PIN'S EXECUTIVE REPORTS SERIES

INVESTIGATING AND ADDRESSING

THE BARRIERS TO INCREASED INSTITUTIONAL DELIVERIES

IN RURAL ZAMBIA

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PIN'S EXECUTIVE REPORT SERIES

Investigating and addressing the barriers to increased institutional deliveries in rural Zambia

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Research Conducted in: Ndoka Ward, Kalabo, Western Province, Zambia

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Introduction

One of the main goals of development practitioners is to enable people to adopt and practice positive behaviours that help them improve the quality of their lives. Development projects frequently make assumptions about why people do not follow the positive behaviors these interventions promote. However, such assumptions are not always correct and decrease the effectiveness of well-intended interventions.

People in Need (PIN) believes that the best approach to commencing new projects is to thoroughly **understand people's attitudes, beliefs and practices** regarding the behaviors the intervention aims to change. Formative research is an essential step in designing effective behaviour change strategies.

This report documents the results of the formative research conducted for PIN's project Women in Innovations (WIN) funded by People in Need. The implementation period of the first phase of the WIN project was from September 2017 to September 2018 in Nangole, Nawinda and Mabuto communities in Ndoka ward of Kalabo district, Western Province, Zambia. The project aims "to improve nutrition and strengthen resilience of vulnerable population through integrated sustainable innovations in Western Province, Zambia" and the specific objective is "to improve dietary diversity, livelihood skills, health, hygiene and nutrition practices of vulnerable households with children under 5 (of each at least 70% are (female headed) in Kalabo district of Western Province".

