Get Kol Art...Pik Welbodi:
Promoting Peace of Mind by Taking Positive Actions for Women’s and Girls’ Health

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WSMC
Background

HC3 Program:
• Improve demand and utilization of RMNCH services
• Part of USAID’s (GHET) Ebola recovery portfolio

Context Sierra Leone:
• High maternal and child mortality rates
• Low service utilization
• Many facilities in disrepair, lack supplies
***All exacerbated by Ebola

• Communities came together to defeat Ebola

Timeline: July 2015 – April 2017*
Community engagement to improve household RMNCH behaviors & community/PHU linkages

Mass Media to increase public awareness & demand

Strengthening national level systems for SBCC

Project design: Activities Target 3 Levels of Influence to Support Behavior Change
## Key Activities in Each Program Area

<table>
<thead>
<tr>
<th>Community Engagement</th>
<th>Mass Media</th>
<th>Strengthening National Systems</th>
</tr>
</thead>
</table>
| • Engage communities in community dialogues on RMNCH  
• Support Community-led facility makeovers | • Design & scale out national *Get Kol Art Pik Welbodi* Campaign  
• Training and support of community radio listening groups | • Develop National RMNCH message guide  
• Support Leadership in Strategic Communication Training  
• Develop and launch National Health Promotion Strategy  
• Strengthen Knowledge Management Systems |
Audience
Beneficiaries

• **Primary:** Young married couples about to have children / families with children under 5 years of age

• **Secondary:** Extended family members, community, traditional and other leaders, larger community

• **Living in the program districts**
  (Tonkolili, Bombali, Port Loko, Western Urban, Western Rural).
Why families are not using RMNCH services:

• Feel health care providers had poor attitudes; lacked IPC skills

• Not aware of/do not see value in regular ANC visits/facility delivery

• Often rely on traditional birth attendants or healers

• Lack ability or resources to access services

• Not supported by spouses & other family members to use services
Pregnancy often seen as a stressful time

• “Her thought always is, from the period you notice that you are pregnant; you will never be in peace until you deliver. Just struggling/suffering until you gave birth” (FGD, Community Member, Tonkolili).

• “As soon as she is pregnant her eyes will get deeper inside and when the pregnancy has matured her jaw will point out in fear and worried about what is going to happen next to her. My God am I going to deliver safely?” (FGD, Community Member, Tonkolili).
Campaign Design

- **Equate positive health choices** – accessing local health services throughout pregnancy, delivery, early childcare - **with peace of mind, a value held by the audience**

- Increase the connection between the community, providers and the local clinic and **create a mutual sense of ownership**
  - Dialogue Sessions
  - Joint prioritization for clinic “makeovers” (repairs, upgrades)
  - Community & facility staff work together improves trust and accountability
Get Kol Art Pik Welbodi

- Krio phrase that roughly translates as: *Get peace of mind, choose health*
- Happy, confident, relaxed family
- Husband/Father participating (less financial worry)
- Engaged, caring provider
- Actions promoted are simplified and doable
Get Kol Art Pik Welbodi Prioritized 5 Key Behaviors

During pregnancy:
1) Attend at least 4 ANC visits throughout pregnancy
1) Deliver at a health facility
1) Go to the clinic immediately with any danger signs

Take children under 5 to the clinic:
4) Immediately when child is sick
5) Every month for growth monitoring, marklate, and other preventive treatments

Photo source: http://womec.org/content/sierra-leone
Get Kol Art Pik Welbodi: Suite of Materials

- Five campaign spots broadcast on 16 national and community stations
- 20 Episode Radio Magazine Program on 31 national and community stations
- Weekly community radio discussion groups
- Two posters developed for distribution to facilities and other highly trafficked areas
- District stakeholder orientations
- Materials for stakeholders (factsheets, briefing note, facility banners, t-shirts)
<table>
<thead>
<tr>
<th>Action</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio spots broadcast</td>
<td>4,752</td>
</tr>
<tr>
<td>Radio programs broadcast</td>
<td>620</td>
</tr>
<tr>
<td>Posters distributed</td>
<td>70,000</td>
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</tbody>
</table>
Get Kol Art Pik Welbodi: Exposure

64 % reported hearing Get Kol Art program
97 % reported correct recall of program-related health message (among exposed)
OUTCOMES MONITORING
Outcomes Monitoring Methodology

