MOTT MACDONALD

Better Health Programme South Africa

Report on the evaluation of a selected National NCD campaign: National Nutrition and Obesity Week (NNOW)

December 2020

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Acronyms

ADSA	Association for Dietetics in South Africa
AOP	Annual Operational Plan
APP	Annual Performance Plan
BHPSA	Better Health Programme South Africa
CANSA	Cancer Association of South Africa
CHAI	Clinton Health Access Initiative
CFO	Chief financial officer
CGCSA	Consumer Goods Council SA
CHW	Community health worker
DBE	Department of Basic Education
DBM	Double burden of malnutrition
DoH	Department of Health
DSD	Department of Social Development
ECD	Early childhood development
FBDG	Food-based dietary guidelines
M&E	Monitoring and evaluation
NCDs	Noncommunicable diseases
NDoH	National Department of Health
NGOs	Non-governmental organisations
NNOW	National Nutrition and Obesity Week
SADHS	South African Demographic and Health Survey
SANHANES	South African National Health and Nutrition Examination Survey
SBCC	Social and Behaviour Change Communication
SMART	Specific, Measurable, Attainable, Relevant, Timebound
StatsSA	Statistics South Africa

Executive summary

Social and Behaviour Change Communication (SBCC) is well recognised as one of the key health promotion strategies to promote health and wellbeing, and to prevent disease. This is an interactive process of working with individuals and communities to develop communication strategies to promote positive behaviours and create supportive environments to enable people to adopt and sustain positive behaviours.[1] It is within this context that various SBCC interventions are planned and implemented to promote healthy lifestyle practices. The evaluation of these interventions is important in shaping appropriate responses to meet the changing needs of communities and individuals.

The Better Health Programme South Africa (BHPSA) provided technical assistance and support for the development of a foundational document on key components for an effective SBCC strategy to prevent noncommunicable diseases (NCDs). This work included a quality assurance tool to analyse the institutional contexts and processes followed to plan, implement and evaluate national health campaigns using an SBCC lens. This document is a continuation of this work with a report on the application of this SBCC tool in the evaluation of a health campaign.

The tool was planned to be used to evaluate the national cancer campaign, but it was later decided (at short notice) that the SBCC tool would be used to evaluate the nutrition campaign. This decision was made based on the limited availability of staff involved in the cancer campaign to support the evaluation due to competing demands at the end of 2020. The evaluation focused on the campaign context and processes in relation to SBCC***. (This is not an outcome or impact evaluation).***

Annually, in the month of October, the Directorate: Nutrition in the National Department of Health (NDoH) commemorates National Nutrition and Obesity Week (NNOW). This campaign was implemented between 9-19 October 2020 and it is the first year in which this campaign was evaluated.

The year 2020, marked a particularly important year for nutrition and obesity with the emergence of COVID-19. The pandemic revealed how poor nutrition (both over- and under-nutrition) and obesity increase vulnerability to COVID-19. This drew greater attention to South Africa's epidemic of NCDs than previous years. The economic impact of COVID-19 also exacerbated the food insecurity of many people, creating an additional barrier to health and wellness for all.

It is within this background, that the context and processes of the NNOW campaign (in relation to SBCC) was evaluated, in November 2020. The use of the SBCC tool was piloted to support the planning and evaluation of future NCD-SBCC campaigns in the country.

The evaluation was conducted within the COVID-19 context, in a short timeframe, and with limited consultation. Through a participatory process, involving interviews with seven key stakeholders, the tool enabled the team to quantify how the NNOW campaign scored in four key domains linked to the SBCC quality standards. Documents were used to verify and expand on information from interviews. The institutional systems context (Domain 1) was rated the highest with a score of 3.38/4.00, followed by planning and designing (Domain 2) at 2.62/4.00, implementation (Domain 3) at 1.69/4.00, and evaluation (Domain 4) at 1.80/4.00. This pattern of scores is common, reflecting the gap between concepts (mandates and plans) and action (implementation and evaluation). The former domains typically score higher than the latter.

The richness of this process was the conversations that led to the scores and not the actual scores themselves, which are detailed in the results section and form the basis for several 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 to develop messages for a coordinated communication strategy. The stakeholders who participated in

[1] https://assets.publishing.service.gov.uk/media/5bad0421ed915d25a0587a15/181_BCC_on_health_related_issues.pdf

the 2020 NNOW campaign were reputable technical experts and organisations. They were highly committed to bringing quality messages to their constituencies, which were reflected in clearly branded and professional quality campaign materials in a wide variety of formats (print, social media, visual, audio). Some of the materials modelled behaviours that challenge harmful gender stereotypes, e.g., showing a man cooking. The materials also reflected awareness of the financial constraints many people are experiencing, in a non-stigmatising manner.

- **Weaknesses**: Less attention was given to the underlying mechanisms that could assist with making the campaign more focused and efficient, such as a costed workplan, theory of change, monitoring and evaluation plan, and quality assurance processes, such as consistent pre-testing 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. While some stakeholders applauded the use of a consensus model by NDoH to gain buy-in, others felt this was inefficient at times, resulting in delays to the planning process. Another concern that emerged was that monitoring is inconsistent and there were no plans (or resources) for evaluating the impact of these annual efforts.

This report provides recommendations under each domain, some more directly related to the NDoH, while others are relevant to the entire NNOW group. These are meant to act as discussion points for the key stakeholders involved in NNOW. It is acknowledged that some stakeholders did not have an opportunity to contribute to this process and some of the nuances of the campaign may have been missed. However, this evaluation will provide guidance to assist in enhancing and refining future campaigns to promote the health and wellbeing of all people in the country.

Summary of key recommendations

Recommendations to strengthen the institutional systems

- Motivate for stronger alignment between the Annual Performance Plan (APP) indicators and Annual Operation Plans (AOP) indicators.
- Consider adding Directorate-level strategic objectives and performance indicators linked to SBCC in AOPs to support the achievement of key performance areas.
- Motivate for Directorate staff to receive SBCC training. Consider offering this to staff at multiple levels of government to reflect the autonomy at provincial, district and sub-district levels.
- Work with the procurement system staff to identify how to improve efficiencies in order to reduce dependency on outside stakeholders for financing activities linked to the Directorate's mandate.
- Review if there are additional government sectors or external stakeholders who could be included in key communication and coordination efforts. Consider how existing mechanisms could be leveraged for more systematic communication to raise the profile of the Directorate's work.
- Provide resources for provinces to invest in more evidence-based communication, when appropriate, including supporting staff capacity to deliver communication in new/different formats.

Recommendations for planning and design

- For the situational analysis, which is conducted each year to guide the campaign, the following evidence could be expanded:
    - Target audience barriers to change, to support message prioritisation.
    - Identify audiences that may be able to influence food systems, particularly access to affordable healthy foods and restrictions on unhealthy foods, to reflect environmental barriers.
    - Review intervention effectiveness data, to support campaign approach selection.
- Identify a theory of change (could be aligned to existing strategies).

- Formally adopt a due diligence process, e.g., Association for Dietetics in South Africa (ADSA) checklist, to guard against any conflicts of interest in the planning or financing of campaign activities.
- Ensure that the process for recognising/acknowledging collaborators/stakeholders is transparent and applied consistently.
- Develop a campaign-specific budget, linked to the communication strategy.
- Refine campaign objectives to adhere to SMART principles (outlined in Box 1 on page 12), e.g., what is the desired change you want to see with specific audiences.
- Engage with SBCC and/or media experts to support the following aspects of the campaign:
    - Develop communication objectives that identify barriers to those changes that can be addressed through communication (See Box 1 for an example).
    - Develop a Monitoring and Evaluation (M & E) plan to focus attention and resources, aligned to a clear theory of change on how NNOW activities will contribute to a reduction in NCDs.
- Conduct a media monitoring exercise to identify specific channels, e.g., community radio stations, and messengers, e.g., social media influencers, to reach priority target audiences in addition to relying on stakeholders' existing communication platforms.
- Begin procurement exercises earlier in the campaign cycle to allow time for audience pre-testing and earlier press releases.
- Consider smaller working groups for some of the earlier decision-making processes, e.g., logo design, to improve efficiency of the planning process.
- Continue to maintain a central repository of quality-checked materials and consider expanding to include plans for printing and distribution of any print materials, e.g., pamphlets and posters, including identification of priority geographic areas.
- To avoid stigmatisation of individuals, integrate a food systems lens into how audiences are selected, and how the contexts of individuals are portrayed.

Recommendations for implementation

- Develop a central implementation plan to improve overall coherence of messages, e.g., begin with knowledge messages and then shift to cue to action messages if the theory is that people must be aware of their health risks prior to changing their eating habits.
- Employ a campaign coordinator, in addition to current Directorate staff, who can oversee coordination and M&E of the campaign, particularly during the implementation period.
- Provide all stakeholders with a monitoring tool aligned to communication objectives and M&E plan.
- Enlist M&E experts to identify ways to support analysis and ensure data quality to enhance future campaigns.

Recommendations for evaluation and re-planning

- Develop and disseminate a clear and structured M&E plan.
- Obtain support from partners such as academic institutions to assist with M&E by providing specialised training to staff to the campaign team, and students to evaluate elements of future campaigns at low/no cost. NNOW should consider sharing research questions with such programmes to explore collaborations with academia.
- Despite the campaign's short duration, several evaluation designs could be used:
    - Post-evaluation design - a simple design with data collected only after implementation. Requires more sophisticated analysis, e.g., propensity score analysis, to identify if exposure to campaign resulted in change.
    - Pre- and post-evaluation design - an efficient design aimed to measure change as a result of a specific intervention. Baselines are established prior to the intervention and a follow up evaluation is conducted after the intervention.
    - Audience reception research - research with intended audiences to explore how they engaged with messages (quantitative and/or qualitative methods possible).

- Development of reporting and data collection templates would support increased consistency and completeness of reporting, particularly in relation to provincial reporting of campaign activities and feedback sessions.

1 Introduction and background

1.1 Introduction

1.1.1 Nutrition in South Africa

In South Africa dietary patterns have been changing over time from fresh and minimally processed foods to energy-dense and low-nutrition foods that are low in fibre and high in sugar, salt and fat (Ndlovu et al, 2018, FAO et al, 2018). These low-quality diets contribute simultaneously to obesity and undernutrition, a phenomenon referred to as the double burden of malnutrition (DBM). Various studies have shown that DBM can exist within a household. Among adults, especially mothers, who may be overweight or obese, while children may be undernourished or stunted (Modjadji & Madiba, 2019; Tydeman-Edwards, Van Rooyen & Walsh, 2018). Also, increasing neighbourhood fast-food outlets have been associated with these poor nutritional value diets (Ndlovu et al, 2018).

1.1.2 Obesity

According to the South African Demographic and Health Survey (SADHS), there is a rising prevalence of overweight or obesity in the country among all age groups (NDoH, StatsSA, SAMRC & ICF, 2019). For instance, the prevalence of overweight or obesity increased from 56% in 1998 to 68% in 2016, and about a third of all men (31%) were estimated to be either overweight or obese (*Ibid*). The 2012 South African National Health and Nutrition Examination Survey (SANHANES) showed that more than 1 in 10 children (14,2%) aged six to 14 years are either overweight or obese (Shisana et al, 2013). Overweight and obesity cause inflammatory and metabolic changes in the body which result in high cholesterol, high blood pressure, insulin resistance, and high blood glucose, which together can develop into noncommunicable diseases (NCDs) such as diabetes, cardiovascular disease, and cancer (Esser, et al, 2014; GBD 2015 Obesity Collaborators, 2017; WCRF and AICR, 2018).

1.1.3 COVID-19's impact on both nutrition and obesity

On the one hand, the COVID-19 pandemic has had a negative impact on both the quality and the quantity of food, especially for poor communities (International Panel of Experts on Sustainable Food Systems [IPES], 2020). The national lockdown encouraged panic buying with a tendency towards processed and long-shelf-life food items (*Ibid*). According to Statistics South Africa (StatsSA, 2020), the lack of access to food that already existed was exacerbated by the lockdown.

On the other hand, COVID-19 severity (Richardson et al, 2020) and mortality (Instituto Superiore di Sanità, 2020) are much higher for those with comorbidities, especially NCDs. An Italian study demonstrated that the majority (96.2 %) of patients with COVID-19 had other comorbidities: 69.2 % had hypertension, 31.8 % had type 2 diabetes and 28.2 % had ischaemic heart disease (*Ibid*). Overweight and obesity were also associated with increased COVID-19-related morbidity and mortality (Richardson et al, 2020; World Obesity Federation, 2020; Peng et al, 2020; Lighter et al, 2020).

1.2 History of NNOW

The National Nutrition Week and National Obesity Week (jointly referred to as NNOW) is commemorated annually from 9-15 October and 15-19 October, respectively. The campaign aims to create awareness among consumers about obesity and the importance of eating healthy foods. For the past 9 years, the National Department of Health (NDoH) has coordinated an annual NNOW campaign which is supported by a broad multisectoral base of stakeholders. These campaigns have been documented on the website: nutritionweek.co.za, since 2011 and each campaign has its own logo and theme. However, to date, none of these campaigns have been formally evaluated.

The theme for the 2020 campaign was changed to ‘Good Nutrition for Good Immunity’ from the original plan on front-of-package labelling, due to the context of the COVID-19 pandemic.

