

Komboni Housewives Campaign manual

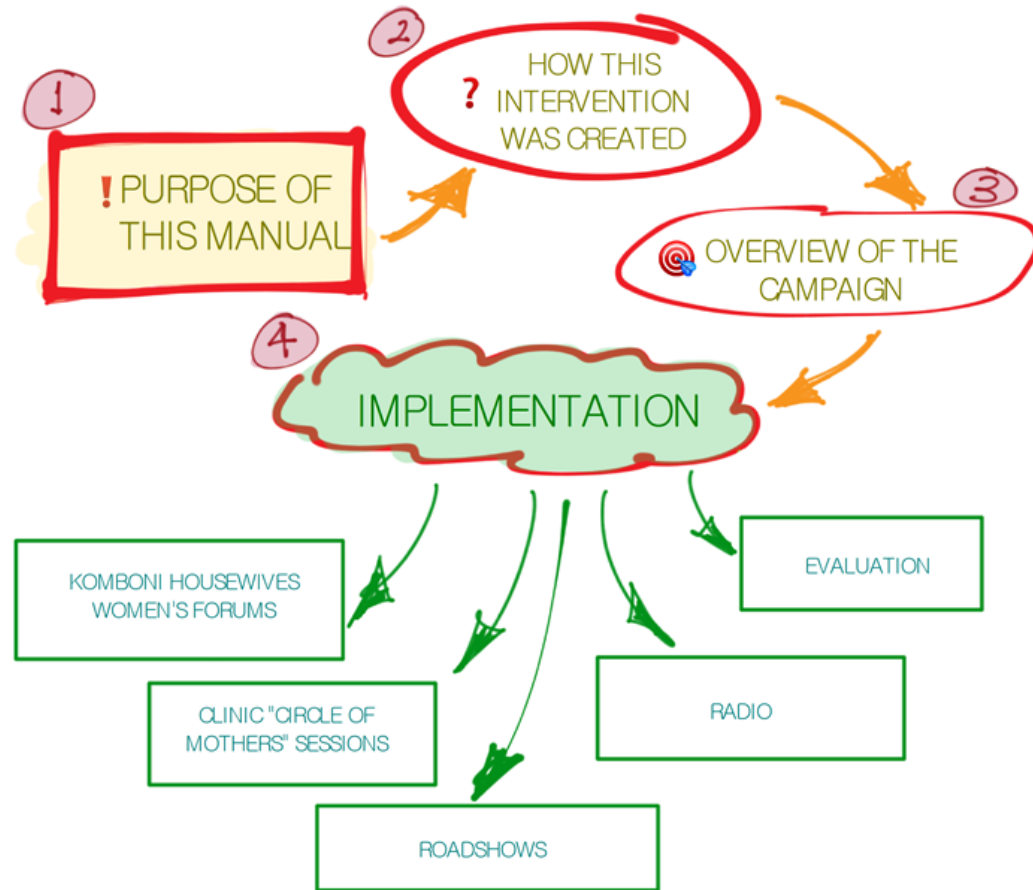
Komboni Housewives was a behaviour change intervention to promote caregiver practices that are important for diarrhoea prevention and management. This manual is for anyone that seeks to develop a similar campaign or understand how the campaign was developed.

Revised 19 November 2015



Home

Below is a summary of the campaign.
Click on any element below to jump to that section.



This manual can be printed but is most useful in its electronic form. In that mode, you can click on graphic and hyperlinks to find out more about a subject, and move your mouse over highlighted terms to get definitions.

Details of the project team are available in the [About Us](#) section.



Purpose of the manual



This manual was created to document the implementation of the Komboni Housewives intervention. It has been made available in this format for those wishing to understand how the intervention was created and delivered.

It is also hoped that intervention materials and guidance provided will enable academics and practitioners to modify the intervention for use in other settings.

This project team for this project included: [Centre for Infectious Disease Research Zambia](#) (CIDRZ); [London School of Hygiene and Tropical Medicine](#) (LSHTM); [Ministry of Community Development, Mother and Child Health](#); [Ministry of Health](#); [Absolute Return for Kids](#), and [DDB Iris](#).

