Interpersonal Communication(IPC) Model Piloting Review Report in Afmadow district*

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SAVE THE CHILDREN SOMALIA

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Kowaad Village IPC session

Bosnia Village IPC session

Background Information

One out of every 12 women dies due to pregnancy related causes (Maternal Mortality Rate is 732 deaths of mothers for 100,000 live births – down from 1210 in 1990). Somalia is also drought prone and faces food insecurity, which is exacerbated by poor healthcare, lack of access to safe drinking water and safe sanitation facilities.

Interpersonal communication Model (IPC) is face to face interaction model that target audience with the objective of changing their behavior. It can include one-to-one small group interaction or/and larger forums. The IPC Model was a pilot innovative project that was to meant to reinforce Save the Children child intervention in Afmadow district. The goal of IPC Model was to promote exclusive breastfeeding, hygiene promotion (hand Washing) messages, diarrhea prevention and management including ORS and Zinc intake, ANC and PNC uptake through various relevant messages from the IPC agent. The pilot project was meant to help boost the knowledge and practice of mothers in the target communities to address issues of malnutrition, poor diet that causes most of the child morbidity and mortality in the community.

The main objective of the IPC Model is;

1. To measure improvement in management of diarrheal diseases while contributing to the reduction of micronutrient deficiencies among U5 Children in Afmadow district.
2. To increase uptake of health facility delivery services such as ANC and PNC visits by women of child bearing age.
3. To increase awareness on exclusive breastfeeding and other IYCF practices.

The IPC Model was implemented in an integrated approach with CHASP project activities and facilities. It complemented the child health intervention implemented by Save The Children with emphasis on clear communication of key health and nutrition information including key messages on IYCF and managing diarrheal related diseases that cause child malnutrition and death.

Methodology

IPC agent selection

Three interpersonal communication agents were identified and selected purposively from the community in Dhobley town due to their previous experience as an IPC agent. The IPC agent were trained for two days by the SCI staff on how to conduct the sessions and provide quality IPC Sessions to the target mothers in Dhobley town within Afmadow district. The nutrition officer with the support of the IYCF Counselor and community mobilizer were the focal person in the project.

Study site:

The IPC Model was implemented in 3 sites in Dhobley i.e. Kowaad Village (Dhobley Hospital), Bosnia Village IDPS and Waberi IDPS. IPC agent had a central location where beneficiaries were randomly coming to attend a one hour session on the messages. If a mother need she was adviced to come the next day to re-learn the same messages she learn the previous day otherwise it was not necessary for others.

NB: Jubbaland MOH supported site Identification and IPC Agents identification.

Target population for the study

Women of child bearing age in the community within the target village. This is a small review for community village program and hence Lot Quality Assurance Sampling (LQAS) was used. A sample of 96 beneficiaries were selected based on the minimum LQAS sampling using the following formula to calculate sample size

N=Za2pq/d2 where Za=1.96 corresponding to 95% confidence level=0.5(maximum sample size), q=0.5 and d=10% which is 0.1 corresponding to accuracy desired

N= (1.96)2*0.5*0.5/ (0.10)2

=96.04 rounded off to 96 respondents.

The 96 respondent were selected randomly based on their availability to attend the session during the sessions days

Study design:

This was a mixed method study design that involved the following;

- Review of project records at the facility Level and HMIS data and treatment registers to understand the trend on some key indicators related to the project.

- Focus Group Discussions (FGDS) with 6-12 mothers to understand the effect of the IPC messages.

-2 Key Informant interview(KII) at the MOH Dhobley Health facility and one SCI staff involved in this project

- Knowledge Attitude and Practice(KAP) Survey on the target beneficiaries

Findings

1.1 Demographics

The IPC agent managed to conduct an average of 14 session for the month of Aug, Sept and Oct 2018. During the three-month period a total of 619 women of child bearing age were reached.

Table 1: Number of IPC sessions and beneficiaries reached

month	No of sessions conducted	No of beneficiaries reached
August	15	140
September	14	239
October	15	240

96 women of child bearing age were sampled and surveyed on their knowledge attitude and practices on the messages they learnt during the 3-month period. Waberi Village had the highest respondents 49(51.04%) followed by Kowaad Village where Dhobley Health facility is located 28(29.17%). Other Villages in Dhobley town were not the target and therefore the village had only 3 respondents.