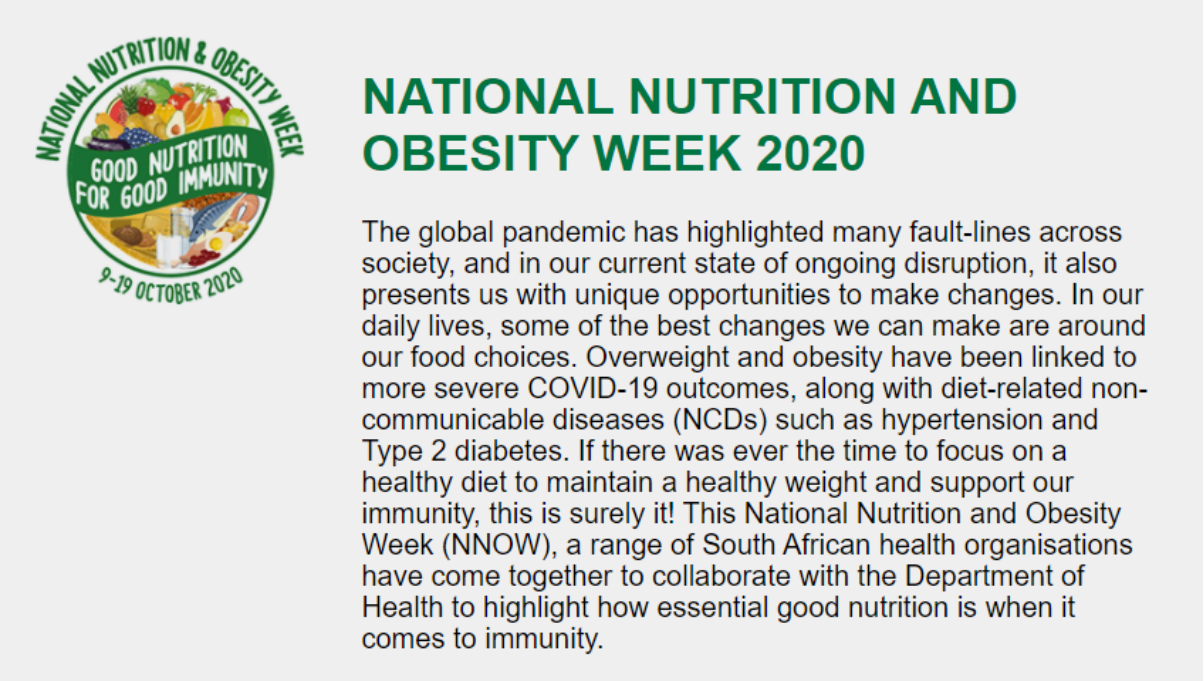

Figure 1. Screenshot from nutritionweek.co.za on 2020 NNOW campaign

From 2021, South Africa will commemorate World Obesity Day with the rest of the world on 4 March and will continue to commemorate National Nutrition Week from 9-15 October of each year. However, given that obesity is an outcome of poor nutrition (among other things), this will continue to be addressed in the National Nutrition Week.

1.3 Study background

As part of a larger initiative to support the prevention, control and management of NCDs in South Africa, the Better Health Programme South Africa (BHPSA) provided support for the development of a foundational document on key components for an effective SBCC strategy to prevent NCDs which included a quality assurance tool to analyse the institutional contexts and processes followed to plan, implement and evaluate national health campaigns, using a SBCC lens.

The tool was initially planned to be used to evaluate the national cancer campaign, however it was later decided (at short notice) that the SBCC tool would be used to evaluate the nutrition campaign, where more staff and materials were available to support the evaluation. The 2020 NNOW campaign was identified for this purpose, with an aim to support the ongoing efforts of NDoH to prevent and control NCDs in South Africa. Whilst the NNOW campaign was implemented in October 2020, the data collection for the evaluation took place in November. This report is on the evaluation of NNOW campaign which will inform the next cycle of planning for the 2021 campaign.

2 Evaluation methodology

2.1 Study design

This was a participatory mixed-methods evaluation combining quantitative scoring and interviews related to the implementation of the 2020 NNOW campaign.

2.2 Evaluation aim and objectives

The overall aim of this exercise was to evaluate the NNOW campaign's institutional support and implementation fidelity to SBCC quality standards through the following specific objectives:

a) To quantify the degree to which the NNOW campaign met contextual support and SBCC quality standards in 2020.
b) To explore how the NNOW campaign was planned, designed, implemented, monitored and evaluated in 2020 using a SBCC lens.
c) To identify opportunities for improving the NNOW campaign in the future drawing on SBCC best practice.

2.3 Study population and sample

Although led by NDoH, many stakeholders were involved in the planning and implementation of the campaign (see Appendix A). This included other levels of government, e.g., provincial departments of health, as well as other government sectors, namely the Department of Basic Education (DBE) and Department of Social Development (DSD). A broad range of civil society and private sector actors were also key collaborators, ranging from UNICEF to individual content experts, with a large contingent of dieticians and nutritionists represented in the NNOW group. The stakeholder group constituted the study population for this evaluation.

A purposive sample of individuals who coordinated or played key roles in the technical design and planning process as well as implementation were recruited to participate in the evaluation, beginning with members of the Nutrition Directorate of the NDOH, who then recommended other participants.

2.4 Data collection

A semi-structured tool was used to quantitatively score and facilitate qualitative discussions on different elements of the NNOW campaign (see Appendix B for tool summary; full tool available on request). Potential informants received the tool in advance, along with a description of the evaluation process. Once they consented by email to participate, virtual interviews via Teams were scheduled to go through different parts of the tool, most often on an individual basis (see interview schedule, in Appendix C). All data collection took place during the month of November 2020.

In total, eight interviews with seven individuals (some individuals participated in multiple interviews) were conducted. The full tool was shared on the screen during the interviews so that the participant(s) could see the score criteria and comments added by the facilitator. In most instances the facilitator was the first author, with the second author facilitating one interview about the evaluation domain.

In addition to interviews, evaluation participants were invited to share additional written notes on the tool and emails were used to clarify and confirm details. Additional supporting documents were requested via separate emails to support verification of particular sections (also listed in Appendix C). Some interviews were recorded, but only to support note verification.

2.5 Data management and analysis

Any recordings of interviews were shared with interviewees. Otherwise, the recordings have been securely stored on a G-drive. All other hand-written and electronic notes have been stored securely by the study team, with versions of the tool circulated to participants to support interviews and/or

clarification by email. The individual identities of participants have been anonymised and no verbatim quotes have been used.

The notes and supporting documents for Domains 1-3, were analysed and the information was synthesised into a draft report and circulated to stakeholders for validation and comment before the final revision.

2.6 Study limitations

The 2020 NNOW campaign was not designed at the outset as an SBCC intervention; rather, it was developed using a simple strategic communication theory. As such, the people who designed the campaign should not be faulted for lack of adherence to SBCC standards, which were not known (nor expected) for the campaign. The findings should therefore be interpreted within this context.

Contractually, the evaluation had to take place in the 2020 calendar year, and the tool was approved at the end of October. The short timeframe resulted in the participation and contribution of a relatively small sample of individuals (involved in the NNOW campaign). While the seven participants were key members of the planning and implementation team, in the future, it is recommended that additional time be made available for a broader range of stakeholder's engagement, particularly at provincial and lower levels, where most of the implementation took place.

While a number of useful documents were reviewed, there were other documents that were not available at the point of analysis to verify some of the statements made during interviews., This could be addressed, with additional time and resources for external evaluation to support this work.

This evaluation focused on the campaign context and processes in relation to SBCC. This was not an outcome or impact evaluation. Several opportunities to evaluate the campaign have been highlighted in the recommendations.

2.7 Dissemination plan

BHPSA will share the final branded version of this report with NDoH and the NNOW group. Any further distribution is at the discretion of BHPSA.

3 Results and recommendations

The 2020 NNOW campaign was a complex one to evaluate given its national scope, multiple stakeholders, short timeframe for actual campaign implementation and the multiple levels of government that were involved in implementation. The findings are organised according to the four main domains, with key recommendations provided for each. The first domain provided contextual information about the NNOW coordinating body, while the other three domains focused specifically on the 2020 NNOW campaign, and stakeholder engagement.

3.1 Domain 1. Institutional systems context

Strong institutional systems are essential to lead, coordinate and harmonise SBCC interventions in South Africa. Institutions must be able to lead and navigate complex and adaptive systems to conduct SBCC programming. The NDoH, specifically the Nutrition Directorate and the Director of External Communications, coordinate NNOW every year. For this evaluation, only staff from the Nutrition Directorate (herein Directorate) participated in interviews.

As can be seen from Table 1, quantitative scores for this domain were generally high, with an average score of 3.38 (4.0 being the highest possible score). This indicates a relatively supportive context for the design and implementation of SBCC campaigns. The rationale for the scores in each sub-domain is discussed based on the interviews and document reviews, followed by recommendations.

Table 1. Summary of institutional systems sub-domain scoring

1.1 Clear institutional priorities		
1.1.1	Institutional mandate	**4.0**
1.1.2	Institutional strategic objectives	**4.0**
1.2 Institutional operations		
1.2.1	Strategic plan	**4.0**
1.2.2	Annual operational plan	**4.0**
1.2.3	Monitoring of operational plan(s)	**3.5**
1.3 Staffing		
1.3.1	Staffing structure/organogram	**3.0**
1.3.2	Staff SBCC/health promotion capacity	**2.0**
1.4 Resources		
1.4.1	Annual budget	**3.0**
1.4.2	Budget monitoring	**3.5**
1.5 Communication and coordination		
1.5.1	Internal communication systems	**2.5**
1.5.2	External communication/coordination	**3.0**
1.5.3	Documentation and dissemination of results/lessons	**3.5**
1.5.4	Learning culture	**4.0**
Average domain score		**3.38**

3.1.1 Institutional priorities

This was the highest-scored sub-domain. The Directorate's mandate and strategic objectives are well documented. They are also known to staff; individual performance agreements ensure that all staff are aware of priorities. The NDOH has a five-year strategic plan with strategic objectives which identifies key performance areas for the Nutrition Directorate, such as food service in hospitals and early childhood development (ECD). The Directorate's annual performance plan (APP) is aligned with these performance areas, requiring quarterly reporting to Cabinet. The APP is also used for budget requests. These indicators flow down from national to lower levels of government, though the actual activities implemented to achieve key indicators may vary by context.

The Directorate develops an Annual Operational Plan (AOP) to guide activities. The AOP is broadly aligned with National Strategic Plan's focus on promoting healthy lifestyles to reduce morbidity and mortality. For instance, one of this year's objectives was to 'significantly reduce prevalence of noncommunicable diseases. However, a review of the 2020/2021 AOP showed that none of the six indicators in the plan were aligned with APP indicators. The NNOW campaign was featured in the AOP but was not an APP indicator.

Provincial priorities are also aligned with the national AOP. To do this, the national AOP is shared with provincial counterparts, who develop their own implementation plans at lower levels (provincial, district and sub-district). A provincial representative explained that their planning process involves sharing national priorities/themes with their district and sub-district managers, who are then tasked with developing aligned plans. These lower levels of government may add additional indicators and activities based on local contexts. The provincial managers then review plans and support those activities that are aligned, including NNOW, providing direct support to the main events/activities throughout the year.

3.1.2 Institutional operations

This sub-domain also scored well against the national strategic plan and annual operation plans. National, provincial and districts conduct quarterly reviews of their plans, though in 2020, COVID-19 disrupted these meetings somewhat due to travel restrictions. In addition, the National Directorate meets with provincial levels *at least* 2-3 times per year for progress reports, providing a mechanism for supporting smooth and aligned operations.

Despite these mechanisms, the Directorate reported some challenges in keeping scheduling, estimating that approximately only 80% of annual plans are achieved. While quarterly monitoring is used to identify plans for catch up, making adjustments in the 3rd and 4th quarter are particularly challenging, particularly when the reasons for delay are outside of their control, e.g., inefficient procurement systems. In cases when a remediation plan is not possible, quarterly and annual reports document reasons for not achieving targets. In extreme cases where reasons for non-performance are beyond their control, individual performance agreements can be adjusted. In practice, this is rarely done.

Plans are also developed at provincial and lower levels. However, as they are not supported with budgets, they do not vary much from year to year, according to one provincial manager. District-level reports on plan implementation are shared with provinces, which in turn is shared with national.

3.1.3 Staffing

This sub-domain was more mixed in terms of scoring, reflecting the complexity of South Africa's decentralised system of governance and in-house capacity strengthening. The National Directorate has a clear organogram and job descriptions include communication roles. Staff also possess technical expertise in nutrition. However, although capacity strengthening of staff is included in senior management job descriptions, in practice there is a heavy reliance on staff's prior exposure to health promotion/SBCC through their educational training or professional affiliations. NDoH has not provided additional training in this area once staff are hired. Depending on when and where staff were trained, this means that SBCC competencies are not standardised in the Directorate and present a potential

area for intervention. The other staffing challenge is that provincial directorates have their own staffing structures that are not necessarily aligned with the Directorate. Provincial and lower-level staffing numbers can vary widely depending on population sizes and needs at the district and sub-district levels. As such, supervision and reporting lines between different levels of government are unclear, affecting overall coordination.

