

## Social and behaviour change communication for the prevention of noncommunicable diseases (NCDs)

### ABOUT THIS REPORT

This report summarises two studies that were requested by the South African National Department of Health (NDoH) to strengthen their approach to social and behaviour change communication (SBCC) for the prevention of NCDs.

- **Section A** discusses an evidence-based and systematic approach to SBCC and provides the ideal components of a framework for an SBCC strategy. It also provides evidence that could be used to design an SBCC strategy for NCDs in South Africa; and
- **Section B** uses the quality assurance tool in the above framework to analyse the strengths and weaknesses of one national campaign: National Nutrition and Obesity Week (NNOW, October 2020).

The context for this work is the development of the new National Strategic Plan for NCDs (2021–2026). The SBCC framework is designed to complement the primary prevention focus of the NSP, and the NNOW analysis aims to provide insights into strengthening future SBCC campaigns.

The complete versions of both documents are available online:

- ▶ **Formative components of a SBCC strategy for NCD Prevention in South Africa**
- ▶ **Report on the evaluation a selected National NCD campaign: National Nutrition and Obesity Week (NNOW)**

### A. FRAMEWORK FOR AN SBCC STRATEGY FOR THE PREVENTION OF NONCOMMUNICABLE DISEASES

This summary focusses on elements of an evidence-based SBCC strategy, rather than on the more detailed evidence on which to base the strategy, which is described in Chapter Two of the full-length report.

The framework that follows aims to provide the basis for the development of an SBCC strategy by:

- Introducing the key components required for any SBCC strategy;
- Modelling the process of planning a SBCC strategy specific to the primary prevention of NCDs in South Africa; and
- Recommending ways to prevent NCDs in South Africa, using key SBCC insights.

■ **Figure 1: SBCC framework**



### Key elements of an effective SBCC strategy

The report provides step-by-step insights into how an SBCC strategy for NCD prevention could be designed using evidence and best practices. Key elements of an SBCC framework are summarised in Figure 1 and discussed in more detail below.

## 1. Planned process

The planning framework for the SBCC process includes the following sequential phases:

- **Inquiry phase:** To understand the national situation and audiences. This situational analysis report culminates in a clear problem statement.
- **Design phase:** To prioritise audiences, based on the evidence above, to develop an SBCC strategy.
- **Create and test phase:** To rigorously test any communication products or processes proposed in the strategy.
- **Implementation and monitoring phases** of the final strategy.
- **Evaluation phase:** This often leads to adaptations or replanning for the next programme cycle, based on results.

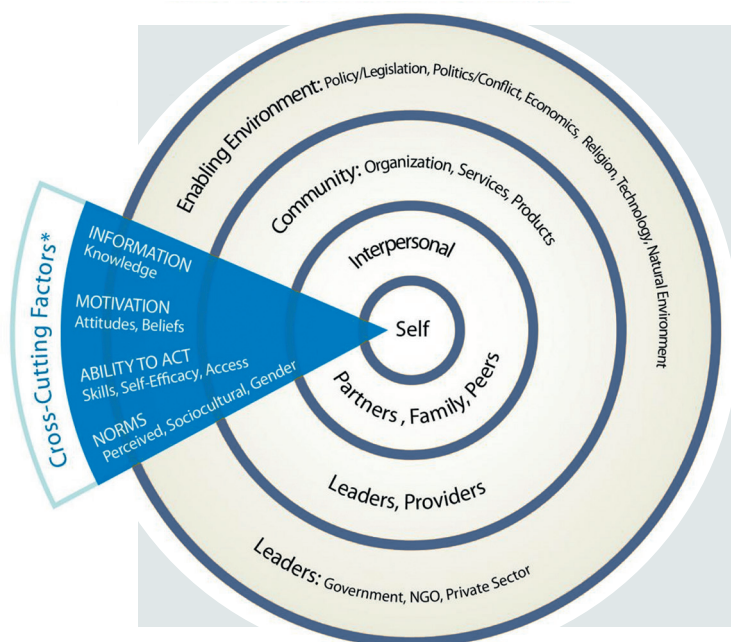
## 2. Based on theory and evidence

The recommended theoretical approach to SBCC is based on a socioecological model that illustrates how social and structural environments influence individuals and the decisions they make. The political and economic environments of a society influence community dynamics and vice versa, as shown in Figure 2 below.