The materials in this manual can be freely used as long as the users acknowledge CIDRZ and LSHTM. For enquiries contact Katie Greenland at: Katie.Greenland@lshtm.ac.uk



How it was created



Rationale, concept and creation

CIDRZ, the MCDMCH, the MoH and ARK planned and introduced a programme of diarrhoeal disease control, [PAED](#) which was based on the WHO [7 Point Plan](#). One of the three aims of PAED was caregiver and community behaviour change. LSHTM was engaged to provide research, intervention design and evaluation guidance for this stand of the PAED programme.

CIDRZ and LSHTM conducted a [formative research](#) study using the [Behaviour Centred Design](#) approach, and the findings were used to inform the design of the intervention to change behaviour to facilitate diarrhoea prevention and management for children under five years-of-age.

DDB Iris was given a [creative brief](#) detailing four behaviours which the intervention should target and the campaign was developed. A [theory-of-change model](#) was also developed for the intervention to illustrate the ways in which the intervention was hypothesised to lead to change.



How it was created



Behaviour centred design

Behaviour-Centred Design is a radically new approach to behaviour change for public health. Developed by a team at the Environmental Health Group of LSHTM, it builds on evolutionary and environmental psychology as well as best marketing practice to design and test imaginative and provocative behaviour change interventions. It has been shown that the approach works to change handwashing behaviour in rural India (SuperAmma), to change food hygiene behaviours in rural Nepal, and are testing BCD interventions to improve infant feeding behaviours in peri-urban Indonesia and on this Komboni Housewives diarrhoea prevention campaign in Zambia.

The approach has five steps:

A: Assess what is known and not known about the behaviour in question and define the parameters of the intervention, including specifying the exact behaviours to be changed. We organise this in a framing workshop.

B: Build-carry out Formative Research-often using innovative techniques including videoing and motive mapping. The results provide us with the insights that go into the creative brief.

C: Create the intervention with the help of professionals from local or international creative agencies

D: Deliver the intervention, through appropriate channels (including mass media, village and school events, local extension agents, activation agencies). The emphasis is always on exciting and motivating activities focused on changing behaviour, and never on preaching about health.

E: Evaluate the intervention, using the best means available, (usually a controlled trial), complemented by a process evaluation to learn what worked and what didn't for next time. We use a variety of means for measuring behaviour including direct observation and electronic sensors, when feasible.



How it was created



PAED Programme

The CIDRZ Programme for the Awareness and Elimination of Diarrhoea (PAED) takes a comprehensive approach to tackling diarrhoeal disease in children. Diarrhoea is the third largest killer of children under the age of 5 in Zambia. Every year, children under 5 experience 10.5 million episodes of diarrhoea; over 60,000 are hospitalised, and it is estimated that 15,000 die due to the disease. The negative impact of diarrhoea on Zambian children is intensified by the weak health system infrastructure and the lack of human and financial capacity. These include: the low doctor and nurse to population ratio; insufficient vaccine cold chain capacity; erratic access to essential medicines; and poor public awareness of appropriate behaviours for lifesaving measures against diarrhoea.

Aims of the CIDRZ PAED Programme

1. To accelerate the nationwide introduction of rotavirus vaccine in Zambia. The World Health Organization recommends rotavirus vaccine as part of a comprehensive public health strategy to combat diarrhoeal disease in children. First, PAED conducted a pilot of rotavirus vaccine; in November 2013 rotavirus vaccine was included as routine part of the standard childhood immunisation package in Zambia.
2. To improve the clinical management of diarrhoea in health facilities through identifying and addressing bottlenecks in demand and supply of Oral Rehydration Salts (ORS) and zinc tablets, and enhance healthcare staff skills to appropriately manage childhood diarrhoea through training, mentorship and supportive supervision using a government-led and approved curriculum.
3. To provide meaningful behaviour change education to caregivers and the community that promotes prevention of diarrhoea through handwashing with soap, exclusive breastfeeding and appropriate use of ORS and zinc.



