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Important aspects of the baby-food hygiene campaign programme

- Based on the randomised controlled trial in The Gambia including components from the Nepal study
- Essential part formative research to build Nepal and Gambia tools, including adapting tools from Nepal for study in The Gambia
- Target behaviours (critical control points)
- Emotional drivers to motivate behaviour change (rather than education) and lead to sustained behaviour change
- Whole community participation, campaign, home visits, cultural performing arts, environmental cues and staged target setting with non-monetory rewards to deliver the programme
- Context specific modes of communication
- Delivered over four days with a reminder visit 6-12 months later
- Low-cost and pragmatic, involving local players, making it ideal for scaling up
- Tailored specifically to each community where the programme is implemented

Vision for the manual

- Translation of an effective public health intervention into practice in new settings at scale.
- Take the baby-food hygiene programme and provide a step-by-step guide in the form of a manual so that Public Health Professionals (not experts) in low and middle income countries can adapt and implement the programme.
- Easy to follow and provide the majority of the tools that are needed in the programme.
- Balance between providing enough information to adapt and implement the programme without overwhelming the reader with information.
- Available in print edition with a CD and all available on-line.

Outline of the Baby-food Hygiene Campaign Programme manual

Manual is made up of three books:

1. Background to the programme

- Evidence, theories and approaches that contribute to the success of the programme:
- Intervention studies in Nepal and The Gambia
- Description of the approaches that programme makes use of e.g. hazard analysis critical control points (HACPP), Evo-eco model of behaviour change

2. Adapting the programme for the local context

Team of people work with local communities to identify how certain aspects of the programme should be adapted (formative research)

3. Details of the programme and how to implement

Details of the day-to-day running of the programme along with a description and samples of all the tools (e.g. competitions, drama, stories and songs)

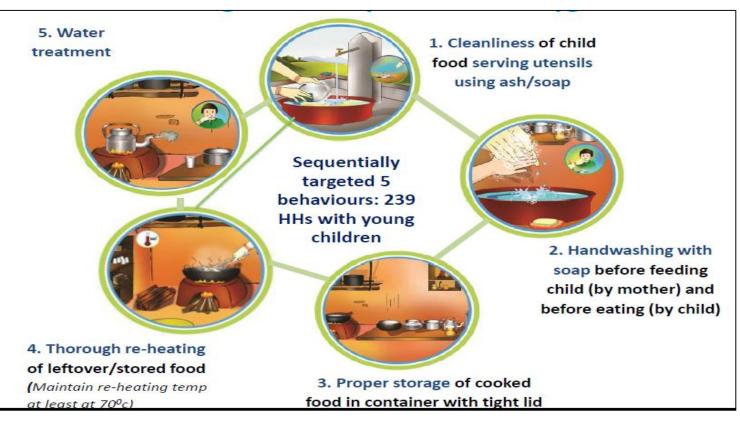
Book 2: Adapting the programme for the local context

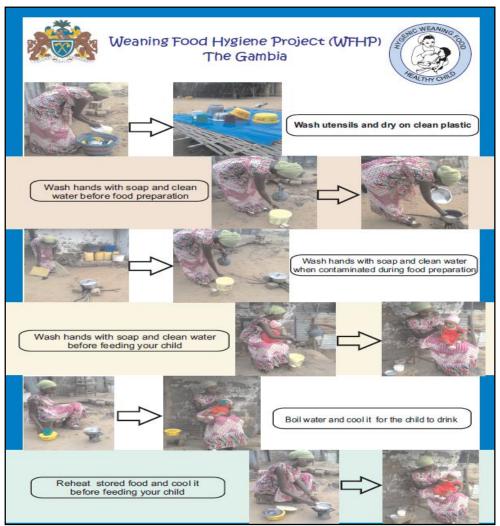
Formative research – household visits and focus group discussions

What are babies fed, how is it prepared?	What are the barriers to adopting babyfood hygiene practices?	Identify and prioritise target behaviours	Identify and prioritise emotional motivating factors	Identify the local style of performing arts	Identify ways to market and communicate the programme
Focus group discussions					
	Structured obser	Collecting and testing baby's food and water samples	Motivational picture card exercise		
	Semi-structured interviews with mothers			Semi-structured interviews with mothers	
		Environmental walk checklist			



Example adaptation from study in Nepal to The Gambia





The Gambia – six target behaviours

Adapting tools for the programme









Page from the flipchart of the target behaviours with guidance for adaptation

Note:
When taking the photo ensure that the mother is facing towards you (unlike this photo where you can see her back).

Note:

Make sure you can clearly see that the mother is washing her hands with soap and facing the camera (it is difficult to see in this photo).



Note: these photos must match the target behaviours being told in the story on the previous page.

Book 3: Details of the programme and how to implement

- Detailed programme guide provided with breakdown of the activities and events for the 4 days
- Each activity, event and tool has a detailed description as well as a purpose, who, where and what tools are needed for that activity and event and photos from Nepal and The Gambia
- Sample tools provided for adapting

Piloting of adaptive phase book in Pakistan

- In collaboration with Aga Khan University in Karachi
- Four study sites: 2 urban slum and 2 rural villages
 - 10 mothers from each setting for household visits,
 - 4 FGDs from each community (mothers, grandmothers, fathers, elders)
- Adapt the materials (questionnaires etc) for adaptive phase
- Use the manual books 2 & 3 as the basis for conducting these tasks
- Feedback and improve manual based on user-feedback in these new settings

Next steps

- Further refinement of the manual based on feedback and results from pilot study in Pakistan
- Comments from collaborators
- Send manual out for consultation
- Large multi-country scaling randomised trial to test effectiveness of the programme in new settings to reduce incidence of diarrhoea in young children

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