

SUMMARY MEETING REPORT

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Population-Level Social and Behavior Change Evidence Review for Child Survival in Africa

14-18 January 2013

Addis Ababa, Ethiopia



SBC panel of experts at the Technical Session of the High Level “African Leadership for Child Survival: A Promise Renewed”, 16-18 January 2013, Addis Ababa Ethiopia

Call to Action Agenda:

CHILD SURVIVAL — A Promise Renewed

REDUCE CHILD MORTALITY TO 20 PER 1000 LIVE BIRTHS BY 2035.

In response to this compelling goal, the first regional review and consultation-meeting on evidences that point to the effectiveness of Social and Behavior Change in accelerating child survival in Africa was jointly organized by USAID and UNICEF in Addis Ababa on 14-15 January 2013. As designed, the consultation coincided with the high-level meeting “African Leadership for Child Survival: A Promise Renewed” which is a commitment made by the Government of Ethiopia, along with India, and the United States of America at the June 2012 Washington D.C. convention of government leaders and public health experts. The result of the Africa meeting was the adoption of a final consensus to accelerate child survival efforts, as endorsed by more than 120 delegations from Ministries of Health across the continent, including 12 participants at Ministerial level, as well as global health experts.

Child Mortality: Africa Key Facts and Figures

- 1 The highest rates of child mortality are still in Sub-Saharan Africa—where 1 in 9 children dies before the age of 5, more than 16 times higher the average in developed regions (1 in 52).
- 2 Sub-Saharan Africa accounts for 38% of global neonatal deaths, and has the highest newborn death rate (34 per 1,000 live births in 2011). Neonatal deaths account for about 1/3 of under-five deaths globally (1.1 million newborns die in the first month of life).

3 Liberia, Rwanda, Malawi, and Madagascar are among the top 10 countries with greatest percentage decline in under-five mortality rates from 1990-2011. The under-five mortality rates decreased by 67.5%, 65.4%, 63.6%, and 61.8% respectively

4 Use of Oral Rehydration Salts (ORS), one of the three key interventions for diarrhea, has increased from 24% of children in sub-Saharan Africa receiving ORS in 2000 to 30% in 2011.

5 In 2011, Malaria accounted for a loss of nearly 500,000 lives of children under-five, with almost all of deaths occurring in Sub-Saharan Africa.

In Africa, evidences both empirical and anecdotal have shown that effective social and behavior change communication (SBCC) strategies are key elements of successful health interventions. However, it is now necessary to identify more systematically approaches that have produced the intended health outcomes, to determine characteristics of effectiveness with these approaches, and to explore feasibility factors that will enable these approaches to be implemented at-scale.

Most governments recognize the critical importance of behavioral and social determinants in the achievement of health-related MDGs. However, few have incorporated health communication as a specific budgeted component within the overall national MNCH package.

“The Evidence Summit focuses on the challenge of achieving the needed social and behavior changes to end preventable child deaths. Given consensus on the important role of communication, the next challenge is how to put the evidences into action.

-Mario Bravo, USAID



Objectives of the Africa SBC Review and Consultation

Technical Objectives

1- To generate a set of African-specific evidence-based impacts of health and social behavior change interventions, including peer-reviewed academic research, unpublished studies, program/project evaluation reports and documented country case studies highlighting lessons learned and strategies that have been particularly effective in increasing knowledge, changing attitudes and promoting intended behavioral changes towards the achievement of child survival and maternal health goals.

2- To facilitate in-depth discussions amongst practitioners and researchers regarding the evidence review in order to identify and summarize programmatic gaps and challenges related to Social and Behavior Change and formulate recommendations for strengthening SBC programming in Africa.

3- To engage researchers and practitioners on Social and Behavior Change Communication in identifying the current status and challenges of research and knowledge management related to the field and to suggest recommendations for future research, documentation, and exchange.

