

Population Services International Afghanistan

**Summary of Key Results from the Baseline and Follow up KAP Survey
Ghazni Province**

SUMMARY REPORT

January 2004



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Summary of Key Results from the Baseline and Follow up KAP

Measuring Change in Water Handling, Hygiene, CDD, Sanitation, and Diarrhea Management Behaviors: *before and after PSI CDD training program*

Background

Population Services International (PSI) has been funded by USAID to run a national communications campaign for the prevention and management of childhood diarrhoea in Afghanistan. The main channels of communication are radio and interpersonal, through existing networks of health workers. The six core communication messages are:

- increasing fluids during episodes of diarrhoea
- continued feeding and breastfeeding during episodes of diarrhoea (and exclusive breastfeeding to six months)
- recognizing danger signs
- safe disposal of feces
- hand washing at appropriate times
- using safe water and storing it correctly

Intervention

To reach mothers of children under five with its communication messages, PSI has entered into working partnerships with two of the larger NGOs, IbnSina and Swedish Committee for Afghanistan (SCA), who have access to village based health workers.

IbnSina is the largest national NGO delivering health care in Afghanistan in terms of its clinic coverage. It has a well-managed network of 40 clinics managed by six regional offices. In selected districts, IbnSina has appointed female Community Health Supervisors who supervise Village Health Volunteers (VHVs).

SCA is the largest INGO providing health services in Afghanistan and has a network of 167 clinics nationwide. It has a very extensive network of community health workers and Traditional Birth Attendants (TBAs) in eighteen provinces of Afghanistan.

PSI has developed a format for hygiene education sessions at the neighborhood level, run by health workers such as VHVs and TBAs. Mothers of young children are invited to two meetings, held in a nearby house, one on management, the other on prevention of diarrhea. About ten mothers attend at a time and refreshments are served.

Health workers are given training in how to run these sessions. They are given a small payment for conducting the meeting and provided with laminated picture cards to use.

The scope of the intervention is as follows:

	IbnSina	Swedish Committee
Number of participating VHVs/TBAs	60	150
Number of neighborhood meetings	1440	3600
Number of mothers reached	7,200	18,000
Geographical coverage	4 districts in Ghazni Province: Khoja Omeri Moqur Kakrak Karabagh	5 provinces: Ghazni Wardak Logar Paktika - (deferred for Paktya - security reasons)
Timing	April – October 2003	March – October 2003

Methodology

Design

To get a sense of impact of the intervention, a small scale baseline survey plus follow up survey six months later were part of the project design. The baseline survey was carried out in April 2003 in Ghazni province by IbnSina Research Unit staff with technical support by PSI. The survey consisted of a 41 question quantitative questionnaire (see appendix 1) and planned to be repeated in the same survey sites in October 2003. But due to security problems this survey was conducted on January 2004. Any differences in key indicators over time were noted. The purpose of these surveys is not to make any comparison between the IbnSina and SCA interventions since they are different in nature and use health workers with different skill levels. Statistical sampling was NOT used. For the purposes of this survey, it was felt that a snapshot view of impact in two different intervention areas was sufficient to provide useful indicative information to programme managers.

Sample

All interviews in baseline and follow up survey were conducted in Ghazni province. Two survey sites were selected: Ramak village in Dehyak district, a SCA intervention

area, and three villages (DeAhan, Depaiwand, and Musakhail) in Kakrak district, an IbnSina intervention area. In the follow up survey two other small villages in Kakrak district also included in the survey (Sia Qol and Sursk Deh). In Ramak, 76 interviews were conducted (58% of the entire sample) and in the three Kakrak villages, 56 interviews were conducted (42% of the total).

Within the survey sites, all mothers who met the interview criteria (had a child under five years) were selected, although no more than one woman was interviewed per household.

Brief Summary of Draft Survey Results:

1) CDD Information

Before implementing project only 33% of women reported having received ANY information on diarrhea prevention or treatment. After the training program, 87% of women received information about diarrhea prevention and management—the majority of which received it through the project supported neighborhood meetings).

2) Water Handling

- Before project implementation, only 48% of all people using an unsafe water source were treating water in the home. After the project, 85% of people using unsafe sources were treating water.
- Before the intervention, 20% of those surveyed were storing their water in an open container or unsafe bucket. This figure was only reduced to 12% post-intervention (perhaps additional emphasis is needed on safe storage practices).

3) Hand Washing

- *Asked to name the occasions when they washed their hands:*
 - 43% (n=57) reported washing their hands after using the bathroom.
 - 28% (n=37) reported washing their hands after changing their baby
 - 52% (n= 68) reported washing their hands after working outside
 - 43% (n=57) reported washing their hands before preparing food
 - 52% (n=69) reported washing their hands before eating
 - 52% (n=69) reported washing their hands for ablutions
- *In the follow up survey women named the occasions when they washed their hands as follow:*
 - 80.6% (n=106) reported washing their hands after using the bathroom.
 - 57.7% (n=76) reported washing their hands after changing baby.
 - 63.8% (n=84) reported washing their hands after working outside.
 - 59.9% (n=79) reported washing their hands before preparing food.
 - 19.1% (n=25) reported washing their hands before eating.
 - 12.3% (n=16) reported washing their hands for abluion
 - 0.8% (n=1) reported washing their hands (Other)

- Knowledge of hand washing with soap has improved. In the baseline survey 55% of mothers reported never washing their hands with soap or ash after using the toilet, while only 2% reported never doing so after the intervention.

4) **Diarrhea Management**

- Knowledge of diarrhea management improved. Most notably, the number of women who reported that they gave their children less fluid than usual during a diarrhea episode decreased from 44% to 22.8%.
- Knowledge of extra feeding after a diarrhea episode increased from almost no respondents to 72%.
- Knowledge of the use of ORS during a diarrhea episode was quite low before the intervention (15%), 50% of respondents stated that they gave their child ORS in the follow-up survey.

5) **The Sanitary Disposal of Feces**

- Where 30% of women disposed of feces in an open field prior to the project, only 9% reported doing so after the intervention.

A complete summary analysis of survey results, conclusion and recommendations will be available for dissemination in May 2004.