

IMPACT EVALUATION BASELINE REPORT

Maternal and Child Nutrition and Health Results Project



Government of The Gambia



THE WORLD BANK
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Banjul, The Gambia

General Background

- The Gambian government is implementing the Maternal and Child Nutrition and Health Results Project (MCNHRP) to increase the utilization of community nutrition and primary maternal and child health services.
- In collaboration, the World Bank is conducting an impact evaluation to assess the project impact on key aspects of maternal and child nutrition and health.
- The baseline survey for the MCNHRP impact evaluation:
 - Collected both quantitative and qualitative data and covered three regions: CRR, NBR-W, and URR.
 - November 2014 and February 2015
- Purpose: establish a baseline against which project performance will be assessed in the future.

What is an impact evaluation?

- An impact evaluation assesses changes in the well-being of individuals, households and communities that can be attributed to a particular project, program or policy.
- It seeks to compare what happens in groups that receive an intervention with very similar groups who do not receive the intervention.
- It can capture positive and negative effects, both intended and unintended.
- Impact evaluations are a tool for dynamic learning, allowing policymakers and implementers to improve ongoing programs and ultimately better allocate funds across programs.

Impact evaluation objective

To assess the effectiveness of the package of supply and demand side interventions developed for and implemented in facilities and communities as part of The Gambia MCNHRP

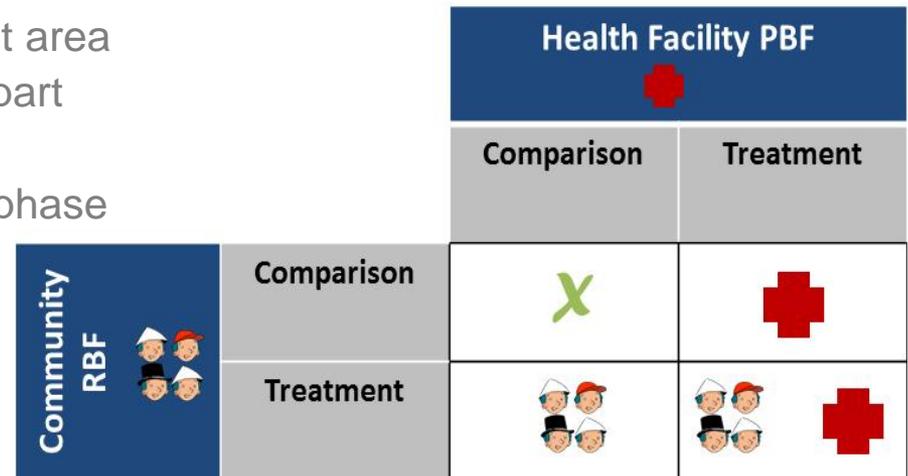
Empirical Strategy

Phased-in roll-out: Compare changes in communities reached early by the interventions to changes observed in communities reached in later phases of the project

Units of randomization: 2 levels

1. Health facility
 - Stratified by region
 - Rolled out in 2 phases 18 months apart (24 health facilities in total)

2. Community
 - Stratified by health facility catchment area
 - Rolled out in 3 phases 12 months apart (48 villages in 1st phase)
 - 2 villages per health facility in each phase



Sample and Data - Baseline

Quantitative assessments:

- Household surveys: 2,257 households
- Facility surveys: 24 facilities
- Community structures (VSGs, VDCs): 109

Qualitative assessments

- Focus group discussions: 27 FGDs of approximately 5-8 people
RBF Committee, PIC, health workers, RHDs, VDC/VSG members, men, women
- Key informant interviews: 20 interviews
OICs, TBAs, adolescent girls

Lessons Learnt and Findings

Overall Benefits of Project and Survey

- The nature of the MCNHRP has meant that for the Project to succeed, different institutions, both national and international, have to work together. We have seen this occur both across institutions (MOHSW, NaNA and WB) and at different levels across the country.
- Capacity building of people involved with the RBF has been observed. This is due to the new set of skills and knowledge required for the successful implementation of the project.
- The baseline survey was the first to use tablets to conduct a survey in The Gambia. The use of tablets has shown the feasibility of such a novel method, which can be used in the future by GBOS at a national scale.

