

⁸ Malawi MoH (2016). Health Sector Strategic Plan II 2017-2022

⁹ R Dreifelbis et al. (2013). The Integrated Behavioural Model for Water, Sanitation, and Hygiene: a systematic review of behavioural models and a framework for designing and evaluating behaviour change interventions in infrastructure-restricted settings.

The DSR was followed by a scouting process in February 2018 which identified potential **Social Art Partners (SAPs)**¹⁰ and **Social Art Groups (SAGs)**¹¹ with experience in relevant communications interventions in Malawi including music, theatre, sculpture, sculpture and/or radio. The SAPs and SAGs were then engaged in a workshop together with MoHP and project staff (in March 2018) in order to introduce them to the SABC approach.

Another key milestone towards the development of the SABC Strategy was a profiling exercise in Aug 2018 which allowed for extensive interactions with priority groups for each of the three WASH behaviours. This enabled MoHP and Project counterparts to identify priority groups' daily routines and common desires to design SABC interventions with potential SAPs.

In July 2018, the Project organised a SABC working session among its consortium members. As a result of the session, a decision was made to incorporate into the SABC Strategy **two more behaviours drawn from the seven core MNCH/GE messages** in the Project's Output 1225 community awareness raising activities, implemented by another partner Plan Malawi, specifically:

- (i) Promotion of EBF for mothers of children under six months old;
- (ii) Promotion of diarrhoea treatment using ORS and Zinc for children under five years.

The same working session recommended a **barrier analysis (BA)** of the three WASH and two MNCH behaviours to identify key behavioural objectives as applicable to respective priority groups. The BA field work in the three InPATH districts was undertaken in late 2018 by MoHP and InPATH staff. A final report¹² was completed in April 2019.

Thereafter an engagement workshop was held in December 2018 with SAPs and consultative workshops with MoHP to disseminate the BA evidence. These workshops aimed to provide SAPs with enough content to stimulate their creativity in **designing SABC activities** that will appeal both cognitively and emotionally to their audiences. These key inputs assisted in shaping progressive drafts of the SABC Strategy.

The last step was the Working Session with HEU, HPO's and communication experts in March 2019 to orient them to the SABC approach and get their inputs into the draft SABC Strategy

For details on the current WASH and MNCH situation in Malawi, relevant to the five behaviours addressed by the SABC Strategy, please see **ANNEX C**.

¹⁰ Social Art Partner (SAP): Established national, regional and/or district-level groups/individuals with high level capacity to champion SABC activities and act as Agents of Change (AoC) with identified Priority and Influencing Groups

¹¹ Social Art Group (SAG): Community, health facility and/or district level groups/individuals with capacity to champion SABC activities and act as Agents of Change (AoC) with identified Priority and Influencing Groups.

¹² InPATH (2019). Barrier Analysis Report.

6 Overall Purpose

The strategy aims to contribute to a reduction of maternal and newborn deaths in Malawi by strengthening MoHP MNCH service delivery in Chitipa, Kasungu and Salima Districts. This is being undertaken by working with local health authorities to strengthen capacities of SBAs, improve WASH systems and labour rooms at health facilities, and through improved capacity of community-based health workers to deliver gender-responsive MNCH services.

The SABC Strategy is therefore designed to complement the WASH and MNCH efforts above by working with priority groups in behaviour change activities aimed at supporting improved uptake of MoHP MNCH services at the health facilities as well as demand for the same from their communities. This is in line with the MoHP National Health Communication Strategy¹³.

7 Strategic Pillars (Target Behaviours)

The SABC Strategy's strategic pillars are five in total, namely:

1. Hand Washing with Soap at critical times (before preparing food, before eating and after using the toilet) for pregnant women and their guardians present at the health facilities.
2. Hand Washing with Soap at critical times (before and after conducting vaginal examination in the labour room, before and after examining the baby in the labour room and post-natal ward) for SBAs.
3. Consistent latrine use by pregnant women and their guardians at the health facilities.
4. Promotion of EBF among mothers with children under the age of 6 months.
5. Promotion of use ORS and Zinc for treatment of diarrhoea among mothers of U5 children

8 Strategy Implementation Framework and Key Activities

For each targeted behaviour in the SABC Strategy there exists a *Design for Behaviour Change (DBC) Framework* which is “a tool developed to help us think about the different things that need to be considered when designing and reviewing a SBCC strategy¹⁴. The *DBC Frameworks* were used to test the information collected and assumptions behind the IBM-WASH exercise in the 2018 InPATH's Diagnostic Study Report (DSR). Further, the “determinants” column in the *DBC Frameworks* tables lists the main Barrier Analysis (BA) findings and methodologies used. For each of the five targeted behaviours the *DBC Frameworks* outline the barriers, enablers, overall motivational factors pointing towards what the Project should message and build its SABC Strategy upon.

Supplementary to the *DBC Frameworks* for each of the five targeted behaviours, a Behaviour Matrix was prepared which includes behavioural objectives: who the facilitators are, who the targeted audiences are, which communication channels (art forms) are proposed, and what content is to be addressed (both cognitive & emotional), based the evidence collected during the formative research.

Combining the *DBC Frameworks* with the *Behavioural Matrix*, results in the indicative draft **SABC Strategy Implementation Framework** shown below in screenshot format.

¹³ Malawi MoH (2015). National Health Communication Strategy 2015-2020

¹⁴ Food Security and Nutrition Network Social and Behavioral Change Task Force. 2013. *Designing for Behavior Change For Agriculture, Natural Resource Management, Health and Nutrition*. Washington, DC: Technical and Operational Performance Support (TOPS) Program.

F R A M E - W O R K S	BEHAVIORAL FRAMEWORK					SOCIAL ART FOR BEHAVIOR CHANGE STRATEGY				
	Behavior Statements	Priority Group or Influencing Group	Determinants (Barriers + Enablers)	Behavioral Objectives		Bridges to activities	SABC Activities			
				Cognitive & Rational (System 2)	Emotions/Feelings (System 1)		Phase	Description of SABC Activities (*** Indicates repeated activity)	Social Art Partner	Channels (Art Forms)
M O T H E R S H A N D W A S H I N G P T 1	<p>Pregnant women and mothers of children U5 in the health care facility and in the community wash their hands with soap at five critical times:</p> <p>Pregnant women and mothers of children U5 in the health care facility wash their hands with soap before preparing food</p> <p>Pregnant women and mothers of children U5 in the health care facility wash their hands with soap after defecating</p> <p>Pregnant women and mothers of children U5 in the health care facility wash their hands with soap after cleaning child who has defecated.</p> <p>Pregnant women and mothers of children U5 in the health care facility wash their hands with soap before eating</p> <p>Pregnant women and mothers of children U5 in the health care facility wash their hands with soap before feeding child (including breastfeeding)</p>	<p>Mothers of children U5 staying in or using the health care facility</p> <p>-Live in rural areas or semi-urban</p> <p>-Attend church or mosque</p> <p>-Low education</p> <p>-70% literate</p> <p>-Majority work in agricultural field</p> <p>Daily Routine:</p> <p>-Are busy with household chores, caring for children, gardening</p> <p>-Attending women group events such as kitchen top-ups, ginnery as well as village savings meetings on occasional basis</p>	Prevents infections (Positive consequences)	<p>Increase the capacity to remember that "less than five every day increases the risk every day..." by convincing financial decision makers at the HH level that prevention is cheaper than treatment now in the present but also for tomorrow (future).</p>		Reinforce the perception among mothers that preventing infection is a benefit for their families.	A C T I V A T E	<p>HWWS_U5.4: Hand Painting/Powdered Colour Game</p> <p>Instill a culture of HWWS where paint symbolises germs, and when hands are washed without soap (at the five key times), paths of contamination become more apparent</p>	Chindime and Stars Theatre (CAST)	Comedy/Role Play
				<p>"-Belief that most people approve, amongst them neighbours and community members</p> <p>- Preventing infections is a main benefit</p> <p>- US are always at risk of getting diarrhoea"</p>	<p>"-Stress-free that children will not become sick from diarrhoea"</p>	Reinforce the perception that preventing infections is a benefit.				
			Fear of disease (Perceived negative consequences)	Belief that US are always at risk of getting diarrhoea	"-Stress-free that children will not become sick from diarrhoea	Improve knowledge about the health risks for U5 linked to bad hygiene	I N S P I R E	<p>HWWS_U5.3: Connecting the Dots Game: Takes Place in 3 Parts</p> <p>1) Gather husbands to sketch the decision making process (struggles, challenges) they go through when budgeting for health (health family budget)</p> <p>2) Gather wives to sketch their role in their need (washing hands at 5 critical times) for that decision making process</p> <p>3) Both husband and wife, in tandem, sketch their common vision of how and why budgeting resources for the family health needs should happen. These sketches become art work to be included and/or re-used in activity HWWS_U5.1.</p>	CCC	<p>Visual Art: Sketches, Murals, Mosaics</p>
				Having the habit/being used to it/Remembering the five times (Self-Efficacy)	Understand that it is easy to perform the behavior	Feel confident about becoming used to it (requires little education and minimal skills)				
			Inadequate time especially when multi-tasking			Increase the perception that it is easy to remember				
			"-Water and soap are available at a handwashing station at home.	"-Know where to purchase soap	"-Feel confident about becoming used to it (requires little education and minimal skills)	Improve the ability of household decision makers to create a dedicate space for handwashing at home AND to improve the ability of household decision makers to allocate budget for soap				
			- Lack of money to buy soap for handwashing."	- Ability to remember the five critical times to wash hands at home	- Feel less anxious about soap and water being hard to find; peace of mind about having enough water and soap consistently in the house (to work with those in charge of household finance)					
			People in the community approve	<p>Shape the social discourse by using neighbours and HAS to profile a positive image of mothers of US (champions) who are committed to preventing infections</p>				<p>HWWS_U5.1: Heroes and champions of good hygiene -- neighbours express their confidence, trust and faith towards using visual art-forms and oral tradition (folk, poems) to portray mothers of US as heroes and champions of good hygiene. They become characters to be re-used in large scale communications (mass media).</p>	<p>-Zaluso Arts (visual)</p> <p>-Chilemba Communication Consultants (CCC) (visual, audio/oral)</p>	<p>-Visual art: painting, mural/mosaic</p> <p>-Audio/oral: poems (folk and/or oral traditional methods)</p> <p>Note: If financial resources allow, poems could lead to producing and recording songs</p>