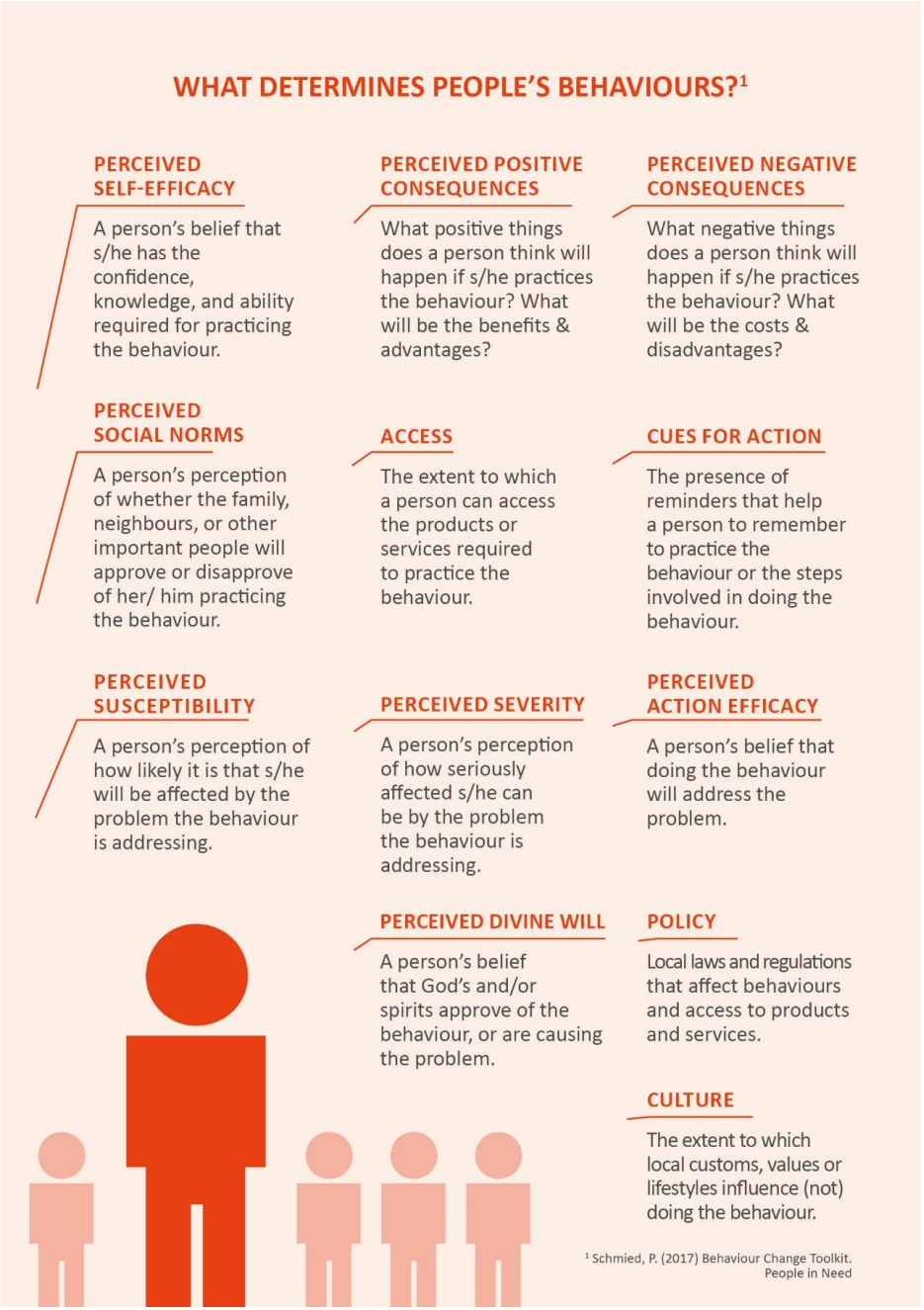
INTRODUCTION TO THE BARRIER ANALYSIS

Introduction to the Barrier Analysis: The Barrier Analysis (BA) study asks people a series of questions aiming to identify which barriers and motivators have the biggest influence on whether they do (or do not) practice the desired behaviour. The BA study uses the Doer/Non-Doer methodology that consists of interviewing 45 people who already do the behaviour (Doers) and 45 people who have not adopted the behaviour yet (Non-Doers). The differences between their answers are what matters most as they reveal the barriers and motivators to practicing the studied behaviour.

The following behaviour was selected:

Pregnant women give birth at a health facility

The priority group are pregnant women in rural areas whose primary livelihood is farming. Delivering in a Health Centre provides pregnant women with the access to specialised health care services to prevent the possibilities of death during child delivery for both the mother and the baby. **Institutional deliveries** coverage is poor, it hasn't improved in the past 5 years and even decreased from 63% in 2015 to 54% in 2016[1]. The national target is 60%. The Kalabo district institutional maternal mortality ratio was 275 deaths per 100,000 live births in 2016, a slight decrease from 2015. The national maternal mortality rate is 398 deaths per 100,000[2], which covers both institutional and non-institutional deliveries. Note that the Kalabo District Health Office does not have data on the 46% of deliveries that were outside of the health facility. PIN selected this behaviour to study because health facility delivery is one of the most effective ways of preventing severe complications and death during childbirth, and to maintain good health for both the mother and the baby.



[1] Kalabo District Health Office report 2016

[2] 2013-14 Zambia Demographic and Health Survey

Training and Methodology

Training of supervisors and enumerators: Zuzana Filipova (Programme Coordinator), Namukolo Mate (Field Officer, Health and Nutrition), Richard Lilamono (Project Officer, Agriculture) and Mulemwa Siyunyi (Field Officer, Agriculture) were trained in the methodology for conducting and analysing a Barrier Analysis by Camila Garbutt (PIN Nutrition and Public Health Advisor) on 18th and 19th January 2018. Namukolo and Siyunyi participated in developing the questionnaire, training the data collectors and tabulating the data. The training for data collectors (community health volunteers) was done on 23rd January 2018 with the pilot testing in Salambango Village of Nangole community in Ndoka ward. The participatory nature of the research (community health volunteers collect and analyse the data) means that these key community actors understand the true barriers and can therefore refocus their work to effectively address these issues.

Sampling: The data collection was conducted in Nangole community in Ndoka ward on the 24th and 25th January 2018. The community of Nangole was selected for the barrier analysis based on the baseline survey results showing that they had a higher number of non-doers (33.7%) for facility based delivery in Ndoka Ward.

Coding and data analysis: Following the data collection the questionnaires were divided up so that the responses from Doers and Non-Doers are analysed separately. The questions were structured around the 12 determinants of behavioural change and a mixture of open and closed questions. Coding and tabulating was done together with the data collectors. A response to a particular question was given a code, similar responses from other questionnaires were given the same code. Significant differences between the responses of doers and non-doers were compared, where a significant difference is defined as minimum of 15% difference.