Advocacy Objectives

1- To showcase solid evidences to Africa leaders, decision-makers and stakeholders, from the African context regarding population-level social and behavior change in order to convince them on the critical role of SBC in supporting the commitments to ‘Child Survival Call to Action’. Also, to raise the profile of Social and Behavior Change Communication towards securing greater technical and budgetary support;

2- To influence the inclusion of specific action points on Social and Behavior Change Communication in Country Action Plans for Child Survival and Maternal Health, and to increase accountability for improvements in strategic social and behavior change;

3- To promote partnerships with civil society organizations for the effective coordination and implementation of SBC approaches, which will support the country-level health interventions including the whole range of efforts beyond those coordinated by the health sector.



Public Health and Communication experts at the Technical Component of the Africa SBC Evidence Review.

Framework of Analysis & Agenda

Process- The Ethiopia evidence consultation-meeting was the first regional consultation and was the fourth of the series consultations that will flow into the planned New York Evidence Pre-Summit in February and the June 2013 Global Summit.

Agenda- The primary aim of this meeting was to present and discuss the preliminary findings of the Africa evidence review-study commissioned by USAID to Johns Hopkins Bloomberg School of Public Health-Center for Communication Programs, with Dr. Michelle Kaufman serving as lead researcher.

The meeting also prepared for the SBC Advocacy Engagement at the High Level of African health ministers. At both these meetings, country case studies were presented to show case SBC and Child Survival: **“A Case of Niger: Promoting Social and Behavior Change for Child Survival”** by Rocio Berzal, Communication Specialist at UNICEF Niger, **“Systems Approach: The Case of Behavior Change Communication (BCC) for Malaria Prevention and Treatment in Tanzania”** by Dr. Martin Alilio, USAID Senior Malaria Technical Advisor of the US President’s Malaria Initiative (PMI) and coordinator of Behavior Change Communication, and **“A Case of Faith-Based Organization in Ethiopia—SBC Partnerships for MNCH”** by Yonas Dare, Head of Programs of the Ethiopian Interfaith Forum for Development Dialogue and Action (EIFDDA).

The framework of analysis and discussions focused on the eight effective Social and Behavior Change interventions and evidences of impact on child survival and maternal health in Africa. The discussions lead to identification of gaps and limitations in each approach (which are captured and summarized in the SBC Briefs), definition of cross cutting principles, and formulation of sets of recommendations and strategies for strengthening policy, practice, research, monitoring and evaluation of Social and Behavior Change for child health.

Outputs of the Meeting

1- **‘Participants Inputs’** (page 5) were provided for the Africa Evidence Review full report. Additional evidences from the region were also gathered and submitted to JHU-CCP for further review and inclusion in the synthesis research currently being finalized by Dr. Michelle Kaufman. The list of additional evidences is found in the full report.

2- Sets of **‘Strategies and Recommendations’** were developed and are among the outputs of the meeting. These recommendations were shared to those who attended the ‘African Leadership for Child Survival—A Promise Renewed’ High-Level meeting that also took place in Addis Ababa on January 16-18, 2013. These recommendations will be presented and discussed at the February 2013 Evidence Pre-Summit in New York and will feed into the larger global discussion on effective SBC interventions at the June 2013 Global Summit.

3- **Evidence Briefs on Social and Behavior Change Interventions for Child Survival in Africa-** Volunteer participants under the leadership of UNICEF are currently finalizing SBC Briefs on the six most effective SBC intervention approaches for child survival in Africa. These are the: Interpersonal/Individual/ Family Approach; Community Level Approach; Holistic/Integrated Approach; Partnerships, Social Marketing, and Scaling Up with Mass Media and ICT.

4- The **Meeting Report and Summary Report** were written to provide documentation and synthesis of knowledge gained from the process, the discussions agenda, consensus, and the participants who brought their expertise and enriched the discussions with their sharing of experiences. The meeting report also serves as a reference on specific points of discussion that lead to the identification of barriers and gaps to existing SBC evidence for child survival and development, with a focus on East Africa; formulation of a list of priorities and strategies for policy programming and practice of SBC; and finding ways of strengthening SBC evidence going forward.

