



# SOCIAL ART FOR BEHAVIOUR CHANGE™

SABC Implementation Guidelines for  
Ministry of Health, Government of Malawi

Lessons Learned & Recommendations on the MoH SABC Strategy - InPATH Project (2016-2021)



# WHO IS THIS GUIDE FOR?

These guidelines were designed as a tool for:

1. The Ministry of Health – Health Education Section (HES) to continue to implement the behaviour change strategy and tools of Social Art for Behaviour Change™ (SABC), for improved delivery and utilization of health services for mothers, pregnant women, newborns and children under 5.
2. Stakeholders, interested in adopting the SABC strategy and tools to their work, and/or in collaboration with the Ministry of Health.
3. Art practitioners interested in working with local and national governments to co-design Social Art for Behaviour Change programs and projects.



## WHAT IS SOCIAL ART FOR BEHAVIOUR CHANGE™ (SABC)?

- Social Art for Behaviour Change™ is a participatory and creative process undertaken in collaboration with individuals, groups and communities, to bring about a positive transformation.
- With art, language is no longer a barrier. Art is the exploration of multiple languages to transfer knowledge, create memories, to question and to propose innovative solutions.
- In the SABC approach, Social Art meets behavioural science to inspire, activate and sustain healthy behaviours.

To learn more about the SABC approach, visit the WASH Systems Academy for a free online course: *Social Art for Behaviour Change™; The Basics*. Designed for those interested in different approaches to WASH and behaviour change, such as government officials, local authorities, WASH and social art practitioners, and other like minded agencies. [www.ircwash.org/news/social-art-behaviour-change-basics](http://www.ircwash.org/news/social-art-behaviour-change-basics)

A certificate is available upon completion of the course.

# ACRONYMS

<b>DBC:</b>	Design for Behaviour Change Framework
<b>DHMT:</b>	District Health Management Team
<b>DHPO:</b>	District Health Promotion Officer
<b>DHO:</b>	District Health Office
<b>DHSS:</b>	District Health Systems Strengthening
<b>EBF:</b>	Exclusive Breastfeeding
<b>FDG:</b>	Focus Group Discussion
<b>HES:</b>	Health Education Section
<b>HEU:</b>	Health Education Unit
<b>HSA:</b>	Health Surveillance Assistant
<b>HWWS:</b>	Handwashing with Soap
<b>IG:</b>	Influencing Group
<b>InPATH:</b>	Integrated Pathways for Improving Maternal, Newborn and Child Health
<b>MNCH:</b>	Maternal, Newborn and Child Health
<b>MoH:</b>	Ministry of Health
<b>SABC:</b>	Social Art for Behaviour Change™
<b>OD:</b>	One Drop Foundation™
<b>ORS:</b>	Oral Re-hydration Solution
<b>PG:</b>	Priority Group
<b>PW&amp;Gs:</b>	Pregnant Women and Guardians
<b>SAP:</b>	Social Art Partners (Professional Artist or Group)
<b>SAG:</b>	Social Art Groups (Local or Traditional Art Group)
<b>SBA:</b>	Skilled Birth Attendant
<b>U5:</b>	Under Five (years of age)
<b>WASH:</b>	Water, Sanitation and Hygiene

# ACKNOWLEDGEMENTS

Cowater International and the One Drop Foundation, on behalf of the InPATH project partners, wish to thank Global Affairs Canada, the Government of Malawi's Ministry of Health - Health Education Section, the District Health Promotion Officers, the Health Facility Managers and Health Surveillance Assistants, all Social Art Partners and Social Art Groups, without whom this work would not have been possible.

All documents, including this one, can be accessed on the One Drop Foundation's website at: [www.onedrop.org/en/projects/malawi](http://www.onedrop.org/en/projects/malawi)

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# INTRODUCTION

The 2016-21 Integrated Pathways for Improving Maternal, Newborn and Child Health (InPATH) project in Malawi, funded by Global Affairs Canada<sup>1</sup> (GAC), the One Drop Foundation<sup>2</sup> (OD) and JCM Solar Capital<sup>3</sup>, and implemented by Cowater International<sup>4</sup>, the lead firm, of a consortium with Plan International Canada<sup>5</sup>, the Society of Obstetricians and Gynecologists of Canada<sup>6</sup> aimed at two overall outcomes in line with the Government of Malawi's national health and water development strategic objectives:

## OBJECTIVE 1

**Improved delivery of gender-responsive essential health services including sexual and reproductive health and rights (SRHR) to mothers, pregnant women, newborns & children under 5; and**

## OBJECTIVE 2

**Improved utilization of gender-responsive essential health services by mothers, pregnant women, newborns and children under 5.**

With the technical assistance from the One Drop Foundation, the Social Art for Behaviour Change™ (SABC) approach was integrated into the overall project to support achievement of Objective 1, as noted above.

The following guide details the implementation processes, lessons learned and best practices of the SABC activities experienced and documented by the Social Art Partners, and is intended to continue to support Malawi's Ministry of Health's, Health Education Section (HES), including its District Health Promotion Officers (DHPOs), for any future SABC programs the MoH may wish to initiate after close of InPATH in 2021.

InPATH documented the processes, lessons learned and best practices during years 3 and 4 of implementation of SABC activities by Social Art Partners<sup>4</sup> (SAPs) and Social Art Groups<sup>5</sup>(SAGs). This implementation process documentation follows the structure of the five targeted behaviours as referenced in the [Malawi Government, Ministry of Health and Population SABC Strategy \(2018 -2023\)](#).

1 Global Affairs Canada: [www.international.gc.ca/global-affairs-affaires-mondiales/home-accueil.aspx?lang=eng](http://www.international.gc.ca/global-affairs-affaires-mondiales/home-accueil.aspx?lang=eng)

2 One Drop Foundation: [www.onedrop.org/en/](http://www.onedrop.org/en/)

3 JCM Solar Capital: [jcmpower.ca](http://jcmpower.ca)

4 Cowater International: <https://www.cowater.com/en/home/>

5 Plan International Canada: <https://plancanada.ca/>

6 Society of Obstetricians and Gynecologists of Canada: <https://sogc.org/>

7 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.

8 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.



## PURPOSE

The SABC Implementation Process Guidelines are intended as a practical resource for Malawi's MoH Health Education Section (HES), and its District Health Promotion Officers (DHPOs), for any future SABC programs it may wish to extend or initiate after InPATH's close in 2021.

# WHERE DOES THIS INFORMATION COME FROM?

InPATH's Social Art for Behaviour Change™ (SABC) activities were implemented and documented in 2019 and 2020 by CoWater International in three Project-supported Districts (Chitipa, Kasungu and Salima). Based on the experiences documented by the Social Art Partners, these guidelines have been structured for ease of MoH reference when planning, implementing and monitoring SABC activities in future.

Specifically, the following process was followed:

- a) Desk review of InPATH Yr 3 & Yr 4 Social Art Partner reports for all 5 Behaviours (17.11.20);
- b) The Ministry of Health's Health Education Section (HES) proposed format for documenting SABC Interventions (E. Chamanga 28.11.20);
- c) Yr 4 Social Art Partner Review Meeting 10.12.20: i) SABC Process Documentation Forms (completed by all 3 Social Art Partners prior to meeting); ii) main discussion points.

In addition, Annexes below catalogue the following core information that may be practically used by the Ministry of Health, and other stakeholders, in planning any future SABC activity in Malawi related to one or more of the five (5) behaviours addressed by the InPATH Project from 2016-21:

- Annex I:** List of SABC products/tools developed from this work, available to replicate and scale up
- Annex II:** List of Ministry of Health Social Art for Behaviour Change (SABC) Focal Points -- HES and DHPOs that have been trained/engaged in this work
- Annex III:** List of SABC-oriented MoH HSAs per District
- Annex IV:** List of SABC-trained Social Art Partners(SAPs)
- Annex V:** Numbers of SABC-trained Social Art Groups (SAGs) per District and art form and list of SABC-trained Social Art Groups
- Annex VI:** SABC Activity Monitoring tool (for use by DHPOs)
- Annex VII:** SABC Social Art Partner Reporting tool

## BEST PRACTICES FOR IMPLEMENTATION DURING COVID-19

Please note that the majority of these activities were implemented during COVID-19. Do apply all appropriate health protocols and the following recommendations when undertaking the proposed activities. Take all precautionary measures to ensure the safety of practitioners, patients and Social Art Partners (SAPs). Because these are social activities, additional time should be allocated to planning and ensuring social distancing during activities. During the event, provide protective equipment (PPE) such as masks. No singing activities requiring mask removal should be performed. Handwashing soap should be provided by the facilities to participants in order to stop the transmission of the virus.



## THIS GUIDE SUPPORTS THE BEHAVIOUR CHANGE STRATEGIES FOR FIVE LIFE-SAVING BEHAVIOURS ACROSS THE MATERNAL HEALTH SYSTEM:



### BEHAVIOUR 1

Handwashing with soap and water (HWWS) at critical times (before preparing food, before eating and after using the latrine / toilet) for pregnant women and their guardians present at the health facilities



### BEHAVIOUR 2

Handwashing with soap and water (HWWS) at critical times (before and after conducting vaginal examination in the labour room, before and after examining the baby and mother in the labour room and post-natal ward) for Skilled Birth Attendants (SBAs)



### BEHAVIOUR 3

Consistent latrine use by pregnant women and their guardians at the health facilities



### BEHAVIOUR 4

Promotion of exclusive breastfeeding (EBF) among mothers with children under the age of 6 months



### BEHAVIOUR 5

Promotion of use of oral rehydration salt (ORS) and zinc for treatment of diarrhoea among mothers of children under five years of age

## SELECTION OF BEHAVIOURS

Selection and prioritization of these behaviours can be found in Annex C of the [Malawi Government, Ministry of Health and Population SABC Strategy \(2018 -2023\)](#).

The SABC activities were designed by taking the following into consideration: profiles of priority groups, influencing groups and determinants for all five key behaviours. These factors were then summarized in a Design for Behaviour Change Framework (DBC), which was informed by a Barrier Analysis (BA) and Diagnostic Reports. See pp.8-16 of the [Malawi Government, Ministry of Health and Population SABC Strategy \(2018 -2023\)](#) for all five DBCs. All documents can be found online at [www.onedrop.org/malawi](http://www.onedrop.org/malawi).

The key SABC project activities were implemented by InPATH and its MoH Health Education Unit partner through what the One Drop Foundation refers to as three levels to facilitate individuals progressing to different stages of change. These correspond to the stages in behaviour change:



## 1 INSPIRE

An initial launch activity geared to a greater population (community level) and focused on awareness and education around the focus WASH or MNCH themes of the intervention. Activities during this phase correspond to the “pre-contemplation” and “contemplation” stages.