Child Health and Nutrition

Child Malnutrition

25%

of children under 5
are stunted

10%

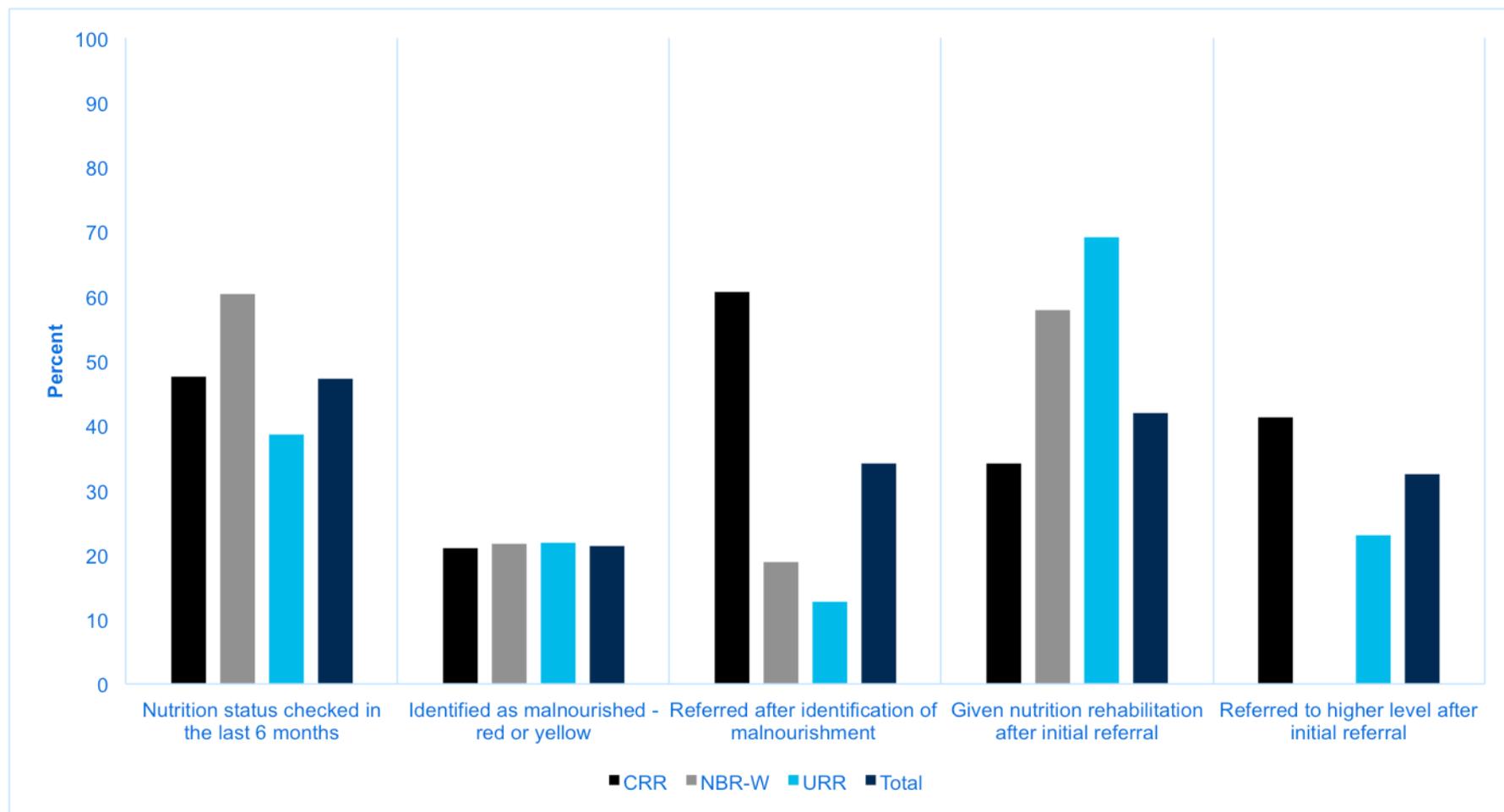
of children under 5
are wasted

20%

of children under 5
are underweight

- Prevalence of moderate to severe stunting decreased as wealth increased
- CRR had the highest rate of moderate to severe stunting out of the three regions (28%), compared to URR (23%) and NBR-W (22%)
- Low knowledge of minimum acceptable diet for children, with only 11 percent of mothers of children under 24 months of age able to describe the minimum dietary variety

Growth Monitoring and Referral for Acute Malnutrition, last 6 months



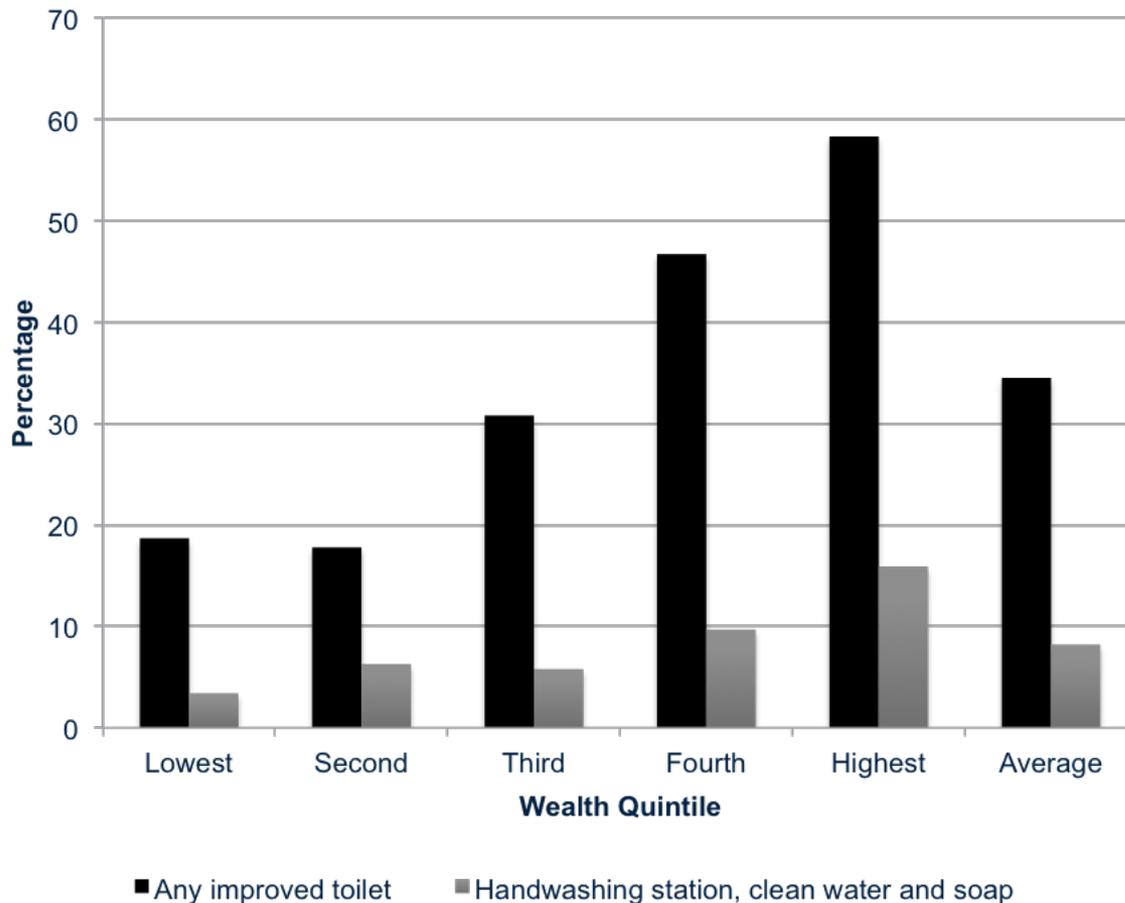
Breastfeeding

- A notable discrepancy existed between mothers who had heard about exclusive breastfeeding until the age of 6 months (92%) and those who reported practicing it (49%).
- Few women know what the major advantages of exclusive breastfeeding are:
 - It is difficult for women to apply this practice in daily life due to both a lack of knowledge as well as strongly held traditional beliefs.
- Furthermore, 45% stated that infants should receive water in addition to breast milk. Overall, only 20% of women were able to list at least three advantages of breastfeeding infants.