3.1.4 Resources

Discussions around budgets were complex. A budget is allocated to the Directorate during annual operational planning and the AOP is costed. [NB: Human resources are financed through a separate process.] The Directorate plans a budget, which the Chief Director approves; this is forwarded to the Chief Financial Officer (CFO) and then to Treasury. Treasury's decision about allocations is communicated back via the CFO. Normally the Directorate receives what is requested. This was attributed to submitting modest budgets closely aligned to plans.

Budget projections and spending are monitored at both Directorate and Chief Directorate levels. As there are punitive actions for underspent budgets, the Directorate focuses on what it believes it has capacity to spend. If challenges are anticipated, e.g., issues with the procurement system, such activities are left out of budget requests. For instance, while campaign material could be included in the allocated budget, the process for outsourcing a designer is complex and slow, leading to a risk of underspending. This results in regularly scheduled activities, including NNOW, not being fully financed by the Directorate. Budget gaps then need to be filled by other stakeholders.

3.1.5 Communication and coordination

These mechanisms exist at all levels but are not always used systematically. For instance, there is a departmental platform for internal communication which is run by the Internal Communications Directorate. There is also an internal newsletter. Sometimes such platforms are used to share information, e.g., in the past few years there has been a screen saver for NNOW on the intranet and the newsletter posted articles about NNOW. However, generally speaking, the timing and mechanisms for communicating with other NDoH programmes is ad hoc, with low awareness of what other departments are doing. The Directorate's external communication is based on needs and plans vs. a centralised formal mechanism. They engage regularly with other formal forums and structures, e.g., ECD or nutritional supplements groups, based on relevance to the Directorate's plans.

In terms of internal information dissemination, there are regular AOP progress reports to departments. An internal Performance Management Development System (PMDS) periodically reviews each official in respect of progress on activities, reflected in their member's agreement. Results are also included in annual reports presented to Cabinet, although the Executive Council makes the final decision about what is reported. Some results are also included in budget speeches. In terms of external dissemination of results, these are reported through inter-sectoral forums, congresses and workgroup meetings. The Directorate actively seeks to learn from past experiences through feedback sessions with academics, non-governmental organisations (NGOs) and international agencies. Staff also stay appraised of the latest evidence through professional networks.

At provincial level, DoH provincial managers have a WhatsApp group to share information between provinces, though this is relatively ad hoc. Provincial managers also use WhatsApp to communicate with their districts and sub-districts. At the sub-district level, DoH officials communicate and coordinate with other departments. For instance, an event that includes obesity screening by DoH may also involve social workers from DSD to respond to the multi-faceted needs and interests of community members. The learning culture at provincial level is limited by the lack of resources, leading to staff repeating the same type of activities every year, e.g., events at healthcare facilities, malls, or taxi ranks and door-to-door (not possible in 2020 due to COVID-19).

3.1.6 Recommendations to strengthen the institutional systems

- Motivate for stronger alignment of APP indicators and AOP indicators.
- Although not required by the NDoH five-year strategic plan, consider adding Directorate-level strategic objectives and performance indicators linked to SBCC in AOPs to support achievement of key performance areas.
- Motivate for Directorate staff to receive SBCC training. Consider offering this to staff at multiple levels of government to reflect the autonomy at provincial, district and sub-district levels. This may also contribute to the development of stronger communication lines between levels.
- Work with the procurement system staff to identify how to improve efficiencies in order to reduce dependency on outside stakeholders for financing activities linked to the Directorate's mandate. This would result in higher direct budget allocations to support campaign plans, including technical support and monitoring and evaluation (M&E) which is needed at national and provincial levels.
- Given the multisectoral nature of nutrition work, review if there are additional government sectors or external stakeholders who could be included in key communication and coordination efforts. An example of an external stakeholder is the Centre for Excellence in Food Security at the University of the Western Cape. Bilateral (SA/UK) Research Chair in Food Security and Nutrition, Prof Stephen Deveraux, has data on spending patterns and impact of food security on nutrition, particularly among children who are stunted/fail to thrive in contrast to the obesity problem. Consider how existing mechanisms could be leveraged for more systematic communication to raise the profile of the Directorate's work among such stakeholders.
- Provide resources for provinces to invest in more evidence-based communication, when appropriate, including supporting staff capacity to deliver communication in new/different formats.

3.2 Domain 2. SBCC planning and designing fidelity

To ensure that SBCC priority-setting and content is evidence-based, guided by theory and equity, the planning and design process of the 2020 NNOW campaign were explored. This was organised into five sub-domains, with various stakeholders contributing to the scoring and qualitative discussion of how the campaign was planned and designed prior to implementation.

As seen in Table 2, quantitative scores for this domain were mixed, with an average score of 2.62 and a range of 1.0 to 3.5 for individual item scores. This suggests that while some fundamental processes and best practices were followed, there is scope to improve the planning and design of the NNOW campaign in upcoming years. The rationale for the scores in each sub-domain is discussed based on the interviews and document reviews, followed by recommendations.

Table 2. Summary of planning and designing sub-domain scoring

2.1 Situation analysis		
2.1.1	Conducted situational analysis	**3.5**
2.1.2	Theory applied in planning	**2.0**
2.2 Priority setting		
2.2.1	Used evidence to set priorities	**3.5**
2.2.2	Conducted audience analysis	**2.0**
2.2.3	Involved key stakeholders in priority setting	**3.5**
2.2.4	Considered GESI in priority setting	**2.5**
2.2.5	Considered life-course in priority setting	**3.0**
2.3 Resource allocation		

2.3.1	Developed budget as part of planning	**1.0**
2.4 Communication strategy		
2.4.1	SBCC strategy – analysis summarised	**3.0**
2.4.2	Audiences prioritised and segmented	**2.0**
2.4.3	Smart communication objectives defined	**1.5**
2.4.4	Aligned and coordinated approaches	**3.5**
2.4.5	Evidence-based channels selected	**3.0**
2.4.6	Costed implementation plan developed	**2.0**
2.4.7	SBCC-specific M&E plan developed	**1.0**
2.4.8	Dissemination plan defined	**2.0**
2.5 Design process		
2.5.1	Strategy used to guide campaign/materials	**3.5**
2.5.2	Materials/products pre-tested	**3.0**
2.5.3	GESI considerations reflected in products	**3.0**
2.5.4	Messaging and products not stigmatising	**3.0**
2.5.5	Branding and marking adhered to	**3.5**
Average Domain Score		**2.62**

3.2.1 Situational analysis

The situational analysis for the NNOW campaign, presented as a concept note, drew on data from national studies and surveys, e.g., SADHS and SANHANES, as well as published literature. Separate formative research was not conducted, although stakeholders provided insights from their own experiences and research. The situational analysis, presented in the form of a concept note, focused mostly on health outcomes and their determinants, such as behaviours or environmental factors. This evidence was not segmented by target audiences but provided a good overview of nutrition and obesity situation in South Africa. Gender analysis was represented through sex disaggregation of some statistics, but at a relatively superficial level. Other considerations, such as income disparities leading to health inequities, were better represented. The situational analysis reflected awareness of existing policies and programmes, including the Strategy for the Prevention and Control of Obesity 2015-2020, Infant and Young Child Feeding (IYCF) policy (under review) as well as the draft Food Security and Nutrition Strategy. The NNOW concept document also identified possible communication channels.

The identification of stakeholders for NNOW included longstanding members, e.g., Association for Dietetics in South Africa (ADSA) and UNICEF, as well as newcomers. To address concerns about potential conflicts of interest, starting in 2020, potential collaborators were asked to complete a due diligence checklist provided by ADSA, with a decision that individual food companies/associations, e.g., the South African Milk Processor's Organisation (SAMPrO), could not participate directly in NNOW, although they could still work through umbrella organisations such as Consumer Goods Council of South Africa (CGCSA). This process was not fully formalised, which could be done moving into 2021. The analysis of organisational capacities could also be improved, as this was not assessed systematically, e.g., how can each stakeholder 'contribute' to the planning of the campaign, material development and M&E.

3.2.2 Priority setting

This sub-domain received mixed scores; NNOW scored well in relation to the use of evidence and stakeholder engagement for theme selection, but lower when it came to aligning evidence from the situational analysis with selection of target audiences, particularly the gendered aspects of nutrition.

This year's theme focused on the importance of good nutrition for strong immunity, aligned closely to the COVID-19 pandemic affecting the country. Providing evidence about healthy foods, particularly affordable foods, was prioritised given the economic challenges exacerbated by COVID-19. Stakeholders described how original messages about 'mindful eating' were deemed too middle-class and out of touch with the daily struggles of the majority, leading to a greater focus on affordable foods and meal preparation suggestions in final messages.

The Directorate was generally commended by stakeholders for involving them in priority setting. Having a broad range of stakeholders with expertise enabled more nuanced priority setting and cross-learning. However, some stakeholders expressed concern that those who contributed money to the campaign had more of a say over priorities than others. For example, GrowGreat was able to successfully motivate for the retention of breastfeeding messages for mothers of young infants, given that this falls within their mandate to prevent stunting. While this example is not problematic in itself, the concern was that this power imbalance opens NDoH to potential manipulation if those contributing money want to push particular agendas in the future.

A few stakeholders felt that, at times, the consensus approach of the Directorate led to inefficiencies, e.g., not everyone needs to be involved in discussions about logo colour. This is an area that could be reviewed, identifying key decisions that need to be taken collectively vs. more detailed decisions that could be taken forward by smaller working groups.

3.2.3 Resource allocation

Although there was R250,000 set aside for NNOW in the Directorate AOP, challenges with the government supply chain make it difficult to procure services and goods. Shortfalls are solicited from NNOW group members, which are primarily comprised of NGOs, academics and professional associations. However, the Directorate reported difficulty in securing these commitments at the beginning of each year. They usually only get buy-in once the concept document has been developed. Commitments vary from year to year. In 2020, the Directorate received good support from stakeholders such as GrowGreat, UNICEF and the Clinton Health Access Initiative (CHAI), among others.

Stakeholders noted that this model for financing the campaign introduces risk to the process. Most NNOW members are from NGOs, which have constraints on how they are able to expend money, e.g., keeping to their organisation's mandate. This means that the theme and messages must align before they can commit. Most stakeholders that were interviewed also perceived that financial commitments give certain members more power over decision making. As already mentioned under the first domain, they expressed concerns that this may lead to conflicts of interest if food or beverage industries, perceived to have more money, are allowed to contribute to future campaigns.

At the provincial level, at least one province lacks a dedicated budget to support their activities on the NNOW campaign. Mirroring what happens at national level, they described how local NGOs donate materials to support local campaigns. One example was an NGO producing face masks with the NNOW logo for distribution in a single sub-district. The same representative described how sub-district staff sometimes use their own salaries to support events, e.g., buy fresh food for campaign displays to show locally available healthy options to community members.

3.2.4 Communication strategy

In the past, NNOW has followed elements of a communication campaign. However, the 2020 campaign was expanded by a communication strategy (herein, strategy), developed by a registered dietician with a background in journalism and corporate communication, in consultation with the NNOW group. The strategy, presented in a PowerPoint format, was based on the concept note (see 3.2.1) and also drew on the draft Food Security and Nutrition Communication Strategy. The strategy outlined the links between nutrition and COVID-19 and also suggested possible responses.

While the communication strategy itself did not specify a goal or communication objectives, three objectives were identified in the NNOW concept note. The concept note's objectives focused on the

content and delivery of campaign messages. Given that NNOW was not designed as an SBCC campaign, the framing of NNOW objectives were appropriate. The objectives were framed to focus on the process of message delivery as opposed to the intended impact of messages on audiences. Table 3 illustrates how the 2020 NNOW objectives could be reframed as the type of communication objectives promoted by SBCC, which focus on targeting determinants of behaviour change.

Table 3. Concept note objectives reframed as SBCC communication objectives

Concept note objectives	Reframed as SBCC communication objective
1. Continue to emphasise the health benefits of choosing healthy whole foods from a variety of mostly plant-based foods such as vegetables and fruit, legumes and minimally processed starchy foods	While this objective provides good specificity on meaning of 'healthy whole foods', it lacks specifics on the expected result of this emphasis and a target audience. Example of SBCC reframing for a generic audience: "To increase consumer knowledge of the health benefits of choosing a variety of mostly plant-based foods such as vegetables and fruit, legumes and minimally processed starchy foods to #% by December 2021." NB: Input/output indicators linked to this objective could focus on activities that emphasise this information.
2. Encourage consumers to make healthy, affordable food choices during and after the COVID-19 pandemic.	This objective provides a good focus on audience behaviours, but little insight into why they are not doing this already. Communication objectives that focus on known barriers to change help us understand what type of messages would enable consumers to identify affordable healthy choices. While consumers may have a limited ability to increase their income, communication could increase their awareness of affordable options. Example of SBCC reframing: "To increase consumer self-efficacy (confidence) to purchase healthy affordable food choices to #% by December 2021." NB: Input/output indicators linked to this objective could focus on activities that motivate consumers to choose healthy food
3. Provide consumers with practical tips when planning, buying, preparing and eating food during and after the COVID-19 pandemic.	This objective implies that the barrier to planning, buying, preparing and eating food is a lack of knowledge or tips. The tips for each of the four behaviours are likely to differ, making this objective difficult to monitor which tips lead to actual change. These could be broken down to be more specific. For example: "To increase consumer knowledge of how to budget for healthy locally available foods to #% by December 2021." "To increase consumer knowledge of how to prepare healthy affordable meals to #% by December 2021."