## 2 ACTIVATE

Several targeted activities addressing specific determinants associated to skills, self-confidence, etc. and targeting priority group audiences first. Activities here correspond to “intention/preparation to action” and “action” stages.

## 3 SUSTAIN

Products and processes that will live on long after InPATH is completed, such as books, toolkits, murals, short films, ongoing trainings and capacity building to create community change agents versed in SABC for WASH and MNCH.

To learn more about the SABC approach, visit the WASH Systems Academy for a free online course: *Social Art for Behaviour Change™; The Basics*. Designed for those interested in approaches to WASH and behaviour change, such as government officials, local authorities, WASH and social art practitioners, and other like minded agencies.

[www.ircwash.org/news/social-art-behaviour-change-basics](http://www.ircwash.org/news/social-art-behaviour-change-basics)

A certificate is available upon completion of the course.

For any questions about Social Art for Behaviour Change. Please visit the website of the One Drop Foundation at [www.onedrop.org](http://www.onedrop.org).



## BRIEF DESCRIPTION OF IMPLEMENTED SABC ACTIVITIES ACROSS BEHAVIOURS

- a) **MUSIC COMPOSITION, VIDEO PRODUCTION & DISSEMINATION**  
 The purpose of this activity was to address determinants of all the five behaviours through the process of cocreation of song, dance and video production with the priority groups concerned.
- b) **VISUAL NUDGES, ARTISTIC MURALS IN HEALTH CARE FACILITIES**  
 Working with the priority and influencing groups through games, drawing and facilitation addressing perceptions around latrine use, handwashing with soap and exclusive breastfeeding, resulting in nudges of wall murals in health facilities using the visual artistry.
- c) **INTERACTIVE THEATER**  
 Working with priority and influencing groups as well as resource persons in addressing determinants of behaviours for HWS-U5 (See Behaviour 1), HWS-SBAs (See Behaviour 2), EBF (See Behaviour 4) and ORS +Zinc (See Behaviour 5) by providing technical training and script development with Social Art Groups, usually health facility theatre groups, to perform in health facilities and surrounding communities.



**Fig 1c.** Murals on HWWS by pregnant women and guardians. Approx. translation from Chichewa: “Remember to wash your hands with soap”. (HF laundry station; SAP CCC; Kasungu District; 2020).

## Behaviour 1

**PREGNANT WOMEN AND THEIR  
GUARDIANS AT HEALTH FACILITIES  
WASH THEIR HANDS WITH SOAP  
(HWWS) AT 3 CRITICAL TIMES:**

- **BEFORE PREPARING FOOD**
- **BEFORE EATING**
- **AFTER USING THE LATRINE/TOILET**



### Social Art Form

Song, Road Shows and Music Videos

### Social Art Partner

SKEFFA

### Location

Health Facilities and Communities

Songs were first developed through a co-creation process of workshopping with intended priority groups of the behaviour and Health Support Assistants (HSAs). They were later produced by SKEFFA in studio for wider dissemination.



## BEST PRACTICES

- Since the priority groups are transient, consider best ways to relay messages among priority groups from those discharged at health facilities and the new mothers and guardians who come to the health facility.
- Maintain and follow-up good relations with radio and TV stations; leverage good relations that the stations have with Government of Malawi where their programming can be provided at no cost.
- District Health Promotion Officers (DHPOs) maintain good working relations with Health Support Assistants (HSAs) for optimal planning at local level.
- Co-creation and orientation, before actual implementation helps the Social Art Partner in understanding the barriers and enablers to be promoting in SABC activities and provides an informed approach when working with the priority groups.



## LESSONS LEARNED

- In planning, keep potential disruptions in mind (elections, weather, lockdowns) and consider potential for local impact.
- Plan well around both (day and night) shifts at radio and TV stations.
- Radio/TV stations: manage expectations in advance regarding non-payment for airtime.



### DO

- Consider best ways to budget for expanded video dissemination at community level
- Have specific roles for female performers and singers.
- Find creative and entertaining ways of engaging with priority groups through song and dance.



### DONT

- Don't minimize the importance of addressing and managing gender dynamics during the intervention. For example, avoid women sitting on the ground and men sitting on chairs.

## KEY IMPLEMENTATION STEPS FOR MUSIC VIDEO CREATION

Check when  
Completed (X)

1. Develop terms of reference (TOR) with selected Social Art Partner (SAP) for the planned SABC activities; SAP develops video scripts which are reviewed along with the ToR.
2. SAP completes development of scripts.
3. TOR are reviewed with District Health Office (DHO) colleagues.
4. Review of scripts by the DHO colleagues and/or MoH-HES colleagues and subsequent approval.
5. SAP mobilizes for field activity by communicating with DHPOs at the Districts, who then communicate further with HSAs in the concerned facility catchment area(s).
6. SAP pays courtesy call to the DHO through the DHPOs to brief authorities about the purpose of their visit.
7. DHPO and SAP start off for the health facility and pay courtesy meeting with the Health Facility In-Charge before starting the activity; meet with the responsible HSAs.
8. SAP, DHPO, HSAs meet with priority groups (PGs) and influencing groups (IGs) depending on the behaviour being addressed for a briefing session about the purpose of the exercise with reference to the song the SAP produced.
9. DHPO, SAP and HSAs: site mapping rehearsed with priority groups/influencing groups (e.g., mothers & guardians) before producing the music videos; orient and prepare priority groups for the event, at least 2 or 3 weeks in advance for rehearsals.
10. Rehearsals undertaken: i) first rehearsal: explanation and reminding priority groups on the target behaviour; some singing & dancing; ii) 2<sup>nd</sup> rehearsal: fine tuning before actual set; iii) final rehearsal: with props and final touches on the main set.
11. On set: video director & crew take shots; give directions.
12. Studio work: rendering, editing, inserting subtitles.
13. Submit completed videos to HES for inputs and feedback.
14. Final compilation: 2<sup>nd</sup> shooting to accommodate feedback views.
15. Video dissemination: TORs to HES; if approved, communication with radio/TV stations; Facebook postings.
16. Radio/TV/District Health Management Team dissemination: TORs to HES; if approved, liaise with DHOs & DHPOs; then meet with selected radio and TV stations.



Social Art Form

Murals

Social Art Partner

Chilemba Communication Consultants (CCC)

Location

Guardian Shelters, Latrines and all other handwashing points outside of labour and postnatal wards

**Fig 1b.** Murals on HWWS by pregnant women and guardians. Approx. translation from Chichewa: “Wash your hands with soap to remove germs. Wash your hands all the time. \*Before preparing food; \*Before cooking food; \*Before eating or feeding a child food”. (SAP CCC; Kasungu District; 2020).



## BEST PRACTICES

- At all locations, there should be handwashing basins and soap accessible, in order to demonstrate the behaviour of handwashing with soap during the intervention.
- Female participants gave most suggestions; best to make more efforts to receive suggestions from men as well, thus engaging influencing groups.
- Co-creation and orientation, before actual implementation helps the SAP in understanding the barriers and enablers to be promoting in SABC activities and provides an informed approach when working with the priority groups in selected health facilities.



## LESSONS LEARNED

- Most priority group members had no prior experience nor exposure to social art. Therefore, it is recommended to plan more time to allow participants to build trust in their capacities to work together.



### DO

- MoH may consider arranging application of a series of SABC activities in one area (to maximize behaviour change)
- MoH may consider establishing a mural training session for local communities.



### DONT

- Don't forget importance of DHPOs, HSAs and the SAP all planning together from beginning
- Don't minimize the importance of engaging priority groups in conception as well as production phases.



## KEY IMPLEMENTATION STEPS FOR MURAL CREATION

Check when  
Completed (X)

1. Development of Terms Of References (TOR) for intervention.
2. Review of the TOR by DHO and HES colleagues and subsequent approval.
3. SAP mobilizes for field activity by communicating with the DHPOs at the Districts, who then communicates further with HSAs responsible for the facility.
4. SAP pays courtesy call to the DHO through the DHPOs to brief management about the purpose of the visit.
5. Courtesy call at health facility in-charge so that he/she could hand Social Art Partner over to the Senior HSA who introduced SAP to the facility for a short tour before meeting with the priority groups (PGs).
6. Meeting the PGs and introducing the reason for undertaking a focus group discussion (FGD) with the PGs.
7. Discussion and learning from Priority Groups if they understand about determinants of concerned behaviours e.g. handwashing with Soap by pregnant women and guardians- especially barriers (if it's easy or difficult, and why). Similarly with all other behaviours.
8. Social Art Partners meets with priority groups (pregnant women & guardians) at guardian shelter for group discussion; with regards to latrine murals, the discussions followed these questions:
  - Do you have access to soap and handwashing facilities?
  - Is it easy for you to handwash with soap at critical times (list the times, do not use technical term 'critical times')?
  - Can you suggest ways to help improve the handwashing facilities here in the HF?
  - If we are to draw anything there, what kinds of drawings do you think we can draw to assist you to remember to handwash with soap?
  - Will you be free to come and help draw the artwork?
9. Let Priority Group members then share what the link is between the behavioural determinants for handwashing with soap and latrine use to the health of the child they are expecting.
10. Ask priority group members to draw their suggestions; if they decline, ask them to verbally state what they're thinking.
11. Convening meeting with Priority Group for playing of connecting the dots game and engaging in discussion.
12. Selection and preparation of the mural space (to be nudge inducing).
13. Draw wall murals with Priority Groups on designated surfaces. This requires 1-4 days depending on size of the health facility.



### Social Art Form

Participatory Comedy Theatre

### Social Art Partner

CAST

### Location

Health care facilities and communities

Fig 1d. HWWS by pregnant women and guardians (Theatre; SAP CAST; Chitipa District; 2020)



## BEST PRACTICES

- Use of proper props (e.g., buckets, soap, pens, water, food, etc) that give a clear distinction between handwashing with soap and hand washing with water only, that is visible to the audience and easy to understand should be re-enforced.
- Encourage the Social Art Partners to develop their own theatre that appeals to the local environment should be re-enforced, however mentoring and coaching them during the training sessions ensures quality control.
- Building the capacity of Social Art Groups, as it motivates them further enhancing their skills and career development.
- Co-creation and orientation before actual implementation helps the SAP in understanding the barriers and enablers to be promoting in SABC activities and provides an informed approach when working with the priority groups in selected health facilities.



## LESSONS LEARNED

- Plan for the language barriers, especially in Chitipa. Social Art Partner was able to communicate with priority groups by allowing them to express themselves in a language they are comfortable with. Where necessary an interpreter was used to ensure no communication breakdown.
- Gender equal participation, was not adequately addressed in early sessions; this was corrected with almost equal numbers of women and men theatre participants.



