

## Interpersonal communication Model in Afmadow District

### Background

Globally, 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. Save the Children international, Somalia through CHASP project piloted Interpersonal Communication Model (IPC) as one of innovative intervention to improve health care and nutrition condition in Afmadow district. The pilot study was implemented in an integrated approach with CHASP project activities and facilities with the aim of achieving the following objectives;

1. To increase uptake of health facility delivery services such as Antenatal Care (ANC) and Postnatal care (PNC) visits by women of child bearing age.
2. To increase awareness on exclusive breastfeeding and other IYCF practices like hygiene.

### Methodology

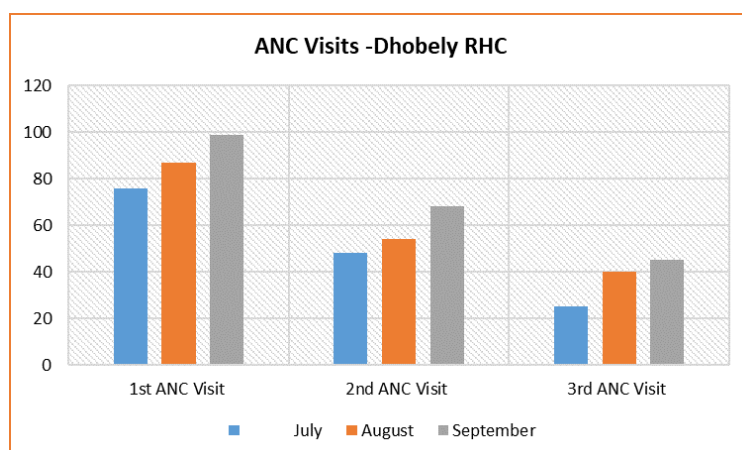
The IPC Model was implemented in 3 sites in Dhobley i.e. Kowaad Village (Dhobley Hospital), Bosnia Village IDPS and Waberi IDPS. IPC agent had a central location where beneficiaries were randomly coming to attend a one-hour session on the messages. The messages focused on exclusive breast feeding, hygiene, prenatal and postnatal related topics. The target population was women of child bearing age in the community within the target villages. 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

### Findings

The IPC agent managed to conduct an average of 14 sessions for the month of Aug, Sept and Oct 2018. During the three-month period a total of 619 women of child bearing age (WCBA) were reached. Of the 619 women, 96 participants were sampled and surveyed on their knowledge attitude and practices on the messages they learnt during the 3-month period. All the mothers interviewed (96) reported that they received information and messages on prenatal and post-natal care from the IPC Agents and they were planning to visit the health facility to seek ANC and PNC. 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 model for ANC 3. This is an evidence of the change in attitude by the targeted mothers in seeking ANC visits from the health facility **Figure 1.**

**Figure 1: ANC visits from the health facility**



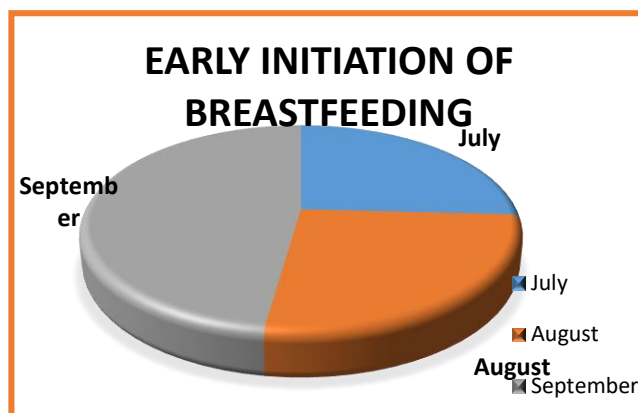
Additionally, all the mothers interviewed mentioned that they are planning to deliver at the health facility based on the messages they received from the Interpersonal Communication (IPC) Agents. This statement was confirmed with the HMIS data where there has been improvement in the rate of health facility delivery during the IPC intervention months.

On the other hand, all the mothers interviewed highlighted that they have received exclusive breastfeeding messages from the 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 **figure 2**.

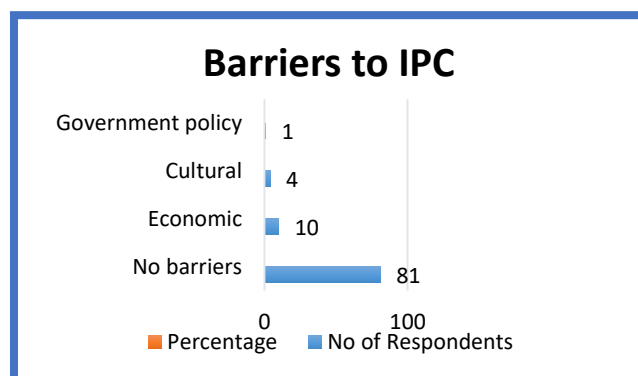
Dhobley IPC Model beneficiaries were asked for their feedback on this model. All the respondents mentioned that the information they received were useful and quite enlightening.

Part of the focus group interviews, 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 receiving and utilization of IPC messages. **Figure 3** summarizes the barriers they encountered during the IPC model project.

**Figure 2: Early initiation of breastfeeding**



**Figure 3: Challenges encountered during IPC sessions**



### Limitation of the study

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. Therefore, the result need to be interpreted cautiously because there is no proof that the improvement is directly correlated to the IPC model.

### 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.

**In conclusion, 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**