F R A M E - W O R K S	BEHAVIORAL FRAMEWORK					SOCIAL ART FOR BEHAVIOR CHANGE STRATEGY				
	Behavior Statements	Priority Group or Influencing Group	Determinants (Barriers + Enablers)	Behavioral Objectives		Bridges to activities	SABC Activities			
				Cognitive & Rational (System 2)	Emotions/Feelings (System 1)		Phase	Description of SABC Activities (***) Indicates repeated activity)	Social Art Partner	Channels (Art Forms)
H A N D W A S H T H E I R S G P T 2	Pregnant women and mothers of children US in the health care facility and in the community wash their hands with soap at five critical times:	Mothers of children US staying in or using the health care facility -Live in rural areas or semi-urban -Attend church or mosque -Low education -70% literate -Majority work in agricultural field Daily Routine: -Are busy with household chores, caring for children, gardening -Attending women group events such as kitchen top-ups, ginnery as well as village savings meetings on occasional basis	People in the community approve	"Believe that most people approve, amongst them neighbours and community members."	"- Feel valued, supported and appreciated by most people - Feel loved and cared for by their husbands - Be perceived as responsible mothers, model mothers	Increase the perception that most people approve: especially neighbours	I N S P I R E	HWWS_US.1.b: Document real life stories based on the 'heroes and champions of good hygiene' (activity HWWS.U5-1a) to inspire characters of at least one radio-drama production. Those characters need to be used redundantly when or if more mas media productions are designed as reminders.	Story Workshop Educational Trust (SWET)	"-Radio drama (extensively: skits, jingles, and/or public service announcement (PSA) when promoting skills to remember
	Pregnant women and mothers of children US in the health care facility wash their hands with soap before preparing food						Pregnant women and mothers of children US in the health care facility wash their hands with soap after defecating	Pregnant women and mothers of children US in the health care facility wash their hands with soap after cleaning child who has defecated.	Pregnant women and mothers of children US in the health care facility wash their hands with soap before eating	Pregnant women and mothers of children US in the health care facility wash their hands with soap before feeding child (including breastfeeding)

F R A M E - W O R K S	BEHAVIORAL FRAMEWORK					SOCIAL ART FOR BEHAVIOR CHANGE STRATEGY				
	Behavior Statements	Priority Group or Influencing Group	Determinants (Barriers + Enablers)	Behavioral Objectives		Bridges to activities	SABC Activities			
				Cognitive & Rational (System 2)	Emotions/Feelings (System 1)		Phase	Description of SABC Activities (***) Indicates repeated activity)	Social Art Partner	Channels (Art Forms)
L U S T R I P T E 1	Pregnant women and mothers of children U5 at the health care facility and in the community defecate at all times in a latrine.	Mothers of children U5 staying in or using the health care facility	Not having/owning a latrine	Design environments (nudges) so that public latrines (opposite to HH latrines) are seen to be available and accessible by using user-friendly visual landmarks in numbers (quantity) and appearance (quality)		Increase the perception that owning a latrine makes it easier to use one. Decrease the perception that latrines are hard to find.	A C T I V A T E	UL.1: Drone Mapping: With the help of a drone mapping consultant, create an illustrative latrine map and print it out to paste at the location of model latrines (UL-X). The map will be a sign that will be clear and easy to follow using imagery rather than words.	Zaluso Arts	Visual arts: paintings, drawings, sketches, murals/mosaics
		-Live in rural areas or semi-urban -Attend church or mosque -Low education -70% literate -Majority work in agricultural field		Able to find a usable latrine (or toilet) easily, even when away from home.	Daily Routine: -Are busy with household chores, caring for children, gardening -Attending women group events such as kitchen top-ups, ginnery as well as village savings meetings					

F R A M E - W O R K S	BEHAVIORAL FRAMEWORK					SOCIAL ART FOR BEHAVIOR CHANGE STRATEGY				
	Behavior Statements	Priority Group or Influencing Group	Determinants (Barriers + Enablers)	Behavioral Objectives		Bridges to activities	SABC Activities			
				Cognitive & Rational (System 2)	Emotions/Feelings (System 1)		Phase	Description of SABC Activities (***) Indicates repeated activity)	Social Art Partner	Channels (Art Forms)
L A T R I N E P U S E	Pregnant women and mothers of children U5 at the health care facility and in the community defecate at all times in a latrine.	Owners of latrines in the community	Latrines are difficult to access, especially when pregnant women and mothers of children U5 are not at home.	Get latrine owners to discuss and debate the opportunity for their latrines to be used/shared with neighbours and other community members (close external circle) by having husbands express their feelings on the notion of risk and how it affects the social fabric of their families and communities	Decrease the perception that latrines are hard to find.	ACTIVATE	UL.2: Arts Competition A competition that will enable mothers of U5 and their husband to express, using any visual art-forms, how they think good sanitation looks like (in relation to latrine usage). Artworks will be judged on art forms aesthetics and the narrative participants attached to it.	Zaluso Arts	Visual arts: paintings, drawings, sketches, murals/mosaics	
				Latrine owners feel that their household is blessed (self-respect, dignity) because of approving husband, allowing/providing access to family members first, then neighbours, then who needs to a functional latrine (access to a quality latrine = caring for self and others = being aware of how key using latrine and therefore making a positive difference in the community).	Latrine owners believe that a latrine is a common good, ie its usage is made to be universal (for everyone who needs when in need).		Decrease the perception that latrines are hard to find.			INSPIRE
			Latrines are full, dirty and smelly. Latrines are unoperational (no doors or roof), broken, collapsing	Channel the theme of 'cleanliness' by designing and maintaining (keeping clean) HH latrines based on the values of 'self respect' and 'dignity'	Increase the perception that clean and well-maintained latrines (repaired, with doors and roof) makes for easier usage.	ACTIVATE	HWWS_U5.2: "Road Shows" ***	SKEFFA	"-Song writing -Music composition -Signing -Studio recording"	
				Latrine owners feel the latrine they own "is the best there is" (quality, cleanliness, original), agreeing with the						