How it was created



7 Point Plan

The treatment package focuses on two main elements, as laid out in the UNICEF and WHO 2004 joint statement:

Treatment package

1. Fluid replacement to prevent dehydration
2. Zinc treatment.

Oral rehydration therapy is the cornerstone of fluid replacement. New elements of this approach include low-osmolality ORS, which are more effective at replacing fluids than the previous ORS formulation, and zinc treatment, which decreases diarrhoea severity and duration. Important additional components of the package are continued feeding, including breastfeeding, during the diarrhoea episode and use of appropriate fluids available in the home if ORS are not available.

Prevention package

The prevention package focuses on five main elements to reduce diarrhoea in the medium to long term:

3. Rotavirus and measles vaccinations
4. Promotion of early and exclusive breastfeeding and vitamin A supplementation
5. Promotion of handwashing with soap
6. Improved water supply quantity and quality, including treatment and safe storage of household water
7. Community-wide sanitation promotion.

Web resources
[7 Point Plan](#)

Home

Last slide
viewed



How it was created



Formative Research: Protocol

Diarrhoea is the cause of 1 in 5 child deaths in Zambia. Effective control requires caregivers to comply with a suite of proven measures, including exclusive breastfeeding, handwashing with soap, correct use of oral rehydration salts (ORS) and administration of zinc.

Formative research was conducted to investigate current practices, factors constraining or facilitating specific behaviours and to explore channels of communication currently used for each of these behaviours.

Home

Last slide
viewed

Downloadable documents

Research Protocol



How it was created



Formative Research: Findings

ORS and Zinc

- All had heard of ORS
- Most had used it before
 - Half-used sachets and made-up was ORS seen in homes
 - Reports of how home-made ORS was made
- Obtained free from clinic, sometimes purchased
- As expected, zinc was not well-known

Handwashing with soap

Soap was not consistently available in homes and was really dependent on whether there was money available, when there was a need to do laundry, and when the household head purchased it. Knowledge of handwashing was not the problem.

- Handwashing Station acted as a cue for handwashing and made it easier to wash hands

Exclusive breast feeding

- All mothers knew EBF messages – knowledge was not a problem
- Porridge introduced anywhere from 2-3 months upwards; Maheu and Super Shake were not seen to be foods
- Not given before 6 months
- Fat baby = healthy baby
- Importance of EBF had been well- learnt from clinics

Downloadable documents
Research Findings

Home

Last slide
viewed



How it was created



Brief to creative agency

DDB Iris was briefed to deliver the following core outputs:

- An intervention design based on behaviour change principles and design principles derived from FR.
- Development of all materials and interactions associated with this design.
- Channel/touchpoints strategy.

Target behaviours (at home)

1. HWWS after risk if contact
2. Exclusive breastfeeding up to six months
3. Timely use of correctly prepared ORS
4. (Awareness and) use of Zinc to treat diarrhoea

Background to these behaviours was provided in the formative research.

Other relevant information

- Lives are lived publically and people gossip.
- “Your neighbour’s child is your child” philosophy.
- Children bring status, fat baby = healthy baby
- Supplies are bought as needed on a daily basis

Design principles

- Link behaviours under ‘umbrella’ message, vehicle
- Reinforce existing message
- Rural and peri-urban, scalable
- Low literacy materials
- Measurable behavioural tasks broken down for each behaviour

Downloadable documents
Creative brief

Home

Last slide
viewed



Komboni Housewives Concept



Using the behaviour centred design approach, the affiliation motive as identified for use in developing the concept. Affiliation is the emotion that promotes investment in membership in groups so as to gain the benefits of group life. Humans are this motivated to participate in social activities, to form alliances, to conform to group norms, to display our intentions to cooperate, to seek to engender trust, and to share resources, including knowledge about others.