The socioecological model is used to analyse the context and design and plan SBCC strategies for different audiences and across different NCD prevention programmes.

The inquiry phase of the planning process for any SBCC programme must be based on different types of evidence available on both the intended audience and the NCD landscape. Evidence types include social, epidemiological, environmental, behavioural and evidence on the efficacy of possible interventions.

■ **Figure 2: Socioecological model for change**



**STANDARDS FOR SBCC QUALITY**

- Follow a planned process
- Draw on context-relevant evidence
- Ground in theory, from inquiry until evaluation
- Apply audience insight and segmentation
- Define communication objectives
- Use a mix of strategic approaches, aligned to communication objectives
- Model participatory approaches
- Support multi-sectoral action
- Promote gender equity and social inclusion
- Avoid stigmatising people or conditions
- Reflect a life-course perspective

**3. Audience specific**

The audience is the group of people for whom (or with whom) the strategy is designed. Audiences are divided into:

- **Primary audience:** The group that will benefit from the changes (e.g. adolescent girls);
- **Influencing audiences:** Those who influence the primary audience (e.g. peers of adolescent girls); and
- **Target audience:** This is the group for whom the specific communication strategy is designed. The target audience may be the same as the primary audience, but may also be those who have most agency in change (e.g. adolescent caregivers).

**4. Clear SBCC objectives**

Spelling out clear communication objectives is fundamental to SBCC. Communication objectives seek to focus on the underlying factors of the behaviours that are barriers to change, or that may facilitate behaviour change. In this way communication or SBCC objectives are different to programme objectives. For example, a programme objective might be 'increasing physical activity in adolescent girls', while the communication objective for that programme would be 'increasing self-efficacy to participate in school sport' and the

strategy would then be focussed on the full range of activities that could do this.

**5. Strategic approaches**

SBCC operates through three main strategic approaches:

- behaviour change communication that aims to change knowledge and behaviour of individuals;
- social mobilisation for wider participation and ownership;
- and advocacy aimed at raising resources and political and social commitment.

Strategic approaches should specify activities and potential channels appropriate for the audience and context. A channel is the medium through which communication takes place. It can be unidirectional, e.g. television, or one that can enable dialogue, in the case of a training or interpersonal communication.

**6. Participatory and multisectoral**

Ideally, a range of partners should be involved in the SBCC planning process and include affected communities and sectors outside of organisations that deal specifically with health, such as the NDoH. [\(See more on this topic in: Multisectoral and multistakeholder approaches to tackling noncommunicable diseases \(NCDs\) available for download here ...\)](#) ►

## 7. Gender equity, social inclusion and stigma prevention

Any SBCC strategy should be sensitive to gender inequality and social exclusion and should aim to include strategies to prevent these, as well as preventing stigma.

## 8. Life course approach

According to estimates by WHO, 70% of premature deaths in adulthood, globally, are due to behaviours that began in adolescence. It is thus important to consider at which life stage we should engage with people to bring about change. For NCD prevention, this requires us to decide when in the life course we are likely to have the biggest impact.

## 9. Quality assurance

High quality SBCC campaigns should be able to demonstrate that they have been based on the above principles and elements. The report includes a quality assurance tool that can be used to support planning of new campaigns and measure the quality of specific campaigns that have already been conducted. This tool, and its application to one national campaign, is discussed in Section B below.

## B. EVALUATION OF AN NCD CAMPAIGN: NATIONAL NUTRITION AND OBESITY WEEK (NNOW)

**Each year the Directorate: Nutrition in the NDoH, commemorates National Nutrition and Obesity Week (NNOW), and in 2020 this campaign took place between 9 and 19 October. This report summarises a rapid evaluation of the 2020 NNOW campaign using the quality assurance tool described in 9, above.**

### Background

The year 2020 marked a particularly important year for nutrition and obesity, as the COVID-19 pandemic demonstrated that poor nutrition (both over- and under-nutrition) and obesity increase vulnerability to COVID-19. In particular, the South African data on severe disease and mortality highlighted the country's NCD epidemic.