Three waves of data:

Wave 1: March 2016    Wave 2: July 2016    Wave 3: Feb 2017

Simultaneous data collection of 2 tools:

1. Rapid Assessment (RA) to gather perceptions & past experiences of community member through an individual household survey
2. Client Exit Interview (CEI) to gather perception on most recent experience at the RMNCH health facility

Key Indicators

• % of individuals who are aware of available RMNCH services at clinics
• % of individuals with positive attitudes towards health providers
• % of individuals who received health care (pregnancy, delivery, fever in child < 5 years) from a health facility when needed in the last 12 months
Awareness of RMNCH Services

• No overall significant change from Wave 1-3 (98.4-99.5%)

• Impact on awareness of:
  • Family Planning: 53.2% to 66.1%
  • Newborn visit: 25.8% to 75.6%
  • Infant and Child nutrition: 17.6% to 44.4%
Attitudes of community members were assessed through responses to 6 key concepts

Substantial increase in the proportion of community members with positive attitudes:

- Feel HWs treat you with respect when you go for care (76%-92%)
- Feel confident about knowledge and skills of HW (75% - 92%)
- Trust that HWs provide you with good care when you need it (60%-92%)
- Feel that HWs show that they are concerned about you (66% - 86%)
- Satisfied with last care received from HW (88%-92%)
Received Health Care Last 12 months

Overall:
• Proportion of women who reported using RMNCH services increased from 66% to 79%

Specific Health Services:
• Reproductive Health Services (15% - 19%)
• Maternal Health Services (prenatal, safe delivery, postnatal) (37%-63%)
• Infant and Child Health Services (nutrition, fever, newborn, immunization) (43% - 57%)
### Supported by Clinic Data

Compared 2014 to 2016

<table>
<thead>
<tr>
<th>RMNCH service</th>
<th>2014</th>
<th>2016</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning</td>
<td>7506</td>
<td>8157</td>
<td>0.9</td>
</tr>
<tr>
<td>Prenatal care: ANC Visit 1</td>
<td>7506</td>
<td>8157</td>
<td>8.7</td>
</tr>
<tr>
<td>ANC Visit 4</td>
<td>4723</td>
<td>5197</td>
<td>10.2</td>
</tr>
<tr>
<td>Postnatal care visit</td>
<td>9875</td>
<td>11653</td>
<td>18.0</td>
</tr>
<tr>
<td>Safe delivery</td>
<td>5438</td>
<td>6431</td>
<td>18.3</td>
</tr>
<tr>
<td>Immunization: penta1</td>
<td>6171</td>
<td>7721</td>
<td>25.1</td>
</tr>
<tr>
<td>Immunization: penta3</td>
<td>5588</td>
<td>7395</td>
<td>32.2</td>
</tr>
</tbody>
</table>
“The part that I like is where Aminata learnt her lesson from her experience. Her husband wanted her to go to the hospital when she was pregnant but Aminata had a miscarriage as a result of the treatment she was getting at home from Demoh [her mother-in-law and a TBA], so Aminata learnt her lesson from that and when she got her second pregnancy she went to the hospital.” Isha Sankoh, Nurse Mamuntha MCHP, Tonkolili District

"The discussion about RMNCH in stopping maternal death have went a long way in improving the ideas of I and my communities to take the health facility as our home to be visiting as every time us our pregnant women and children get ill“. Community Mobilizer Tonkolili District
Learnings and Conclusions

• A platform that equates peace of mind with health can be an effective way to inspire uptake of services
• The concerns of women and men can be accommodated under a unifying platform where their needs are addressed
• It is important to position the family and clinic working together and accountable to each other to inspire trust
• HC3 was able to see improvement in a short by creating demand but structural factors need to continue to be monitored and addressed for sustained change
• Predominant languages don’t always equal local; investment is needed to translate media to be better understood and internalized
Tenki Tenki!

- Government of Sierra Leone, especially the HED
- Partners: Kyne Communications Inc, GOAL, SFCG and Dalan
- HC3 Country Team
- Special thanks: Chime Mukwaka, Stephanie Clayton Momoh Jabbie; Ernest Aruna; Sulaiman Kargbo; Peter Koroma, Kathryn Bertram, Kuor Kumoji