The 2020 NNOW campaign objectives and strategy are based on the simple communication theory of sender, message, channel, and receiver. This theory assumes one-direction communication between experts (the sender) and audiences (the receivers) and is popular among those working in mass media. According to the interviews, this communication theory enabled structured conversations within the NNOW group (senders) to identify different target groups (receivers) and platforms (channels). The message design process then focused on which messages would be most appropriate by channel and audiences. This approach was far preferable to pursuing a campaign without any clear objectives and should be commended.

However, strategies that rely on objectives based on the sender-receiver model miss an opportunity to link communication activities to the broader behavioural and health objectives they are seeking to influence. This is because they often stop monitoring once a message reaches the intended audience. In fact, the NNOW campaign did not have a documented monitoring and evaluation plan. As detailed in Domains 3 and 4, this has significantly curtailed the ability of the NNOW group to make any conclusive statements about the success (or not) of the campaign, beyond anecdotes or organisation-specific metrics shared by individual group members.

Drawing on the concept note objectives and expanding on examples provided in Table 2, Box 1 illustrates in greater detail how to assess if a communication objective adheres to SMART principles, modelling how this could be done in future campaigns.

Box 1. Designing a SMART communication objective for NNOW

The evidence suggests that food insecure adults are relying on highly processed foods because they do not know about low-cost food preparation options. A communication strategy could be:

'To increase to 50% adults in food insecure communities who know of at least one recipe for a low-cost healthy meal by the end of 2021.'

You can use a SMART checklist to see if your communication objectives meet quality standards required for later evaluation:

SMART	Criteria met?	Explanation
Specific	*Yes*	*Specifies the target audience as adults living in food insecure communities; communities fitting this description could be identified using survey data more easily than individuals who are food insecure.*
		Specifies target: knowledge of low-cost recipes, based on evidence.
Measurable	*Yes*	*Has a clear indicator: (# adults knowing at least 1 low-cost recipe / total # of adults in food insecure communities) and target: 50%.*
Attainable	*Yes*	*Knowledge is relatively easy to shift, e.g., recipe distribution, however the actual target also reflects ability/budget to reach the target audience, so the 50% may need to shift based on a review of resources. Confounding could be addressed in study design.*
Relevant	*Yes*	*Audience and target both based on evidence. As audience is at higher risk of poor nutrition outcomes, focus is relevant to broader nutrition and obesity campaign objectives.*
Timebound	*Yes*	*Needs to be measured at end of 2021.*

While the sender-receiver communication theory underpinned the NNOW campaign's communication strategy, there was not an explicit theory of change. The evaluation tool explored if the campaign had a theory of change to explain how campaign activities and objectives would lead to behavioural or social change. For context, SBCC strategies often depict such theories in the form of diagrams or logic models. While these were not available, from the interviews and document review, NNOW seems to have been guided by the idea that by changing the awareness of individuals, they will change their behaviours, which in turn will lead to improved nutrition. This aligns closely with the sender-receiver communication theory, which presumes that once a well-designed and researched message reaches the receiver, they will act. Such a theory does not measure the myriad other reasons a person may be unwilling or unable to act and is not strongly supported by evidence.

However, it would be disingenuous to suggest that NNOW was only driven by this simple concept of how behaviour change happens. While many of the proposed NNOW responses focused on educating individual consumers about health risks and healthy options, there was also evidence of a more nuanced understanding of people's circumstances. For instance, both the concept note and strategy highlighted barriers to good nutrition in South Africa that fall outside of individual knowledge, e.g., food insecurity. As can be seen in Table 4, the NNOW campaign target audiences from the strategy also represented more than just individuals at the community level.

Table 4. Target audiences as defined in the 2020 NNOW communication strategy

Target Audiences	Purpose / Intended outcome
General adult public: - Those with very limited resources to buy food. - Undernourished and malnourished individuals.	- Better food consumption with available money to build immunity. - Increase breastfeeding for improved child immunity.
General adult public: - Those who are at risk of developing or currently have an NCD. - Those who are overweight and obese. - They may also have less food choice due to loss of income.	- Better food choices to manage NCDs and prevent obesity. - Increase breastfeeding for improved child immunity.
Teenagers	- Better food choices prevent NCDs and obesity. - Better food choices for reproductive health.
Children	- Awareness of good food choices for health.
Community Health Workers (CHW)	- Better food consumption to build immunity. - Better nutrition self-care. - To be role-models in community.
Universities	- Thought leaders. - To be role-models in community. - For better distribution of messages.
Organisations that provide food relief (NGOs, churches)	- Provide resources (knowledge and guidance) on preparing and procuring healthy foods on a budget, recipes.

Although most target audiences were individuals, the importance of role modelling was also reflected in the CHW and university audiences, pointing to the importance of social norms. The final audience, organisations providing food relief, reflects the NNOW group's understanding of barriers to nutrition that exist beyond individuals. Specifically, the strategy identified food insecurity and food environments as key barriers. In addition to suggesting that the campaign engage with food relief organisations, the strategy suggested targeting retail spaces with messages that highlighted low-cost food option.

The strategy presented messages and slogans, suggesting target audiences for each. Though the document did not provide audience insights for each target audience, e.g., which specific communication channels would the audiences prefer and what are their real or perceived needs, the strategy provided a blueprint for thinking about high-level message dissemination. Beyond mass media platforms (focused mostly on radio and social media), the strategy identified three key settings (schools, health facilities and retailers) where messages could be delivered. DBE was a key stakeholder for the school strategy, provincial, district and sub-district DoH staff for health facilities and the CSGSA for retail spaces. One provincial DoH representative noted that in addition to health facilities, sub-district staff often did outreach events at malls and taxi ranks to reach a broader range of community members.

Although the strategy identified resources and commitments needed for each idea, this was not translated into a final costed strategic plan, nor was the person preparing the strategy asked to do so. The strategy only had timelines, mostly focused on the planning phase. This was not unique to this year's campaign but has been a common feature of the campaign. Stakeholders who were involved in implementing the strategy were interviewed and they noted that the lack of costed activities was a weakness, meaning that only ideas that got funding were able to be implemented as planned, leaving final decisions about how messages (and which messages) would be used to individual stakeholders. While these decisions were captured through stakeholder reports to the Directorate after NNOW

implementation, there was no standardised reporting format, with a heavy focus on activity descriptions and reach data. The media report from LiquidLingo provided rich data, including advertising value estimates, although a media monitoring exercise could elicit even more nuanced audience data.

3.2.5 Design process

The design of materials was highly participatory, with stakeholders working collectively and within their own organisations to develop materials that aligned to the 2020 NNOW strategy. The formats and channels of messages stakeholders focused on was often based on their existing platforms, e.g., social media, and individual mandates (e.g., UNICEF focused on youth influencers). Creative briefs were used to work with designers and materials got technical feedback from technical experts, including NNOW group members. The pre-testing of campaign materials was not done with target audiences in many cases. A few interviewees explained that the lack of pre-testing was due to short timeframes. Although some interviewees were under the impression that messages in the National Food Security and Nutrition Campaign Communication Strategy had been pre-tested with target audiences, this could not be corroborated. The strategy itself only presented evidence that the proposed messages were vetted by experts during a message design workshop (not audiences).

While issues of racial, gender and other forms of representation were discussed by stakeholders, lack of budget meant that often only one format of an image was possible, in which cases populations that experience the highest burden of NCDs were prioritised. An example is an infographic of a Black family sharing a meal together:

The use of illustrations (vs. photos) enabled some degree of flexibility in terms of inclusive representation. For example, the breastfeeding video linked to the Road to Health Booklet, originally produced by the Side-by-Side campaign and adapted for NNOW, was non-specific about race. The screenshot on the right, depicts a mother discussing breastfeeding with her older daughter.

Unfortunately, we were unable to interview anyone from UNICEF or CHAI involved in the selection of influencers to gain insight into that process or to confirm if the messages were pre-tested with youth. Purely based on content, the videos of influencers Bonnie Mbuli (TV personality) and Vuyo Dabula (actor) challenged gender stereotypes, e.g., showing Bonnie boxing and Vuyo cooking, which could contribute to a positive shift in gender norms around physical activity and nutrition behaviours. The linkages between physical activity and nutrition were modelled in these videos, whereas most other NNOW materials focused more singularly on nutrition (vs. multi-faceted determinants of obesity). One

interviewee wondered if the influencers' social class would resonate with lower-income audiences. Pre-testing, if conducted, would be a good way to check if that was the case.

The central repository of materials and guides, e.g., Social Media Guide, reflected a sophisticated approach to campaign coordination. This approach enabled different stakeholders to pick and choose from a menu of options most appropriate for their own platforms and mandates. Similar centralised sites should be retained in the future. These could be expanded by identifying resources/plans for the printing and distribution of pamphlets and posters to provincial and lower levels of government, which do not have the resources to produce print materials on their own.

NNOW is distinctive in that its logo has changed every year. Three stakeholders from different organisations questioned if the amount of attention given to the logo was too much compared with other key campaign decisions. A review of materials demonstrated strong adherence to campaign branding, while the decision about which stakeholders and collaborators had their logos included seems to have created tension, noted both by government and civil society stakeholders who we interviewed. Those providing financial support seem to have received priority, although the amounts they contributed varied. Those whose logo was included benefited from free positive media exposure.

3.2.6 Recommendations for planning and design

- For the situational analysis, which is prepared for each campaign in the form of a concept note, the following evidence could be expanded:
    - Target audience barriers to change, to support message content prioritisation.
    - Identify audiences that may be able to influence food systems, particularly access to affordable healthy foods and restrictions on unhealthy foods, to reflect environmental barriers.
    - Intervention effectiveness data, to support campaign approach selection.
- Identify a theory of change (this could be aligned to existing strategies, whereby NNOW activities contribute to part of a broader theory of change, e.g., increasing awareness).
- Formally adopt a due diligence process, e.g., ADSA's checklist, to guard against any conflicts of interest in the planning or financing of campaign activities [NB: such a checklist may also be useful when considering the use of celebrities or other influencers.].
- Ensure that the process for recognising/acknowledging collaborators/stakeholders is transparent and applied consistently.
- Develop a campaign-specific budget, linked to the communication strategy [NB: stakeholders felt that a greater proportion of the budget should come from the Directorate].
- Refine campaign objectives to adhere to SMART principles, e.g., what is the desired change you want to see with specific audiences.
- Engage with SBCC and/or media experts to support the following aspects of the campaign:
    - Develop communication objectives that identify barriers to desired changes that can be addressed through communication (see Box 1 for an example).
    - Develop an M&E plan to focus attention and resources, aligned to a clear theory of change on how NNOW activities will contribute to a reduction in NCDs.
    - Conduct a media monitoring exercise to identify specific channels, e.g., community radio stations, and messengers, e.g., social media influencers, to reach priority target audiences in addition to relying on stakeholders' existing communication platforms.
- Begin procurement exercises earlier in the campaign cycle to allow time for audience pre-testing and earlier press releases [NB: one interviewee suggested that materials should be ready two months in advance and that press releases need to go out at least two weeks in advance to get local media coverage].

- Consider smaller working groups for some of the earlier decision-making processes, e.g., logo design, to improve efficiency of the planning process. Members of such groups should have clear roles and responsibilities to share responsibilities more equitably, based on mandate, skills and expertise.
    - Differentiate between what work can be done in smaller groups and which decisions should be made by consensus.
    - Inclusivity should be considered in relation to whether materials will be used by implementers, e.g., provinces.
- Continue to maintain a central repository of quality-checked materials and consider expanding to include plans for printing and distribution of any print materials, e.g., pamphlets and posters, including identification of priority geographic areas.
- To avoid stigmatisation of individuals, integrate a food systems perspective into how the contexts of individuals are portrayed. This should be done by involving stakeholders from other government departments, e.g., agriculture.

3.3 Domain 3. Implementation fidelity

This domain covered best practices for implementing and monitoring health promotion programmes. This includes the degree to which implementation and monitoring plans were applied, specific to coordination and monitoring. As summarised in Table 3, coordination scores were mixed while monitoring of implementation emerged as a major gap in the 2020 NNOW campaign, leading to a total domain score of 1.69 out of 4.00.

Table 5. Summary of implementation sub-domain scoring

3.1 Coordination of Implementation		
3.1.1	Costed implementation plan used	**2.0**
3.1.2	Coordination and communication mechanism applied with stakeholders	**3.0**
3.1.3	Other stakeholder activities reviewed to avoid duplication	**3.0**
Monitoring of implementation		
3.2.1	M&E plan used / activities monitored routinely	**1.0**
3.2.2	SBCC indicators monitored	**1.0**
3.2.3	SBCC data collection tools applied	**1.5**
3.2.4	Analysis of monitoring reports conducted	**1.0**
3.2.5	Campaign quality monitored	**1.0**
Average domain score		**1.69**

3.3.1 Coordination

Coordination was part of the Nutrition Directorate's mandate for NNOW. It coordinated with multiple stakeholders on the activities during planning, but not during the week itself. Efforts to avoid duplication and leverage NNOW group stakeholder efforts were a focus during the planning process by getting consensus on the theme and key messages. Coordination mechanisms, such as the G-drive mentioned under Domain 2, also enabled a certain degree of coordinated action on the part of stakeholders. However, stakeholders did not share their plans for the actual implementation period, which inhibited any form of central coordination or oversight of implementation.