F R A M E S	BEHAVIORAL FRAMEWORK					SOCIAL ART FOR BEHAVIOR CHANGE STRATEGY				
	Behavior Statements	Priority Group or Influencing Group	Determinants (Barriers + Enablers)	Behavioral Objectives		Bridges to activities	SABC Activities			
				Cognitive & Rational (System 2)	Emotions/Feelings (System 1)		Phase	Description of SABC Activities (***) Indicates repeated activity)	Social Art Partner	Channels (Art Forms)
S B A H A N D W A S H I N G		District health officials, hospital administrators	Treated Water is unavailable to SBAs when needed.	Emphasize how essential soap and water are for an SBA to perm their duties by simulating the engagement of those responsible to provide them with water and soap in order ofr them to perform as required by protocols (empathy).		Increase the perception among SBAs that water and soap are available and easy to find	A C T I V A T E	HWWS_SBA.3: TFD OR One Drop activities from the Mali context	"-CHENEKO -CAST	Theatre for Development (TFD) with activators -Comedy/Role Play
					Believe that water & soap are health commodities (assets) as important tools/equipment needed when performing a safe delivery.	Increase access to water and soap by working with district health officials and hospital administrators to ensure necessities are well managed and ordered when needed.				
	Skilled Birth Attendants (SBAs) wash their hands with soap at the five critical times when attending labour and delivery at the health facility. -Before vaginal examination during first stage of labour -Before conducting a delivery -Before examining a newborn -After conducting a delivery -After examinining a newborn	Nurse-midwife, Medical Assistant, Clinical Officer (CO), Community Midwife Assistant (CMA)	Rushing at work (emergency patient, pressure, panic)	Empower SBA and delivering mothers to document their delivering experience underlining the positive impact of team dynamics by 1) emphasizing the value of good and efficient coordination (among SBA) and leadership (from management), and 2) how it contributes to service delivery staff, supporting staff and patient attendants coming together during all phases of delivery		Increase the perception that all patients/clients, regardless of how many in the ward -- including those who are assisted urgently -- require the same quality of service standards.	I N S P I R E	HWWS_SBA.1: Cinema Use of cinema with SBA interns to project dialogues and discussions dailitated by experienced SBA highlighting the good mistakes and other lifesaving experience and testimonies. (Objectives 6, 7, 8 CONTENT): Record, document, capture real life stories of doers' (volunteers) good relationships with delivering mothers, other SBA, and management staff (different dimensions of the SEM). Frame and facilitate creative discussions around if or why or what makes them (SBA) good service providers, champions and/or role models.	SWET (video & radio production)	"-Video (cinema) -Radio (drama)
				Feel encouraged about two things: 1) faith (trust) in health institution (decision makers) to make water and soap (health commodities) available all the time; and 2) IG celebrating and rewarding SBA resilience with						
		Patient Attendants and Support Staff Approve	emotional and positive testimonies.							

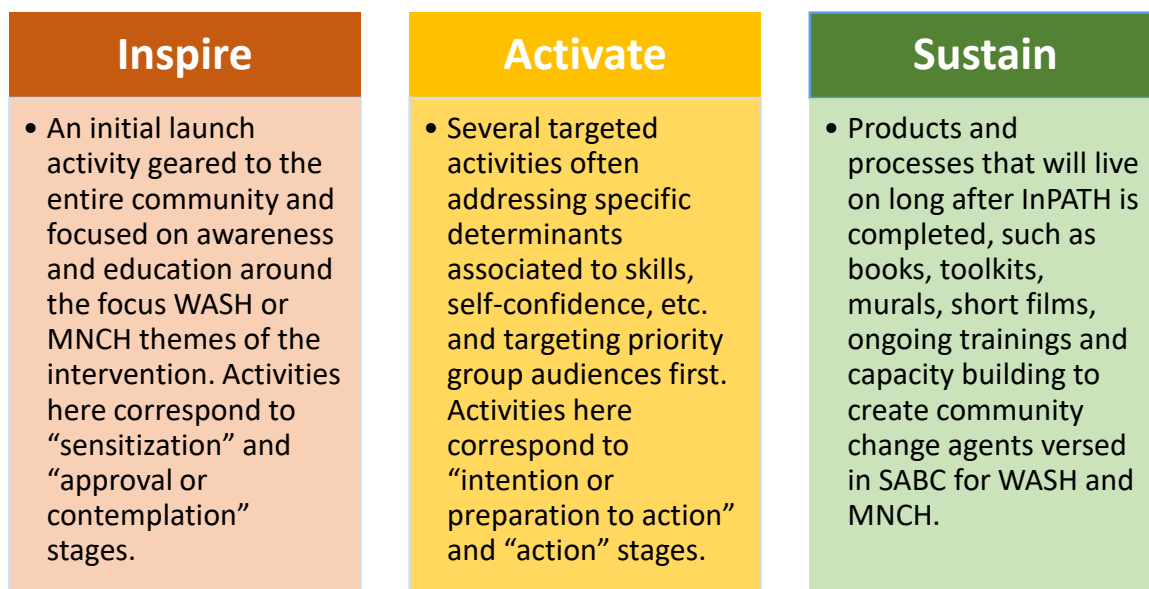
F O R M E S	BEHAVIORAL FRAMEWORK					SOCIAL ART FOR BEHAVIOR CHANGE STRATEGY				
	Behavior Statements	Priority Group or Influencing Group	Determinants (Barriers + Enablers)	Behavioral Objectives		Bridges to activities	SABC Activities			
				Cognitive & Rational (System 2)	Emotions/Feelings (System 1)		Phase	Description of SABC Activities (***) Indicates repeated activity)	Social Art Partner	Channels (Art Forms)
H A N D W A S H I N G P T	<p>Skilled Birth Attendants (SBAs) wash their hands with soap at the five critical times when attending labour and delivery at the health facility.</p> <p>-Before vaginal examination during first stage of labour -Before conducting a delivery -Before examining a newborn -After conducting a delivery -After examining a newborn</p>	Nurse-midwife, Medical Assistant, Clinical Officer (CO), Community Midwife Assistant (CMA)	Very difficult to remember	Bring attention to the meaning and purposes of protocols/policies by clarifying that they have the same intention/purpose.		Increase the perception that hygiene procols for SBA (including HWS) at the five critical times are to be respected as policy. Increase SBAs' capacity to remember the five critical times.	A C T I V A T E	HWWS_SBA.4: Using the connecting the dots game principals for representing the five times - one artist(s) sketches drawings in absence fo the SBA. They are then instructed what to connect the dots so that the drawing comes to life. Drawings representing the 'five times' will be permanently visible witin the health facility.	CCC	Murals/Mosaics
					Believe that policies and proctols are expected to be known/followed in order to set 'quality service standards' -Able to remember the five times (becomes a ritual)		I N S T R U C T I O N & E	HWWS_SBA.5: Photography Show On the themes of 'empathy', 'resilience', 'hard work' - SWET facilities photography as a medium amongst HF staff (not SBA) and guardians to capture 'beautiful' moments happening before-during-after when proctol is applied.	SWET	Photography
							A C T I V A T E	HWWS_U5.2: "Road Shows" ***	SKEFFA	"-Song writing -Music composition -Signing -Studio recording"

F R A M E S	BEHAVIORAL FRAMEWORK					SOCIAL ART FOR BEHAVIOR CHANGE STRATEGY					
	Behavior Statements	Priority Group or Influencing Group	Determinants (Barriers + Enablers)	Behavioral Objectives		Bridges to activities	SABC Activities				
				Cognitive & Rational (System 2)	Emotions/Feelings (System 1)		Phase	Description of SABC Activities (***) Indicates repeated activity)	Social Art Partner	Channels (Art Forms)	
E X C L U S I V E E B F R E P A R T I S T F E E D I N G	Mothers of infants 0-6 months feed them only breast milk.	Mothers of infants 0-6 months -Live in rural and semi-urban areas -Lowly educated ie. Mostly primary school level - Average of 70% literate (able to read and write) - Speak district based local languages -Majority are self-employed and work in agricultural field (subsistence farming)	Baby cries of hunger. Not enough breastmilk to assuage baby's hunger.	Entrust husbands to continue providing support and being a positive influence to preventing the risk of their newborn becoming malnourished by educating them on the science of nutrition (benefits) and the efficacy of breastmilk.		Increase the perception that mothers have enough breastmilk.	A C T I V A T E	EBF.2a: Molding Health Father and Mother duos will artistically reproduce their perception of what a healthy infant looks like in the form of a baby being fed by breastmilk statue, first by using raw-sandy clay, then using refined-soft clay. The contrast of the two representing the efficacy of EBF.	Twice Alive	Molding clay -Sculpture -Painting	
					Believe the most efficient way to avoid the risk of malnutrition is by performing the behavior.	Increase the perception that breastfeeding is the most efficient way to prevent malnutrition.					I N S P I R E
				Mothers feel that they have the skills and necessary knowledge.	Teach/improve mothers' skills and self-confidence to feed their infants breastmilk by making use of the mother-child friendly spaces where EBF mothers' emotions and feelings (experiences) associated to the support they received from their internal (family) and close external circle (friends and neighbours) can be documented.		Improve mothers' skills and confidence	A C T I V A T E	EBF.3a: Holding my Baby Visual art used to teach EBF techniques (holding the baby, putting on breast, etc.). EBF mothers are asked to sketch and draw their 'technical skills' themselves with the facilitator (Zaluso)	Zaluso Arts	Illustrations -Murals/Mosaics -Sketches/drawings
					Time and space to acquire the skills and confidence to become an EBF mother are allowed (it is the "new norm")						
				Being reminded/advised by their husband/PSA or, health worker	"-The women feel that they are not alone caring for and agreeing that having enough breastmilk is a shared responsibility. - Develop a new emotional rapport with the notion of 'risk' it the motivation to perform is not based on fear but the capacity to avoid it (feeling more in control after understanding the risk opposite to fearing it).		Believe the most efficient way to avoid the risk of malnutrition is by performing the behavior.	A C T I V A T E	EBF.4: Healthy EBF Dialogues EBF mothers share entertaining stories from real life experiences adopting a community dialogue approach inclusive of traditional methods and positive deviance testimonies (eg. Problem identification and analysis for a preferred future for all).	SWEt (Storytelling)	Traditional/oral culture for story telling
					Increase the perception that it is easier when being supported and reminded.						
				Increase the perception that husbands approve of EBF							