The Komboni Housewives are thus a fictional alliance of six mothers from Lusaka's compounds. They have social permission to meddle in the affairs of other mothers and are thus able to define group norms that other mothers follow. Their profile, numbers, gossip and knowledge about others increases their influence and mothers from the area are therefore eager to be affiliated with them. They assume mothers don't know as much as they themselves do on matters of handwashing, preparation of ORS, the use of zinc and on exclusive breastfeeding, but are often wrong. However they are quick to recognise their mistakes and accept into their group, mothers who demonstrate correct behaviours.



Komboni Housewives Concept



Overview of the campaign

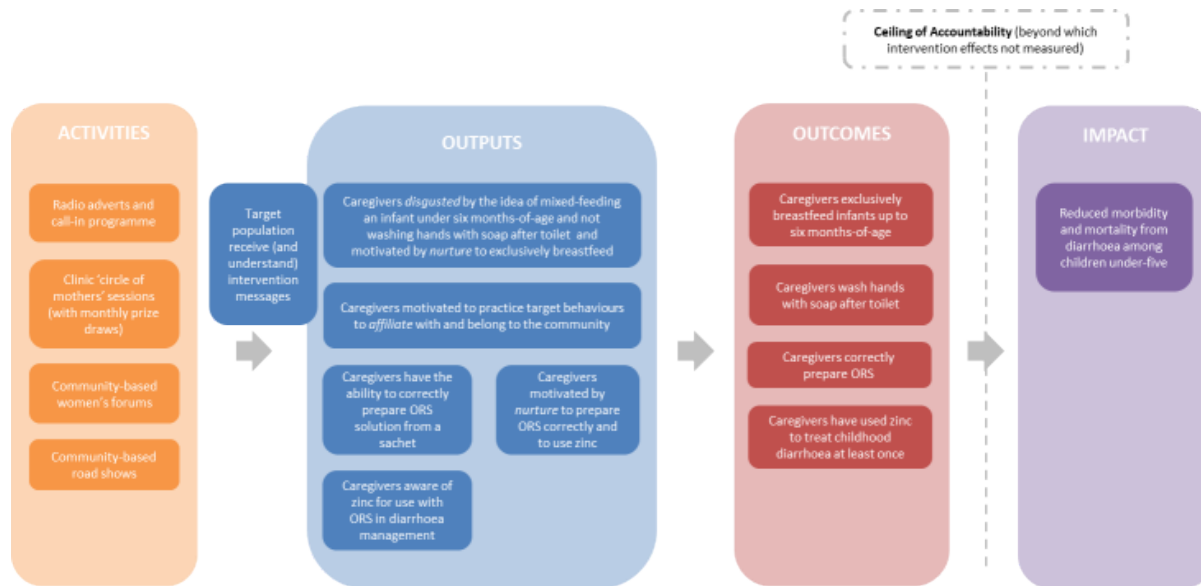
The Komboni Housewives are presented to the community through:

1. [Community-based women's forums](#) – A series of meetings organised within the community in the intervention areas. The meetings, which were convened by the Komboni Housewives, invited about 20 new mothers to participate in various skits about the targeted behaviours.
2. The [Circle of Mothers](#) clinic sessions – Meetings where new mothers who have come to the clinic because their babies have diarrhoea, were invited to discussions and demonstrations by health workers that were related to the use of zinc and ORS and to promote the other target behaviours. As an incentive for participating, mothers were entered into a weekly prize draw, which rolled into a monthly draw.
3. [Community-based roadshows](#) – Eight community based events held at shopping centres which used music and other entertainment to attract about 200 participants including new mothers and young people. Skits by the Komboni Housewives reinforced the correct behaviours.
4. [Radio adverts & associated call-in programmes](#) – Thirty minute radio programmes on selected radio stations which contained a call in session from the Komboni Housewives who were simultaneously convening Community-based women's forums, and the hostess of the forum. The programme was targeted at mothers similar to those who attended forums.

Komboni Housewives Concept

Theory of change model

A Theory-of-Change Model was created to guide both development and evaluation of the Komboni Housewives intervention. The model illustrates the activities to be conducted in the intervention and the hypothetical links between these activities and desired intervention outcomes.