“It takes a lot of time and effort to convince them that the child does not need the water as the breast milk contains the water for the baby.” – Health worker, URR

Sanitation and Hygiene

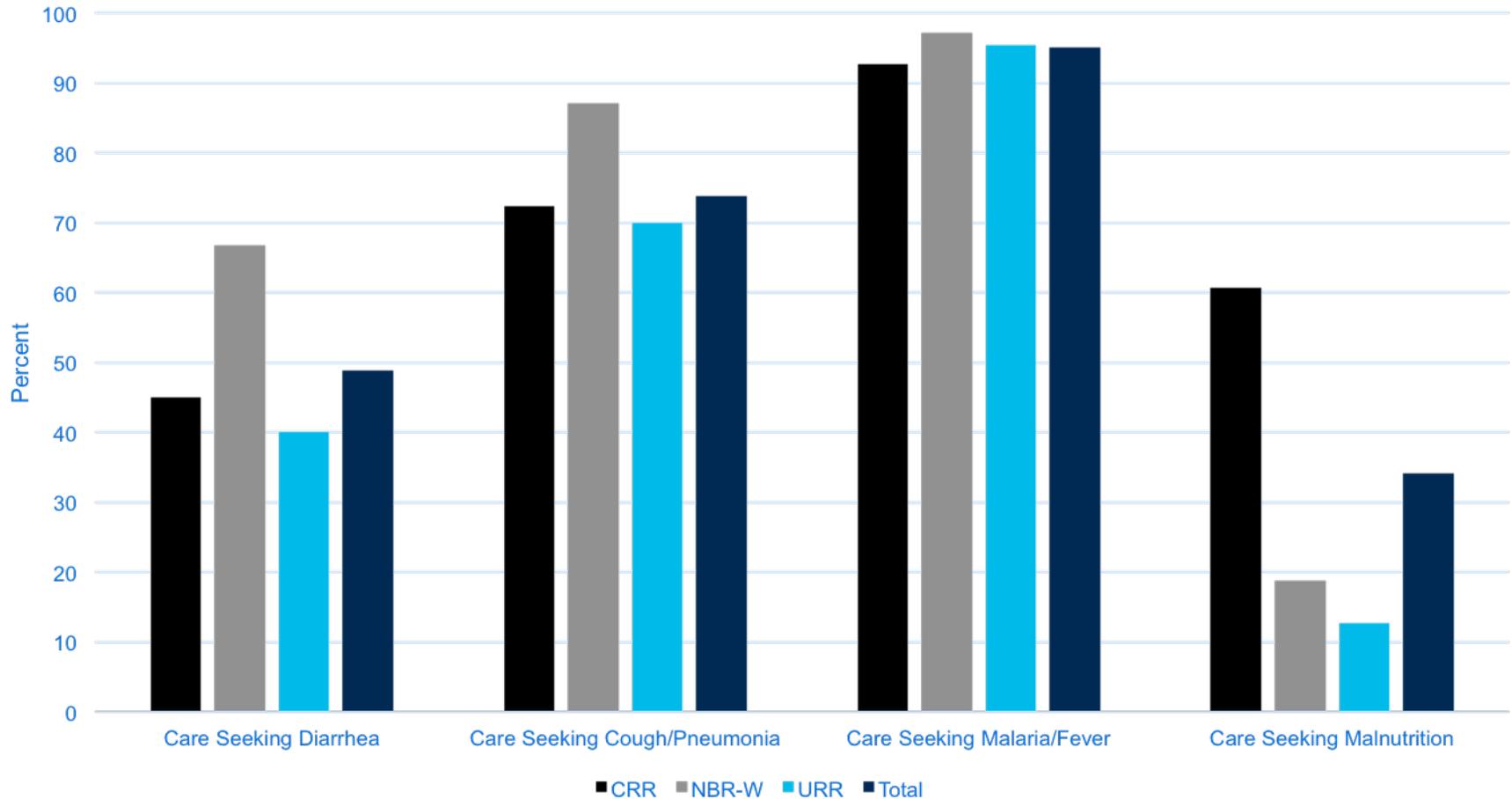
Availability of Improved Toilets and Handwashing Stations with Clean Water and Soap



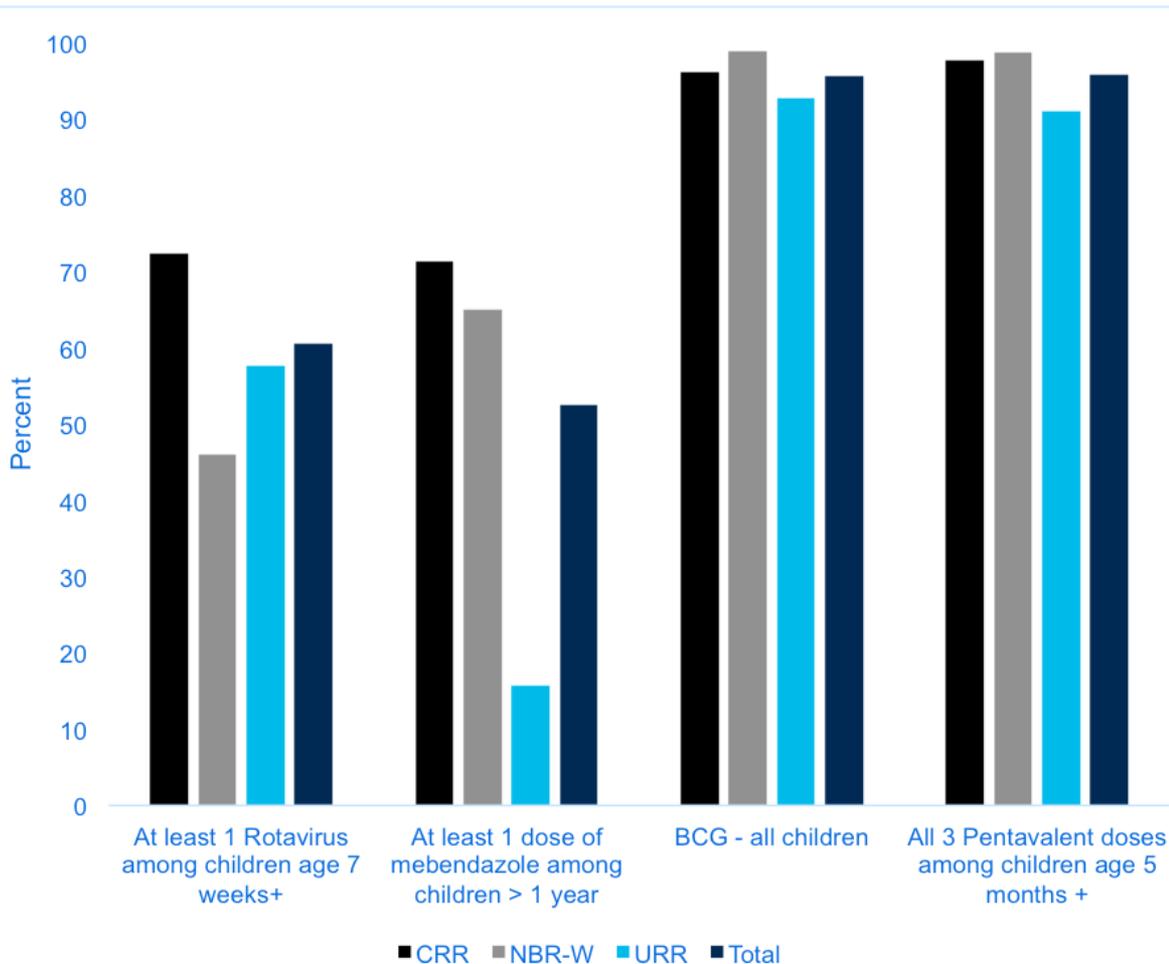
Overall, 35% of households reported having an improved toilet, 61% reported having an unimproved toilet such as a pit latrine, and 4% reported having no toilet facilities.