F R A M E S	BEHAVIORAL FRAMEWORK					SOCIAL ART FOR BEHAVIOR CHANGE STRATEGY				
	Behavior Statements	Priority Group or Influencing Group	Determinants (Barriers + Enablers)	Behavioral Objectives		Bridges to activities	SABC Activities			
				Cognitive & Rational (System 2)	Emotions/Feelings (System 1)		Phase	Description of SABC Activities (***) Indicates repeated activity)	Social Art Partner	Channels (Art Forms)
B R E A S T F E D I N G	Mothers of infants 0-6 months feed them only breast milk.	Husbands of mothers of infants 0-6 months	Mother eating/drinking well (quantity and quality food)	Convince husbands to increase the ratio (quantity) and variety (quality of food their partners need to intake during pregnancy and while breastfeeding (inclusive of immediate breastfeeding but focus on EBF) after birth by financially planning for it.		Increase the perception that it is easier when being supported and reminded.	A C T I V A T E	EBF.1: Illustrated Budget Connecting the dots- replicate the pattern and method used for activity HWWS_US.3 making parallels between the dots (finance) and the final art work (infant's health) illustrating that without dots (finance) the full happy picture of the family (health of the infant) is jeopardised. Suggested parallels: Monthly budget for quantity with pattern/colour X; Monthly budget for quality with pattern Y	CCC	Illustrations -Designed sketches Murals
					Consume nutritious (quality) and enough (quantity) food so that your body produces what the infant needs.					
O R S	Mothers and caregivers of children under 5 years old give the child oral rehydration solution (ORS) when the child has diarrhoea.	Mothers of infants 0-6 months -Live in rural and semi-urban areas -Lowly educated ie. Mostly primary school level - Average of 70% literate (able to read and write) - Speak district based local languages -Majority are self-employed and work in agricultural field (subsistence farming)	When/if a child is sick, refuses intake	Teach mother of child U5 to prepare and give ORS by having community health staff conduct product demonstration sessions and promotion of health services at the health facility and community levels.		Improve the mother's skills administering ORS to a sick child	I N S P I R E	ORS.1: Public Product Demonstrations Using a mix of health worker codey/roles play professionals, demonstrations are scripted allowing members of the audiences (mothers of U5 first) to test and try-out options about how to make. Administer and where to find best ORS possible during the performance. While attending a performance, they become more aware of their ability to use ORS and administer it to a sick child.	CAST	Comedy/Role Play
			Getting advice and ORS from health worker (at the hospital) due to distance	Feel health institutions (health workers and HSA) to be the most reliable (trustworthy) source of advice and information when it comes to procuring a product and benefitting from a service of good quality.	Find sick-child friendly ways, tricks and tips on how to make and administer ORS.	Increase the perception that ORS helps the child's recovery. Increase the perception that health workers provide mothers with good advice and ORS.				
			Having the tools, equipment for making it (spoons, pot, cup)			Reinforce the perception that mothers' have the minimin tools at home (ORS preparation home kit)				
						ACTIVATE	HWWS_US.2: "Road Shows" ***	SKEFFA	"-Song writing -Music composition -Signing -Studio recording"	

9 SABC Strategy implementation through SAPs/SAGs & timelines

The SABC Strategy will be implemented by MoHP (HEU) and its partners InPATH through what One Drop refers to as three levels to facilitate individuals progressing to different stages of change, namely:



The main implementing agents of change for SABC Strategy will be the identified Social Art Partners (SAPs) and Social Art Groups (SAGs). A first step in implementation of the SABC Strategy will be SAG training in Q2 & Q3 2019/20 of the InPATH Project. The SAGs will primarily be trained by SAPs who have already undergone a training conducted by the Project in May 2019. See **ANNEX D** for details.

The implementation schedule below for the remaining period in 2019/2020 is an operational tool and is subject to change.

Note: the Legend for the schedule below is as follows:

LEGEND	Chitipa	Kasungu	Salima	Episode	Time 1	Time 2	Production
	C	K	S	E	T1	T2	P

Table 1: SABC Implementation Schedule (InPATH Project)

Activity levels	SABC Activities	Facilitators (SAPs)	SABC activities time line sequence from July 2019 to April 2020																			
			Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr										
SABC Trainings	"ROAD SHOWS" – SAG	SKEFFA	C	C	K	K		S	S													
	Theater for Change (TFD) – SAG	Cheneko Arts	C	C	K	KS	S															
Inspire	HWWS-U5.1: "heroes and champions of good hygiene".	Zaluso Arts	C	K	KS	S																
		Chilemba Communication Consultant (CCC)	C	K	KS	S																
	HWWS-U5.1a: documentary of real-life stories	Story Workshop Educational Trust (SWET)	C	C	K	K	S	SP	P	P	E	E	E	E								
	HWWS_U5.2: "road shows"	SKEFFA - Time 1 (T1): works to train/coach/mentor SAG ONLY until first "ROAD SHOW CONCERT". - Time 2 ¹⁵ (T2): works with SAG more as a producer; becomes more selective finding recording material.	T1C	T1C + Concert Chitipa	T1K	T1K	Concert Kasungu	TS	TS	Concert Salima					T2C	T2C + Concert Chitipa	T2K	T2K	Concert Kasungu	T2S	T2S	Concert Salima ¹⁶
	UL.3: Latrine painting	Zaluso Arts									C	K	KS	S								
	HWWS-SBA.1: use of cinema	SWET														C	K	KS	S			

¹⁵ The second "ROAD SHOW CONCERT" fits under the 'ACTIVATE' sequence.

¹⁶ The 2nd concert and last episodes of radio dramas may be timed with Easter holiday weekend for more exposure and coverage.

Activity levels	SABC Activities	Facilitators (SAPs)	SABC activities time line sequence from July 2019 to April 2020														
			Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr					
	HWWS-SBA.2: radio drama	SWET												E	E	E	E
	HWWS-SBA.5: photography (show)	SWET	C	K	KS	S											
	EBF.2a: “breastmilk fed baby statue”	Twice Alive				C	C	K	K								
	EBF.3a: revamp all EBF thematic visual representations	Zaluso Arts											C	C	K	K	
	ORS.1: public product demonstrations	Chindime and Stars Theatre (CAST)															
Activate	HWWS-U5.3: “connecting the dots”	CAST							C	C	KS	S					
	HWWS-U5.4: the ‘hand painting/ powdered colour game’	CCC					C	K	KS	S							
	UL.1: Drone mapping	Zaluso Arts											C	K	S		
	UL.2: Arts Competition	Zaluso Arts					C	K	S								
	HWWS-SBA.3: TFD with CHENEKO and CAST and their SAG	Cheneko Arts					C	K	KS	S							

Activity levels	SABC Activities	Facilitators (SAPs)	SABC activities time line sequence from July 2019 to April 2020																			
			Jul		Aug		Sept		Oct		Nov		Dec		Jan		Feb		Mar		Apr	
	HWWS-SBA.5: photography (show)	SWET	C	K	KS	S																
	EBF.1: “illustrated budget”: connecting the dots”.	CCC									C	K	KS	S								
	EBF.2: “molding health”.	Twice Alive									C	K	KS	S								
	EBF.3: “holding my baby”.	Zaluso Arts							C	K												
	EBF.4: healthy EBF dialogues	SWET							C	K												

10 SABC Strategy Stakeholders

The MoHP (HEU) and the InPATH Project, through the SABC Coordinator, will consult closely for effective SABC Strategy operationalisation. Consistent with the NHCS¹⁷, there are currently national, health facility and community levels in the provision of health services in the country as follows:

National level - role of HES

The MoHP mandates Health Education Section (HES) as the apex institution in the country to lead and coordinate health promotion services. The HES guides and coordinates partners in implementing health promotion activities focusing on using the SABC approach for all the five identified behaviours.