Implementation



This section is a guide to how each of the items was executed. The intervention was executed in the Lusaka, Kafue and Chongwe districts. Sixteen study sites were chosen, eight of which were control sites and another eight were [study sites](#).

The intervention, which included a pilot phase, ran from 16 March to 30 September 2014. The activities were rotated in the intervention sites and are summarised in the [Master Plan](#).

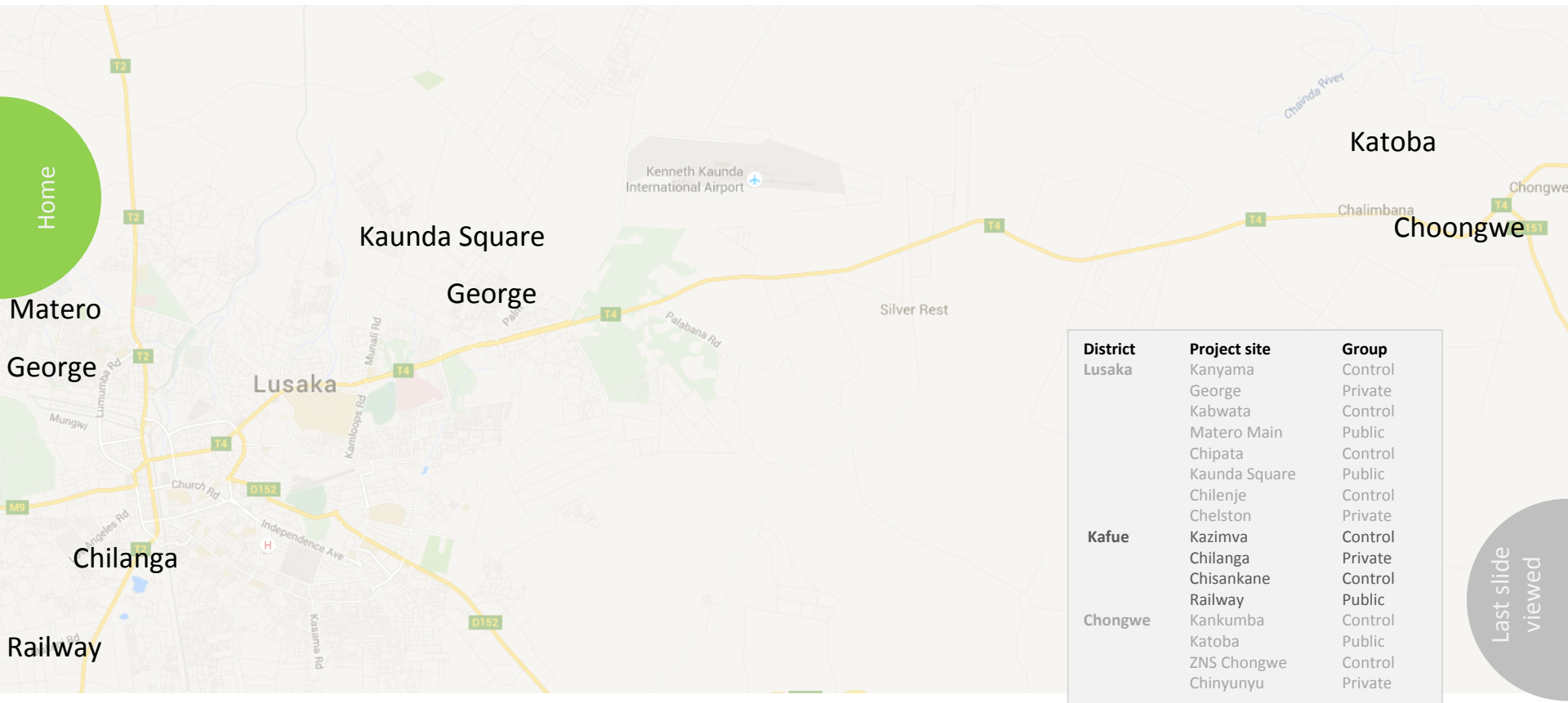
Each activity had an outline of activities which was verified in the pilot phase and checked throughout the implementation.