27 Participants, including 8 resource persons and 2 guests, who attended are experts and practitioners from the field of public health, psychology & behavioral science, communication, research, religion, and policy. 8 are from Ethiopia, 1 Kenya, 1 Tanzania, 1 South Africa, 4 Malawi, and 1 Niger. Public Health and Communication experts from USAID /US and Ethiopia mission, and UNICEF New York, Ethiopia, and Niger, 1 behavioral scientist from JHU/Baltimore served as resource persons, and a public health & policy consultant was commissioned by UNICEF/Ethiopia.



Photo taken during a group discussion on equity issues in health at the Africa Evidence Review, 14-15 January 2013, Addis Ababa Ethiopia.

“Behavior Change in Addressing Child Survival: A Global Overview and Scientific Evidence”

Research Synthesis of
Dr Michelle R Kaufman
Johns Hopkins University-
Center for Communication
Programs

Overview of the research

Dr. Michelle Kaufman from Johns Hopkins University provided the participants with an introduction to the ‘Evidence Review on Social and Behavior Change for Child Survival in Africa’.

The Evidence Review is a research paper that has gone over the existing literature on SBC and has identified the well-evaluated and well-documented SBC initiatives showing positive results in improving child survival and health. As part of the review process, Johns Hopkins University researchers conducted keyword searches in a number of peer-reviewed journals.

At the research’s conclusion, the team will provide a report of the evidence found and propose a set of recommendations and strategies to disseminate to national and international stakeholders.

The review consultation provided the opportunity to share preliminary findings of the study, as well as to access the evidence that have not been published in peer-reviewed journals, through the input of experts who have knowledge of reports, documents, and other evidence from the East Africa region from the year 2000 or later.

The JHU evidence study aims to answer the following questions:

- 1-What** are the effective and sustainable interventions that support SBC for families, mothers, and other caregivers to support child health? (i.e. interpersonal/individual level of interventions)
- 2-What** are the effective ways to facilitate empowered communities, to organize and advocate for interventions to produce behavioral and social change? (i.e. community level interventions)
- 3-What** are the sustainable health systems and policy environments that are effective in producing SBC? (i.e. structural level interventions)
- 4-What** are the effective and sustainable interventions that focus on gender dynamics?
- 5-What** are the effective and sustainable interventions that address stigma and discrimination?
- 6-What** are the effective interventions that utilize science and technology?

8 EFFECTIVE SOCIAL AND BEHAVIOR CHANGE INTERVENTIONS*

- 1-Interpersonal/Individual/Family Approach
- 2-Community Level Approach and Advocacy
- 3-Mass Media and IC Technology
- 4-Holistic/Integrated Approach
- 5-Addressing Inequities
- 6-SBC Partnerships
- 7-Delivering at-Scale
- 8-Structural/Systems Approach (Enabling Environment)

*References— One of the reference materials used in the evidence review and consultation-meeting in Ethiopia was the “Social and Behavior Change Interventions Landscaping Study: Global Review” commissioned by the Bill and Melinda Gates Foundation to Johns Hopkins Bloomberg School of Public Health-Center for Communication Programs, published in 2011.

www.jhuccp.org/sites/all/.../SBCInterventionsLandscapingStudy.pdf.

Overview on Terminologies

The following were provided as an overview of key terms used in the Evidence Review to describe the various types of interventions.

Social change: Transformation within the organization of a society, its institutions and distribution of power.

Behavior change: Change that occurs when a person has sufficient information, motivation, and the necessary skills to change their behavior.

Interpersonal approach: Change on an individual or a family level, and that involves face-to-face interaction.

Community approach: Change where the intervention’s point of entry is at the community level, with outcomes measured at either the community or individual level.