## DO

- Demonstrate handwashing with soap to Priority Groups – it has a greater impact as opposed to miming of the behaviour.
- If possible, Priority Groups and Influencing Groups (if in small groups) could handwash their hands with soap (as an exercise) and be confirmed that they do it well, increasing their self-efficacy.
- Involve collaborators (e.g., health facility in-charge, HSAs) to enhance sustainability of the SABC activities addressing this behaviour.
- Do use locally available and inexpensive props as needed, e.g., buckets, soap, pens, water, food, etc.



## DON'T

- Don't forget to encourage the Health Centre Management Committee (HCMC)'s participation. HCMCs can be valuable as a locally available support for future SABC activities. For example, they were helpful in monitoring and encouraging latrine cleanliness by Pregnant Women and Guardians.

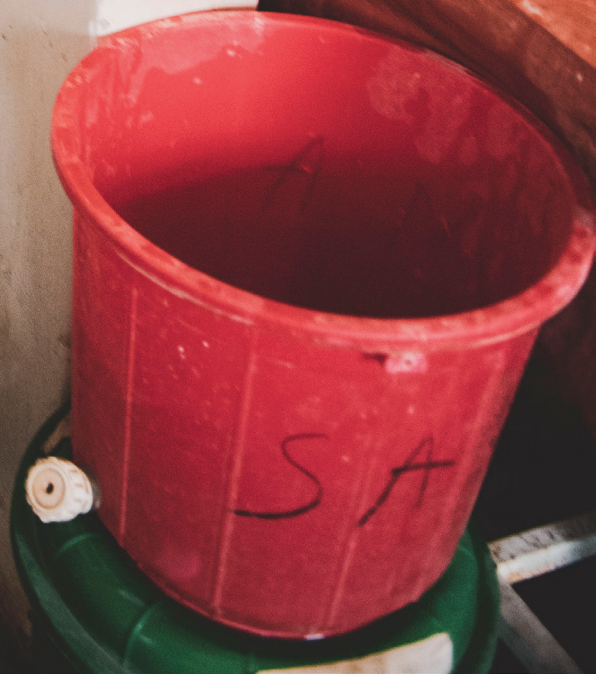
## KEY IMPLEMENTATION STEPS FOR PARTICIPATORY COMEDY THEATRE

Check when  
Completed (X)

1. Development of the training manual by the Social Art Partner (SAP) and subsequent review by District Health Promotion Officers (DHPOs) and HES.
2. Timely development of ToRs; sending of letters of notification to the District Health Systems Strengthening (DHSS) requesting that there will be an activity implementation in the target District.
3. Ensure good communication between DHPO with the HSAs and other stakeholders for the activity.
4. DHPOs and HSAs Identify available SAGs who have been trained in Interactive Theatre techniques (based on the InPATH SABC manual developed).
5. DHPO undertakes all arrangements in terms of book meeting with the targeted priority groups. The HSA under the HPO is responsible for doing the groundwork and choosing a suitable venue for the activity to best reach priority group and not disturb facility work.
6. Scheduling the activity at a suitable location that allows ease of access to and from the venue as well as provision of logistical arrangements to the priority groups.
7. Provision of training materials and any other relevant support to the SAGs.
8. Development of training materials and any other relevant support to the SAGs.
9. All SAGs rehearsed theater shows on the 5 behaviours, which they have scripts for.
10. Use of props i.e., paint, water and soap so that there is a visual display of the demonstrated behaviour (HHWS) as in the coloured game.
11. DHPOs and HSAs discuss and decide a good day for the SAP to visit a particular location in the district i.e., market days, under 5 clinics, other local functions etc. with the aim of capturing the desirable number of priority groups.

SAMBANI M'MANJA PANO  
WASH YOUR HANDS HERE  
↓  
GDI

This protocol is made possible by the generous support of  
Development (USAID) through the Organized Ne...



## Behaviour 2

### **SKILLED BIRTH ATTENDANTS (SBAS) WASH THEIR HANDS WITH SOAP AT CRITICAL TIMES:**

- **BEFORE AND AFTER CONDUCTING  
VAGINAL EXAMINATION IN  
LABOUR ROOM**
- **AFTER EXAMINING THE BABY AND  
MOTHER IN THE LABOUR ROOM  
AND POSTNATAL WARD**



**Social Art Form**  
 Song, Road Shows and Music Videos

**Social Art Partner**  
 SKEFFA

**Location**  
 Health care facilities and communities

Fig 2a. Music event on HWWS by SBAs SAP SKEFFA; Chitipa District; 2020)



## BEST PRACTICES

- Recognizing that SBAs availability is limited. Strategically prepare and plan for SBAs collaboration in order to have their full participation.
- On TV during dissemination to bring on set one SBA for thorough discussion.
- Easy to engage with female participants as they were excited to take part in video shoot.
- Co-creation and orientation before actual implementation helps the SAP in understanding the barriers and enablers to be promoting in SABC activities and provides an informed approach when working with the priority groups in selected health facilities.



## LESSONS LEARNED

- Working in shifts for SBAs has to be well planned and ensure that those who rehearsed are the same ones participating.
- Plan well around busy SBA shifts to avoid disruption of their work; sometimes scope for rehearsals is limited due to SBA workload.
- Plan to lessen the burden among the SBAs; e.g., at one HC there was only one SBA on duty and had very little time for the SABC activities.
- Be prepared to have written authorization from HES to do the music video shoot in areas other than the Labour Room with SBAs.



## DO

- Plan carefully around possibly just one SBA being busy attending to patients.
- On dissemination in the TV Stations bring on panel some beneficiaries to join discussion.

## KEY IMPLEMENTATION STEPS FOR MUSIC VIDEO CREATION

Check when  
Completed (X)

1. Develop terms of reference (TOR) with selected SAP for the planned SABC activities; SAP develops video scripts which are reviewed along with the ToR.
2. SAP completes development of scripts.
3. TOR are reviewed with District Health Office (DHO) colleagues.
4. Review of scripts by the DHO colleagues and/or MoH-HES colleagues and subsequent approval.
5. SAP mobilizes for field activity by communicating with DHPOs at the Districts, who then communicate further with HSAs in the concerned facility catchment area(s).
6. SAP pays courtesy call to the DHO through the DHPOs to brief authorities about the purpose of their visit.
7. DHPO and SAP start off for the health facility and pay courtesy meeting with the HC I/C before starting the activity; meet with the responsible HSAs.
8. SAP, DHPO, HSAs meet with priority groups (PGs) and influencing groups (IGs) depending on the behaviour being addressed for a briefing session about the purpose of the exercise with reference to the song the SAP produced.
9. DHPO, SAP and HSAs: site mapping rehearsed with priority groups/influencing groups (e.g., mothers & guardians) before producing the music videos; orient and prepare priority groups for the event. . . at least 2 or 3 weeks in advance for rehearsals.
10. Rehearsals undertaken: i) first rehearsal: explanation and reminding priority groups on the target behaviour; some singing & dancing; ii) 2<sup>nd</sup> rehearsal: fine tuning before actual set; iii) final rehearsal: with props and final touches on the main set.
11. On set: video director & crew take shots; give directions.
12. Studio work: rendering, editing, inserting subtitles.
13. Submit completed videos to HES for inputs and feedback.
14. Final compilation: 2<sup>nd</sup> shooting to accommodate feedback views.
15. Video dissemination: TORs to HES; if approved, communication with radio/TV stations; Facebook postings.
16. Radio/TV/DHMT dissemination: TORs to HES; if approved, liaise with DHOs & DHPOs; then meet with selected radio and TV stations.



### Social Art Form

Murals

### Social Art Partner

Chilemba Communication Consultants (CCC)

### Location

Guardian Shelters, Latrines and all other handwashing points outside of labour and postnatal wards

Fig 2c. Murals on HWWS by SBAs (CCC SAP; Kalundu District; 2020)



## BEST PRACTICES

- Best if SBAs first compile their challenges and present them when SAP comes
- Depict the actual instruments used by SBAs in the drawings/murals
- HWWS and utensils provided by the HF



## LESSONS LEARNED

- Better if the SBAs have an idea of key messages prior to SAP arrival. Many seemed to go by the SAP proposals, therefore, if feasible it is recommended to arrange a preliminary meeting with SBAs.
- Use of HWWS physical reminders was better for SBAs as they are very busy; SBAs are usually happy with the murals.



## DO

- DHPOs, SBA(s) and SAP plan together.





## KEY IMPLEMENTATION STEPS FOR MURAL CREATION

Check when Completed (X)

- |   |                          |  |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | 1. DHPO and SAP – courtesy call with Health Facility In-Charge to meet Skilled Birth Attendant(s) (SBAs) and explain intentions for Focus Group Discussions.     |
| 2 | <input type="checkbox"/> | 2. Focus Group Discussions in the Labour Room: usually occurs on the 2 <sup>nd</sup> or 3 <sup>rd</sup> day that the SAP is at the HF.                           |
| 3 | <input type="checkbox"/> | 3. Ask SBAs to share what they know about critical times for handwashing with soap; if easy, what makes it easy, if difficult, what makes it difficult, and why. |
| 4 | <input type="checkbox"/> | 4. Ask SBAs if they (already) have reminders of anything (related to HWWS) in their workplace, and if so, what are they supposed to action.                      |
| 5 | <input type="checkbox"/> | 5. Develop drawings to be drawn by SBAs.   |
| 6 | <input type="checkbox"/> | 6. The murals are first drawn/outlined by the SBAs on designated surfaces; and then finalized by the SAP; this takes 1-3 days depending on the size of the HF.   |



Behaviour 3

**CONSISTENT LATRINE USE BY  
PREGNANT WOMEN AND THEIR  
GUARDIANS AT THE HEALTH  
FACILITY.**



**Social Art Form**  
Song, Road Shows and Music Videos

**Social Art Partner**  
SKEFFA

**Location**  
Health care facilities and communities



## BEST PRACTICES

- Participation: participants were excited and eager and ready to participate in the event.
- Male participation should be encouraged; MoH HES may need to develop a strategy for this.
- Co-creation and orientation before actual implementation helps the SAP in understanding the barriers and enablers to be promoting in an SABC activities and provides an informed approach when working with the priority groups in selected health facilities.



## LESSONS LEARNED

- DHPO proper planning with communities and HSAs is paramount.
- Gender imbalance due to few male participants. Recommend that HSAs strive to ensure men are invited to participate in the activities as well.
- Ensure enough time for rehearsals, gaining full participation of participants.



## DO

- HSAs should continue community visits to ensure the toilets are in good condition and that people who have toilets are taking good care of them.