District level

The MoHP has deployed trained District Health Promotion Officers (DHPOs) in each District Health Office. DHPOs, with support from the District HP TWG, will provide leadership in the interpretation, implementation, monitoring and evaluation of the SABC Strategy at the district and community levels.

Health facility level

The DHPO, working with Health Centre In-Charges will monitor SAP and SAG activities using the SABC Strategy as a guideline. The DHPO shall identify and orient health facility-based SAGs and also provide effective SABC interventions at both health facility and community levels.

11 Monitoring and Selected Supplementary Indicators

There are four (4) InPATH PMF indicators which are already included in the approved (Mar 2019) PMF. Supplementary to those four indicators, SABC Strategy implementation will also require tracking of five (5) additional indicators which are expected to shed light on the degree to which the five pillars of targeted behaviours of the SABC Strategy are being achieved.

In addition, seven lower level process indicators are specified below. While these are not focused on targeted behaviour change as such, these operational indicators can shed light on key elements of SABC activities implementation associated with the targeted behaviour in question.

Proposed supplementary indicators for each of the SABC Strategy targeted behaviours to track achievement of the SABC Strategy targeted behaviours have been drafted in consultation with the HEU and are consistent with national indicators in the Malawi NHCS 2015-20.

Finalization of the SABC Strategy indicators included a careful review of the MoH Community Health Indicator (CMI) Handbook 2018-2022. In sum, only one of the Community Health Indicator Handbook indicators (on the promotion of use of ORS and Zinc for treatment of diarrhoea among mothers of under five children) was applicable to the SABC Strategy, and the latter was consistent with the former. This is because the proposed SABC Strategy indicators focus on behaviours of specific target groups (SBAs, pregnant women and guardians at guardian shelters, and mothers with under five

¹⁷ National Health Communication Strategy 2015-2020.

children in health facilities) as well as the existence of artworks/posters at health facilities. The Community Health Indicator Handbook indicators, on the other hand, focus on broad service delivery indicators at health facilities or presence or absence of public health elements such as latrines, access to water at household level and existence of different structures and committees at health facility level.

1 HWWS at critical times (before preparing food, before eating and after using the toilet) for pregnant women and their guardians present at the HFs					
Indicator		Data source	Data collection Method	Frequency	Responsibility
% of observed pregnant women and their guardians at targeted health facilities who practice HWWS at critical times		Project records	Direct observation (sunrise to 14 hours) at 3 critical times: 1) Before preparing food; 2) Before eating; 3) After using toilet.	Baseline (BL), annually & End of Project (EOP)	InPATH M&E Officers
Process indicator(s):					
1.1	# of artworks available in HF guardian shelters promoting HWWS	Project records	Observation	Quarterly	InPATH M&E Officers

2 HWWS at critical times (before and after conducting vaginal examination in the labour room, before and after examining the baby in the labour room and post-natal ward) for Skill Birth Attendants (SBAs).					
Indicator		Data source	Data collection Method	Frequency	Responsibility.
% of observed SBAs at targeted health facilities who practice HWWS at critical times (ITO 1100 PMF indicator)		Project records	Direct observation at 2 critical times: 1) Before & after any vaginal examination in labour ward; 2) Before & after any examination of a newborn in postnatal ward.	BL, annually & EOP	InPATH M&E Officers
Process indicator(s):					
2.1	Quantity of soap used at new sink soap dispensers in HF labour & PNC rooms	Graduated soap dispensers (piloted)	Observation, measurement checklist.	Weekly	HF AEHO (to InPATH M&E Officers)
2.2.	# of artwork/posters in key locations at HFs which address HWWS by SBAs	Project records	Observation (checklist TBD)	Quarterly	InPATH M&E Officers
2.3	# of SBAs who reported listening to at least one HWWS radio drama broadcast over past month (TBC)	SAP reports	TBC	BL, annually & EOP	TBC

3 Consistent latrine use by pregnant women and their guardians at the HFs.					
Indicator		Data source	Data collection Method	Frequency	Responsibility
% pregnant women & guardians at HFs who correctly and consistently use the latrine.		Project record	Direct observation from sunrise to sunset (random sample of HFs per District); simultaneous with Indicator 1 data collection.	BL, annually & EOP	InPATH M&E Officers
Process indicator:					
3.1	# of painted latrines at HFs per District	Project records	Observation	Quarterly	InPATH M&E Officers

4 Promotion of exclusive breastfeeding (EBF) among mothers with children under the age of 6 months.					
Indicator		Data source	Data collection Method	Frequency	Responsibility.
% of mothers of infants 0-5 months who report EBF in the last 24 hours prior to the survey.		HH at community level	HH survey*	BL, annually & EOP	Outsourced; or linked to Plan's annual HH contacts (TBC)
Process indicator:					
4.1	# of artwork available in HF in PNC room and U5 shelter promoting exclusive breastfeeding	Project records	Observation	Quarterly	InPATH M&E Officers

5 Promotion of use oral rehydration salt (ORS) and Zinc for treatment of diarrhoea among mothers of U5 children.					
Indicator		Data source	Data collection Method	Frequency	Responsibility
% of mothers of children U5 who report using ORS for treatment of diarrhoea in their children U5		Project records	HH survey*	BL, annually & EOP.	Outsourced; or linked to Plan's annual HH contacts (TBC)
Process indicator:					
5.1	# of ORS and Zinc related SABC activities implemented vs planned at community level (under PMF indicator for 1125)	SAP reports	Review of SAP reports	Monthly	InPATH M&E Officers

Note: *HH survey to include questions on SABC Behaviours 4 & 5:

- (i) Top 3 barriers to EBF;
- (ii) Frequency of HSA visits over past month;
- (iii) Whether or not HSAs spoke about EBF over the past month;
- (iv) Whether or not mother reports having ever used ORS and zinc to treat diarrhoea for any child U5; if so, when
- (v) Whether or not mother reports confidence to use ORS and zinc to treat diarrhoea for any child U5 in future.

Cross-cutting SABC Process Indicator:					
Indicator		Data source	Data collection Method	Frequency	Responsibility
a	# of pregnant women at HFs participating in SABC activities (sculpture, drawing or dialogue)	SAP/SAG HF activity records	Review of SAP/SAG HF records	Quarterly	InPATH M&E Officers

Annex A: SABC Strategy Guiding Principles

The following principles will guide the SABC Strategy and also serve as the main tenets upon which it rests. They are drawn from and are aligned with the principles outlined in Malawi's National Health Communication Strategy (2015-2020), the National Community Health Strategy (2017-2022), Health Promotion Policy (2014), and Health Sector Strategic Plan II (2017-2022).

a) Change as a process

The MOHP and its partner expects accomplishing positive levels of change as an on-going process of working with specific audiences to ensure that their level of knowledge and awareness, skills and self-confidence, as well as living in an enabling environment are points of focus consistently addressed during the implementation of this strategy: "since the programmatic success depends on people changing their behaviours or adopting new practices (in the case of a service provider), we need to learn how to develop effective behaviour change (BC) strategies¹⁸."

b) Working with evidence

The whole formative process and efforts of collecting priority audiences' perceptions on the twelve determinants of health is required when using the *Design for Behaviour Change (DBC)* Framework strategic approach (Core Group, 2017). The collected evidence, i.e. psychological and psychosocial factors acting as 'barriers' or 'enablers' to the practice of the Project targeted behaviours, is used as content for SAP to design and develop SABC activities, and therefore allow audiences to progress in achieving the suggested change.

c) Effective collaboration, coordination and partnership

InPATH Project works with every relevant stakeholder, both at National and District levels to implement the SABC component of the WASH and MNCH project. These include the Ministry of Health and Population (MoHP), the Ministry of Agriculture, Irrigation and Water Development (MoAIWD), and the Ministry of Gender, Children, Disability and Social Welfare (MoGDWCA), District Councils, InPATH consortium members (Cowater International, Plan Canada, Society of Obstetricians of Canada), donors (Global Affairs Canada, One Drop Foundation, JCM Solar), SAPs, and SAGs.

d) Gender responsive

Many gender related norms, expectations and beliefs serve as barriers to both women and men accessing services, practicing behaviours and achieving wellness. To ensure sustainable project benefits, men, women, boys' and girls' practical behavioural change needs and strategic interests will be considered in the design of SABC interventions. The design of SABC interventions also looked at the gender influencers in order to ensure that all the barriers are tackled.

e) Community Participation

The whole SABC approach is designed around activating and engaging BC audiences to become decision makers of that change: "One Drop encourages participation of the community at every level, so that they go beyond being just spectators of a 'performance' to [becoming] creative artist themselves – envisioning and realizing personal change in real time. The content of the activities merges different core tenets such as learning processes, imitation through role-modeling, as well as

¹⁸ Core Group, *Design for Behaviour Change Curriculum*, 2017.

stimulates peer and interpersonal communication about core messages so as to influence behaviour change (Singhal & Rogers, 1999)¹⁹.”