Availability of hand washing stations varied significantly by region, from 66% (URR) to 18% (CRR)

Care Seeking for Children Under the Age of 5



Overall Vaccination Coverage of Children



23%
of nurses and doctors accurately stated the age at which the BCG vaccine should be given

Barriers to Uptake of Child Health Services

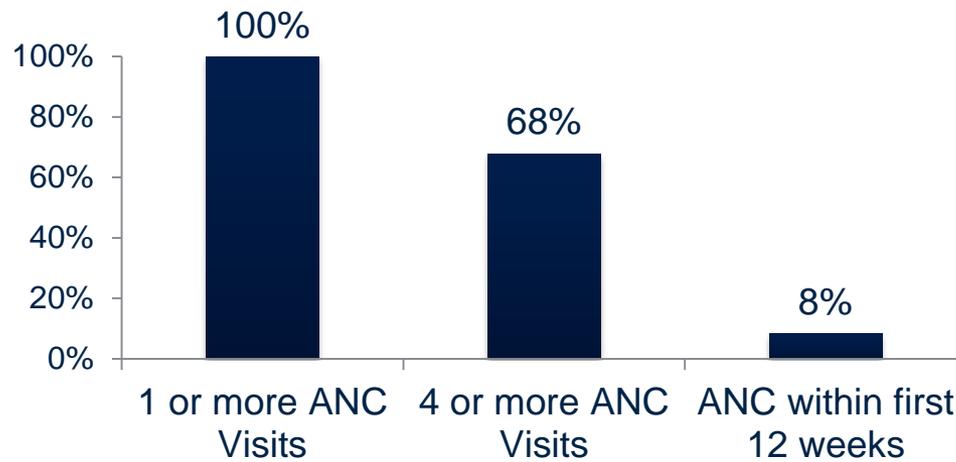
- The most common factor in choosing health facilities for children under the age of 5 was proximity, followed by the availability of drugs and quality of care
- Fees did not present a major barrier, except in URR, where respondents cited the low cost of services as a consideration in their choice of health facility.
- Stock-outs of essential drugs and supplies such as Mebendazole, BCG, OPV, TT, and the measles vaccine were common – particularly in NBR-W and in CRR

Maternal Health and Nutrition

Pregnancy Outcomes

- Although rates of stillbirth were low, over 10% of babies were born with low birth weight.
- On average there were 3.8 neonatal deaths and 1.5 maternal deaths per facility.
 - Significantly more deaths occurred in CRR than in any other region.
- On average there were 1.9 neonatal deaths and less than 1 maternal death per community.

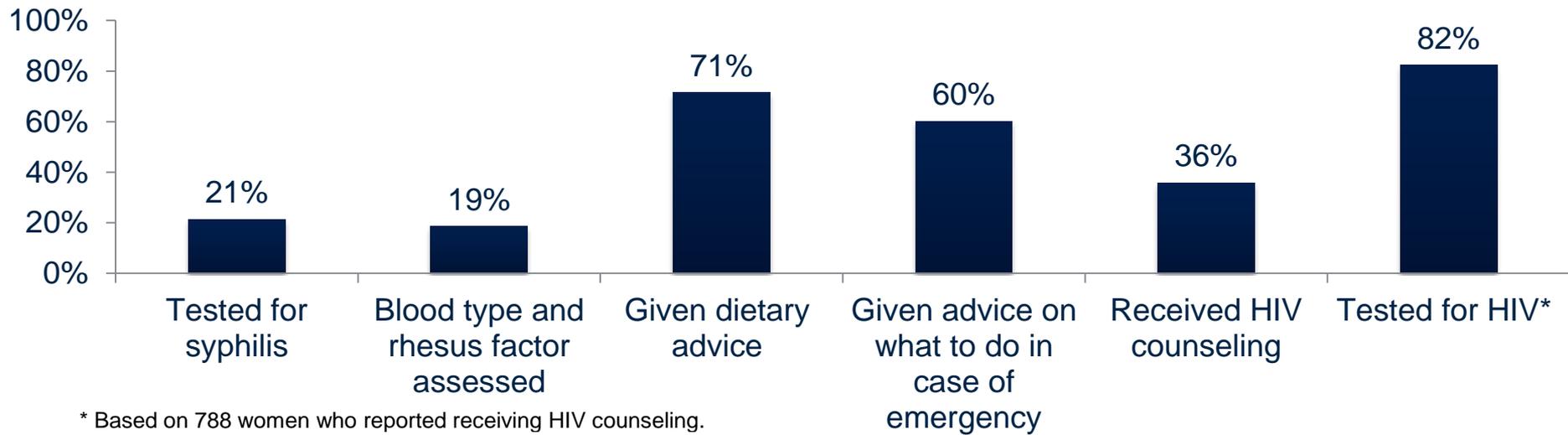
ANC Attendance and Reasons for Non-Attendance



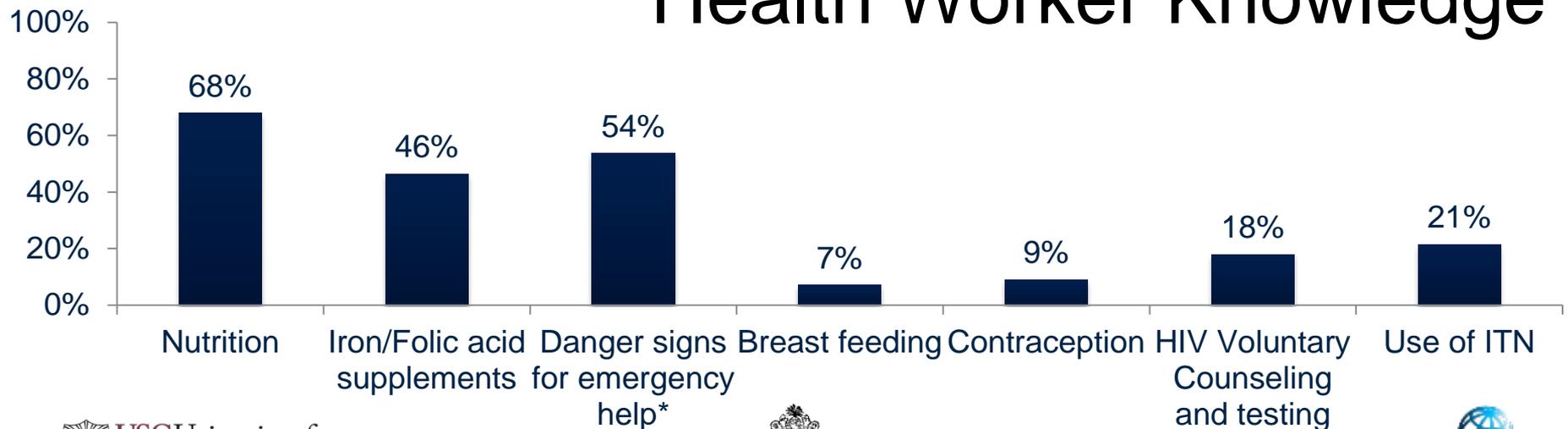
"Women would tell you I don't want to go to clinic early because people would know I am pregnant at the early stage of the pregnancy and others would say ok if people know that can bring the work of the devil in."
CHN, URR