Structural or systems approach: Promotes health by altering the context within which health is produced and reproduced (e.g. health systems and policy support, management capacity, resource mobilization, etc.)

Integrated/ holistic approach: Seeks to address a wide range of health areas using one intervention package (for example, addressing malaria in addition to reproductive health, family planning, etc.).

PARTICIPANTS' RECOMMENDATIONS FOR STRENGTHENING RESEARCH, MONITORING AND EVALUATION IN SBC

1- Establish research design & baseline data from outset of SBC interventions.

2- Plan evaluations of SBC as ongoing, long-term processes, and where possible to continue even after ending of projects.

3- Forge closer links between researchers and implementers, where researchers are brought in from design of new interventions to ensure sufficient focus on measurement of SBC outcomes.

4- Broaden focus of SBC indicators and evaluation designs to include those that will measure antecedents on the pathway to behavior change (e.g. changes in perceptions, intentions, attitudes, shifts in social norms, power relationships, individual and collective self efficacy), in addition to those that measure immediate program outcomes.

5- Place more emphasis on SBC intermediate outcomes versus indicators that attempt to demonstrate attribution.

6- Establish national research, monitoring and evaluation agendas for SBC with inclusion of standard indicators in national surveys (e.g. MICS, DHS, MIS) and design of formative and evaluative research and feasibility studies.

7- Facilitate partnerships on Research, Monitoring and Evaluation for SBC amongst national health research boards, local Universities, Regional Centers of Excellence & Global Health Partnerships.

8- Establish national repositories and knowledge management systems for research on SBC.

SBC Evidence Participants—

Rocio Berzal, UNICEF Niger
Jane Alaii, SBC Consultant, Kenya
Megan Kays, Sr. Researcher, PSI Kenya
Bongiwe Ndondo, M& E, Soul City, S.Africa
Adrian Chikumbe, Min. of Health, Malawi
Victoria Sande, MaiKhande, Malawi
Linje Manyozo, National AIDS Commission Malawi
Thomas Ofem, ssdi-JHU, Malawi
Samson Hailegiorgis, PH Consultant
Dr Negussie Teffera, Director PMC, Ethiopia
Dr Sudhakar Morankar, Medical Anthropology, Jimma University Ethiopia
Lakew Abebe, H&E and Behavioral Science, Jimma University, Ethiopia
Chalachew Wassie Wollie, Social Psychology, Social Sciences, Languages Mekele University, Ethiopia
Asnakew Tagele, Bahir Dar University
Biniyam Bogale, Medical Sociology, Jijiga University Ethiopia
Betemariam Alemu, USAID Ethiopia
Tsfaye Simireta, UNICEF Ethiopia

Resource Persons—

Dr Kerida McDonald, UNICEF Ethiopia
Dr Rafael Obregon, UNICEF New York
Patricia Portela Souza, UNICEF New York
Mario Bravo, USAID Washington DC
Dr Martin Alilio, USAID Washington DC
Dr Michelle Kaufman, JHU-CCP Baltimore
Yonas J. Dare, EIFDDA
Joan Jahn, Public Health & Policy Consultant

Guests—

Peter Salama, UNICEF Representative in Ethiopia
Rochika Chaudhry, USAID Washington DC

“Malaria is a disease where an integrated approach makes sense, because it has many manifestations throughout its trajectory that can be identified at different points.”

— Dr. Martin Alilio, USAID



PARTICIPANTS' RECOMMENDATIONS FOR STRENGTHENING SYSTEMS APPROACH FOR SBC COMMUNICATION

1- Incorporate SBC component in all health sector policies, strategies, plans and budgets at national and district level.

2- Establish or strengthen national/district level coordination mechanism for SBC.

3- Develop and implement a SBC capacity development plan for SBC related personnel within the Health Sector.

4- Ensure that design of SBC interventions and materials are based on theory and formative research.