Communities will be engaged at each level to participate in forms of debate, planning, implementation, in order to discuss what is happening in their communities regarding specific practices and how they can work together to achieve better health.

¹⁹ One Drop, *ABC for Sustainability, A guide book for partners, Appendix 1 – Theory of Change*, 2016.

Annex B: Underlying Theories and Models

B.1) IBM WASH Framework

The Integrated Behavioural Model for Water, Sanitation, and Hygiene (IBM-WASH)²⁰ represents a synthesis of existing behavioural models, and a review of the evidence base for a number of other behavioural determinants not all covered with the DBC Framework strategic tool and the BA formative research method associated to it.

Table 1: IBM-WASH matrix

LEVELS	CONTEXTUAL FACTORS	PSYCHOSOCIAL FACTORS	TECHNOLOGY FACTORS
SOCIETAL/ STRUCTURAL	<i>Climate and geography, policy and regulations</i>	<i>Leadership/advocacy, cultural identity</i>	<i>Manufacturing, financing, and distribution of the product; current/past national policies and promotion of products</i>
COMMUNITY	<i>Access to markets, access to resources, built and physical environment, access to financing such as subsidies, revolving funds and microcredit</i>	<i>Shared values, collective efficacy, social integration and other social drivers such as status, stigma</i>	<i>Location, access, availability, individual vs collective ownership, maintenance of the product</i>
INTERPERSONAL/ HOUSEHOLD	<i>Roles and responsibilities, household structures, division of labour, available space</i>	<i>Social norms (injunctive/descriptive), aspirations, shame, nurture, competing priorities</i>	<i>Sharing of access to product, modelling/demonstration of use of product</i>
INDIVIDUAL	<i>Religion, ethnicity, wealth, age, education, gender, livelihoods/employment</i>	<i>Self-efficacy, knowledge, disgust, attitudes, perceived threat, willingness to pay, perceived benefits, perceived cost</i>	<i>Cost, value (benefits), convenience, and other strengths and weaknesses of the product</i>
HABITUAL	<i>Favorable environment for habit formation (cues), opportunity for and barriers to repetition of behavior</i>	<i>Existing WASH habits, outcomes expectations</i>	<i>Ease/effectiveness of routine use of product</i>

IBM-WASH analyses factors from three dimensions and five contexts consistent with the matrices of ecological frameworks as follows:

Contextual dimension (A-needs): The contextual dimension represents the background characteristics of the setting, individual, or environment that are often beyond the scope of influence of program activities; however, they exert significant influence on the adoption of specific products or behaviours. These include access to markets and products, access to enabling resources (such as water for handwashing or water treatment), socioeconomic and demographic characteristics, characteristics of the household, and the built and natural environment. Contextual factors explain that the context in which behaviour occurs is dynamic and changes throughout the day – children go to school, adults go to work, household members go to the market. The final level of the contextual dimension explicitly addresses these by identifying other opportunities or the lack of other opportunities to repeat and continue practicing an improved behaviour.

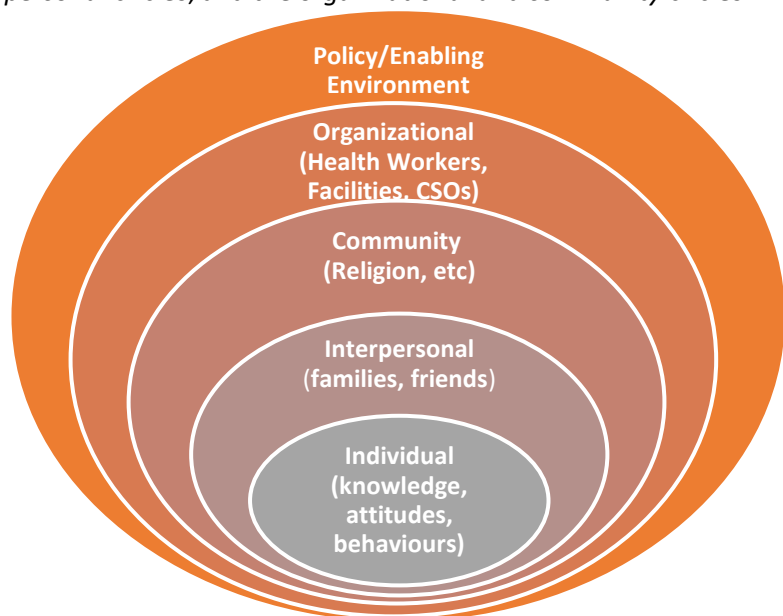
²⁰ R Dreifelbis et al. 2013. The Integrated Behavioural Model for Water, Sanitation, and Hygiene: a systematic review of behavioural models and a framework for designing and evaluating behaviour change interventions in infrastructure-restricted settings.

Psychosocial dimension (B): The psychosocial dimension of the IBM-WASH model consists of factors that are amenable to intervention activities. These are often the focus of behaviour change strategies. Psychosocial factors are described by various names in different models such as the Health Belief Model²¹, the Theory of Reasoned Action²² and Theory of Planned Behaviour, and Social Cognitive Theory²³. In operational frameworks, psychosocial factors are often referred to as “behavioural determinants”. For Figueroa and Kincaid²⁴, and as psychological factors²⁵ by Aunger R. et al. they are referred to as intermediate outcomes in the path towards behaviour change.

Technological dimension (C): This dimension looks at the availability and location of the technology in facilitating practices towards certain behaviours. For example, all WASH practices – even simple handwashing with soap – require some type of physical product or technology component, and characteristics of this hardware can often have a strong influence on behavioural outcomes. The location of the technology required to carry out behaviour may facilitate or inhibit practice. Having soap or water at a convenient location for handwashing is associated with improved handwashing practices following faecal contact. Technological dimensions asserts that availability of enabling products in handwashing, linking handwashing technology and behaviour change promotes uptake of behaviours. Physical characteristics of the handwashing station, including tap design, soap presentation, and container parameters, influences acceptability and use. Again, ease of use can influence technology preference and behaviour change.

B.2) Socio-Ecological Model (SEM)

The SABC Strategy refers to the Social Ecological Model (SEM) when addressing *social norms* barriers in regard to who is being perceived as ‘approving’ and ‘disapproving’ of performing a behaviour (see diagram below). Throughout its implementation, the strategy will focus more on dynamics in reference to the *individual* and *interpersonal* circles, and the *organizational* and *community* circles. In this sense, the role of the strategy is to provide opportunities for priority audiences, i.e. mothers of U5, mother of 0-6 months newborns, and SBA, to engage with their closes internal (*interpersonal*) circles and tryout their skills during activities designed around discussions and learnings so that emotions from all parties involved are mutually expressed and shared. The expectations is to increase empathy of closes family members and friends,



²¹ Carpenter CJ: A meta-analysis of the effectiveness of health belief model variables in predicting bahe. Health Commun 2010, 25(8):661–669. 30. Janz NK, Becker MH: The Health Belief Model: a decade later. Health Educ Q 1984, 11(1):1–47

²² Ajzen I: The theory of planned behaviour. Organ Behav Hum Decis Process 1991, 50:179–211.

²³ Bandura A: Human agency in social cognitive theory. Am Psychol 1989, 44(9):1175–1184

²⁴ Maria Elena Figueroa D. Lawrence Kincaid Manju Rani Gary Lewis 2002. Communication for Social Change: An Integrated Model for Measuring the Process and Its Outcomes

²⁵ Aunger R. et al. 2009. Planned, motivated and habitual hygiene behaviour: An eleven country review.

consequently working in favour of improving those main audiences' self-confidence to perform the targeted behaviours.

Secondly, the strategy works with influencing audiences, i.e. HSA and neighbours, from a community and institutional standpoint (external circles), to inspire them celebrating priority audience members increased confidence and improved self-esteem and committing to the suggested change.

B.3) Social Art in relation to other BC approaches

The MOHP and InPATH Project positions social art as the main approach for delivering behaviour change activities using specialised art with identified SAP and SAG. However, SABC will also work in complementarity with other approaches to ensure complementarity comprehensive approaches. InPATH Project recognise that the Ministry of Health and Population and other partners who also work in behaviour change employ other approaches such as edutainment, social marketing, information, education and communication (IEC) and communication for development (C4D) among other. This approach places social art at the heart of it all but linked to all the approaches above as illustrated in the figure below.