Table 2: Respondent per villages on the KAP survey

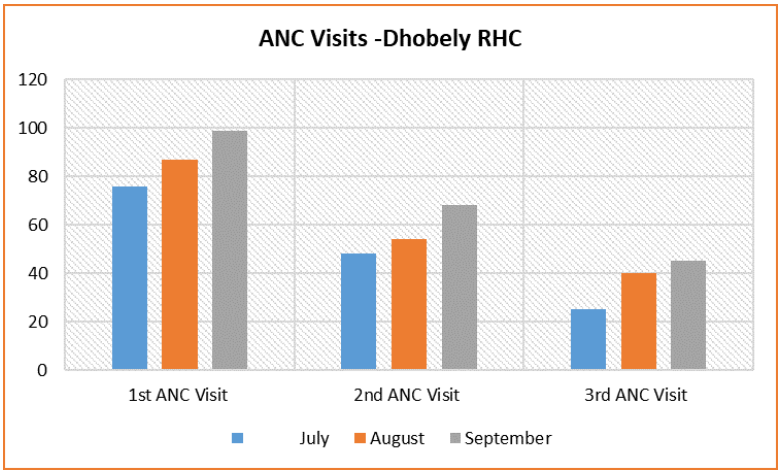
village	No of Respondents	%
Waberi	49	51.04%
Kowaad	28	29.17%
Bosnia	16	16.67%
Other village	3	3.13%

Source: IPC KAP Survey

All the mothers interviewed 96 said that they have received information and messages on prenatal and post-natal care from the Interpersonal communication(IPC) Agents and they were planning to visit the health facility to seek prenatal(ANC) and Postnatal(PNC) care.

In Nov 2018 a follow up desk Review from the HMIS data and facility registers demonstrates that the number of women of child bearing age who are visiting Dhobley Health facility for ANC visit has been increasing consistently from 25 in July when the IPC messages was not started to 45 women 2 months after IPC for ANC 3. This is an evidence of the change attitude by the targeted mothers in seeking ANC visits from the health facility.

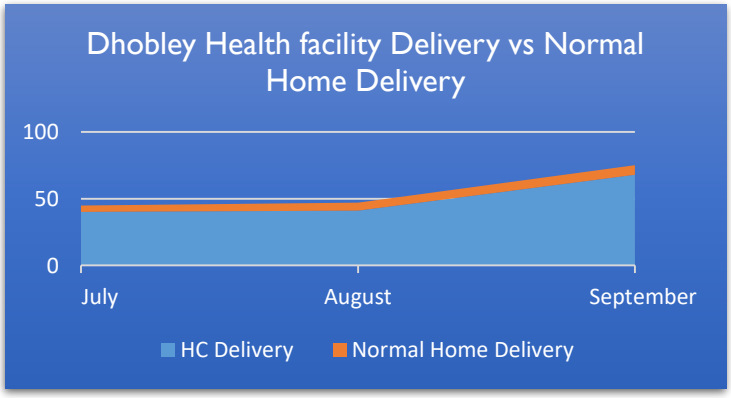
Table 3: Number of ANC visits over the period of IPC interventions



Source: HMIS data and register

All the mothers interviewed mentioned that they are planning to deliver at the health facility based on the messages they received from the Interpersonal Communication (IPC) Agents. This statement were confirmed with the HMIS data where there has been improvement in the rate of health facility delivery during the IPC intervention months as seen in table 4 below.

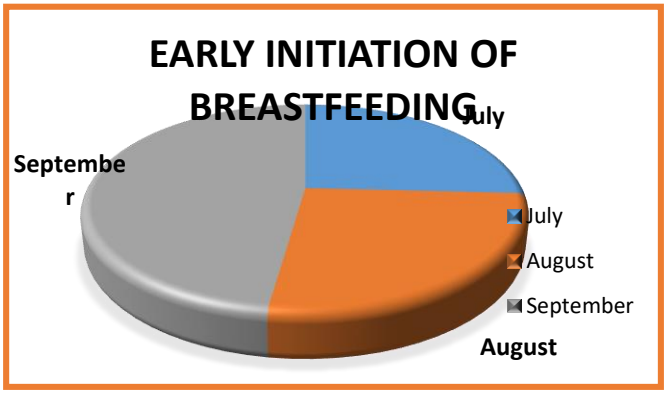
Table 4: Number of women attending facility for delivery over 3 months



Source: HMIS data and register

All the mothers interviewed highlighted that they have received exclusive breastfeeding messages from the Interpersonal communication(IPC) Agents and are planning to exclusively breastfeed their children for the first 6 months. Following review of Dhobley health and nutrition facility in Nov 2018 indicated that early breastfeeding initiation has been improving for the months that the IPC Model was being piloted table 5 below.