Although the communication strategy included timelines for planning and design activities, the responsibilities and specific timelines for actual implementation were not detailed at a central level. Rather, stakeholders acted on their own timeframes according to their resources and preferred

communication platforms. According to some interviewees, these decisions were often based on practicality. For example, a provincial manager in a central province was able to collect printed materials and distribute them to all districts in two days, where such an exercise would be more difficult in other provinces.

3.3.2 Monitoring of implementation

Monitoring was identified as a major weakness of the campaign. While some stakeholders may have had day-by-day plans, these were not integrated into anything central that was monitored by the Directorate nor were there any standardised tools for reporting on activities. Several stakeholders mentioned that they are equipped to do monitoring and would be able to produce standard reports if the Directorate provides them with indicators and reporting forms in advance. Many stakeholders relied on internal monitoring processes to develop reports in the absence of a standard form.

One of the reasons monitoring would have been difficult in 2020 was the absence of clear communication objectives, already noted under Domain 2. Without clear objectives, most stakeholders focused on input and output indicators, describing numbers of activities and their reach. Some stakeholders reflected that this also relates to the lack of dedicated resources (technical and financial) for measuring anything additional, such as changes in consumer awareness.

For monitoring, the Directorate relied on stakeholder reports, (Appendix D. NNOW 2020 Collated Provincial Report) which varied in terms of specificity and quality. These reports, as well as the formal feedback meeting after the campaign, represented the main mechanisms for reflection and re-planning (discussed more under Domain 4). Stakeholders noted that if there was a formal M&E plan, it would be easier for them to report back on the plan and for the group to analyse results. However, they expressed doubts about the additional capacity needed to take on this task. Given the brevity of the NNOW campaign, the effort required to monitor such a complex multistakeholder campaign centrally was voiced as a concern for existing staff, given their high workloads.

A key constraint for monitoring was that there was no dedicated staff to coordinate analysis or quality assurance. For example, one province sent district-level reports directly to the national Directorate, without prior analysis, while other provinces sent collated reports. The lack of a detailed centralised implementation plan also led to an inability to independently verify the quality of activity reports. How much could be learned about how materials were used depended on the quality and detail of individual stakeholder reports. The importance of tracking interpersonal events was particularly important, as the possibility of going ‘off-message’ is higher than through other channels, such as radio. This point was made by a provincial manager, who reflected on the fact that many sub-district activities are interpersonal, but the messages were designed to function in a one-way, sender-receiver format. When community members ask questions, staff were not equipped with the skills to stay with the campaign messages and would shift to messages from prior campaigns.

3.3.3 Recommendations for implementation

- Develop a central implementation plan to improve overall coherence of messages, e.g., begin with knowledge messages and then shift to cue action messages if the theory is that people must be aware of their health risks prior to changing their eating habits.
- Employ a campaign coordinator, in addition to current Directorate staff, who can oversee coordination and M&E of the campaign, particularly during the implementation period [NB: this should be paid given the complexity and time requirements].
- Provide all stakeholders with a monitoring tool aligned to communication objectives and M&E plan.
- Enlist M&E experts to identify ways to support analysis and ensure data quality to enhance future campaigns.

3.4 Domain 4. Evaluation and re-planning fidelity

Having established evaluation systems in place is vital to obtain learnings pertaining to the efficacy of SBCC campaigns. Campaign results support coordinators to adjust future campaigns to address previously faced challenges and to bolster and recreate the positive results from previous implementation rounds. They also support cost-efficiency in resource-constrained settings, where resources can be channelled to the most effective approaches.

The relatively low quantitative scores for this section, depicted in the below table, highlight the limitations posed by the lack of a systematic M&E mechanism. Despite the absence of a structured plan, there are documented results data for the NNOW campaign which were collected by external partners. This data is documented and fed back both internally and externally to some degree. The barrier to optimal integration of said data is that, without a methodical and centralised M&E plan, the results are inadequately aligned to the desired campaign objectives.

Table 6. Summary of evaluation and re-planning fidelity sub-domain scoring

4.1 Evaluation		
4.1.1	Evaluation(s) ethics requirements met	**1.0**
4.1.2	Evaluation(s) have sufficient resources	**2.0**
4.1.3	Evaluation results disseminated	**2.5**
4.2 Re-planning		
4.2.1	M&E data used to adjust/re-plan	**2.5**
4.3 Data quality		
4.3.1	Data quality is routinely assessed	**1.0**
Average domain score		**1.8**

3.4.1 Evaluation

Without a formal evaluation plan, the NNOW campaign coordinators did not seek ethics clearance. As highlighted previously, in large part the lack of a structured M&E plan is a result of limited human resources, both in the sense that no personnel are allocated M&E tasks and that there is no concerted effort to capacitate staff for these tasks. There was also no budget assigned to support evaluation, which meant that this fell to stakeholders to cover, which was also beyond most of their means. Any measurement beyond reach data was deemed too ambitious to do without additional resources by stakeholders who were interviewed.

While there are links to academic institutions within the core working group, these did not result in enhanced efforts for structured evaluations. Furthermore, the short duration of the campaign posed a challenge to understanding how best to evaluate impact level outcomes. The types of outcome and impact evaluation data that could be explored by the Directorate, in partnership with research or academic institutions include:

- Post-evaluation design - a simple design with data collected only after implementation. Requires more sophisticated analysis, e.g., propensity score analysis, to identify if exposure campaign resulted in change.
- Pre- and post-evaluation design - an efficient design aimed to measure change as a result of a specific intervention. Baselines are established prior to the intervention and a follow up evaluation is conducted after. [NB: some baseline data can be identified from prior reports or routinely collected indicators].
- Audience reception research - research with intended audiences to explore how they understood and engaged with messages (quantitative and/or qualitative methods possible).

As it stood, evaluation data were mostly in the form of process indicators, collected by partners such as LiquidLingo and UNICEF. This was presented predominantly in the form of reach data pulled from social media and broadcast analytics. Because the communication strategy did not segment audiences beyond broad categories, reach data were presented at a high level and only sub-optimally portrayed how the desired audiences may have received or engaged with campaign messaging. A media expert confirmed that with better segmentation and additional resources, media monitoring exercises would be possible to expand on the reach data moving forward.

Further challenges stemmed from the overwhelmingly quantitative nature of results data. SBCC communications objectives often require a level of qualitative data collection from the audience groups during the evaluation phase. To an extent, provincial reports addressed this gap, as they often included descriptions of engagement with identified target audiences. These details provided insight on the perceived utility and impact of disseminated content. With this said, the limited human resource capacity levels and autonomous nature of provincial level activities are obstacles to the consistency and comprehensiveness of these reports. Similar qualitative insights were not included consistently in other stakeholder reports.

Dissemination of campaign results has been largely internal to date, although some results may be reported through government channels, as described in Domain 1.

3.4.2 Re-planning

There was clear consideration of previous campaign results in the re-planning phase for the 2020 NNOW campaign. Documents that were revisited in the planning sessions include: annual reports, consolidated provincial reports and partner-derived results data as well as minutes from feedback sessions. This is expected to continue for future campaigns. That being said, the abovementioned lack of M&E systems and resulting inconsistent documentation are a barrier in effective utilisation of previous learnings in the re-planning phase.

Content and planning for the next campaign are thus more heavily influenced by current national context than previous campaign results. There is an informal understanding of important topics and themes to revisit with the aim of reinforcing vital content which may stem from expertise rather than evidence from the last campaign.

3.4.3 Data quality assessment

There is no data quality assessment conducted as no results data is collected-in house. Without a centralised M&E plan to share with external partners that provide data, there is no way to ensure that the quality of the data is documented.

3.4.4 Recommendations for evaluation and re-planning

- Develop and disseminate a clear and structured M&E plan. The plan should include campaign and communications objectives, clearly defined, desired outcomes, M&E tools, and those responsible within an outlined campaign M&E budget. Furthermore, it should reflect deeper audience segmentation objectives. This would provide a valuable tool for campaign strategy setting, implementation as well as a guideline for external partners and core workgroup members when collecting results data.
- With limited resources for M&E planning and implementation, it would be beneficial to include support from partners such as academic institutions. These partners could be responsible for plan development, ensuring required elements are in place to effectively evaluate the campaign.
- Considering the short duration of the campaign, consider using post-evaluation only, pre- and post-evaluation design, or audience reception research (described in 3.4.1). Frequently utilised tools for these evaluation types are surveys, questionnaires, polls (quantitative) and focus groups, interviews and case studies (qualitative).

- Development of reporting and data collection templates would support increased consistency and completeness of reporting, particularly in relation to provincial reporting of campaign activities and feedback sessions. Moreover, further integration of provincial campaign activities would provide a better understanding of what should be evaluated and how.
- Some academic programmes, including the University of the Witwatersrand, may have students who would be interested in evaluating elements of future campaigns at no cost. NNOW should consider sharing research questions with such programmes to explore collaborations.

4 Conclusion

The 2020 NNOW campaign represents a good example of a complex multistakeholder involvement initiative. A tremendous amount of coordination and thought was involved in planning this campaign, in a particularly disruptive year. Given the COVID-19 context, the variety of national and local stakeholders, messages and communication channels used to carry out this year's campaign, is remarkable.

This annual campaign provided an exciting opportunity for the evaluation and key recommendations that should be considered for future campaigns. It was within this spirit that key stakeholders who were involved in this campaign, were approached and engaged. These stakeholders were passionate about seeing positive changes in the nutrition environment and generously shared their reflections on what they believed to have worked well or not so well, in the campaign, in this year.

As was detailed in the previous section, NNOW has several strengths on which it can build back better, for the future. These include a coordinating institution with a strong mandate, collaborators with expert technical skills and varied platforms, and access to the latest evidence through academic and research partners.

The areas for growth that were defined include both structural recommendations, such as easier access to financial resources that are provided by the NDoH, as well as recommendations on technical issues, such as developing clear communication objectives and developing a M&E plan that includes a standard reporting tool. It is recognised that some recommendations may be easier to action than others. However, by documenting the recommendations against SBCC best practices, it is hoped that these become points for discussion.

The detailed tool used to facilitate this process can be used in the future to monitor NNOW improvements by using this report as a baseline. The tool can also be used by individual stakeholders, to plan and evaluate other health campaigns.

5 Appendices

Appendix A. NNOW key collaborators

National Government Departments		
Name	**Role in NNOW 2020**	**Name of contact person**
National Department of Health (NDoH)	Coordinates NNOW activities and meetings Development of NNOW concept and Q and A documents Approval of final messages and materials Liaise with different collaborators (including provincial nutrition and communication coordinators) Manages NDoH Twitter handle, website and social media Availability as spokespersons on national radio/TV	Ms Rebone Ntsie (Director: Nutrition) Ms Nombulelo Leburu (Director: External Communication) Ms Maude de Hoop (Assistant-Director: Nutrition)
National Department of Basic Education	Provide input on documents/materials Liaise with provincial education counterparts regarding implementation of NNOW activities	Ms Neo Sedite (Director: NSNP) Ms Lydia Maotoe (NSNP) Mr Clerkford Buthane (NSNP)
National Department of Social Development	Provide input on documents/materials Liaise with provincial education counterparts regarding implementation of NNOW activities	Ms Mondli Mbhele Ms Manini Moholo

Provincial Nutrition Co-ordinators		
NAME	**ROLE IN NNOW 2020**	**Name of contact person**
Eastern Cape	Input on documents/materials Implementation of NNOW activities in respective provinces Availability as spokespersons on local radio/TV Distribution of materials	Ms Nomandla Pupuma
Free State		Ms Patience Legoale
Gauteng		Mr Tshifhiwa Mashamba
KwaZulu-Natal		Ms Nireshnee Reddy
Limpopo		Mr Daddy Matthews
Mpumalanga		Ms Phumzile Xaba
North West		Ms Tshwanelo Tuge
Northern Cape		Ms Christel de Lange
Western Cape		Ms Hilary Goeiman

External collaborators		
Name of organisation / person	**Role in NNOW 2020**	**Name of contact person**
Ms Liezel Engelbrecht *(Journalist and registered dietitian)*	Development of NNOW 2020 communication strategy for the campaign, social media messages and guide Technical input on promotional material Liaison with Human Nutrition Departments at various Universities Development of power point presentation for students Liaison with Digital Medic to add NNOW logo on side-by-side infant feeding videos *(Note: work was done pro bono)*	Ms Liezel Engelbrecht
Association for Dietetics in South Africa (ADSA)	Technical input on documents/materials Participated in radio/TV interviews Twitter Talk support Nutrition week website support	Ms Retha Harmse (Portfolio: PR) Ms Jessica Byrne (COO)
LiquidLingo (PR Agency)	Appointed by ADSA (also helps with following NNOW activities): NNOW media release Arrange for free radio &TV interviews Twitter Talk Participate in social media Design/development of Nutrition week website (www.nutritionweek.co.za)	Ms Jackie Busch
Nutrition Society	Technical input on documents/materials Participated in radio interviews Support Nutrition week website	Ms Carol Browne Dr Elize Symington
Grow Great Campaign	Technical input on documents/materials Participated in social media Supported the appointment of graphics designer to develop three posters, an infographic (also a poster) and the NNOW logo See google drive link for materials: https://drive.google.com/drive/folders/1Xx4iXRn0ln6Rf-kuX_Pjk1xFKlTk4A43?usp=sharing	Ms Duduzile Mkhize Ms Anne-Marie Mùller
UNICEF	Supported the printing of the three posters for health facilities and schools and the distribution thereof to provinces Supported the development of a radio PSA and Video by a male and female influencer (aimed at youth) loaded in above google link and making these available to the UNICEF Youth ambassadors across 10 universities	Mr Gilbert Tshitaudzi
Clinton Health Access Initiative (CHAI)	Supported the design and printing (30,000) of pamphlet for Dept Social Development (DSD) centres and the distribution to the national office and to four provinces Supported the appointment of the following influencers to post videos and messages on their social media platforms: - Olwethu Leshabane - Sarah Graham - Tracey-Lee (Fitness girl ZA) - Mmule Setati (Feed my tribe)	Ms Marang Matlala Ms Palesa Mapheelle

External collaborators		
Name of organisation / person	**Role in NNOW 2020**	**Name of contact person**
	- Dr Sindi Van Zyl - George Mnguni (Okay Wasabi) - Skhumba Hlophe	
Heart and Stroke Foundation SA	Technical input on documents/materials Distribution of media release through their platforms Participated in Twitter Talk and Social Media Participated in radio and TV interviews	Ms Hayley Cimring Ms Kinza Hussain
CANSA	Technical input on documents/materials Participated in Twitter Talk and Social Media Participated in radio and TV interviews	Ms Megan Kluyts-Pentz
Lenore Spies (individual capacity)	Technical input on documents/materials Participated in Twitter Talk and Social Media	Lenore Spies
Consumer Goods Council SA (CGCSA)	Sharing of developed NNOW messages through retailers (CGCSA members) in stores, websites, social media platforms	Ms Matlou Setati Ms Linda Drummond

Appendix B. SBCC quality assurance and improvement tool

Background

High quality social and behaviour change communication (SBCC) reflects a planned and evidence-based process that results in social or behaviour change. This tool supports SBCC implementers in identifying aspects about their institutional context as well as specific SBCC process that can be enhanced or refined in order to increase the likelihood of impact. The first section of the tool identifies contextual factors that may enhance or impede SBCC efforts, while the second section, comprised of three domains, is intended to be used for specific SBCC campaigns or interventions.