In addition to the above approaches, SABC will also work and build on the principles of the following approaches:

i. **Advocacy**

Advocacy will help create an environment conducive to behavioural adoption and maintenance of positive practices. In all cases advocacy is usually done to strengthen policy, systems, and mobilize resources through the engagement of social and political leadership, and donors and commitment policymakers. Advocacy will also target decision makers as well as traditional leadership that educate and motivate community members to take behaviour change action. This will be achieved through various channels e.g. meetings, local celebrities, news coverage, locally drafted official memoranda of understanding (MOUs).

ii. **Interpersonal Communication (IPC)**

This approach (also known as person-to-person or group discussion) will be very effective in addressing individual needs and allowing people to express their ideas directly. This approach will enable people to exchange information, feelings, and meanings through verbal and non-verbal messages leading to development and implementation of personal or group plans promoting positive health behaviour. Some of the IPC methods will include such as door-to-door visits and discussion

groups (forums). This approach will help in influencing change in priority groups with low levels of literacy.

iii. Community and Social Mobilization

Community mobilisation involves bringing together community members and other stakeholders to strengthen community participation for sustainability and self-reliance. Social mobilization generates dialogue, negotiation and consensus among a range of players. In the strategy, it will help to increase participation and ownership among community members by engaging social groups like women of U5 children, SBAs, their influencers, as well as community resource persons in social art activities including participating in community meetings and dialogues. Community mobilization will address entrenched belief systems and community norms that are barriers to uptake of different behaviours as well as reinforce and normalize positive individual and community actions.

iv. Social Marketing

There are many definitions of Social Marketing. Some define it as the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research. Some define it as the systematic application of marketing concepts and techniques to achieve specific behavioural goals relevant to a social good. Marketing techniques (audience research, product analysis, message design, distribution, "advertising", evaluation and feedback) will be applied to our interventions by taking into account the interests, values and goals of the priority groups, and making the consumer's needs a priority.

v. Edutainment

Edutainment is a mixture of entertainment and education or marriage of education with entertainment. It has persuasive effects as well as psychological mechanisms by which it can influence beliefs, attitudes, behavioural intentions as well as actual behaviours themselves. In the strategy it will be applied in order to teach priority groups how they should use their own knowledge, analyze things that they learn, evaluate their beliefs and perceptions in order to effect change in their communities. Some of the edutainment channels to be utilized will include Theatre for Development, road shows, poem recital and songs.

vi. Information, Education and Communication (IEC)

IEC means sharing information and ideas in a way that is culturally sensitive and acceptable to the community, using appropriate approaches, channels and messages. It is a very important tool for creation of supporting environments and strengthening community action, in addition to playing a very important role in changing behaviour.

vii. Communication for Development (C4D)

It is a systematic, planned, and evidence-based approach to promote positive and measurable behavioural and social change. It is both a strategy and an approach to engage communities and decision-makers at local, national, and regional (and global) levels, in dialogue toward promoting, developing, and implementing policies and programmes that enhance the quality of life for all. This strategy will ensure that it will use communication processes that are central to broader empowerment practices through which the priority groups will be able to arrive at their own understanding of WASH and MNCH issues that are affecting them, to consider and discuss ideas, to negotiate, and to engage in behaviour change interventions in order to address the issues identified using various tools.

Annex C: WASH, MNCH and the 5 targeted behaviours – current situation in Malawi

In Malawi, hygiene related infections contribute to mortality and morbidity affecting pregnant women and children under the age of five. Pneumonia, being underweight and diarrhoea diseases are the top three causes of infant deaths in the country²⁶. According to the Malawi Demographics and Health Survey (MDHS 2015-16) diarrhoea was most common among children 6-11 months (41%), when complementary foods and other liquids are introduced²⁷. Table 2 below provides a selection of household level WASH indicators for Malawi.

Table 1: Selected WASH Indicators at Household Levels

Indicator	Description	Value
Use of improved drinking water sources	Percentage of household members using improved sources of drinking water	86.2
Use of improved sanitation	Percentage of household members using improved sanitation facilities which are not shared	51.8
Safe disposal of child's feces	Percentage of children age 0-2 years whose last stools were disposed of safely	88.2
Place for handwashing	Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present	4.2
Availability of soap or other cleansing agent	Percentage of households with soap or other cleansing agent.	56.2

Sources: MICS 2015, MDHS 2015-2016

In health facilities, poor infrastructure in delivery rooms, postnatal wards, waste management areas and lack of handwashing facilities for all staff including skilled birth attendants (SBAs) contribute to the spread of health care associated infections (HAI)²⁸. Most maternal deaths in Malawi are still attributed to direct obstetric causes including sepsis, haemorrhage, complications of abortion and hypertensive disorders²⁹. Inadequate infection prevention control practices including hand washing with soap (HWWs) by SBAs are among contributing factors.

The current situation associated with each of the five behaviours addressed by the SABC Strategy summarised as:

(i) Handwashing with soap at the five critical times by mothers of under 5 (U5) children.

Interventions which promote handwashing with soap in communities with high child mortality consistently report a reduction in childhood diarrhoeal diseases³⁰. Appropriate WASH interventions typically “promote both a technology (hardware) and regular use of the technology in the correct way

²⁶ WHO (2018) http://www.who.afro.who.int/profiles_information/index.php/Malawi:Analytical_summary_-_Health_Status_and_Trends

²⁷ MDHS (2015-16). P.9

²⁸ WHO (2019) https://www.who.int/gpsc/tools/faqs/evidence_hand_hygiene/en/

²⁹ Mgawadere F et al. (2016) Assigning cause of maternal death. BJOG 2016;123(10)

³⁰ Iyer P et al. (2005). The handwashing handbook. A guide for developing a hygiene promotion program to increase handwashing with soap. Washington (D.C.): World Bank, 2005.

(key behaviours)". Handwashing with soap (HWWS)³¹ is a single significant practice that prevents infections and cross-infections among households and in health facilities. However, the behaviour is not consistently practiced because of a number of reasons such as access to adequate water for handwashing, soap availability, among others.

(ii) Evidence of actual hand washing practice is scanty in Malawi especially in health facilities.

Among rural households in of Malawi, evidence suggests that the actual practice of HWWS at five key times ranges from 3% to 18%³² but this data is believed to be conservative. Current efforts to promote good hygiene and HWWS practice in particular at the five critical times³³, among mothers/caregivers of U5 children have not been sufficient to bring about mass behaviour change on the scale that is needed. Approximately 66% of households in Malawi use mobile washing places (bucket) and 24% have fixed washing places³⁴ for handwashing and handwashing with soap is observed only 15-16% of households in the Northern and Central Regions, including Chitipa and Kasungu District, respectively. This is consistent with findings in other low-income countries, as well as other parts of Malawi, where handwashing with soap is uncommon. Barriers to washing hands with soap in low-income countries include the relatively high cost of soap, risk of theft, and the time required to obtain soap.

(iii) Latrine use by pregnant women and guardians at Guardian Shelters.

Ownership of improved latrines at household level is slowly increasing in most rural areas in Malawi including Kasungu and Chitipa. This is owed to programs that promote open defecation free environments at household level as well as introduction of by-laws that force people to own and use latrines in the two districts. According to the 2010 MDHS report, Malawi had a relatively low rate of open defecation in rural districts with approximately 11% of households practicing open defecation. In 2016, MDHS reported 53% use of improved latrines in rural households in Malawi³⁵. On the other hand, in most of Malawi's rural health facilities, improved latrines are available, but insufficient partly due to the large client-latrines ratio linked to high daily client turnover. Further, as these facilities are public, there is little responsibility taken by either users or the health facility to maintain cleanliness, hence they often fall into the state of disrepair. Limited health sector funding also contributes to erratic maintenance. In addition, health facilities' latrines not meeting women's privacy, security, and hygiene needs (for example latrines without locks); and latrines not meeting women's menstrual hygiene needs, hinders latrine use by pregnant women and guardians at guardian shelters increasing the risk of diarrheal infections. The issues highlighted above especially limited privacy can, in some cases, lead to a resumption of open defecation.

(iv) Handwashing with soap by SBAs in labour & postnatal rooms.

Despite widespread awareness of the importance of hand hygiene, many health facilities in low resource countries lack access to facilities, soap, and safe water for hand washing. Implementation of labour room hygiene is often greatly impeded because of the shortage of adequate clean water supply as well as basic supplies for infection prevention and control (IPC). In Malawi, this problem has been made worse due to lack of resources as a result of poor or delayed funding government health facilities

³¹ Unicef (2009). Handwashing in Malawi: Our Hands, Our Future

³² National Handwashing Campaign 2011-2012.