5- Work towards integrated SBC interventions that include a mix of communication approaches (i.e. inter-personal, community-based, mass media and technology) and multiple linkages (i.e. across various health issues, societal levels, sectors and the lifecycle).

6- Ensure that plans for SBC interventions include strategies for incremental scaling up based on findings of research; stakeholder analysis; strong CBOs to expand and monitor quality; delivery mechanisms of other sectors; mobilizing champions, model families and communities to diffuse SBC practices. Ensure specific strategies to engage most marginalized and vulnerable groups.

7- Establish partnerships for delivery of SBC to complement the work of frontline workers in the health sector (including public-private partnerships, faith-based organisations, women's networks, youth).



The African Leadership for Child Survival: A Promise Renewed meeting attended by more than 120 delegations from Ministries of Health across the African continent, including 12 participants at Ministerial level, and global health experts concluded successfully.

Conclusions

The African Leadership for Child Survival: Promise Renewed initiative, emerging from the 2012 Global Call to Action, has been embraced as an African owned initiative facilitated through the strong leadership of the Government of Ethiopia through the Ministry of Health.

A consensus statement was agreed and signed by the countries and its realization therefore merits investments, technical assistance, strengthening of human and systems capacity, as well as monitoring and evaluation.

Towards achieving accelerated reduction of child mortality in Africa, the meeting provided an important step forward in galvanizing the momentum for country-led national child survival action plans with increased focus on the integration of social and behavior change components of health interventions.

As a result of the strategically positioned Population Level Social and Behavior Change Evidence Review meeting held to coincide with the African Leadership for Child Survival meeting, the “Evidence-to-Action” follow up to the Global Evidence Review on Social and Behavior Change should find fertile ground in Africa.

The spirit shared in the January 2013 meeting in Addis Ababa was one of strong commitment to mutual learning and peer-to-peer exchange as a newly found dynamism in the continent that is worth supporting and investing in for the future.



Dr. Kerida McDonald, Chief of Communications, UNICEF Ethiopia- during group synthesis of the evidence review and consultation-meeting.

Next Steps for SBC in Africa

-Disseminate outputs from African and Global evidence review meetings and support sustained advocacy on SBC through presentations at technical and high level meetings on MNCH in the countries and across the region.

-Develop package of tools to support the strengthening of systems approach for SBC (e.g. research briefs on SBC effectiveness, tool for mapping SBC interventions, sample National MNCH Communication Strategy/ Plan, sample TOR for capacity assessment of SBC function within health sector).

-Establish SBC technical assistance, fund/facility for development and integration of SBC components within overall Child Survival Road Maps/Plans.

-Identify and recommend a few key and affordable intermediate and impact indicators for inclusion in the Pan-African and country specific score cards to track results in SBC at national and district levels, including systems-based ones.

-Promote/support the role of regional university/practitioners networks in supporting dissemination, advocacy and integration of evidence in SBC.

Next Steps for the African Child Survival Agenda

Commitment of the Government of Ethiopia

In terms of next steps, the Ethiopian government, who will take over the chair of the African Union in 2013, has made several strong commitments to raise the status of the Call to Action: A Promise Renewed—

A commitment to a formal resolution of Heads of States;

A commitment to lobby for a Pan-African Child Survival Score-card to strengthen accountability;

A commitment to hosting of a follow-up meeting in 2014 to assess progress.

Countries committed to

1 -Use the opportunity of the African Leadership for Child Survival platform to develop more focused Child Survival plans between February and June 2013.

Countries committed to

2-Establish national technical teams, consultative processes and develop “home grown” country plans that would support integrated systems approaches for child survival.



Countries committed to

3-Disaggregate and regularly track a limited set of MNCH indicators at national level and in some cases at district level. These could be informed by standard indicators in the proposed Pan-African score card.

Countries committed to

4-Establish or strengthen country level partnerships to accelerate child survival.