Implementation



Study sites



Last slide viewed



Implementation



Master plan (2014)

Home

- Identification of Hosts
- Women's Forums
- Distribution of T-shirts
- Distribution of CDs
- Distribution of Job Aids
- Distribution of Stickers
- Distribution of Certificates
- TV Adverts

- Roadshow
- TV Adverts
- CD Distribution
- Afunika Performance

Pilot

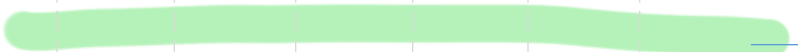
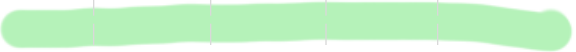
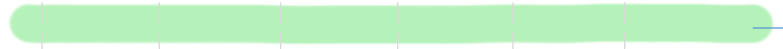
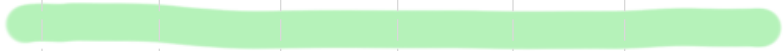
Women's Forums

Circle of Mothers

Roadshows

Radio

March April May June July Aug. Sept.



- ORS Corner Dry Run
- ORS Corner Dry Run
- Clinic Orientation Meetings
- KH Forum Dry Run
- KH Forum Dry Run
- Roadshow Dry Run
- ORS + Zinc Distribution
- Postering

- Circle of Mothers Forum
- Draw Entries
- Certificates, Stickers, Flyers
- ORS Corner Supplies Distribution
- ORS Corner Monthly Draws
- Winner Attends Subsequent Forum
- ORS Corner Grand Draw
- Grand Draw Prize Winning

- Komboni Radio: Call In Programme
- RADIO 4: Call In Programme
- RADIO 4: Spots
- RADIO 1: Call In Programme
- CD Distribution

Downloadable documents
 BCC Master Routeplan
 (this includes the timings
 of all the activities)

Last slide viewed

Implementation

Outline of activities: Community-based women's forums

There were two events per day: At 10am and 2pm, each lasting about 2 hours.

1. Identify a mother in the community to host a forum
2. Request her to invite mothers from her neighbourhood (participants) who have children under 5
3. On the day of the event arrive two hours before the event to set up the table, banner and gifts and publicise the event by playing the jingle on the bus loudspeakers
4. Host introduces the Komboni Housewives group; each KH, in character, introduces herself and her role.
5. Skit: Handwashing TVC acted out and then Q&A session.
6. Skit: ORS and Zinc TVC acted out and then Q&A session.
7. Skit: Exclusive breastfeeding TVC acted out and then Q&A session.
8. Skit: Baby tummy demonstration and then Q&A session.
9. The skits complete before 12:30 at which time a scheduled call with the Radio Programme DJ comes through to speak to a KH and host with pre-arranged script.
10. Pledging session where mothers receive certificates for participating.
11. Forum ends and mothers are asked to spread the message.

Downloadable documents

Pictures from the forums
Video from the forums
Baby tummy demo video
Handwashing TVC script as used for skit
ORS and Zinc TVC script as used for skit
Exclusive Breast Feeding TVC script as used for skit
Hand-washing TVC
ORS and Zinc TVC
Exclusive Breast Feeding TVC

You will need

1x crew bus
Crew (6KH + supervisor + driver)
1x iPad for video
20x door stickers
1x hamper for host
1x table (from host)
1x banner
20x certificates



Implementation



Outline of activities: Circle of mothers

There were several branding initiatives around the ORS Corners, which are already existing centres for distribution of ORS in clinics.

1. Place posters of how to mix ORS and use Zinc in and around the clinic;
2. Erect large banners to announce the actual ORS corner;
3. Install the competition box, and
4. Provide Healthcare advisors with branded t-shirts and hats.

During this initiative which operates Monday to Friday between 9am and 11am.