## KEY IMPLEMENTATION STEPS FOR COMMUNITY SHOWS AND MUSIC VIDEO CREATION

Check when  
Completed (X)

1. Develop terms of reference (TOR) with selected SAP for the planned SABC activities; SAP develops video scripts which are reviewed along with the ToR.
2. SAP completes development of scripts.
3. TOR are reviewed with District Health Office (DHO) colleagues.
4. Review of scripts by the DHO colleagues and/or MoH-HES colleagues and subsequent approval.
5. SAP mobilizes for field activity by communicating with DHPOs at the Districts, who then communicate further with HSAs in the concerned facility catchment area(s).
6. SAP pays courtesy call to the DHO through the DHPOs to brief authorities about the purpose of their visit.
7. DHPO and SAP start off for the health facility and pay courtesy meeting with the HC I/C before starting the activity; meet with the responsible HSAs.
8. SAP, DHPO, HSAs meet with priority groups (PGs) and influencing groups (IGs) depending on the behaviour being addressed for a briefing session about the purpose of the exercise with reference to the song the SAP produced.
9. DHPO, SAP and HSAs: site mapping rehearsed with priority groups/influencing groups (e.g., mothers & guardians) before producing the music videos; orient and prepare priority groups for the event. . . at least 2 or 3 weeks in advance for rehearsals.
10. Rehearsals undertaken: i) first rehearsal: explanation and reminding priority groups on the target behaviour; some singing & dancing; ii) 2<sup>nd</sup> rehearsal: fine tuning before actual set; iii) final rehearsal: with props and final touches on the main set.
11. On set: video director & crew take shots; give directions.
12. Studio work: rendering, editing, inserting subtitles.
13. Submit completed videos to HES for inputs and feedback.
14. Final compilation: 2<sup>nd</sup> shooting to accommodate feedback views.
15. Video dissemination: TORs to HES; if approved, communication with radio/TV stations; Facebook postings.
16. Radio/TV/DHMT dissemination: TORs to HES; if approved, liaise with DHOs & DHPOs; then meet with selected radio and TV stations.



### Social Art Form

Murals

### Social Art Partner

Chilemba Communication Consultants (CCC)

### Location

At all latrines and toilets



## BEST PRACTICES

- Women should not be confined to what the SAP does. By encouraging other artistic talents e.g., music, pottery, poetry, weaving with the SAP's drawing we can engage the PGs more.
- Co-creation and orientation before actual implementation helps the SAP in understanding the barriers and enablers to be promoting in an SABC activities and provides an informed approach when working with the priority groups.



## LESSONS LEARNED

- Best to coordinate with construction and paint murals prior to latrines open for use.
- Best to include some role playing and icebreakers to better engage PGs and have fun!



### DO

- Social distancing, no singing, masks, hand washing with soap, and utensils provided by the facility for Covid-19 prevention.

## KEY IMPLEMENTATION STEPS FOR MURAL CREATION

Check when  
Completed (X)

1. Development of TORs for intervention.
2. Review of the TOR by DHO and HES colleagues and subsequent approval.
3. SAP mobilizes for field activity by communicating with the DHPOs at the Districts, who then communicates further with HSAs responsible for the facility.
4. SAP pays courtesy call to the DHO through the DHPOs to brief management about the purpose of the visit.
5. Courtesy call at HF in-charge so that he/she could hand SAP over to the Sr HSA who introduced SAP to the facility for a short tour before meeting with the priority groups (PGs).
6. Meeting the PGs and introducing the reason for undertaking a focus group discussion (FGD) with the PGs.
7. Discussion and learning from PGs if they understand about determinants of concerned behaviours e.g. handwashing with soap by pregnant women and guardians especially barriers (if it's easy or difficult, and why). Similarly with all other behaviours.
8. SAP meets with priority groups (pregnant women and guardians) at guardian shelter for group discussion; with regards to latrine murals, the discussions followed these questions:
  - Do you have access to a latrine here? If so, how far is it from the shelter?
  - Is it easy for you to use the latrine any time you want?
  - What is the condition of the latrine(s) you use here? Is it good or bad? If bad how do you wish it should have been?
  - Can you suggest ways to help improve the condition of the latrine?
  - If we are to draw anything there, what kinds of drawings do you think we can draw to assist you to realise your wish for a clean latrine?
  - Will you be free to come and help draw the artwork?
9. Let PGs then share what the link is between the behavioural determinants for handwashing with soap and latrine use to the child they are expecting.
10. Ask PGs to draw their suggestions; if they decline, ask them to verbally state what they're thinking.
11. Convening meeting with PG for playing of connecting the dots game and engaging in discussion.
12. Selection and preparation of the mural space (to be nudge inducing).
13. Draw wall murals with PG on designated surfaces: requires 1-4 days depending on size of HF.

# MKAKA WA M'MAWERE NDI CHAKUDYA KOMANSO CHAKUMWA CHOKWANIRA CHA MWANA

Yamwitsani mwana wanu  
mwakathithi kuti akule ndi thanzi





Behaviour 4

**MOTHERS OF CHILDREN UNDER  
THE AGE OF 6 MONTHS BREASTFEED  
THEIR BABY EXCLUSIVELY**



### Social Art Form

Song, Road Shows and Music Videos

### Social Art Partner

SKEFFA

### Location

Health Facilities and Communities

**Fig 4a.** (left) & **Fig 4b.** (right): Music event on EBF promotion. Approx. translation from Chichewa on T-shirt: “Exclusive Breast Feeding” (SKEFFA SAP; Salima District; 2020)



## BEST PRACTICES

- Good to do rehearsals for two days approx. until you are sure that the participants are ready for shooting.
- Send communication to participants in advance, so they can adequately prepare.
- Specify roles for both women and men.



## LESSONS LEARNED

- Many children, men and women excited to participate in video shoot, but only need a few for the script; large numbers of watching people asked to keep distance.
- Ensure families are oriented by the HSAs and prepared for the event including those who were not taking part; arrange rehearsals with enough time for at least a week.
- DHPOs and HSAs arrange to provide props relevant to EBF behaviour.



## DO

- Maximize good working relationship between DHPOs, HSAs and SAP.

## KEY IMPLEMENTATION STEPS FOR COMMUNITY SHOWS AND MUSIC VIDEO CREATION

Check when  
Completed (X)

1. Develop terms of reference (TOR) with selected SAP for the planned SABC activities; SAP develops video scripts which are reviewed along with the ToR.
2. SAP completes development of scripts.
3. TOR are reviewed with District Health Office (DHO) colleagues.
4. Review of scripts by the DHO colleagues and/or MoH-HES colleagues and subsequent approval.
5. SAP mobilizes for field activity by communicating with DHPOs at the Districts, who then communicate further with HSAs in the concerned facility catchment area(s).
6. SAP pays courtesy call to the DHO through the DHPOs to brief authorities about the purpose of their visit.
7. DHPO and SAP start off for the health facility and pay courtesy meeting with the HC I/C before starting the activity; meet with the responsible HSAs.
8. SAP, DHPO, HSAs meet with priority groups (PGs) and influencing groups (IGs) depending on the behaviour being addressed for a briefing session about the purpose of the exercise with reference to the song the SAP produced.
9. DHPO, SAP and HSAs: site mapping rehearsed with priority groups/influencing groups (e.g., mothers & guardians) before producing the music videos; orient and prepare priority groups for the event. . . at least 2 or 3 weeks in advance for rehearsals.
10. Rehearsals undertaken: i) first rehearsal: explanation and reminding priority groups on the target behaviour; some singing & dancing; ii) 2<sup>nd</sup> rehearsal: fine tuning before actual set; iii) final rehearsal: with props and final touches on the main set.
11. On set: video director & crew take shots; give directions.
12. Studio work: rendering, editing, inserting subtitles.
13. Submit completed videos to HES for inputs and feedback.
14. Final compilation: 2<sup>nd</sup> shooting to accommodate feedback views.
15. Video dissemination: TORs to HES; if approved, communication with radio/TV stations; Facebook postings.
16. Radio/TV/DHMT dissemination: TORs to HES; if approved, liaise with DHOs & DHPOs; then meet with selected radio and TV stations.



### Social Art Form

Murals

### Social Art Partner

Chilemba Communication Consultants (CCC)

### Location

Health facility waiting rooms and postnatal rooms



## BEST PRACTICES

- Fathers/men can influence and support their wives in practicing EBF. It is therefore recommended for them to accompany their wives to antenatal care and gain a greater understanding on the importance of EBF.
- For COVID-19 precautions: ensure hand washing with soap, and utensils are provided by the HF; apply social distancing, no singing as it requires mask removal.
- Co-creation and orientation, before actual implementation helps the SAP in understanding the barriers and enablers to be promoting in an SABC activities and provides an informed approach when working with the priority groups.



## LESSONS LEARNED

- By engaging 50-50 gender representation in the activity, we discovered that men are instrumental in the successes of EBF.



### DO

- DHPOs and HSAs must give enough information about EBF to couples to support this activity.

## KEY IMPLEMENTATION STEPS FOR MURAL CREATION

Check when  
Completed (X)

1. Development of TORs for intervention.
2. Review of the TOR by DHO and HES colleagues and subsequent approval.
3. SAP mobilizes for field activity by communicating with the DHPOs at the Districts, who then communicates further with HSAs responsible for the facility.
4. SAP pays courtesy call to the DHO through the DHPOs to brief management about the purpose of the visit.
5. Courtesy call at HF in-charge so that he/she could hand SAP over to the Sr HSA who introduced SAP to the facility for a short tour before meeting with the priority groups (PGs).
6. Meeting the PGs and introducing the reason for undertaking a focus group discussion (FGD) with the PGs.
7. Discussion and learning from PGs if they understand about determinants of concerned behaviours e.g. HWWS by PW&G especially barriers (if it's easy or difficult, and why). Similarly with all other behaviours.
8. SAP meets with priority groups (PW&Gs) at guardian shelter for group discussion; with regards to EBF murals in relation to the behavioural objectives detailed in the DBC.
9. Let PGs then share what the link is between the behavioural determinants for HWWS and latrine use to the child they are expecting.
10. Ask PGs to draw their suggestions; if they decline, ask them to verbally state what they're thinking.
11. Convening meeting with PG for playing of connecting the dots game and engaging in discussion.
12. Selection and preparation of the mural space (to be nudge inducing).
13. Draw wall murals with PG on designated surfaces: requires 1-4 days depending on size of HF.



If a child has diarrhoea provide ORS and Zinc



Behaviour 5

**MOTHERS OF CHILDREN UNDER THE AGE OF 5 YEARS USE ORAL REHYDRATION SALT (ORS) AND ZINC FOR TREATING THEIR CHILD'S DIARRHOEA.**



**Social Art Form**  
Song, Road Shows and Music Videos

**Social Art Partner**  
SKEFFA

**Location**  
Health Facilities and Communities



## BEST PRACTICES

- Demonstrate the practice of the behaviour, by using ORS and Zinc available to mothers.
- For COVID-19, distribute masks and hand sanitizers prior to the event.
- Co-creation and orientation, before actual implementation helps the SAP in understanding the barriers and enablers to be promoting in an SABC activities and provides an informed approach when working with the priority groups.