- Difficulties accessing the health facility (cost, time, transportation) impeded uptake of ANC services.
- Most health facilities reported fee waivers for pregnant women, but some women reported having had to pay to attend ANC services.
- Most women believed the first ANC visit should take place in the second trimester of pregnancy.
- Many believed attendance was necessary every month after the first visit.

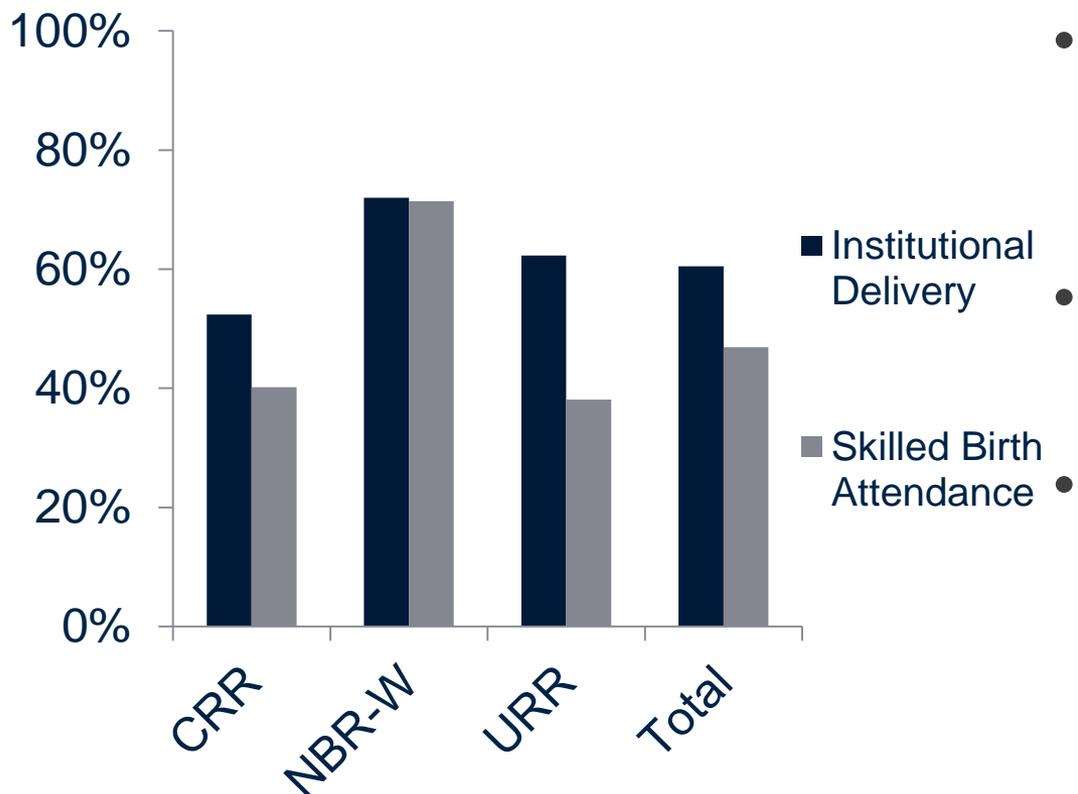
ANC Services Received



Health Worker Knowledge



Uptake of Delivery Services & Reasons for Non-attendance



- Delayed decision to seek care at a health facility due to a lack of knowledge.
- Delays if the household head was unavailable or unwilling.
- Most frequently mentioned barrier to attendance was difficulty getting to the health facility due to long distances and inadequate transport options.

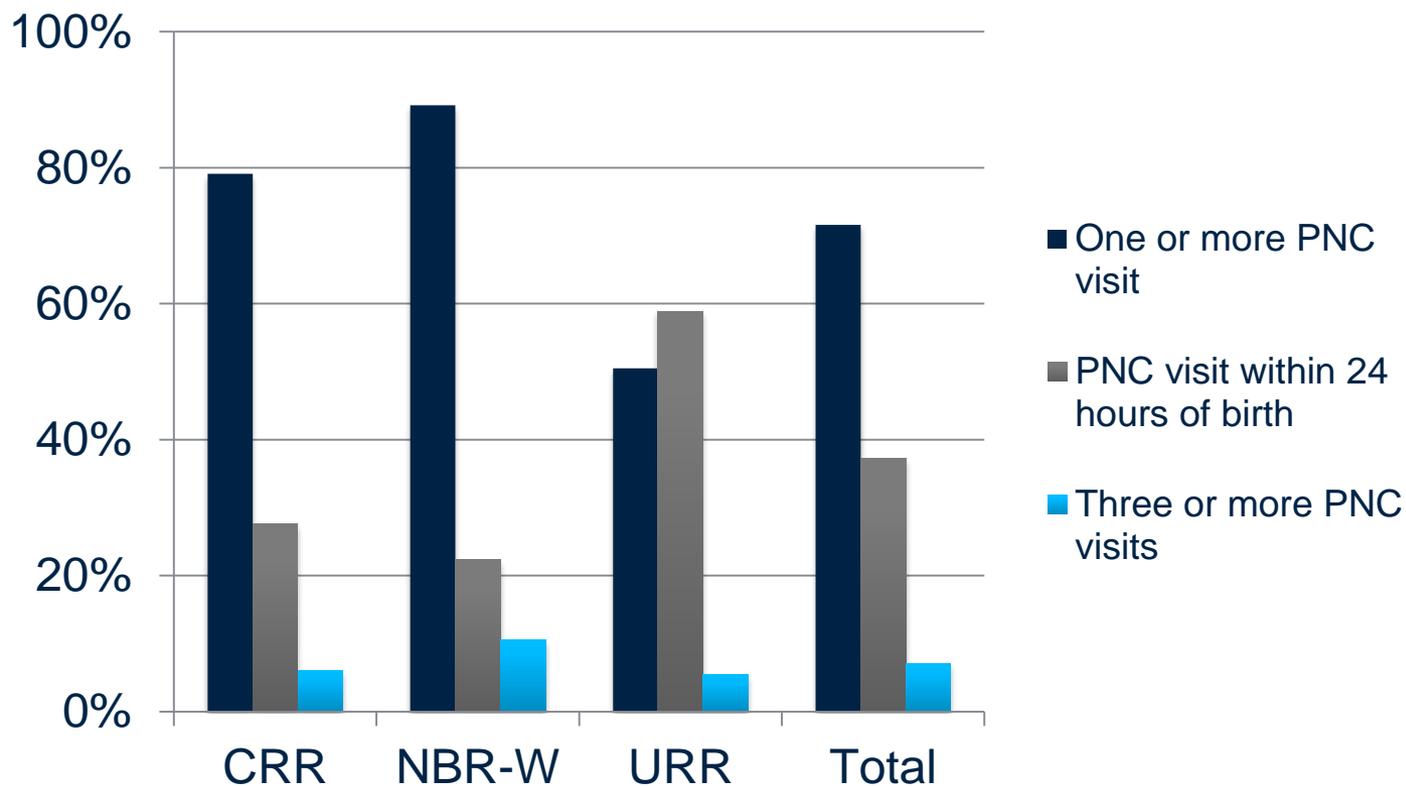
The Role of TBAs (Community Birth Companions)

