

Social and Behaviour Change Communication project in Mozambique: baseline report

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With the aim of improving children's health and nutrition, the World Food Programme (WFP) and a number of local partners have implemented a social and behaviour change communication (SBCC) project in Mozambique's Manica province, funded through the European Union's MDG1c initiative. The project seeks to promote good practices in the areas of: i) maternal care and nutrition; ii) infant and young child feeding; iii) malaria prevention; and iv) water, sanitation and hygiene. With an overall reach expected at over 400,000 individuals, the project builds on two components:

- an interpersonal communication component, based on the establishment of local health committees in 90 rural communities in Manica province. The health committee members are volunteers who are trained by SBCC programme staff—UN Volunteers, staff of the Manica-based non-governmental organisation (NGO) ANDA, and the district-level government health services (*Serviço Distrital de Saúde, Mulher e Ação Social*). Afterwards they are expected to promote good health and nutrition practices through training courses and home visits, and by acting as role models in their communities; and
- a mass media communication component, consisting of short radio spots broadcast by community radio stations throughout Manica province. The participating radio stations receive training and advice on the production of health- and nutrition-related content by the NGO Development Media International.

Given the innovative character of the intervention, in particular in the context of Mozambique, the WFP country office in Mozambique has partnered with the International Policy Centre for Inclusive Growth (IPC-IG) to evaluate the impact of the SBCC intervention. In this context, a baseline survey¹ was conducted in early 2017 to describe the situation of the prospective SBCC beneficiaries and the comparison households at baseline. A total of 1380 interviews were carried out, targeting women aged 18–49 who were either pregnant or had a child under the age of 2.

Three groups were sampled according to their exposure to the intervention: a) interpersonal training and mass media communication; b) mass media communication only; and c) comparison group, with no intervention.

Socio-economic characteristics: The baseline data documented an overall low level of socio-economic development among the targeted households. Most of the households were highly dependent on agriculture, illiteracy rates were high, especially among women, and a quarter of households

did not have any type of toilet facility. Furthermore, 60 per cent of the households interviewed did not have access to a radio.

Maternal care and nutrition: Most of the women interviewed attended a pre-natal examination during their most recent pregnancy and gave birth at a health clinic or a rural hospital. Only 14 per cent of the respondents reported that their last child was born at home. Two thirds of all the women interviewed considered that eating an extra meal each day was important during pregnancy.

Infant and young child feeding: Both knowledge and practices of approximately 60 per cent of women were in line with UNICEF, WFP and WHO recommendations regarding infants being exclusively breastfed up to 6 months of age. The dietary diversity of children was found to be very poor, with 89 per cent having 'poor' dietary diversity according to the WFP's food consumption score. This shows there is room to improve both exclusive breastfeeding practices and dietary diversity.

Malaria prevention: Approximately 75 per cent of respondents know that malaria is transmitted by mosquito bites, 80 per cent are able to identify the common symptoms of malaria, and 70 per cent own a mosquito net. Nevertheless, only 57 per cent of the interviewees reported that their youngest child had slept under a mosquito net the night before the interview, showing a gap between knowledge and practice.

Water, sanitation and hygiene: While a majority of the respondents were able to identify two critical moments for hand-washing, only a minority reported washing their hands before feeding their child, before breastfeeding or after going to the toilet with their child. Over one third of all women were unable to correctly identify any cause of diarrhoea, and 51 per cent of the respondents never treat their drinking water. Thus, the results point to large knowledge gaps and the potential to improve practices within the target population.

Comparison of intervention groups: We found statistically significant differences between the three sampled groups for a number of variables. The impact evaluation will, therefore, need to draw on statistical methods, such as propensity score matching, to balance the differences between these groups and assess the impact of the intervention without over- or underestimating the impact due to group differences.

Reference:

Gyori, M., T. Martinez, J. Baier, M. Hernandez, S. Olsson, and A. Lefevre. 2017. "Social and Behaviour Change Communication (SBCC) Project in Manica, Mozambique: Baseline Survey Report." Working Paper No. 162. Brasília: International Policy Centre for Inclusive Growth.

Note:

Note that the survey is intended to be representative of the target population of the SBCC project.