Purpose

This tool can be used to achieve one or more of three objectives:

a) To evaluate the institutional system quality and implementation fidelity of existing or completed SBCC interventions against evidence-based SBCC standards.
b) To guide the planning, implementation and evaluation of new SBCC interventions.
c) To monitor changes in SBCC quality over time (if conducted more than once).

The tool can be used by SBCC experts to independently assess the institutional system quality and implementation fidelity. Alternatively, and ideally, this can be used as a participatory tool for institutions to assess their own adherence to SBCC quality standards. This has been adapted from a capacity assessment tool first developed in Malawi (Jana et al, 2018) and later adapted to explore health promoter capacity in South Africa (Rwafa-Ponela et al, 2020), with a shift in focus to implementation fidelity.

Overview

This tool will assist the user to assess the technical quality of SBCC efforts. The tool is divided into four domains and each domain includes a set of sub-domains that drill down into various aspects of the domains. The domains covered in this tool are:

- **Institutional systems:** This domain covers institutional systems that are essential to lead, coordinate and harmonise SBCC programming. Quality SBCC involves more than the competencies of individuals. Institutions must be strong themselves to conduct SBCC programming. They must be able to lead and navigate complex and adaptive systems. In the institutional system domain, we review systems that directly influence SBCC intervention planning and implementation, i.e., internal SBCC mechanisms, human resource systems (recruiting, supervising and supporting personnel and volunteers), management information, and reporting systems, etc.). If a campaign is led by a consortium or alliance, the focus of ‘institution’ is the organisation that is leading the coordination efforts.
- **Plan and design:** This domain covers the components needed to effectively plan and design HP programmes. This includes a situation analysis built on evidence, priority setting, and design elements that address the identified health or other social barriers to change, among other key components.
- **Implement and monitor:** This domain covers best practices for implementing and monitoring SBCC programmes. This includes the development and use of programme implementation and monitoring plans, coordinating implementation with other programmes, supervision and mentoring, having staff, SBCC development plans, etc.
- **Evaluate, scale, and sustain:** This domain covers the SBCC components needed to evaluate SBCC and to scale and sustain. This includes programme evaluation; documentation and dissemination of results; and how programme data are used for adaptation.

Steps for facilitating an evaluation of SBCC quality and implementation fidelity

Step 1: Engagement and document collection

- **Engage the (lead) institution's leadership**. During this step, the evaluator should negotiate an agreement with the institution for all phases of the process, modify the tool as needed, and identify a change leader - a staff member who will champion any recommendations that emerge.
- **Collect relevant SBCC documents.** Using the guidance provided in the tool (see means of verification in tool) to collect relevant documents from the institution. These documents should be reviewed by an SBCC technical expert(s) to assess their completeness and quality. If this is managed as a participatory review, these results will be shared and reviewed during the assessment process.

Step 2: Conduct review of the four domains

- **Provide a brief introduction that emphasises the purpose of the evaluation.** Review the process with a short PowerPoint or email that outlines the process to be followed. Highlight that the purpose of this evaluation is to assist the team to identify their strengths and weaknesses in the local system to design, coordinate, and lead SBCC campaigns. The process is not intended to criticise but can assist the team to orient themselves to core SBCC components and identify ways to improve on future efforts. The result of this assessment will be the identification of several priority areas for them to focus on in the coming year. From the assessment results and conversation, an annual CS plan will be developed. Handouts should be available for each participant for this purpose. The facilitator answers any questions before proceeding.
- **Ask the participants/interviewees to give a general description of the current work**, what was done, which agencies were involved, where they worked, and what technical areas were being addressed, e.g., cancer campaign. The evaluator will become familiar with the campaign and the team that will provide insights. Clarify roles and responsibilities of everyone involved and note any key people who may be missing, but important to the discussion.
- **Work through all four core domains**. The evaluator will introduce the concepts and interview the relevant individual or team to assess systems quality and implementation fidelity. This can be reinforced with PowerPoint slides if possible. The evaluator should ask open-ended questions (key questions) and probe to justify the final score that is recorded. An explanation of scoring follows.

  In response to each question, the expert and/or team discusses the answer, comes to a consensus, and assigns a score. The evaluator should not lead responses or suggest scores if the process is participatory but should rather request a consensus score from the group by using questions to initiate discussion. Whatever is discussed should be considered in light of submitted documents. When there is a discrepancy between self-scores and the evaluators own assessment, the evaluator should ask for verification and/or remind participants of the results of the document review. The step is completed once all the questions in each component have been discussed and scores assigned.

  The evaluator can refer participants to fidelity scores, which are on a continuum from 1 to 4, to support scoring. If doing this alone, the evaluator should also use the descriptions to ensure that the scoring process is justified. In general, the scores are grouped as followed:

  1) Standard not met: function/policy/guideline/system not present = No fidelity
  2) Standard present: of expected quality, but no/poor application = Low fidelity
  3) Standard present: of expected quality with evidence of some application and some adherence = Moderate fidelity
  4) Standard present: of expected quality. Complete application and adherence = High fidelity

Step 3. Score compilation and validation

If the evaluation is participatory, the team/individual and technical SBCC expert can record two independent scores for each question along with justifications. If the evaluation is not conducted in a participatory workshop format, preliminary report will be shared back to the institution for validation.

Summary score sheet: background (13 items) and campaign (34 items)

Domain	Question area	Score(s)	Comments
Institutional systems context (13 questions)			
1.1.1	Institutional mandate		
1.1.2	Institutional strategic objectives		
1.2.1	Strategic plan		
1.2.2	Annual operational plan		
1.2.3	Monitoring of operational plan(s)		
1.3.1	Staffing structure/organogram		
1.3.2	Staff SBCC/health promotion capacity		
1.4.1	Annual budget		
1.4.2	Budget monitoring		
1.5.1	Internal communication systems		
1.5.2	External communication/coordination		
1.5.3	Documentation and dissemination of results/lessons		
1.5.4	Learning culture		
Planning and designing component fidelity (21 items)			
2.1.1	Conducted situational analysis		
2.1.2	Theory applied in planning		
2.2.1	Used evidence to set priorities		
2.2.2	Conducted audience analysis		
2.2.3	Involved key stakeholders in priority setting		
2.2.4	Considered GESI in priority setting		
2.2.5	Considered life-course in priority setting		
2.3.1	Developed budget as part of planning		
2.4.1	SBCC strategy – analysis summarised		
2.4.2	Audiences prioritised and segmented		
2.4.3	Smart communication objectives defined		
2.4.4	Aligned and coordinated approaches		
2.4.5	Evidence-based channels selected		
2.4.6	Costed implementation plan developed		
2.4.7	SBCC-specific M&E plan developed		
2.4.8	Dissemination plan defined		
2.5.1	Strategy used to guide campaign/materials		
2.5.2	Materials/products pre-tested		
2.5.3	GESI Considerations reflected in products		

Domain	Question area	Score(s)	Comments
2.5.4	Messaging and products not stigmatising		
2.5.5	Branding and marking adhered to		
Implementation fidelity (8 items)			
3.1.1	Costed implementation plan used		
3.1.2	Coordination and communication mechanism applied with stakeholders		
3.2.3	Other stakeholder activities reviewed to avoid duplication		
3.2.1	M&E plan used / activities monitored routinely		
3.2.2	SBCC indicators monitored		
3.2.3	SBCC data collection tools applied		
3.2.4	Analysis of monitoring reports conducted		
3.2.5	Campaign quality monitored		
Evaluation and re-planning fidelity (5 items)			
4.1.1	Evaluation(s) ethics requirements met		
4.1.2	Evaluation(s) have sufficient resources		
4.1.3	Evaluation results disseminated		
4.2.1	M&E data used to adjust/re-plan		
4.3.1	Data quality are routinely assessed		

Appendix C. Interview schedule and documents reviewed

Interview schedule			
Date	**Tool Focus**	**Participant(s)**	**Interviewer(s)**
12 Nov	Domain 1	NDoH- Nutrition (2)	SJN, MD, NM
19 Nov	Domains 2 & 3	NDoH – Nutrition (1)	SJN & MD
24 Nov	Parts of Domains 2-4	GrowGreat (1)	SJN
24 Nov	Parts of Domains 2-4	Journalist/Dietician (1)	SJN
25 Nov	Domain 4	NDOH – Nutrition (1)	MD
25 Nov	Parts of Domains 2-4	Liquid Lingo (1)	SJN
26 Nov	Parts of Domains 2-4	GrowGreat (1)	SJN
27 Nov	Aspects of all domains	NDoH – Provincial level (1)	SJN

Documents reviewed		
Document/Source	**Description**	**Comment**
Nutrition Directorate Operational Plan 2020/2021	Costed operational plan used to identify priorities and assign responsibilities for the financial year April 2020 to March 2021.	Used to explore activity alignment with mandate and budgeting under Institutional Systems domain.
Job Description/ Organogram	Example of a directorate job description, including organogram.	Used to explore staffing sub-domain under institutional Systems domain.
Performance Management Agreement	Example of a PMA, to review how staff performance is measured and capacity needs are identified.	Used to explore staffing sub-domain under Institutional Systems domain.
NNOW 2020 Concept Note	Internal document developed by NDoH to synthesise evidence and focus campaign in consultation with NNOW group.	Used to verify situational analysis and campaign alignment items.
National Food Security and Nutrition Communication Strategy for South Africa 2018 – 2023	This document presents a SBCC strategy for an integrated response to South Africa's FSN situation, including a theory of change, segmented messages by audiences and indicators.	While still in draft form, this strategy was used to inform some of the messages and targeting decisions included in the NNOW strategy.
NNOW Communication Strategy	PowerPoint summarising evidence and focusing on audiences, channels and messages and key principles for the campaign. Extended section on youth.	Used for sections of tool pertaining to SBCC strategy.
Nutritionweek.co.za	Website that outlines NNOW campaigns from 2011- – 2020. Includes link to campaign guidelines.	Used for NNOW background and verification of items in Domains 2 & 3
NNOW Social Media Guide and all campaign materials on G-drive	The NNOW Group G-drive contains the final versions all branded campaign materials as well as guides how to use them.	Used to review actual messages and materials for Domain 2.
LiquidLingo report	Report on NNOW reach, including advertising value, based on channels. Includes screen grabs and images of media coverage.	Used to explore items related to M&E, design (examples of messages) and implementation

Appendix D. NNOW 2020 Collated Provincial Report

1. Overview of provincial reports

Provincial reports were received from five of the nine provinces (a sixth province submitted a report after the collated report was compiled). The majority of provinces submitted reports from all their districts (see Table 1 – 5 for the summarised reports). Since the reports were shared internally with NDoH and cannot therefore, be shared with external stakeholders, the names of provinces have been coded and any reference to a particular province has been removed. External stakeholders who wish to obtain more details of the activities that were held or materials that were distributed should obtain permission from the provincial head of the department and provide reason for the request.

Activities were conducted in hospitals, clinics, community health centres, communities, schools and for staff members in the health facilities and in district/subdistrict offices. In some cases, the staff members and clients/learners in health facilities were targeted for an activity, in which case the numbers were then tabulated under that specific facility.

The total numbers from the reports received are the following:

Total number of people reached: >8,937. In many cases the report for a specific facility would just state that all the clients visiting the facility were reached. It should be noted that due to the COVID-19 pandemic and the restrictions on the number of people gathering indoors as well as outdoors, the total number of clients/consumers reached were much less than in other years. In some cases, an activity, e.g., nutrition talk, could not take place because of the limitations of social distancing at a health facility.