- TBAs played an important role in delivery care, treatment for complications, and PNC.
- Most TBAs appeared to embrace the idea of referring all women to the health facility for delivery, and they did not see their role as being diminished by this process.

37%
of women across
all regions
preferred
delivering with a
TBA

If you are well and not having complications, you will prefer to deliver at home, so that you will be free from the endless struggle of trying to get to the health center on horse or donkey carts.” Woman who had delivered in the previous six months,
URR

Uptake of PNC Services by Region



7%
of women received
the recommended
three PNC visits

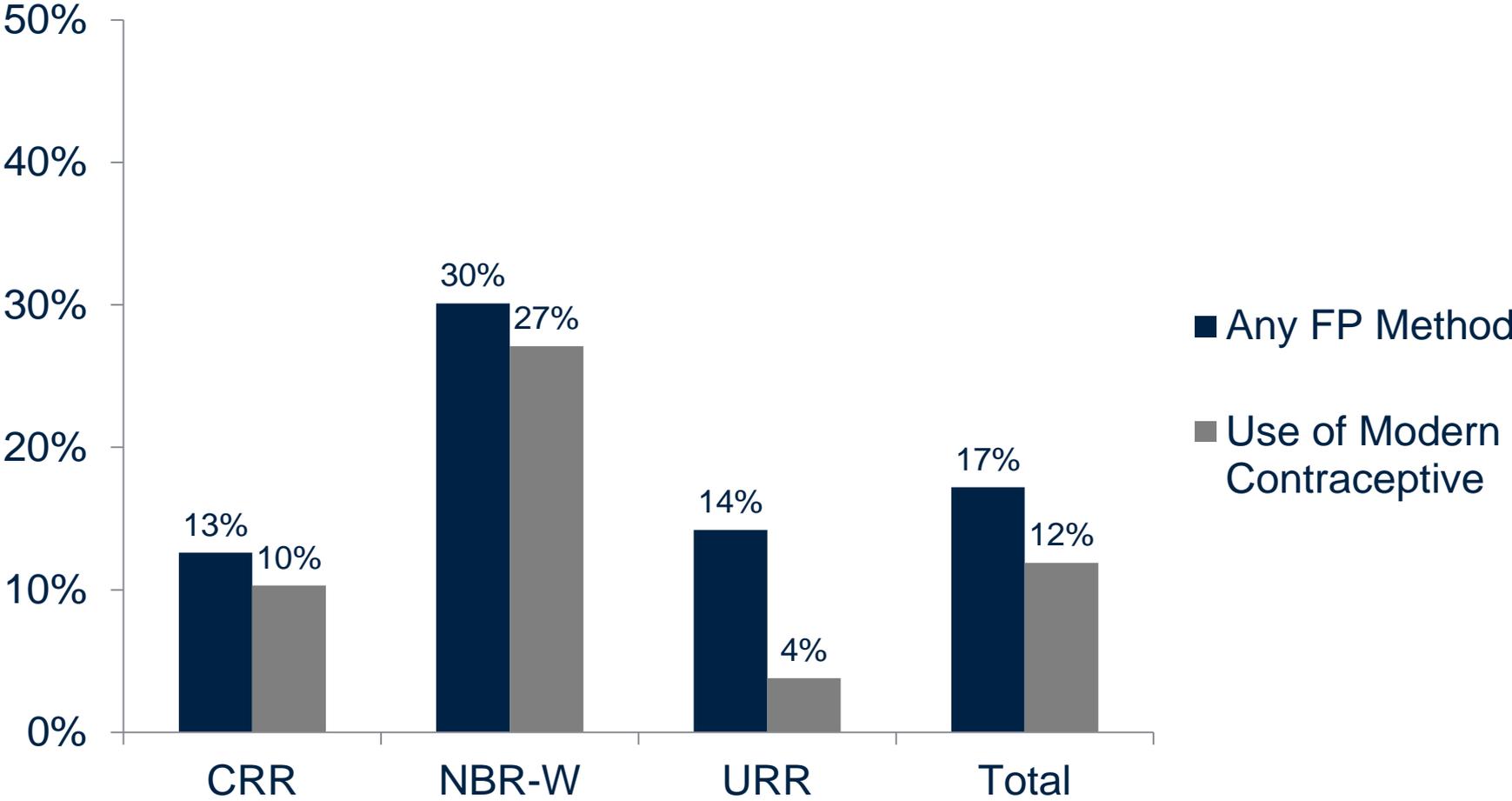
<2%
of women reported
receiving
the full dose of
postpartum
iron
supplementation