## LESSONS LEARNED

- There is a huge knowledge gap regarding Zinc, especially amongst men. Participants were found to be unaware of the use and importance of administering Zinc. HSAs should complement this intervention and follow-up with more information on Zinc.



### DO

- Apply COVID-19 precautions as needed.
- DHPOs should ensure that priority groups are aware of what both Zinc or ORS products are.



## KEY IMPLEMENTATION STEPS FOR COMMUNITY SHOWS AND MUSIC VIDEO CREATION

Check when  
Completed (X)

1. Develop terms of reference (TOR) with selected SAP for the planned SABC activities; SAP develops video scripts which are reviewed along with the ToR.
2. SAP completes development of scripts.
3. TOR are reviewed with District Health Office (DHO) colleagues.
4. Review of scripts by the DHO colleagues and/or MoH-HES colleagues and subsequent approval.
5. SAP mobilizes for field activity by communicating with DHPOs at the Districts, who then communicate further with HSAs in the concerned facility catchment area(s).
6. SAP pays courtesy call to the DHO through the DHPOs to brief authorities about the purpose of their visit.
7. DHPO and SAP start off for the health facility and pay courtesy meeting with the HC I/C before starting the activity; meet with the responsible HSAs.
8. SAP, DHPO, HSAs meet with priority groups (PGs) and influencing groups (IGs) depending on the behaviour being addressed for a briefing session about the purpose of the exercise with reference to the song the SAP produced.
9. DHPO, SAP and HSAs: site mapping rehearsed with priority groups/influencing groups (e.g., mothers & guardians) before producing the music videos; orient and prepare priority groups for the event. . . at least 2 or 3 weeks in advance for rehearsals.
10. Rehearsals undertaken: i) first rehearsal: explanation and reminding priority groups on the target behaviour; some singing & dancing; ii) 2<sup>nd</sup> rehearsal: fine tuning before actual set; iii) final rehearsal: with props and final touches on the main set.
11. On set: video director & crew take shots; give directions.
12. Studio work: rendering, editing, inserting subtitles.
13. Submit completed videos to HES for inputs and feedback.
14. Final compilation: 2<sup>nd</sup> shooting to accommodate feedback views.
15. Video dissemination: TORs to HES; if approved, communication with radio/TV stations; Facebook postings.
16. Radio/TV/DHMT dissemination: TORs to HES; if approved, liaise with DHOs & DHPOs; then meet with selected radio and TV stations.



**Social Art Form**  
Participatory Comedy Theater

**Social Art Partner**  
CAST

**Location**  
Health Facilities and Communities



## BEST PRACTICES

- Use of props that is visible to all audience and appeals to the target audience, facilitating the interpretation of the messaging of the story.



## LESSONS LEARNED

- Have an interpreter available as needed to allow the SAP/SAG to communicate with participants (especially in Chitipa).



### DO

- DHPOs and HSAs together should be actively involved from planning to implementation. Leaving them out will eventually not sustain this particular behaviour, as they may not be aware of which SAGs were trained, how many, which HFs etc. In addition, local leaders may need to be informed and it's the role of the HSAs to do so.
- DHPOs and HSAs (should) also have the data base of which SAGs were already trained, those that have the potential to diffuse the knowledge of the SABC activities related to the particular behaviour etc. As such, they are decision makers in their own right to ensure that the activity implemented is successful.



### DON'T

- Don't encourage SAG to facilitate a theater play and debate without proper training on participatory theatre.



## KEY IMPLEMENTATION STEPS FOR PARTICIPATORY COMEDY THEATRE

Check when  
Completed (X)

1. Development of the training manual by the SAP and subsequent review by DHPOs and HES.
2. Timely development of ToRs; sending of letters of notification to the DHSS requesting that there will be an activity implementation in the target District.
3. Ensure good communication between DHPO with the HSAs and other stakeholders for the activity.
4. DHPOs and HSAs Identify available SAGs who have been trained in Interactive Theatre techniques (based on the InPATH SABC manual developed).
5. DHPO undertakes all arrangements in terms of book meeting with the targeted priority groups. The HSA under the HPO is responsible for doing the groundwork and choosing a suitable venue for the activity to best reach priority group and not disturb facility work.
6. Scheduling the activity at a suitable location that allows ease of access to and from the venue as well as provision of logistical arrangements to the priority groups.
7. Provision of training materials and any other relevant support to the SAGs.
8. Development of training materials and any other relevant support to the SAGs.
9. All SAGs rehearsed theater shows on the 5 behaviours, which they have scripts for.
10. Use of props i.e., paint, water and soap so that there is a visual display of the demonstrated behaviour (HHWS) as in the coloured game.
11. DHPOs and HSAs discuss and decide a good day for the SAP to visit a particular location in the district i.e., market days, under 5 clinics, other local functions etc. with the aim of capturing the desirable number of priority groups.



# ANNEXES

This annex below catalogs the following core information that may be useful for the user of these guidelines in planning any future SABC activities, related to one or more of the five (5) behaviours addressed by the InPATH Project from 2016-21:

- Annex I:** List of SABC products/tools developed from this work, available to replicate and scale up
- Annex II:** List of MoH SABC Focal Points: HES and DHPOs that have been trained/engaged in this work
- Annex III:** List of SABC-oriented MoH HSAs per District
- Annex IV:** List of SABC-trained Social Art Partners(SAPs)
- Annex V:** List & number of SABC - trained Social Art Groups (SAGs) per District, and other possible art forms to work with
- Annex VI:** SABC Activity Monitoring tool (for use by DHPOs)
- Annex VII:** SABC SAP Reporting tool

# Annex I

## LINKS TO SOCIAL ART PRODUCTS CO-CREATED DURING THE PROJECT

This Annex contains links and a list of SABC products/tools developed as part of the InPATH project, available to replicate and scale up for wider dissemination, with appropriate credit. All products can be accessed on the One Drop Foundation's website [www.onedrop.org/en/projects/malawi](http://www.onedrop.org/en/projects/malawi).

Click on the icons below to access the resources.

Videos Accessible  
On Youtube



**Skilled Birth Attendants to wash hands with soap**



**Mothers washing hands with soap**



**Use of latrine**



**Exclusive breast feeding**



**ORS & Zinc usage**

Songs To Download  
(MP3 Format)



**Song Promoting Skilled Birth Attendants to wash hands with soap**



**Song Promoting mothers washing hands with soap**



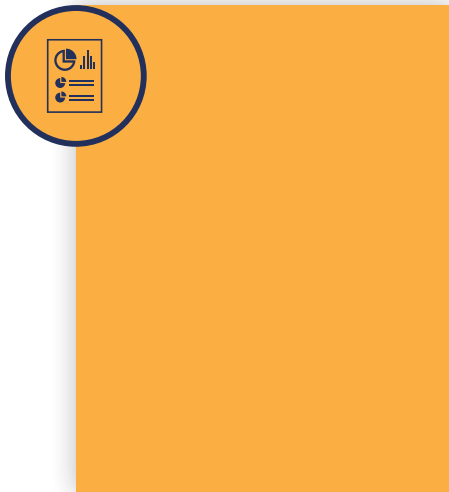
**Song Promoting use of latrine**



**Song promoting exclusive breast feeding**



**Song promoting ORS & Zinc usage**



**Interactive Theatre  
Training Manual**



**MoH SABC Strategy**



**Barrier Analysis Report**



**Short Film on Behaviour of  
Latrine Usage**



**Short Film on Behaviour of  
Handwashing with Soap for  
Skilled Birth Attendants**

# Annex II

## LISTS OF MOH SABC FOCAL POINTS - HES AND DHPOs

### 1) Health Education Section (HES)

Alvin C. Phiri, Senior Health Education Officer

### 2) District Health Promotion Officers (DHPOs)

Chitipa District Health Office: Masida Nyirongo, DHPO

Kasungu District Health Office: Catherine Yoweli, SHPO

Salima District Health Office: Angella Nyongani, DHPO

# Annex III

## LIST OF HSAs ORIENTED IN SOCIAL ART FOR BEHAVIOUR CHANGE PER DISTRICT

### In Chitipa

No.	HSA Name	Gender	Health Facility
1	Kenson Kanyika	M	Ifumbo
2	Daniel Mwafurirwa	M	Mpemba
3	Taonga Nyorongo	M	Chambo
4	Abraham Kamboni	M	CDH
5	Harriet Nyirenda	F	CDH
6	Lusungu Mhana	F	Kawale (CDH)
7	Owen Munyenyembe	M	Masangamo (CDH)
8	Nicholas Simukoko	M	Kapenda
9	Abraham Mshiya	M	CDH
10	Francis Mvula	M	Kaseye
11	Catherine Silungwe	F	Nthalire
12	Sekile Sibale	F	Kaseye
13	Vincent Ng'ambi	M	Mahowe
14	Raphael Ghambi	M	Ifumbo
15	Perhaps Kafunda	M	Misuku
16	John Songogo	M	Misuku
17	Bright Chabinga	M	Chisansu
18	Weston Wasambo	M	Mahowe
19	Willard B K Mbeye	M	Chambo
20	Lams Mwakalango	M	Kapenda
21	Andrew BE Bukobwambewa	M	Musumbe
22	Mighty Kayira	M	Nthalire
23	Jack Mordicial Mkhala	M	Chisansu
24	John Mbene	M	Wenya
25	Emmanuel Chawinga	M	Kameme
26	Jackson Muyila	M	Chisansu
27	Joseph Simwaka	M	CDH



## In Kasungu

No.	HSA Name	Gender	Health Facility
1	Agness Mwale	F	Kakwale
2	Haswel Mhango	M	Kakwale
3	Rose Chibwe	F	Bua
4	Collins Chinyanga	M	Bua
5	Stephen Soko	M	Newa
6	Christopher Mende	M	Newa
7	Ephraim Solomoni	M	Khola
8	Hannock Phiri	M	Khola
9	Eshther Gausi	F	Mkhota
10	Lydia Zamwayi	F	Mkhota
11	Alfred Chaguma	M	Kamboni
12	Vincent Kakwesa	M	Kamboni
13	Yamikani Theulo	F	Ofesi
14	Osias Chirwa	M	ofesi
15	Humphreys Katupi	M	St. Andrews
16	Chitima Ndlovu	M	St. Andrews
17	Thula Mhango	M	Dwangwa
18	Andrew Chisale	M	Dwangwa
19	Kalebe Phiri	M	Linyangwa
20	Macdonald Mataka	M	Linyangwa
21	John Banda	M	Kapelula
22	Fress Masache	F	Kapelula
23	Lyford Richman	M	Mtunthama
24	Ricky Banda	M	Mtunthama
25	Pearson Mwale	M	Chamama
26	Wellings Chimphako	M	Chamama
27	Dickson Banda	M	Chamwavi
28	Charles Chunda	M	Chamwavi
29	Isaac Lumbanga	M	Livwezi
30	Jatel Banda	M	Livwezi
31	Elina Kapalasa	F	Nkhamenya
32	Sara Mwale	F	Nkhamenya
33	Aaron Nyirongo	M	Mpepa
34	Charles Unyolo	M	Mpepa
35	Robert Chigwalu	M	Chulu
36	Maxwell Kawaye	M	Chulu
37	Edson Kamanga	M	Kaluluma
38	Treza Fungulani	F	Kaluluma
39	Joseph Mpumulo	M	Wimbe
40	Justice Mawango	M	Wimbe
41	Yohane Matapata	M	Chambwe
42	Patricia Chalungama	F	Chambwe