³³ Luby SP et al (2011). The effect of handwashing at recommended times . . . PLoS Med 8(6): Handwashing i) before preparing food, ii) before eating, iii) before feeding a child, iv) after defecating or v) after cleaning a child's anus who had defecated.

³⁴ MDHS 2016.

³⁵ MDHS, 2015/2016.

receive. Further, the state of repair of labour room facilities, which determines ease of cleaning, is another factor affecting implementation of IPC measures which include hand hygiene practice by skilled birth attendants (SBAs).

(v) Promotion of EBF for mothers of children under six months old.

WHO recommends exclusive breastfeeding during the first 6 months of life as a key child survival intervention³⁶. Exclusive breastfeeding (EBF) is important to protect against diarrhea-specific morbidity and mortality throughout the first two years of life³⁷. Fifty-two (52%) of mothers in Malawi do not practice EBF of their infants for six months because of pre-occupation with work, 35% because of perception that they have insufficient milk, and 27% attributing their failure to breast feed due to inverted nipples³⁸.

(vi) Promotion of diarrhoea treatment using ORS and Zinc for children under five years.

Diarrhoeal diseases account for almost 1.3 million deaths a year among U5 children, making them the second most common cause of child deaths worldwide. Oral rehydration salts (ORS) and oral rehydration therapy (ORT), adopted by UNICEF and WHO in the late 1970s, have been successful in helping manage diarrhoea among children. Mothers and other caretakers should

- Improve hygiene through hand washing with soap, increase use of improved sources of drinking water and sanitation facilities.
- Prevent dehydration through the early administration of increased amounts of appropriate fluids available in the home, and ORS solution and zinc, if on hand³⁹

Unfortunately, in Malawi, use of ORT for treating diarrhoea is still low. During the MDHS (2015-16) it was found that while 78% of children under five with diarrhoea received ORT, 13% received no treatment⁴⁰. This suggests that there is need to work with mothers in Malawi to change their perceptions and understanding of the benefits of ORT use in addition to practices relating to EBF.

³⁶ WHO (2013). Short-term effects of breastfeeding: a systematic review on the benefits of breastfeeding on diarrhoea and pneumonia

³⁷ Lamberti LM et al (2011). Breastfeeding and the risk of diarrhea morbidity and mortality. BMC Public Health. 2011;11(Suppl 3): S15

³⁸ MDHS (2015/16)

³⁹ UNICEF (2012). https://www.unicef.org/health/index_43834.html

⁴⁰ MDHS (2015/16)

Annex D: SABC Strategy 2019/20 Training of Social Art Groups (SAGs)

Trainings of SAGs will be conducted at the start of the behaviour change campaign from July to August 2019 so that trained SAG can join SAP's performing efforts later on during the campaign. Table 4 below provides an outline as to who will be trained, where and on what.

Table D1. SAG Training July 2019 – Mar 2020 (InPATH Yr 3)

Training description	Facilitators	Trainees	Target	Locations	Dates
SABC-T.1: as part of the "INSPIRE" and "ACTIVATE" activity entitled "ROAD SHOWS", SAG (either local bands or individual musicians) are trained (more of a "coaching" approach rather than a 'technical training') on music composition & song writing referring to issues affecting local communities and their members in order to increase: - Their self-confidence representing their communities during public events (message coverage). - Their capacities to write material (songs) that are in touch with their communities' values.	SKEFFA	TBD	TBD	TBD	<ul style="list-style-type: none"> ▪ Chitipa: 1st, 2nd and 3rd week of July. ▪ Kasungu: 2nd, 3rd and 4th week of August. ▪ Salima: last two weeks of September and 1st week of October.
SABC-T.2: SAG based around HF within each of the Project three districts are trained on Theater for Change (TFD) approach, Comedy and Role playing in order to increase their capacities to: - Perform TFD using evidence-based content. - Engage primary & secondary audiences when conducting TFD.	Cheneko Arts	TBD	TBD	TBD	<ul style="list-style-type: none"> ▪ Chitipa: 1st, 2nd and 3rd week of July. ▪ Kasungu: 1st, 2nd and 3rd week of August. ▪ Salima: 4th week of August and first two weeks of September.

Annex E: Costed SABC Strategic Interventions

Legend:

Activities that the district can take over after the project ends, which will require little or no financial investment	Activities that the district can take over after the project end, which will require moderate financial investment	Activities that the district can take over after the project ends, which will require considerable financial investment
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Strategic Area	Description of specific activities	Cost (MK)	Coverage	Responsible SAP
Handwashing with soap by pregnant women, guardians at the guardian shelter and mothers of under five children	Conduct an orientation of SAGs on street play and the 'powdered colour game'	12,487,500.00	Chitipa, Kasungu and Salima	Chindime and Stars Theatre
	Incorporate PEP Talk in the HF theatre training to address handwashing with soap behaviours for mothers of under-five children, pregnant women and guardians	7,920,000.00	Chitipa, Kasungu and Salima	Chindime and Stars Theatre
	Production of a video documentary mixed with visual arts / murals / mosaics linking with the characters of the stories about HWS	6,280,000	Chitipa, Kasungu and Salima	Story Workshop Education Trust
Handwashing with soap by SBAs in the labour room and postnatal ward.	Conduct wall mural drawing sessions in labor and post-natal wards.	25,773,000.00	Chitipa, Kasungu and Salima	Chilemba Communication Consultants
	Conduct mural sessions with individual SBAs on handwashing with soap in health facilities	10,888,000.00	Chitipa, Kasungu and Salima	Chilemba Communication Consultants
	Production of a video documentary mixed with visual arts / murals / mosaics linking with the characters of the stories about HWS	6,280,000	Chitipa, Kasungu and Salima	Story Workshop Education Trust
	Showcase cinema about the good mistakes and other lifesaving experience and testimonies by experienced SBAs in the health facilities	12,481,000	Chitipa, Kasungu and Salima	Story Workshop Education Trust
Latrine use by pregnant women, guardians at the guardian shelter and mothers of under five children	Hold collective arts through drone mapping and illustrate latrine distribution among mothers for action	13,782,000.00	Chitipa, Kasungu and Salima	Zaluso Arts
	Train Mothers through art on "the best way to hold a care for latrines to ensure continued usage	7,585,000.00	Chitipa, Kasungu and Salima	Zaluso Arts

Strategic Area	Description of specific activities	Cost (MK)	Coverage	Responsible SAP
	Train local visual artists in professional art in all the three districts.	11,013,000.00	Chitipa, Kasungu and Salima	Zaluso Arts
Promotion of Exclusive Breastfeeding by mothers of children under six months old	Conduct 'Pep/talk' (or comedy) together with local artists on EBF (where the artist becomes the protagonist 'husbands that all men what/need to become').	13,297,500.00	Chitipa, Kasungu	Chindime and Stars Theatre
	Conduct the pottery sessions to link the prior budgeting for EBF (with the husbands).	28,706,000.00	Chitipa, Kasungu	Twice Alive Investment
	Conduct pottery sessions from with mothers of U-6 months using soft and sandy clay. (The touching of healthy baby after EBF).		Chitipa, Kasungu	Twice Alive Investment
	Train Mothers through art on "the best way to hold a baby" with EBF mothers, and teach and train local drawing artists to 'revamp' all visual symbolic representations of mothers throughout health facilities, and service areas within the three districts	18,990,000.00	Chitipa, Kasungu	Twice Alive Investment
Treatment of diarrhoea among under five children using ORS and Zinc	Produce songs based on the values expressed from all most in all 5 behaviours and conduct promotion for the same through community shows	21,492,000.00	Chitipa, Kasungu, Salima	Skeffa Chimoto and Real Sounds
	Record and air radio dramas using the influencing groups as main protagonists	16,208,000	Chitipa, Kasungu and Salima	Story Workshop Education Trust
Cross-cutting	Train all theatre groups in the 37 public health facilities to capacitate them in participatory theatre where they can handle activities for all the five behaviors and objectives.	101,027,400.00	Chitipa, Kasungu and Salima	Cheneko Arts
	Conduct a technical training for SAG to compose music and writing lyrics so that they can relay working with IG to document and reflect how PG related to the notion of risk.	21,492,000.00	Chitipa, Kasungu and Salima	Skeffa Chimoto and Real Sounds

Strategic Area	Description of specific activities	Cost (MK)	Coverage	Responsible SAP
	Produce songs based on the values expressed from all most in all 5 behaviours and conduct promotion for the same through community shows	38,444,000.00	Chitipa, Kasungu and Salima	Skeffa Chimoto and Real Sounds
	Record and air radio dramas using the influencing groups as main protagonists	16,208,000	Chitipa, Kasungu and Salima	Story Workshop Education Trust