Reasons for Non-Attendance at PNC

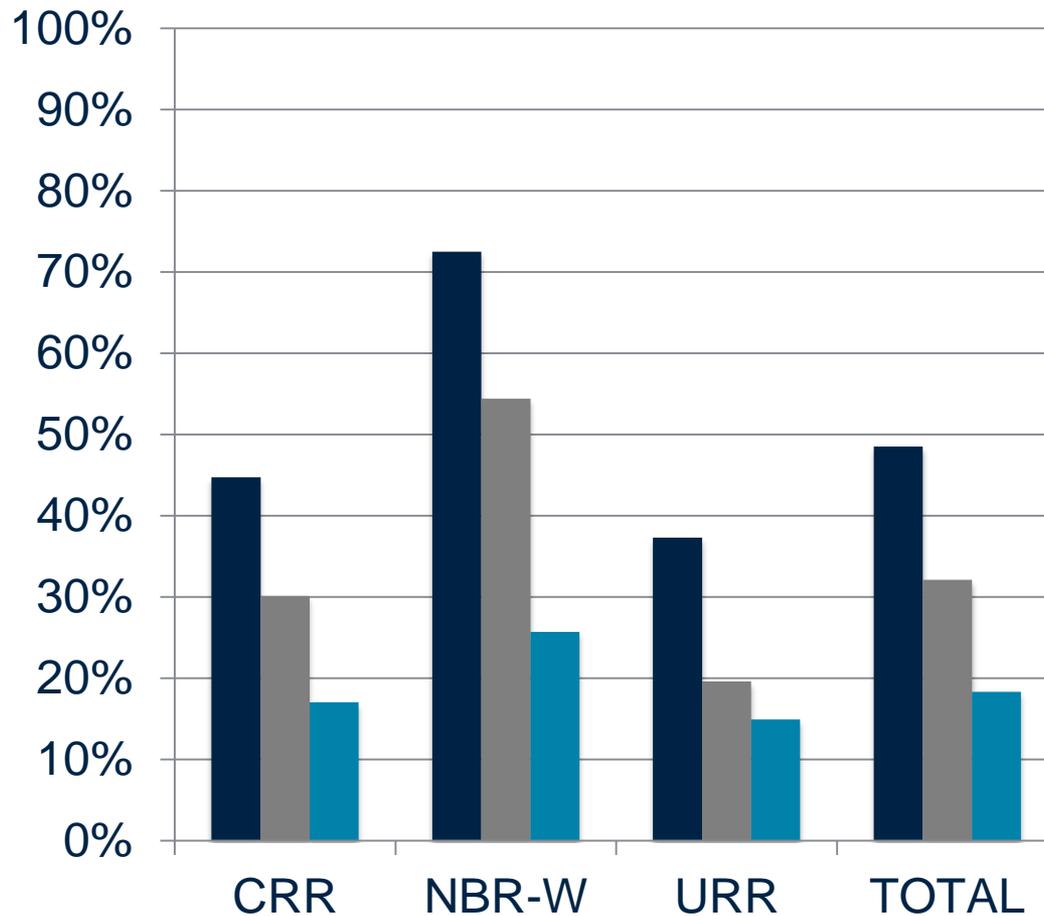
- Awareness of the importance of PNC was very low.
- Cost, time, and transportation difficulties deterred uptake of PNC services, particularly when women did not feel sick at the time of scheduled visits.
- TBAs played a critical role in providing PNC during home visits; however, low use of facility-based PNC services remains a concern.

Fertility and Family Planning

Use of Family Planning by Region



Cultural Acceptability of Family Planning by Region



“Family planning use is happening here but in secret, though it is painful. We cannot manifest it in the open for religious reasons”.
VDC/VSG member,
URR

- Woman Approves of Couples Using Family Planning
- Woman Believes Partner Approves of Family Planning
- Woman Approves of Other Women Under Age of 18 Using Family Planning

Reasons for Not Using Family Planning: Method Preference and Side Effects

- A strong perceived association between modern contraceptives and severe side effects may constitute a barrier to uptake.
- Although Depo was a preferred method of modern family planning, a striking number of women reported side effects from this injectable contraceptive, which led to discontinuation.

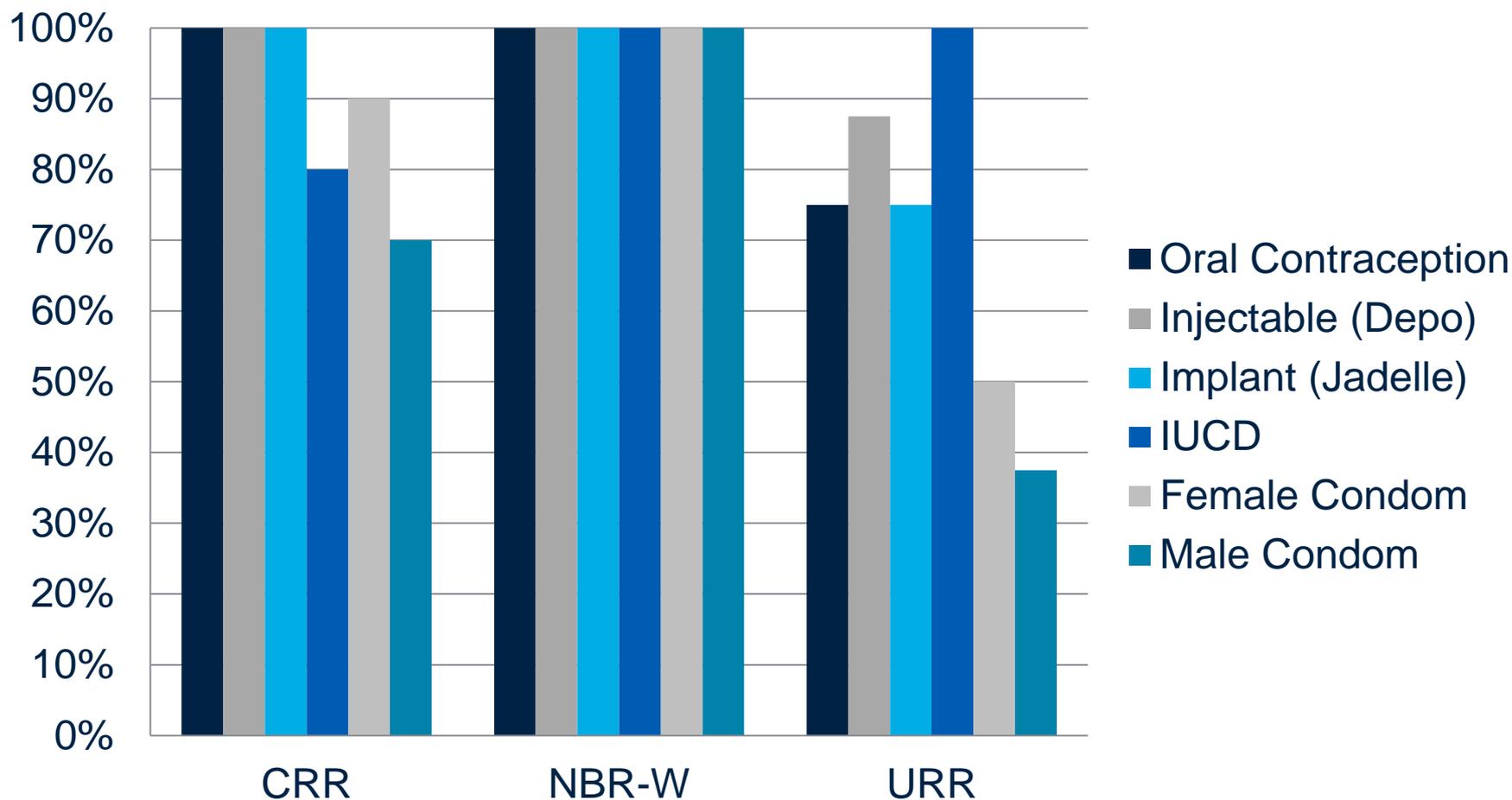
“With the injection, when I started menstruating, the blood did not stop coming and that is not good for a Muslim.” –Female Community Member, URR