No.	HSA Name	Gender	Health Facility
43	Thoko subiri	F	Kasalika
44	Dickson Mbewe	M	Kasalika
45	Innocent Msimuko	M	Mziza
46	Alexander Symon	M	Mziza
47	Esther Luhana	F	lojwa
48	Robbins Mtonga	M	Lojwa
49	Kapindulanji Banda	M	Gogode
50	Spy Kabwira	M	Gogode
51	Christopher Namilaza	M	Mdunga
52	Johannes Mbaluku	M	Mdunga
53	Godwin Chunga	M	mnyanja
54	Dumblene Kaduya	M	Mnyanja
55	Jossam Mpinganjira	M	Simlemba
56	Jones Manda	M	Simlemba
57	Witman .E Banda	M	Santhe
58	Damiano nkhwazi	M	Santhe
59	Vincent Ngwenya	M	Anchor farm
60	Elia Chawala	M	Anchor farm
61	Vincent mwanza	M	Kawamba
62	Flex kadzakumanja	M	Kawamba
63	Chakanika Kamkono	M	Chinyama
64	Gersomo Masanya	M	Chinyama
65	Esau Chakulangira	M	KDH
66	Richard Tengtenga	M	KDH
67	Mwayi Maluwa	M	Kawamba
68	Kondwani Mutowa	M	Santhe
69	Alice Kayange	F	Mnyanja
70	Fredson Mviza	M	Kaluluma
71	Eliza Chiwala	F	Chulu
72	David Tembo	M	Mtunthama

## SABC Trained HSAs In Salima

No.	HSA Name	Gender	Health Facility
1	Martha Palanjete	F	Lifuwu
2	Oliver Chipala	F	SDH
3	Salome Khomba	F	Admarc
4	Charity Sinoya	F	Siyasiya
5	Bertha Nyirenda	F	Thavite
6	Connex Khonje	M	Mchoka
7	Edna Jalasi	F	Chipoka
8	Flywel Kathiwi	M	Mafco
9	Mary Kaliati	F	Baptist
10	Ali Bwanali	M	SDH
11	Samuel Chimwaza	M	Chipoka
12	Ireen Mwaiwanga	F	Lifuwu
13	Stella Chikoko	F	Kaphatenga
14	Thomas Manda	M	Khombedza
15	Gift Amadu	M	Chagunda
16	Daimon Kachule	M	Chagunda
17	Charles Nason	M	Chinguluwe
18	Sophlate Kachapila	M	Lifeline
19	Gervazio Kalimmanja	M	Maganga
20	Moses Maonga	M	Katawa
21	Owen Chabinda	M	Maganga
22	Gift Chikufa	M	Makioni
23	Charles Mwale	M	Chinguluwe
24	Kennedy Moyo	M	Ngodzi
25	Ephrone Banda	M	SDH

# Annex IV

## LIST OF SABC TRAINED SOCIAL ART PARTNERS

In 2019/20, the following established Social Art Partners (SAPs) were trained in SABC and implemented activities in all three InPATH supported Districts (Chitipa, Kasungu and Salima):

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**Name of Social Art Partner**

Skeffa and Real Sounds

**Point Person(s)**

Skeffa Chimoto, Managing Director; and Levison Msakambewa, Personnel Manager

**Artistic Category**

Singer/song writer/musician/performer

**About the Artist**

Skeffa and Real Sounds is a music band that is established in Malawi for quite some time. The band's origins trace back to the time when the owner (Skeffa Chimoto) used to sing in a church choir during his childhood days in his Thanga Village in Nkhosakota district. In 2001, Skeffa then aged 20 moved to Lilongwe where his career in music started to blossom. Before forming his Real Sounds Band, Skeffa had worked with a number of other bands such as Patience Band, where he was the vocalist and also performed with Stanley Mthenga's Sena Jive Band. He also had had a stint with Ali Kutown sounds where they travelled throughout Malawi. Of worth noting, is the fact that Skeffa also worked with the Health Education Unit Band which also promotes health messaging in the Ministry of Health. Skeffa, then, made a huge turn around to secure a job at Eclipse Studio as a producer alongside Bleek Chindime but unlike Bleek, Skeffa knew how to play the keyboards and this gave him an edge to record as many artists as possible thereby getting more skills at both song writing and composition. It was at this studio that Skeffa was introduced to music as a career, gained some knowledge on Cubase, a music recording software.

**Description of Work**

Song composition, Music tours & video production

- To workshop with priority, influencing groups and resource persons develop lyrics, sounds and compose songs addressing & exploring the values and messages detailed in the DBC for all five behaviours.
- Produce songs in studio, while maintaining the voices of the workshop participants
- Conduct music tours to promote values expressed in the five behaviours by working closely with the identified local musicians, priority and influencing groups as well as resource persons utilising fora such as open days and market occasions.
- Produce five music videos for the five key behaviours and ensure that the context and behaviours are demonstrated in the visual depiction.
- Develop a dissemination plan of songs and music videos through various media channels: radio, T.V., social media, etc.

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**Name of Social Art Partner**

Chindime and Stars Theatre (CAST)

**Point Person(s)**

Boston Mkhosi, Karen Mkamanga, Trainer

**Artistic Category**

Comedy and Interactive Theatre & Training

**Introduction**

Chindime and Stars Theatre (CAST) formerly known as Chindime and Samalani Theatre was established in 1993. The organisation is a household name in Comedy and Street Theatre for a good number of years. The reason behind the formation of the organisation is to inform and educate the public through entertainment loosely referred to as edutainment. The theatre group mainly consists of a dual that is renowned for the zeal and passion in the provision of high-quality entertaining, educating and informative comics. Since its establishment, Chindime and Samalani Theatre has worked with a lot of governmental and non-governmental organisations. The areas of focus are diverse, ranging from Water and Sanitation, Health, Agriculture, Climate Change, Education, Governance and Human Rights, Information and Communication Technology, Banking, Village Savings and Loans (VSL) among others. The organisation has well experienced artists in theatre for development, road shows, arranging field events, live radio and television productions, jingles and mastery of services at public events. The group's core values are team work, quality service and integrity. To ensure sustainability of knowledge and skills to the general public and our clients, our organisation has also engaged provision of theatre training to community-based theatre groups and clubs.

**Description of Work**

Technical Theatre Training of Local Health Facility Drama Groups

CAST has been entrusted with the responsibility to conduct practical theatre trainings to local drama groups (SAGs) in InPATH-supported districts of Chitipa, Kasungu and Salima (see list of SAGs in Annex 5). CAST is aware that in each of the Health Facilities in the target districts, there are drama groups that have been disseminating health promotional messages and will work with them by:

- Conducting a needs and skill assessment of a sample of SAGs, understanding that few to no groups have ever received professional training;
- Design a training manual to be used in SAG training sessions. Trainings will focus on: (i) basic theatre technique; and (ii) facilitation skill development for audience interaction, pre and post theatre shows; (iii) script/story creation of 5 separate scripts on the 5 key behaviours;
- Create & test 5 scripts (per behaviour) to transfer to the SAGs for ongoing and future interactive theatre productions
- Train Health Promotion Officers in the monitoring and oversight of the theatre shows to be delivered by the SAGs in their respective catchment areas.

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**Name of Social Art Partner**

Chilemba Communication Consultants (CCC)

**Point Person(s)**

Rogers Chilemba, Executive Director; George Simango, Creative Director; Gerald Chilemba, Projects Manager

**Artistic Category**

Illustrator and designer

**Introduction**

Rogers Chilemba of Chilemba Communication Consultants started with illustration art and later grew his skills to design work, and also incorporated the element of painting as a third service added on the menu. Initially Rogers worked on small civil engagement projects especially focusing on capacity building with the church youth groups.

As time progressed, many organizations started commissioning Chilemba's art especially cartoons, comics and communication illustrations. For the past 19 years organizations have hired Rogers as an individual although at the same time he managed to register a Sole Proprietor Business entity called Chilemba Communication Consultants, in order to make the art work formal and expand the scope of work for him to penetrate the market easily on a large scale. So far CCC has worked with organizations such as World Bank funded TB Control Program as well as Ministry of Health on voluntary basis.

**Description of Work**

Participatory Mural Design

- To engage with priority (pregnant mothers & their guardians, & skilled birth attendants) and influencing (fathers) groups in discussions around 3 key behaviours: HWWS for Mothers at critical times; usage of facility latrines of mother and guardians; and exclusive breast feeding
- Use participatory methods of facilitation of games and drawings to engage priority groups in exploring the determinants related to the behaviours
- Engage interested members of priority groups to transfer drawings on to walls of health facilities, creating murals of visual artistry.
- Consult with facility manager to identify wall space that is acceptable and nudge inducing. i.e. for HWWS, ensure that mural is strategically placed to nudge the user to wash their hands with soap and water.

# Annex V

## NUMBERS & LIST OF SABC-TRAINED SAGS BY DISTRICT AND ART FORM

District	#experienced in theatre	#experienced in music	#experienced in radio production
Chitipa	141	12	4
Kasungu	215	12	0
Salima	150	24	8
TOTAL	506	48	12

## LIST OF SAGS THAT RECEIVED TRAINING THROUGH INPATH PROJECT (BY DISTRICTS)

Chitipa	Kasungu	Salima
Twanda	Chamama	Maganga
Iyera	Kapelula	Lifuwu
Kapoka	M'dunga	Baptist
Namukolwe	ChinyamaLivwezi	MAFCO
Misuku	Chamwabvi	NAYO
Mwambeta	St Andrews	Mmanga
Msumbe	Wimbe	Sengabay
Sokola	Ntunthama	
Tiwonge	Nsiwa	
Chisomo	Anchor Farm	
Tigwiranemanja	Mnkhota	
Chovwirano	Khola	
Tilitonse	Santhe	
Kavukuku	Kamtimbo	
Karopa	Tithandizane	
Adasha		
Nthalire		
Thereere		
Kaseye		
Ifumbo		
Ichinga		
Chimwemwe		
Kapenda		
Ibuzya		
Kameme		
Chapu-Chapu		

# Annex VI

## SABC MONITORING TOOLS

The following tools were developed for the monitoring and oversight of the SAPs/SAGs delivery of SABC activities. The tool was designed like a quality insurance checklist, highlighting points that should be emphasized during the intervention.