This is the context for piloting of the SBCC quality assurance tool. The evaluation was conducted within the COVID-19 context, in a short time frame (November 2020). Through a participatory process, involving interviews with seven key stakeholders, the tool enabled the team to score the performance of the NNOW campaign in four key domains linked to the SBCC quality standards. In addition, documents were used to verify and expand on information from interviews.

### Four domains

The four domains in the quality assurance tool are: institutional systems; planning and design; implementation; and monitoring and evaluation.

**1. Institutional systems:** This domain tests the strength of the institution/s leading the campaign. It reviews systems that directly influence SBCC intervention planning and implementation. They include internal SBCC mechanisms; human resource systems; management information; and reporting systems.

**2. Plan and design:** This domain evaluates necessary components for planning and design, such as situation analyses built on evidence; priority setting; and design elements that address the identified health or other social barriers to change, among other key components.

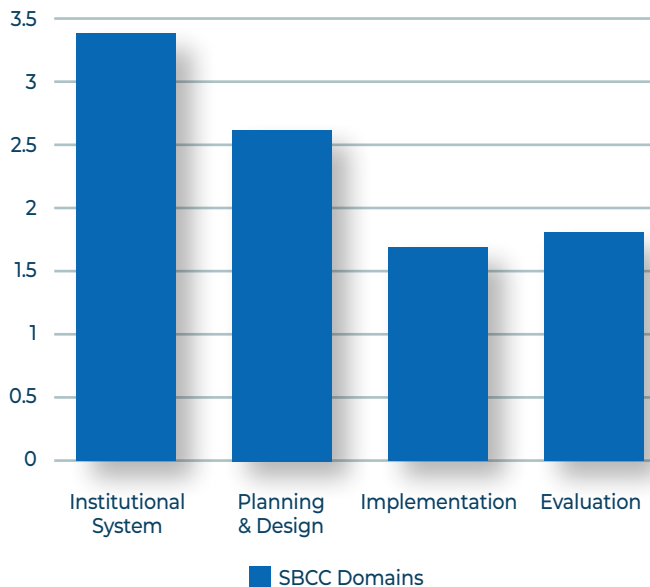
**3. Implement and monitor:** This domain covers best practices for implementing and monitoring SBCC programmes, including the development and use of implementation and monitoring plans; coordinating implementation with other programmes; supervision and mentoring; and having staff and SBCC development plans, etc.

**4. Evaluate, scale and sustain:** This domain covers the components needed to evaluate SBCC and to scale and sustain the programme, including evaluation; documentation and dissemination of results; and how programme data are used for adaptation.

## Results

Domain 1, the Institutional Systems context, scored highest with 3.38/4.00 followed by Domain 2, Planning and Designing (2.62/4.00). Domains 3 and 4, Implementation and Evaluation scored 1.69/4.00 and 1.80/4.00 respectively.

■ **Figure 3: Self-assessment by domain**



This pattern of scores is common, reflecting a gap between concepts (mandates and plans) and action (implementation and evaluation). The former typically score higher than the latter.

The richness of the evaluation process was in the conversations that led to the scores, not the actual scores themselves, which are detailed in the results section and form the basis for a number of recommendations. A few highlights from the process are as follows:

**NNOW strengths:** The evaluation found that the NNOW campaign process focused on bringing together a broad range of stakeholders to select the annual theme and develop messages for a coordinated communication strategy. The stakeholders who participated in the 2020 NNOW campaign were highly committed and reputable technical experts and organisations. Resulting campaign materials were clearly branded and of a professional quality, and produced in a wide variety of formats (print, social media, visual and audio).

**NNOW weaknesses:** Less attention was given to the underlying mechanisms that could assist with making the campaign more focused and efficient (e.g. a costed workplan, a theory of change and a monitoring and evaluation plan) and to quality assurance processes, such as consistent pretesting of materials and data-quality mechanisms. A cross-cutting concern expressed by all participants was NDoH’s heavy reliance on collaborators to finance the NNOW campaign. Another concern was that monitoring was inconsistent and there were no plans (or resources) for evaluating the impact of these annual efforts.