Limitations and lessons learnt:

- Monitoring of the data collectors was done only partially because data collectors had to split in teams for wider coverage, next time there will be need for at least one more facilitator of the entire BA process
- The coding and tabulating of the results took more time than expected due to the difficult terrain and distances

RESULTS

The results of the Barrier Analysis surveys are presented below using the Designing for Behaviour Change (DBC) Framework

BEHAVIOUR:

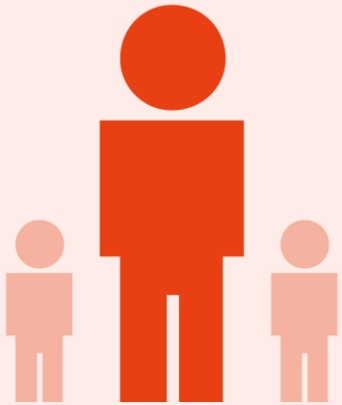
Pregnant women give birth at a health facility

Descriptions of Priority Group

- Rural women with young children under 24 months, living in Ndoka Ward, Nangole Community
- Income depends on agriculture and fishing
- 66,3% giving birth with skilled birth personnel

Outcome indicator:

% of children aged 0-23 months whose births were attended by skilled health personnel



DETERMINANTS:

1. Self-Efficacy

The mothers say having the Health Centre's (HC) requirements would make it easy for them to deliver in a HC

The mothers say having enough food to take to the HC would make it easy for them to deliver in HC

The mothers say not having someone to help makes it difficult to deliver in HC

2. Social Norms

Mothers don't perceive that parents approve of them giving birth in a health facility

Mothers don't perceive that health worker staff approve of them giving birth in a health facility

Mothers don't perceive that husbands approve of them giving birth in a health facility

3. Reminders

Mothers think that it is difficult to remember to give birth in a health facility

BRIDGES TO ACTIVITIES:

→ Increase pregnant women's perception that they have the HC requirements (husbands are the ones who buy these)

→ Increase pregnant women's ability to have enough food to take with them to the HC

→ Increase pregnant women's perception that they have enough help (to look after children at home, and to help them get to the health centre)

→ Increase pregnant women's perception that their parents approve of giving birth in a health facility

→ Increase pregnant women's perception that health workers approve of giving birth in a health facility

→ Increase pregnant women's perception that their husbands approve of them giving birth in a health facility

→ Increase pregnant women's ability to remember to give birth in a health facility

ACTIVITIES:

■ Present the BA results to the Health Centre staff and explain that these barriers are the most significant and therefore we have to focus on them. During the presentation ask for a list of the Health Centre requirements and discuss with them whether the list is realistic and what can be adjusted. HC staff should communicate any changes themselves to community through the community conversations (CCs)

■ Community Health Volunteers visit the household of pregnant women in their 8th month of pregnancy to ensure:

- They remember to go to the HC (Reminders)
- They are preparing enough food for the delivery time (Self-efficacy - food)

There is someone who can help them look after children or take them to the HC (Self-efficacy)

■ Livelihood and agriculture activity support to poorest households under other WIN project activities (Self-efficacy - food)

■ Use male community health volunteers to talk to men during community conversations (CCs).
Prior to this, provide a briefing session to male CHVs, traditional leaders and key influencers on the results of the BA and what this means for how they should conduct the CC. During the CCs ask men how they can be engaged in spreading awareness for women to give birth, and if they have any beliefs that women should not give birth in a health facility.
Ensure that parents are invited to CCs.
CC must address a) looking after children, b) having enough food, c) having health centre requirements

FOLLOW-UP ACTIONS

- → Present the research findings to the communities and explain the proposed activities and get their feedback
  Who: Field Officer (Namukolo Mate)
  When: End July, 2018

- → Revision to project work plan to incorporate the proposed activities in the existing project activities
  Who: Field Officer/ Programme Coordinator
  When: 26 July, 2018

- → Revise Results Framework and ITT to incorporate new indicators that are designed based on the new activities
  Who: Field Officer/ Programme Coordinator
  When: End of July, 2018

- → Implement the new activities identified based on the BA
  Who: Field Officer
  When: From August 2018 to December 2018

ANNEXES

Annex 1 : Barrier Analysis Questionnaires

BA Assisted delivery questionnaire.docx

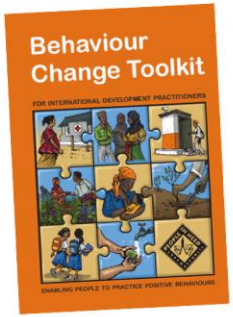
BA Assisted delivery questionnaire SILOZI.(

Annex 2 : Barrier Analysis Tabulation Sheets

BA Ndoka_tabulation sheet.xlsx

Explore PIN's behaviour change resources!

www.behaviourchange.net



Behaviour Change Toolkit