- *Total number of hospitals participating:* 31 (this could include OPD, paediatric ward, oncology, mothers' lodge, nursery, wellness/diabetic/high risk/feeder clinics, reception areas/corridors/main passage or outside on the field/driveway).
- *Total number of clinics participating:* 108 (e.g., the waiting area or outside).
- *Total number of community health centres participating:* 24 (e.g., maternity/chronic area, waiting area, car parking area).
- *Total number of events in communities:* 14 (e.g., at shopping complex/mall, taxi rank, car wash, youth centre, home based care centre, NGO, informal settlement, community nutrition development centre, community hall).
- *Total number of schools/ECDs participating:* 11.
- *Total number of staff events:* 25 (e.g., at the hospital, clinic, district/subdistrict offices, town/municipality offices).

The provincial reports, as indicated in the annexures, provide a summarised version of the messages that were communicated, the activities that were held and the materials that were distributed. Since the names of provinces and facilities were removed, the numbering in the messages correspond with the numbering of the activities and of that of the materials that were distributed. Photos were shared in the detailed provincial reports but are not included in the summarised reports.

2. Additional comments made in reports

- Milk is in the NSNP menu but not provided to children, fish is used twice per week.
- Pregnant women had concerns with expressing and storing breastmilk, they indicated that grandparents will not allow storing expressed milk in the fridge to feed the children while they are away from children.
- Nutrition education at Youth centre: some pregnant women indicated that elders at home won't agree to store EBM in the fridge.
- Many parents/caregivers know about exclusive breastfeeding from 0 to 6 months of age and how to interpret the weight-for-age chart, but complementary feeding is a huge problem. Parents still give snacks such as sweets, fizzy drinks and other unhealthy foods to children.

- Healthy eating and management of chronic conditions (health education talk): patients complained about lack of money to buy variety of food. They also complained about shortage of water to start home gardens.
- Education on overweight, obesity and the NCDs (home based care centre): many of the elderly people at the centre have the knowledge on what causes overweight, obesity and the NCDS. The challenge was understanding the food groups and adopting to healthy lifestyles.
- Education on food-based dietary guidelines (FBDGs) in secondary school: grouping the foods according to their food groups was a challenge to other learners.
- Biggest loser event: overall comments from participants included enjoyment of the physical exercises, weakness to stick to healthy eating options when weekends come and gaining self-confidence and motivation in own abilities. Reasons given for not completing the programme included loss of interest or motivation, program no longer compatible with their schedules, or participants were no longer in the area.
- Because of the high percentage of obesity amongst the health care workers assessed, a "healthy living" and "weight loss" program should be started at the facility and will be proposed as a project for the 2021 Community Service Dietitian if possible.

3. Recommendations from provinces for 2021

- A number of facilities commented that the infographics and nutrition material provided during NNOW were very helpful in aiding the communication of key messages during the week.
- A suggestion to facilitate build up activities in the months preceding NNOW is made so as to build anticipation and raise awareness on NNOW ahead of time.
- A theme centred on food/vegetable gardening, with the involvement of the Department of Agriculture was suggested by one of the facilities.
- A suggestion to have a recipe booklet for healthy, easy recipes as one of the educational materials was brought forward.
- A suggestion to consider "Healthy Snacking" as a possible theme for NNOW in the future was put forward. This will help educate the public about what the term "snack" means as most communities associate "snack" with chips, sweets, fizzy drinks and any other unhealthy choices.

Table 1: Province A

	Message	Activities	Materials
1	Five venues: Affordable healthy food choices. Practical tips when planning, buying, preparing and eating food during and after Covid-19 pandemic. Benefits of choosing healthy whole foods. Home exercises (physiotherapists and occupational therapists). Obesity and psychological wellbeing (social workers)	Health education: food demonstration; physical activities/exercises; nutritional assessment; screening of blood pressure; question and answer session where prizes were won; nutrition quiz; wheelchair race; speech quiz; and water balloon activity.	NNOW district flyer, healthy eating flyer, hypertension, cholesterol & diabetes flyers.
2	To show staff how to increase the amounts of plant foods in their diets in order to improve immunity	Demonstration: how to incorporate more plant foods in the diet; fruit and vegetable smoothies were made by the dietitians and sold to staff; there were lucky draws and staff could win prizes - mugs, pens, shopping bags, etc.; and an email with a NNOW message was sent out daily to all staff.	Pamphlets (made by dietitians on NNOW messages), recipes, packets of seed mix, checklists to help increase intake of plant foods.
3	Enjoy a variety of whole foods, i.e., unprocessed or minimally processed foods; healthy food is affordable; prepare healthy home meals rather than buying ready-to-eat snacks and meals; drink lots of clean, safe water instead of sugary drinks; practice healthy habits when eating.	Health talk: Q&A (following health talks) and prizes (shopping bags & nutrition mugs	Posters. Pamphlets on healthy eating for healthy immunity. Bookmarks with NNOW logo. Little healthy eating booklets on the FBDGs. Nutrition activity books for learners. PowerPoint presentation for staff health talks. Portion plate visuals for the health talks at clinics.
4	Similar to no.3	Staff Weight Loss Challenge (if gained weight = R5 penalty, if weight stays same = R2 penalty. Money collected used for prizes) - surrender October.	Prizes (cups, aprons, bags). Information and diet sheets.
5	Similar to no. 3	Information sessions regarding healthy lifestyle to improve physical health. Distribution of designed education material	Booklet, bookmarks, activity book, pamphlet.
6	Similar to no. 3	Health talks and BMI screening.	Educational material, prizes.
7	Improving physical health of staff members and community members.	Staff Weight Loss Challenge. Information sessions regarding healthy lifestyle to improve physical health.	Booklet, bookmarks, activity book, pamphlet.
8	Infant Nutrition: breastfeeding (HIV) complementary feeding; adult nutrition: Food Based Dietary Guidelines COVID 19: Preventive measures	Health talks.	Each participant received: 1xShopping bag; 1x100ml Sanitizer; 1xFruit pack (Apple, Pear, Orange); 1x500ml Water; 1xFBDG pamphlet.
9	To create awareness on how a healthy weight and eating can boost your immune system during the Covid19 pandemic in communities	Community health awareness campaign: Covid-19 screening; blood pressure and blood glucose testing and referrals; nutrition talks and messages to boost immunity.	Meal plans, portion lists, pamphlets, posters.

	Message	Activities	Materials
10	Healthy eating and weight loss	Biggest Loser for five consecutive weeks leading up to and including the full week of NNOW: weekly weigh-ins;	Biggest loser certificate and documentation (medals and gifts for winners.
11	Healthy Eating needs hero's (schools): why eating healthily is important- to boost your immune system to prevent getting sick, to grow up strong, healthy and smart.	Interactive educational game (grade R to 3) involving different food items and what they know about the food item and to improve their knowledge (in a less strained environment)	Pamphlets developed in both English as well as local language promoting healthy eating habits to promote a healthy immunity
12	"Good nutrition for good immunity": key messages from concept document and previous years' concept document; the five keys to safer food; causes of obesity, body shape - what is the link between nutrition and COVID-19, how can I change my diet, how can I manage my weight and where can I get more information about NNOW; and portion control (using your hand as a guide to estimate portion sizes infographic).	Daily messages and recipes to PHCs, Allied and Oral Health, Community Service Rehab and subdistricts Nutrition WhatsApp groups. NDoH posters (to all facilities).	Flyer and document on obesity compiled by the Community Service Dietitian; 5 keys to safer food infographic); daily recipes.
13	Good nutrition for good immunity - additional messages as part of the weight-loss challenge: healthy, balanced eating; sugar content of food and drinks; importance of physical activity; etc	Interactive sessions, weekly education and assessments as part of the staff weight-loss challenge (6 weeks); sharing of messages via WhatsApp and Instagram, group talks (healthy eating) and exercise sessions.	Handbook and food journal certificates, (part of weight loss challenge), educational material, meal plans, achievement reward. Certificates after completion of the challenge. NDoH posters distributed. Obesity document and flyer by Community service Dietitian.
14	The 3 key messages (from concept document): how to boost immunity with good nutrition; the risk of being overweight/obese during COVID-19; and how to prevent or manage obesity.	Interactive sessions, education and assessments at health facility	PDF document about "Good Nutrition for Good Immunity" (based on various messages of previous NNOW themes and concept documents). Flyer / infographic with the same key messages. Info-sheets with the key messages. NDoH posters distributed to facilities.

Table 2: Province B

Messages	Activities	Materials
1. Healthy eating: portion sizes; and breastfeeding in the context of COVID 19. 2. Preparation of meals. Portion sizes , hygiene and menu planning. 3. EBF and importance of BF until 2 years. Complementary feeding. Continue to BF even if tested COVID positive. Food to eat during pregnancy. Vitamin and minerals supplementation during pregnancy. Things to avoid during pregnancy. How to reduce the desire for eating unhealthy things. 4. FBDGs and portion size. 5. Healthy eating and management of chronic conditions. 6. FBDGs and portion size. 7. Healthy eating during pregnancy and BF. Benefits of EBF. Dangers of mixed feeding. Storage of EBM. Introduction of complimentary feeding. 8. Preparation of meals. Portion sizes. Exercising. Healthy eating. 9. Health Education on overweight, obesity, and the NCDs. 10. Health Education (interpretation of the growth charts (RTHB), the importance of exclusive breastfeeding and complementary feeing). 11. Good Nutrition for Good Immunity: dialogues held with patients visiting the hospital. 12. BMI screening. 13. FBDG, healthy whole food option. Exercise recommendations. Preparation techniques for healthy eating and food safety. Healthy ready-to-eat alternatives. (Different venues). 14. FBDGs: making healthy choices when buying and preparing food; practicing healthy eating habits.	1. BMI. Nutrition education and counselling. 2. Monitoring: Food preparation; hygiene and hand wash; portion size; menu; expiry date of foods; food storage. 3. Nutrition education. 4. BMI screening. 5. Nutrition education. 6. BMI screening. 7. Nutrition education. 8. Anthropometric measurements. Interpretation of BMI. FBDG and healthy eating. 9. Nutrition education. 10. Nutrition education. 11. Dialogues held with patients visiting the hospital. 12. BMI screening and appointments arranged for staff members to lose weight if they choose to do so. 13. BMI, blood pressure, nutrition counselling, COVID-19 screening. 14. Nutrition education.	1. National posters and pamphlets. 2. None. 3. None. 4. FBDGs and portion size pamphlets. 5. Diabetes strategy for the prevention and control of obesity and FBDGs pamphlets. 6. FBDGs, portion size and COVID 19 pamphlets. 7. Mother and Child Nutrition Booklet. 8. FBDGs &results of their anthropometric measurements. 9. None. 10. None. 11. NNOW posters. Pamphlets distributed with popcorn. to illustrate healthy snack. 12. None. 13. None. 14. Pamphlets.

Table 3: Province C

Messages	Activities	Materials
1. 2020 NNOW theme for 2020: tips on mindfulness when shopping; preparing and storing food safely; types of foods that help boost immunity for babies, young children and adults as well as how to practice healthier eating habits during the COVID-19 pandemic. 2. Nutrition in the context of COVID-19. 3. Nutrition in the context of COVID-19. 4. Nutrition in the context of COVID-19. 5. Healthy home cooked meals and lunch options for word; healthy eating. 6. Good Nutrition for Good immunity. 7. NNOW theme and messages. 8. NNOW messages. 9. NNOW key messages. 10. NNOW: Healthy eating using indigenous foods. 11. NNOW theme and messages. 12. NNOW theme and messages. 13. NNOW theme and messages. 14. Healthy eating to prevent obesity, nutrition and pregnancy. 15. NNOW theme and messages. 16. NNOW messages; childhood obesity. 17. NNOW theme and messages. 18. NNOW theme and messages. 19. NNOW topics. 20. NNOW theme and messages. 21. Importance of eating vegetables and fruit. 22. Healthy eating and lifestyle during COVID-19.	1. Nutrition education talk. 2. Presentation and panel discussion. 3. Group talks and Q and A afterwards (supported by local vegetable garden NGO to promote whole foods); chronic disease lifestyle education class; messages on local radio station and local mall. 4. Nutrition crossword puzzle (sedentary staff members). 5. BMI screening, nutrition education, counselling (staff members); nutrition presentation to community members on chronic medication followed by Q and A session. 6. Daily emails; ADSA recipes and FBGDs handouts (staff and chronic patients); education on theme and FBDGs to paediatric surgical ward staff. 7. Nutrition education talks by final year students; interactive activities to raise awareness on sugar content of cereals and beverages. 8. Nutrition education talks, health education and screening of < 5-year-olds during catch-up EPI campaign. 9. Daily health education talks throughout NNOW; Jerusalema dance challenge (staff). 10. Health talk; display of indigenous foods. 11. Nutrition education talks and screening at schools. 12. Nutrition education talks. 13. 12-week healthy lifestyle challenge for staff (anthropometric screening and counselling); nutrition education for clients 14. Health talks, BMI screening, exercise classes (staff and clients); NNOW awareness and celebration day and food preparation demonstration at one clinic; WhatsApp messages from national social media pack (for clinic staff); demonstration on healthy portions when preparing food. 15. Nutrition education sessions, BMI screening (clinic); healthy plate examples; demonstration on preparing healthy foods. 16. Nutrition education sessions: nutrition workshop and announcement of Biggest loser (staff – event ran throughout year), aerobics class and fun walk. 17. Nutrition education session and demonstration of healthy plate model; physical activities; nutrition awareness day (and vitamin A and deworming catch-up) and BMI screening (staff). 18. FBDG demonstrations; BMI screening; physical exercises. 19. Nutritional education talk and 4 km “Nutrition Week “walks. 20. Nutrition advisor workshops to prepare for NNOW. 21. Healthy eating and lifestyle talk; tippy tap demonstration on handwashing. 22. Health education talk; nutrition screening; short exercise session.	1. None. 2. None. 3. Prizes. 4. Prize. 5. Prizes. 6. Daily emails, recipe and FBDG handouts. 7. Posters and bookmarks from NNOW materials 8. Pamphlets on healthy eating, breastfeeding and complementary feeding. 9. None. 10. None. 11. None. 12. NNOW posters; FBDG and obesity pamphlet (translated in local language). 13. Pamphlets; visual food aids. 14. Pamphlets. 15. National infographic & educational materials; posters and mini-information packs (from National pack); veg and fruit handouts. 16. None. 17. None. 18. Nutrition education pamphlets. 19. Pamphlets from the NNOW poster and infographic 20. Pamphlets based on the objectives of NNOW. 21. Pamphlets. 22. Pamphlets on FBDG.