Table 5: number of women who conducted early initiation of breastfeeding exclusively

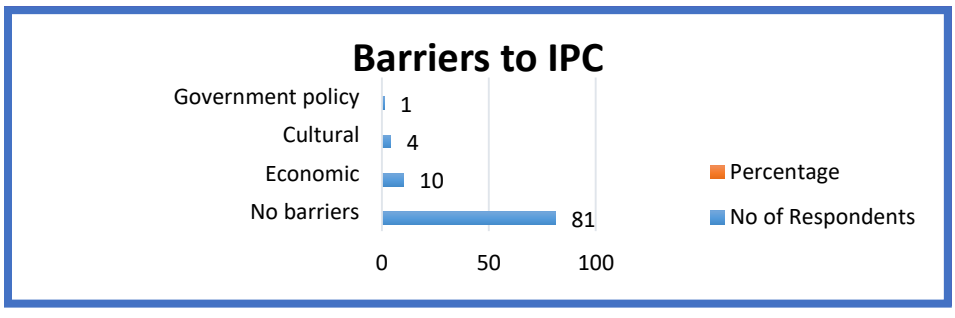


Source: HMIS DATA and registers

Dhobley IPC Model beneficiaries were asked for their feedback on this model. 83(86.46%) of them said that the information they received was very useful while 13(13.56%) said that the messages were useful and none complained on the usefulness of the messages.

Part of the focus group questionnaire, the IPC mothers were also asked on the barriers they faced while receiving and utilizing the IPC Messages. Majority of the mothers (81/96) said that they have not encountered any barrier while receiving and utilizing IPC messages, followed by 10/96 mothers saying they were barred by economic issues from the receiving and utilization of IPC messages. The table below summarizes the barriers they encountered during the IPC model project.

Table 6: Barriers experienced by the beneficiaries during IPC model



Challenges experienced:

Based on the project, there was no technical expert on behaviour change within the organization during the implementation of the IPC Model. The behaviour change expert would have supported in the design of behaviour change framework that would have a deeper insight into community behaviour change programming.

Based on the desk review data and from the HMIS records the increase in Dhobley Health facility delivery, ANC visits and early initiation of breastfeeding has been small. This is because the IPC Model was been piloted in only 3 villages in Dhobley Town which is a big town with many villages and IDP and returnee camps. In addition, the result need to be interpreted cautiously because there is no proof that the improvement is directly correlated to the IPC model.

What could be done better

Going forward the country office need to provide technical support in an effort to contribute expertise into the field work. Behaviour change expertise is required to provide technical guidance in the field including the development of harmonised community behaviour change frame work. Further analysis of barriers and boosters of community health behaviour change needs to be conducted by conducting barrier analysis Survey in Dhobley Town.

From the key informant interview and focus group discussion, it has emerged that IPC Model would have been essential in an integrated approach at the community level whereby Save the Children community programs operate in an integrated manner. On the other hand, coordination among the other stakeholders including INGOS and LNGOS health and nutrition community programs would have yielded a greater impact.

Conclusions

Based on the Knowledge attitude and practice(KAP) Survey results, the IPC Model pilot project has been successful in addressing the low facility delivery attendance. This was evident in all the four ANC visits. The awareness and practice of exclusive breastfeeding at the initial stage was also embraced and practiced by women of childbearing age in Dhobley Town.

The women of child bearing age who were the beneficiaries of the study experience barriers that hindered them from receiving and utilizing of IPC messages to attend the session

successfully and one of the main barrier was the economic issues related to day to day life. Some of the mothers complained they were engaged in economic activities including petty trade and businesses to support the family's livelihood and therefore they do not have much time for the attendance of the session leave alone utilization of the health and nutrition messages at the village.

Recommendation

Targeted women of child bearing age in the target villages in Afmadow need some form of livelihood support to complement the programming of Interpersonal communication messages. Some of the families are struggling with earning a living and their attention diverted from the utilization of the health and nutrition messages provided by the IPC agents. Its recommended that the Interpersonal communication(IPC) Model be scaled up in an integrated manner and enough budget allocated to it. More villages in Dhobley Town need to benefit in order for the program result in a dramatic transformational change