1. Only begin event when you have at least five mothers.
2. Do the following activities:
 - Demonstrate how to make ORS
 - Give mothers a regular empty plastic bottle on which there is marked a 1 litre line to help them make their own ORS at home.
 - Give take-home stickers on how to make ORS (and use Zinc) and ask them to place these inside the door of their home.
 - Write down their names for entry into a weekly draw and place these in a competition box at the ORS Corner.
 - Perform a draw at the end of the month during the radio show
 - Demonstrate the Plastic Breast and Baby's Tummy

Downloadable documents

Pictures from the sessions
Video from the sessions
Baby tummy demo video
Circle of Mothers Script

You will need

3x posters
1x banner
1x competition box
4 t-shirts
4 hats



Implementation



Outline of activities: Roadshows

- Crew (KH) conducts pre hype in the surrounding venue of the town.
- Remainder of resources advance to the venue to set up
- DJ plays music to attract crowds
- Stage activities start with MC giving information about the Komboni Housewives intervention and prizes for the day.
- Skit: Hand-washing TVC acted out and then Q&A session.
- Entertainment and interaction with crowd.
- Skit: ORS and Zinc TVC acted out and then Q&A session.
- Entertainment and interaction with crowd.
- Skit: Exclusive breastfeeding TVC acted out and then Q&A session.
- Entertainment and interaction with crowd.
- Skit: Baby tummy demonstration and then Q&A session.
- Performance by musician (Afunika) and CD signing.

Downloadable documents

Pictures from roadshows
Baby tummy demo video
Hand-washing TVC script
ORS and Zinc TVC script
Exclusive Breast feeding TVC script
Hand-washing TVC
ORS and Zinc TVC
Exclusive Breast feeding TVC

You will need

1x rig, a branded truck
with 5 banners
6 Crew (the KH)
1 DJ
2 MCs
3x riggers



Implementation



Outline of activities: Radio programme

1. Develop a media schedule which covers the campaign period (see sample). Timing must compliment the timings of the Forums and Circle of Mothers). The radio programme should coincide with the projected end of the Forum.
2. Train the DJs on the KH intervention.
3. Provide adverts to play during the show especially intro and outro jingles.
4. Monitor that each programme happens according to plan, including random recordings.
5. Regularly re-brief DJs to provide feedback on their performance.
6. During show
 - Play the intro jingle
 - Discussion: challenge a myth or behaviour (e.g. feeding babies porridge at 2 months; handwashing with water only) – ask the audience to call in. Call the expert for their opinion (if not already in the studio)
 - Play music or programming as would be expected on that medium during the discussion.
 - Call the Forum at the coordinated time.
 - If appropriate, call the Circle of Mothers at the appropriate time.

Downloadable documents

Radio intro advert

Radio outro advert

Sample radio programme

You will need

- Radio intro advert
- Radio outro advert
- Airtime for DJs to call Forums and Circle of Mothers
- Expert from campaign team on standby



Implementation



Evaluation

The intervention was delivered in eight areas in Lusaka, Kafue and Chongwe districts in Lusaka Province, Zambia between April and September 2014 and evaluated using a cluster randomised-controlled trial design with data collection at baseline (Jan-Feb 2014) and endline (Oct-Nov 2014).

The Komboni Housewives evaluation had two main objectives:

1. Determine the impact of the intervention on caregiver practice of four behaviours related to diarrhoea prevention (exclusive breastfeeding and handwashing with soap) and management (use of ORS and zinc)
2. Conduct process evaluation to learn how the intervention was implemented in practice in order to aid interpretation of measured outcomes

The outcomes measured by the impact evaluation were:

- Exclusive breastfeeding of infants 0-5 months-of-age (self-report)
- Handwashing with soap after toilet use (structured observation)
- Correct preparation of ORS (observation)
- Use of zinc to treat diarrhoea (self-report)

The findings from these evaluations are available as reports and academic publications.