Table 4: Province D

Messages	Activities	Materials
1. NNOW theme and messages	1. Open Day Nutrition Stall with different foods displayed, Education done, (Mental Health was part of the event); BMI screening.	1. Pamphlets
2. NNOW theme and messages	2. Nutrition education session (veg from facility garden if clients answered correctly); BMI screening,	2. Pamphlets
3. NNOW theme and messages	3. Nutrition education.	3. Pamphlets
4. NNOW theme and messages	4. Nutrition education: fresh vegetables and fruits were displayed, also displayed the junk food to discourage clients from consuming them.	4. Pamphlets and posters
5. NNOW theme and messages	5. Nutrition education done. Event was combined with all Allieds during Rehab.	5. Pamphlets
6. NNOW theme and messages	6. Nutrition education, fresh vegetables and fruits were displayed.	6. Posters and pamphlets
7. NNOW theme and messages	7. Nutrition education done, staff singing outside the facility for awareness.	7. Posters and pamphlets
8. NNOW theme and messages	8. Nutrition education, fresh vegetables and fruits were displayed.	8. Poster and pamphlets
9. NNOW theme and messages	9. Nutrition education, fresh vegetables and fruits were displayed, BMI screening.	9. Posters and pamphlets
10. NNOW theme and messages	10. Nutrition education: fresh vegetables, fruits, lentils and whole grains were displayed.	10. Posters and pamphlets
11. NNOW theme and messages	11. Nutrition education, fresh vegetables and fruits were displayed, BMI screening.	11. Posters and pamphlets
12. NNOW theme and messages	12. Different types of foods and posters were displayed. Competitions done and were given, and DJ was hired to play music while clients were dancing. All clients were given cooler boxes with fruits and water inside. Event was joint with other allied staff, e.g., Physiotherapists OTs, Social Workers. Exercises done and each discipline gave education relevant to their profession but in line with Nutrition,	12. Posters
13. NNOW theme and messages	13. Dietitians and other staff members were standing at the gate with Nutrition posters and doing the “Hoot if Nutrition is Important Drive” at the gate” of hospital. Giving pamphlets to all drivers who were hooting,	13. Pamphlets
14. NNOW theme and messages	14. Nutrition Education, fresh vegetables and fruits were displayed,	14. Posters and pamphlets
15. NNOW theme and messages	15. Nutrition education	15. Pamphlets
16. NNOW theme and messages	16. Nutrition education	16. Pamphlets
17. NNOW theme and messages	17. Nutrition education	17. Pamphlets
18. NNOW theme and messages	18. Nutrition education	18. Pamphlets
19. NNOW theme and messages	19. Nutrition education	19. Pamphlets
20. NNOW theme and messages		20. Pamphlets
21. NNOW theme and messages		21. Pamphlets
22. NNOW theme and messages		22. Pamphlets and posters
23. NNOW theme and messages		23. Pamphlets and posters
24. NNOW theme and messages		24. None
25. NNOW theme and messages		25. None
26. NNOW theme and messages		26. None
27. NNOW theme and messages		27. None
28. NNOW theme and messages		28. None
29. NNOW theme and messages		29. None
30. NNOW theme and messages		30. None
31. NNOW theme and messages		31. None
32. NNOW theme and messages		32. None
33. NNOW theme and messages		33. None
34. NNOW theme and messages		34. None
35. NNOW theme and messages		35. None
36. NNOW theme and messages		36. None

37. NNOW theme and messages 38. NNOW theme and messages 39. NNOW theme and messages 40. NNOW theme and messages 41. NNOW theme and messages 42. NNOW theme and messages 43. NNOW theme and messages 44. NNOW key messages; Breastfeeding and hand hygiene, MUAC (ANC clients) 45. NNOW key messages, drink lots of clean safe water, limit energy, sugar, salt and fat 46. NNOW key messages, drink lots of clean safe water, limit energy, sugar, salt and fat 47. NNOW key messages, drink lots of clean safe water, limit energy, sugar, salt and fat 48. NNOW theme and messages 49. NNOW theme and messages 50. Healthy and budget eating, boasting the immunity through nutrition and prevention of obesity 51. Healthy and budget eating, boasting the immunity through nutrition and prevention of obesity 52. Healthy and budget eating, boasting the immunity through nutrition and prevention of obesity 53. Healthy eating and immunity 54. Healthy eating and immunity 55. Healthy eating and immunity 56. Healthy eating and immunity 57. Healthy eating and immunity 58. Healthy eating and immunity 59. Importance of healthy eating 60. Importance of nutrition during pregnancy and infancy; nutrition and immunity 61. Healthy eating and immunity 62. Healthy eating and immunity 63. Healthy eating; importance of Breakfast and examples thereof; importance of nutrition in the prevention and management of Noncommunicable Disease (NCD) 64. Healthy eating 65. FBDG 66. Healthy eating	20. Nutrition education 21. Nutrition education 22. Nutrition education 23. Nutrition education 24. Nutrition education 25. Nutrition education 26. Nutrition education 27. Nutrition education 28. Nutrition education 29. Nutrition education 30. Nutrition education, exercises activities with personal trainer; BMI screening. 31. Nutrition education, exercises activities with personal trainer; BMI screening. 32. Nutrition education, exercises activities with personal trainer. 33. Nutrition education, exercises activities with personal trainer. 34. Nutrition education, nutrition stall, physical activities. 35. Nutrition education, nutrition stall, physical activities. 36. Nutrition education, BMI screening. 37. Nutrition education, nutrition stall, fruit handouts. 38. Nutrition education, nutrition stall, BMI screening. 39. Nutrition education, nutrition stall, BMI screening. 40. Nutrition education, nutrition stall, fruit handouts, BMI screening. 41. Nutrition education. 42. Nutrition education. 43. Nutrition education. 44. Nutrition education on NNOW key messages; Breastfeeding and hand hygiene, MUAC (ANC clients). 45. Nutrition education. 46. Preschool children were educated in a playful manor on a healthy diet to boost their immune system especially in light of the Covid-19 epidemic. 47. Preschool children were educated in a playful manor on a healthy diet to boost their immune system especially in light of the Covid-19 epidemic. 48. Social media messages. 49. Nutrition education, face cloths (learners). 50. Nutrition education 51. Nutrition education 52. Nutrition education; Healthy Eating competition and prize giving.	37. None 38. None 39. None 40. Pamphlets 41. None 42. None 43. None 44. Pamphlets: Breastfeeding COVID 19, FBDGs, five keys to safer food. 45. Pamphlets: COVID 19, FBDGs, Five keys to safer food, Department of Agriculture booklets. 46. Pamphlet: COVID 19, Five keys to safer food. 47. Pamphlet: COVID 19, Five keys to safer food. 48. None 49. Educational material issued 50. NNOW posters & pamphlets 51. NNOW posters & pamphlets 52. NNOW posters & pamphlets 53. NNOW posters & pamphlets 54. NNOW posters & pamphlets 55. NNOW posters & pamphlets 56. NNOW posters & pamphlets 57. NNOW posters & pamphlets 58. NNOW posters & pamphlets 59. None 60. None 61. None 62. NNOW posters & pamphlets; pamphlet on disease of lifestyle & management 63. NNOW posters & pamphlets 64. NNOW posters & pamphlets 65. None 66. NNOW posters & pamphlets 67. NNOW posters & pamphlets 68. NNOW posters & pamphlets 69. None 70. One district (collated info – different venues/platforms): - NNOW Tri-fold pamphlets.

67. Good Nutrition for Good Immunity. 68. Good Nutrition for Good Immunity. 69. Anthropometric assessment. 70. Report for one district: key messages conveyed (as per concept document/social media messages): - Raising awareness of a healthy body weight and the risks of a high BMI and obesity. - Eating healthily can be affordable and tasty. - Plant based proteins are affordable, tasty and much lower in fat than meat. - Eating wholesome, natural foods can help support the immune system against disease. - Understanding how to read food labels which empower the consumer to choose healthier options. - The facility Dietitians posted various infographics and posters on their Facebook and Instagram pages. - Daily 'newsflash' videos were posted daily providing information on Sugar Awareness and the sugar content of certain snacks and beverages. - The videos were accompanied by information explaining the sugar content of the different snacks used and general healthy tips regarding the different food groups. Food based dietary guidelines. - Healthy eating to maintain/achieve a healthy immune system. - Wholefoods. - Importance of Healthy eating (FBDGs) and immune boosting foods. - Background on national nutrition and obesity week. - Nutrition and COVID-19 under the theme "good nutrition for good immunity". - Dietary management of obesity. - Healthy eating on budget.	53. Nutrition education 54. Nutrition education 55. Nutrition education 56. Nutrition education 57. Nutrition education 58. Nutrition education 59. Nutrition education 60. Nutrition education 61. Nutrition education 62. Nutrition education 63. Social media pages targeting district. 64. Nutrition education. 65. Dialogue. 66. Nutrition stall/stand; BMI screening and nutrition education. 67. Nutrition education, BMI screening, referral. 68. Nutrition education, BMI screening. 69. Length/height, weight, MUAC assessed. 70. Collated report (one district): - Demonstration on making a healthy soup with household vegetables, soup mix, low salt stock and lentils. - Discussions on how to read food labels and assessing whether they are healthy and can be consumed regularly (green) or in moderation (yellow) or on very rare occasions (red); the importance of food portions when trying to lose weight. - Quizzes: guess the sugar teaspoons in 1 litre of fizzy drink; comparing various tins of food for the healthier option. - Apples and pears were handed out as prizes to those who correctly guessed the sugar and healthier food options. - Waist circumference, blood glucose and blood pressure checks, HIV tests. - Presentation/ nutrition education on key messages. - Posters circulated to all staff members via email. - Posters posted on one facility's Facebook page each day. - Health education talk at ANC clinics. - Posters displayed on office doors. - Social media (Facebook and Instagram): reach = 2600; 705 engagements; 5 link clicks (30 September – 27 October)	- Display of NNOW posters. - Diabetes. - Hypertension. - Understanding obesity. - Nutrition and COVID-19, food portioning. - Each attendee received a card with their weight, height, BMI and BMI classification which was explained to them. - A food label reference card showing the levels of fat, sugar, salt and fibre in green (healthy), yellow (moderately healthy) and red (unhealthy) was handed out; Recipe cards downloaded from the ADSA showing. - healthy economical recipes. - NNOW 2020 pamphlet with 8-day meal plan.

Table 5: Province E

Messages	Activities	Materials
1. Good nutrition for good immunity. 2. Healthy eating during childhood to adult stage to combat obesity; healthy lifestyle choices; good Nutrition for Good Immunity. 3. Importance of eating legumes. 4. Enjoy a variety of healthy foods vs unhealthy food. 5. Enjoy a variety of healthy foods vs unhealthy food. 6. Healthy eating based on FBDGS. 7. Healthy eating based on FBDGs. 8. Healthy eating based on FBDGs. 9. FBDGs; preparation of healthy meals at home; practice healthy eating habits. 10. Making healthy food choices. 11. Choosing healthy options when buying cooked/ready to eat food items/meals; eat more of whole foods (fresh vegetables and fruits); drink more of clean and safe water; avoid sweet and fatty foods.	1. Presentation demonstrations (Matabele soft porridge cooked and served to participants). Display food items important for good immunity. 2. Nutrition talk by dietitian and professional nurse. 3. Distribution of posters and pamphlets. 4. Nutrition education display of healthy foods, rhymes of Healthy eating. Distribution of Fruits (Q & A). 5. Nutrition education display of healthy foods, rhymes of Healthy eating, distribution of Fruits (Q & A). 6. Nutrition education display of healthy foods., rhymes of healthy eating, distribution of Fruits (Q & A). 7. Nutrition education. Display of healthy foods. Rhymes of healthy eating. Distribution of Fruits (Q & A). 8. Dialogue; distribution of Fruits (Q and A). 9. Question and Answer session. 10. BMI assessment; nutrition education, issuing of food parcel. 11. Presentation, anthropometry (BMI for age; post assessment (Q and A session).	1. National posters and pamphlets 2. None 3. Pamphlets and posters 4. None 5. None 6. None 7. None 8. None 9. Brown rice mixed with red lentils 10. None 11. None

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