Click on image to access the checklist in PDF.

**Latrine use by pregnant women and guardians at guardian shelters**

Priority Group(s) (PG): Pregnant Women and Guardians at Health Care Facilities  
Influencing Group(s) (IG): Mothers, grandfathers, and husbands

**Ideal Checklist for Intervention targeting this behavior:**

- Pregnant Women and/or their Guardians are seen using the latrine when they want to defecate while at the guardian shelter.
- SAG/SAP emphasize that it is easy to practice the behaviour when the latrines are maintained properly all the time.
- SAG/SAP emphasize that it is the society's norm to use latrines when defecating.
- People have the chance to ask questions and have a discussion during the activity.
- Positive Actions You Might See:
  - A guardian shelter chairperson routinely urges both guardians and pregnant women to use the latrine whenever they wish to urinate or defecate.
  - A guardian shelter chairperson organizes schools for latrine cleaning for all guardians.
  - PCIG actively participate in the SABC activity, not just as spectators.

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**Pregnant women and guardians wash their hands with soap at five critical times at the health care facility**

Priority Group(s) (PG): Pregnant Women and Guardians at Health Care Facilities  
Influencing Group(s) (IG): Husbands, Skilled Birth Attendants

**Ideal Checklist for Intervention targeting this behavior:**

- A Pregnant Woman and/or her Guardian is seen washing their hands with soap.
- Five Critical Times for Handwashing with Soap are specifically mentioned and re-enforced.
- There is a demonstration of how to wash hands with soap properly (dather soap, wash between fingers on both hands).
- The benefits of handwashing with soap are clearly stated.
- Both PCIG and SAG/SAP clearly indicate the disadvantages of not doing the behavior.
- SAG/SAP, PCIG demonstrate that soap for handwashing can easily be found and can easily be accessed.
- SAG/SAP to emphasize that handwashing with soap is a norm that is widely approved by the community.
- People have the chance to ask questions and have a discussion around the topic.
- Positive Actions You Might See/ Hear:
  - A husband buys soap for his wife.
  - Husband practices handwashing.
  - PCIG participate in SABC Activity.

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**Promotion of diarrhoea treatment using ORS and zinc for children under five years**

Priority Group(s) (PG): Mothers/care givers of children 6 months to 5 years  
Influencing Group(s) (IG): Husbands and Mother/Father-in-laws

**Ideal Checklist for Intervention targeting this behavior:**

- Mothers/caregivers are advised to give ORS and Zinc to a child with diarrhoea.
- SAG/SAP emphasize the benefits of giving ORS and Zinc to a child with diarrhoea.
- SAG/SAP emphasize where the mothers and caregivers can get (find and / or buy) ORS and Zinc.
- SAG/SAP state that IGs and health care facility staff can give advice on treating diarrhoea with ORS and Zinc.
- There is a demonstration on how to prepare ORS by Health Workers.
- When (during) an admission with Zinc to a child with diarrhoea.
- Audience has the opportunity to ask questions and have a discussion.
- Positive Action that we want to see/hear:
  - Mothers/Caregivers, SAG/SAP demonstrating the behaviour.
  - Husbands/Father-in-laws purchase ORS and Zinc for treating diarrhoea in children.
  - SAG/SAP demonstrate how a baby looks when she has diarrhoea.
  - Health Workers demonstrate how to prepare ORS.
  - Health workers demonstrate how to administer ORS.
  - PCIG participate in the SABC activity.

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### Latrine Usage Behaviour Touchpoint Checklist

### Mothers HWWS Behaviour Touchpoint Checklist

### ORS Usage Behaviour Touchpoint Checklist

**Promotion of exclusive breast feeding (EBF) for mothers of children under six months old**

Priority Group(s): Mothers of Infants 0-6 months  
Influencing Group(s): Husbands

**Ideal Checklist for Intervention targeting this behavior:**

- The mother of an infant is seen/heard practicing exclusive breastfeeding.
- There is a demonstration on how to breastfeed with emphasis that it is a skill that is easy and comes with practice.
- Emphasize that mothers have adequate milk in their breast. The breast produces milk on demand and it is important for the baby to suckle because suckling stimulates the production of more milk.
- A husband testifies that he supports his wife to exclusively breastfeed.
- Outline the benefits of breastmilk for infants and the disadvantages of introducing food too early.
- Audience has the opportunity to ask questions and have a discussion.
- Positive Actions You Might See/hear:
  - Demonstration of the behaviour.
  - Specific tips about positioning and attachment of baby to the breast and then to resolve the issue (spoke with your SAG/SAP).
  - Husband motivating and encouraging mothers to exclusively breastfeed their children who are less than six months.
  - Husband provides nutritious and diverse food for their wives to enable them to feed well, feel confident and continue to exclusively breastfeed.
  - Cues or reminders for breastfeeding among mothers.
  - Show the picture of a healthy baby as a result of exclusive breastfeeding.
  - Mothers of infants and fathers are both participating in the activity.

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### Exclusive Breast Feeding Behaviour Touchpoint Checklist

**Handwashing with soap by skilled birth attendants in labour & postnatal rooms**

The specific times for handwashing with soap & water are:

- Before and after conducting vaginal examination
- Before and after examining the baby in the labour room
- Before and after examining the mother and baby in the postnatal ward

Priority Group(s) (PG): Nurse-midwife, medical assistant, clinical officer (CO), doctor, community midwifery assistants (CMA), Home All Staff (based will be referred to as Skilled Birth Attendant (SBA) for the rest of the document)  
Influencing Group(s) (IG): Patient Attendants (Support Staff) and District Health Management Team (DHMT)

**Ideal Checklist for Intervention targeting this behavior:**

- A representative number of the skilled Birth attendants is seen practicing desired behavior of handwashing with soap and water in the labour/obstetric room and post-natal ward. It is important that the demonstration of handwashing with soap and water is correct.
- The specific times listed above for handwashing with Soap and water are precisely mentioned (re-enforced) and emphasized (re-enforced).
- Social Art Partners (SAP) (Social Art Groups (SAG) engage the PCIG to explore and discuss how they can ensure that water and soap for handwashing is always available in order to enable the practice of handwashing with soap and water.
- SAG/SAP explore and discuss with the PCIG how they can manage to wash hands with soap regardless of busy schedules in the labour and postnatal wards.
- SAG/SAP emphasize to the PCIG that it is not difficult to remember to wash hands with soap and that there are reminders at the designated handwashing points.
- SAG/SAP discuss with the PCIG the importance/advantages of doing the behaviour and the disadvantages of not doing the behaviour.
- The participants (PCIG) have the chance to ask questions and may even have a discussion on the desired behavior of handwashing.
- Positive Action that we want to see/hear:
  - DHMT resource for purchasing soap for handwashing in the labour room and post-natal ward.
  - HCIGs to talk to nurse-in-Charge about the need to have a handwashing facility with soap in the labour and post-natal wards.

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### Skilled Birth Attendants HWWS Behaviour Touchpoint Checklist

## Annex VII

### **SABC MONITORING TOOLS**

In 2019 and 2020 InPATH required all SAPs to report on each of their implemented SABC activities each month using the following reporting tool. It has been modified here as a template for subsequent use by the MoH for any future SABC implementation which may address one or more of the five Behaviours targeted by InPATH and MoH from 2017-21.



## TEMPLATE: SOCIAL ART PARTNER (SAP) REPORTING FORM

This form must be filled after every intervention in the field. Reporting forms an important part of your contract.

### Instructions

Each Social Art Partner (SAP) should submit **ONE reporting form for each intervention per behaviour** that you run. This form must be filled after every intervention in the field. Reporting forms an important part of your contract.

*For example, if you are running two theatre workshops- one on handwashing for mothers and a separate one on ORS, then you should submit TWO reporting forms, one for each of the workshops. Please confirm with the designated MoH SABC Focal Point regarding the number of reports you are required to write.*

### Prior to going to the field

1. Please ensure that you are familiar with this form PRIOR to going to the field.
2. Please ensure that you have enough copies of any needed consent (photo/video) forms, or attendance sheets, PRIOR to going to the field.
3. Please ensure that you designate someone in your group who will be responsible for collecting information during your SABC intervention.

### After every intervention

1. Please debrief with your group after every intervention, as a way to culminate information and insights. It is strongly advised that you fill in the sheet (even if it is a rough drafts) post intervention, while in the field to be to best capture and report on the activities.
2. Please designate someone in your group who will create and submit the final report for this intervention.

Submit to the MoH SABC Coordinator at xxxxxx@yyyyyy by the first Friday of the following month.

## SECTION 1: BASIC INFORMATION

**Name of Social Art Partner (SAP):**

**Name of person responsible for filling this form:**

**Reporting Date:**

**Date of Event:**

### Type of Intervention:

- Inspire
- Activate
- Sustain

### Behaviour you are addressing in this intervention:

- HWWS by Pregnant Women and Guardians
- HWWS by SBAs
- Latrine Use by Pregnant Women and Guardians
- EBF by mothers of infants 0-5months
- ORS use by mothers of infants 0-5 months

### List the determinants that you are addressing in this intervention:

- Perceived self-efficacy
- Perceived positive consequences
- Perceived negative consequences
- Perceived social norms
- Perceived access
- Perceived cues for actions/reminders
- Policy
- Culture

## Messages that you are communicating in this intervention:

### HWWS at five critical times by mothers of children under five years of age

- Five critical times for handwashing with soap are specifically mentioned and re-enforced
- There is a demonstration of how to wash hands with soap properly (wash between fingers on both hands)
- A pregnant woman and/or guardian is seen washing their hands with soap
- The benefits of hand washing with soap are clearly stated
- Both priority groups and influencing groups as well as social art partners and social art groups clearly indicate the disadvantages of not doing the behaviour
- SAP/SAG, PG/IG demonstrate that soap for handwashing can easily be found and can easily be accessed
- SAP/SAG to emphasize that soap for handwashing can easily be found and can easily be accessed
- SAP/SAG to emphasize that handwashing with soap is a norm that is widely approved by the community
- People have the chance to ask questions and have a discussion around the topic

### HWWS by SBAs

- A representative number of the Skilled Birth Attendants is seen practicing desired behaviour of hand-washing with soap and water in the labour/delivery room and post-natal ward. It is important that the demonstration of hand washing with soap and water is correct
- The specific times for handwashing with soap for the SBAs are precisely mentioned
- SAPs/SAGs engage the PG/IG to explore and discuss how they can ensure that water and soap for handwashing is always available, in order to enable the practice of handwashing with soap and water
- SAP/SAG emphasize to the PG/IG that it is not difficult to remember to wash hands with soap and that there are reminders at the designated handwashing points
- SAP/SAG discuss with the PG/IG the importance/advantages of doing the behaviour and the disadvantages of not doing the behaviour
- The participants (PG/IG) have the chance to ask questions and may even have a discussion on the desired behaviour of handwashing