Downloadable documents

Impact evaluation report

Impact evaluation academic paper

Process evaluation report

Process evaluation academic paper (coming soon)



About us



Centre for Infectious Disease Control (CIDRZ)

The Centre for Infectious Disease Research in Zambia (CIDRZ) is a non-profit organisation founded in 2001 as collaboration between the University of Alabama at Birmingham, USA, the Ministry of Health and the University of Zambia School of Medicine. In 2011 CIDRZ became an independent, Zambian, non-governmental organisation. CIDRZ is now one of Zambia's largest NGOs employing almost 700 Zambians who support health services in more than 423 clinics and hospitals in 31 districts over 5 Provinces. CIDRZ is an active partner of, and aims to be a permanent resource to, the Government of the Republic of Zambia and currently collaborates with the Ministry of Health, Ministry of Community Development Mother and Child Health, Ministry of Home Affairs Zambian Prisons Service, University of Zambia, and University Teaching Hospital (UTH), among others.

CIDRZ is the owner of this Komboni Housewives intervention.



About us



London School of Hygiene and Tropical Medicine (LSHTM)

The London School of Hygiene & Tropical Medicine (informally the LSHTM) is a public research university on Keppel Street, Bloomsbury, Camden, London, and specialised in public health and tropical medicine and a constituent college of the University of London. It was founded by Sir Patrick Manson in 1899 and is one of the most prestigious institutions in the world[citation needed] in the fields of public health and infectious diseases, ranking highly in both national and international league tables.

The LSHTM's mission is to contribute to the improvement of health worldwide through the pursuit of excellence in research, postgraduate teaching and advanced training in national and international public health and tropical medicine, and through informing policy and practice in these areas.

The Environmental Health Group at LSHTM provided guidance for research, intervention design and evaluation on this Komboni Housewives intervention.



About us



Ministry of Community Development, Mother and Child Health (MCDMCH)

The Ministry of Community Development, Mother and Child Health (MCDMCH) was established through a Presidential decree in September 2011. This Ministry is key in providing and facilitating the provision of equitable social protection and quality primary health care services to communities in order to contribute to sustainable human development.” It contributes to poverty reduction and improved quality of life of citizens in order to foster national development.

Within the context of Social Protection and Health service delivery, the Ministry implements and facilitates the provision of social welfare, community development and primary health care services.



About us



Ministry of Health (MoH)

The Ministry of Health holds the responsibility for medical care and preventive care services through its wide network of public health institutions, countrywide. In this regard, the MoH undertakes a package of basic health care services through its 11 programme areas, namely Epidemic Preparedness, Provision of 1st level referral services, Roll Back Malaria, HIV/AIDS/STIs, Tuberculosis, Integrated Reproductive Health, Child Health, Environmental Health, Mental Health, Oral Health and Nutrition.



About us



Absolute Return for Kids (Ark)

Ark is an international organisation whose purpose is to transform children's lives. Ark believes that all children deserve a great education – and so should be allowed to achieve their potential and follow their dreams. Ark runs 34 schools in the UK, and have launched their first school in Delhi, India. However, they want their work to benefit more children than that. So they operate beyond the confines of our own schools to share models that work, and to strengthen and improve education systems.

Ark understands that diarrhoea is one of the leading causes of death. That's why, since 2013, they have been working with the Centre for Infectious Disease Research in Zambia (CIDRZ) to prevent and treat diarrhoea on this Komboni Housewives intervention, piloting in Zambia's Lusaka Province, their three-year programme aims to halve diarrhoeal deaths and reduce overall child mortality by 15%.



About us



DDB Iris

DDB Iris is a creative advertising agency based in Lusaka. They understand that when development of the prototype is required, academia need practitioners who not only understand the science, but can build replicable working products to be learned from. These practitioners need to be intellectually curious, competent and flexible in the design process have good communication science knowledge work closely with the scientists pay attention to every detail identify and reduce risks, and anticipate problems that may be encountered in scale up. Importantly, practitioners must be patient and able to participate as a peers in the team of researchers and other professionals. As such, they are deliberately structured to be an appropriate partner for academia.

Their clients are a mix of corporate, third sector and government clients. For this range of clients they produce a range of work above-, below- and through-the-line. This Komboni Housewives campaign is an example of a through the line campaign.



For further information and permissions, please contact Katie Greenland at:
Katie.Greenland@lshtm.ac.uk

Home

Last slide
viewed