### Latrine use by pregnant women and guardians at guardian shelters

- Pregnant women and/or their Guardians are seen using the latrine when they want to defecate while at the guardian shelter
- SAP/SAG emphasize that it is easy to practice the behaviour when the latrines are maintained properly all the time
- SAP/SAG emphasizes that it is the society's norm to use latrines when defecating
- People have the chance to ask questions and have a discussion during the activity

### Priority Group for the intervention:

- Mothers of children under five
- Pregnant women and guardians
- Skilled birth attendants: nurse, doctors, clinicians, ward (patient) attendants

### Influencing group for this intervention:

- Husbands, grandmothers, grandfathers, local leaders, religious leaders
- Nurse in charge/Clinical officer in charge, HCMT, community leaders (chiefs)

**Intervention Name (for example, if it is a play, what is the name of the play? If it is a workshop, what do you call the workshop?):**

**Name of corresponding Health Care Facility:**

**Name of catchment area Community(ies) and District:**

**Specific location of this intervention (for example, the guardian shelter, market, under 5 clinic etc.):**

**Has this community received another SABC intervention prior to yours (Y/N)?**

- Yes
- No

## SECTION 2: ATTENDANCE PER INTERVENTION

Please list participants attending the intervention as accurately as possible:

Name of Health Center or Community	Date of Intervention	Participant Attendance <i>(Please provide a copy of the attendance sheet and/or photography consent forms if used)</i>
		<p>TOTAL # of participants:20            # of ADULT WOMAN participants (20+ years):8            # of ADULT MEN participants (20+ years): 12            # of YOUTH FEMALE (approx. 15-19 years):            # of YOUTH MALE (approx. 15-19 years): _____            # of CHILDREN FEMALE (approx. &lt;14 years): _____            # of CHILDREN FEMALE (approx. &lt;14 years): _____</p> <p>From these, please specify:            # of Skilled Birth Attendants: _____            # of Health Support Assistants (HSA): 4            # of cleaners: _____            # of other HCF worker:                If available, specific title:</p>

**If possible, insert a group photo of all participants captured at the end of the intervention:**

**Select the statements that best describe attendance during your event:**

- Yes, the number of participants we hoped for attended
- More than ¼ of the participants present belong to the priority of influencing group
- No, we did not see the numbers of participants we hoped would attend
- Less than ¼ of the participants present belong to the priority or influencing group
- I don't know whether the participants belonged to the priority or influencing groups

## How did you bring people together for this intervention?

Please select all that apply:

- We worked with a Community Health Worker (HSA or other)
- We worked with the Health Care Management Committee (HCMC)
- We worked with a Community Leader
- We worked with a Religious Leader
- We used posters prior to the event
- We used posters during the event
- We used a megaphone
- We sang songs prior to the event
- Other (please describe):

**Please describe the process of implementing this intervention. Start with the moment you arrive in the field and describe all the necessary actions until you leave the field.**

### Additional instructions:

Use photos if you can (recommended). Photos are particularly welcome to showcase participants actively participating during an event or workshop. If you are taking photos, you **MUST** ask for consent (please contact MoH HES for consent forms) in order to be able to diffuse the photos.

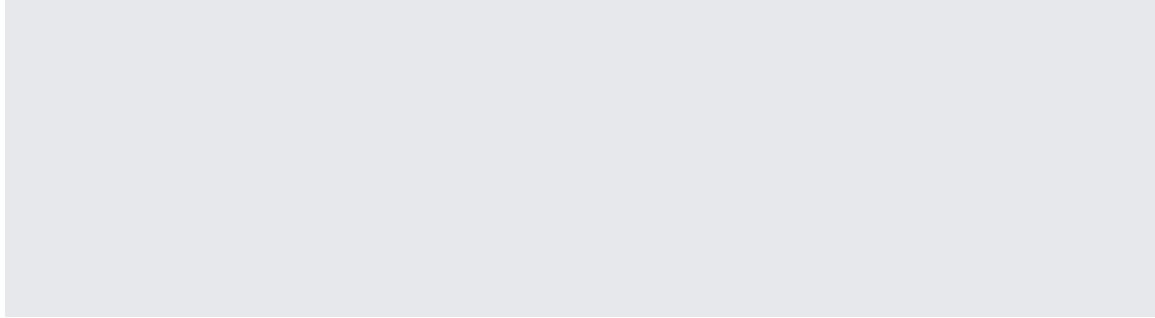
If you are running multiple sessions of the same process, you do **NOT** need to rewrite the process used in every single intervention. You do need to do it at least once. Subsequently, **if you are changing anything from one intervention to another, please write here.**

## EXAMPLE

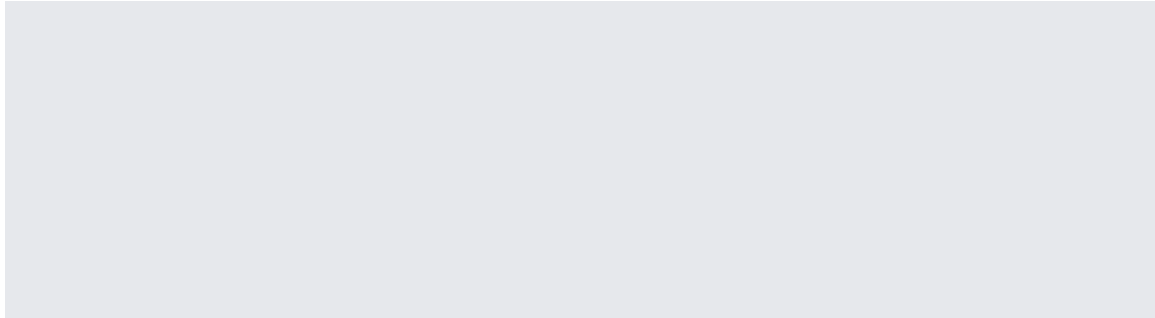
Process Description	Insert Photo If Available:
<p><b>Conducting the activity: EXAMPLE ONLY</b> - Mtuthama Telecentre was the third venue for the training session. This comprised Mtuthama HF, Chamwavi, Wimbe and St. Andrews HF. By this time, the facilitators have fully familiarised themselves with an effective and efficient way of delivering the practical interactive theatre training workshop. Like the first two activities, this session again was conducted in an open environment. This served 2 purposes. The first one is to implement COVID 19 prevention mothers. The second one is that in the open environment the participants were free and there was more space to conduct the training. On the first day of the activity it was basically ground breaking and knowing each other more. Outlining their expectations, the time-table for the activities and do's and don'ts of the workshop. The District Health Promotional Officer (HPO) opened the workshop by introducing the objectives of the InPATH project to participants. Like at the previous two sessions, the second and third days were reserved for practical interactive theatre presentation for the participants so that they can apply their newly acquired knowledge. The fourth day was reserved for practical session at either a health facility or a market square. In all these venues, social distance was observed through limiting the number of people taking part in the event. After the practical interactive theatre session, the SAGs were taken back to the training venue and were given feedback. At the end of the workshop (on the 4th day), an evaluation form was provided that assessed all areas of the training from technical, logistical and administrative. This was done to ensure that there is continuous improvement in terms of delivery on the part of the SAP.</p>	

## PERCEIVED EFFECTS

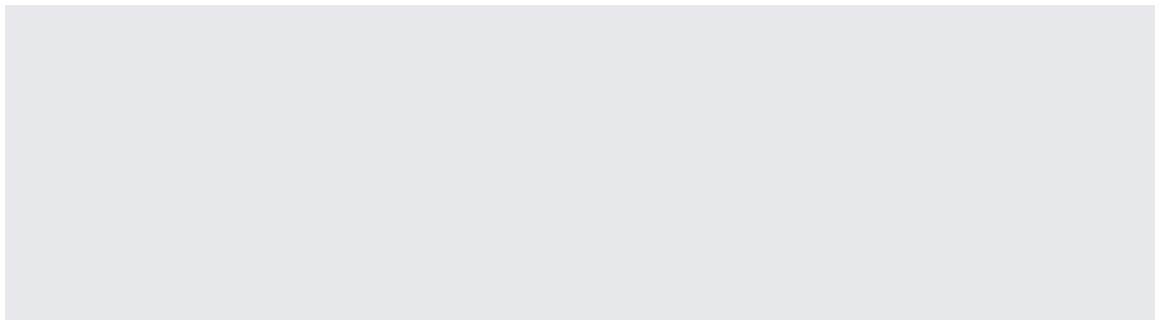
What reactions, emotions or observed changes in participants in terms of their attitude, action or comments that you think were results of the intervention that you undertook?



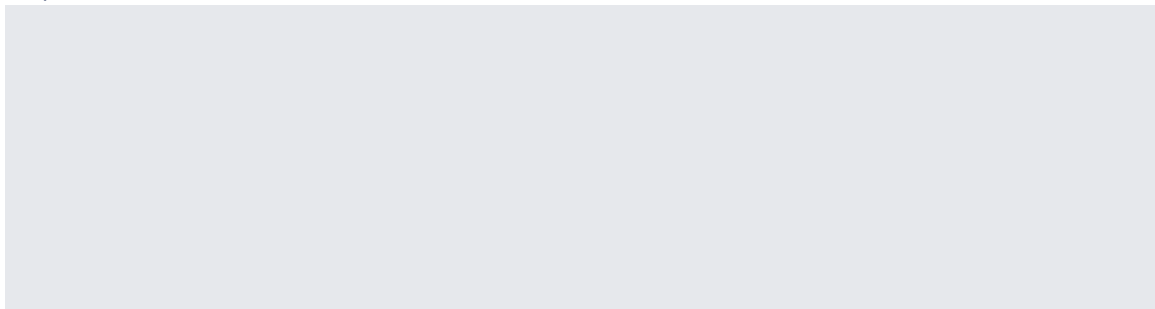
Did you observe this reaction, change, or verbal response in a specific person, in a specific group of people or the community in general?



If you did not observe any reaction or changes, why do you think there was no reaction? What barriers, resistance did you observe?



How did you engage with female participants specifically to generate active participation and response?





**Please circle TRUE or FALSE for each of the following statements. Please be truthful as it helps improve our programming:**

The majority of the participants had positive reactions (appreciation, happiness, etc.)..... **T F**

The majority of participants stayed during the whole event ..... **T F**

There was a time and space for open dialogue between participants ..... **T F**

During this dialogue, participants formulated a compromise, solution or action regarding the behaviour ..... **T F**

I feel proud about the session ..... **T F**

Participants stayed and asked questions after the session was over ..... **T F**

**If you could repeat this intervention or replicate it, would you change anything? (In relation to planning, bringing people together, group dynamics, physical space, props, etc.) If yes, what would you change? If you would not change anything, why not?**