- Women also reported high levels of side effects with oral contraceptive pills.

Reasons for Not Using Family Planning: Accessibility

- Lack of knowledge on how to access services can present a fundamental barrier to health care utilization, including family planning services.
- While knowledge of where to access contraceptives was high in NBR-W and URR, nearly 20% of women in CRR reported not knowing where to get contraceptives.
- Women in the lowest socioeconomic quintile and women living further from health facilities were also less likely to know where to access family planning commodities

Stockouts of family planning supplies for at least 1 day in the 30 days prior to the survey

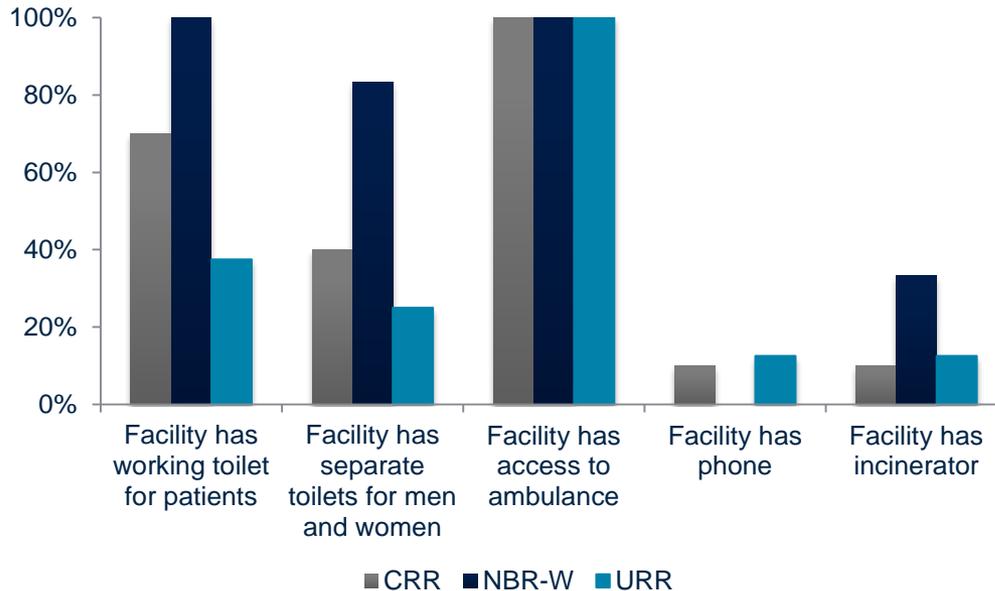


Fertility Desires, Intentions and Decision Making

- 71% of pregnant women reported at the time of the survey that their current pregnancy was desired at that time.
 - Mistimed pregnancies were more common in CRR and NBR-W
- Less than 13% of women reported being the main decision maker regarding family planning use
 - 40% reported that the decision was shared by herself and her partner as a couple.
 - Nearly one in four women reported that their partner had primary control over whether they used contraceptives to prevent or delay pregnancy.
- Many people reported that the number of children they would have was in God's hands.

Health System

Health Facility Infrastructure

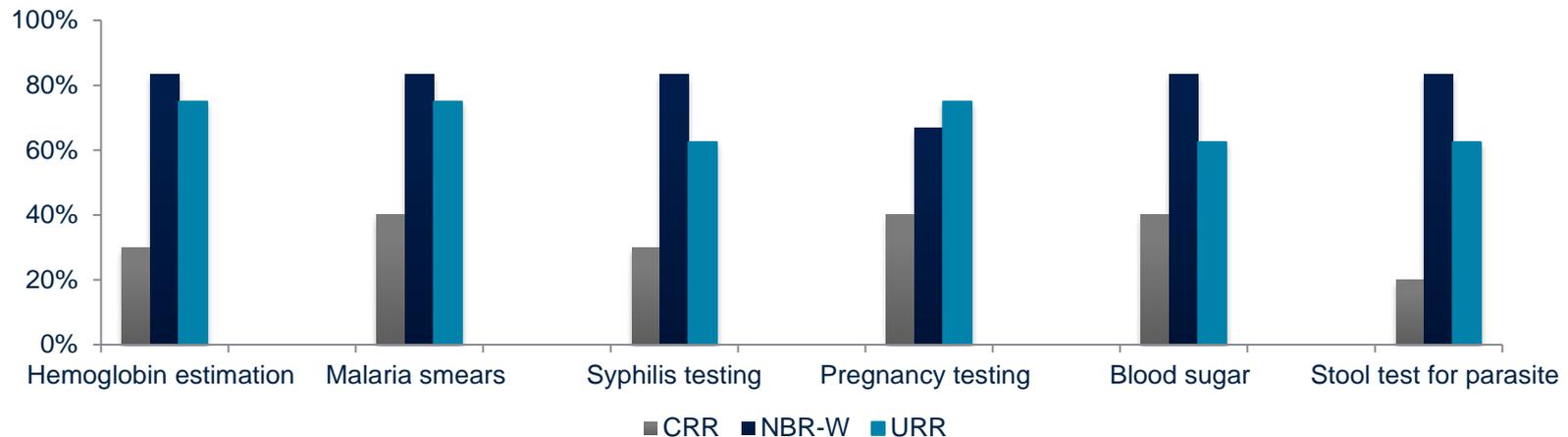


Nearly half of health workers reported feeling that the quality of care was constrained by the facility's working conditions.

- Challenges across all 3 regions, especially at major/minor health centers
- Frequent interruptions in water and electricity supplies
- Drug, infrastructure, lab and equipment shortages undermine health workers' capacity to deliver services.

Drugs and Supplies

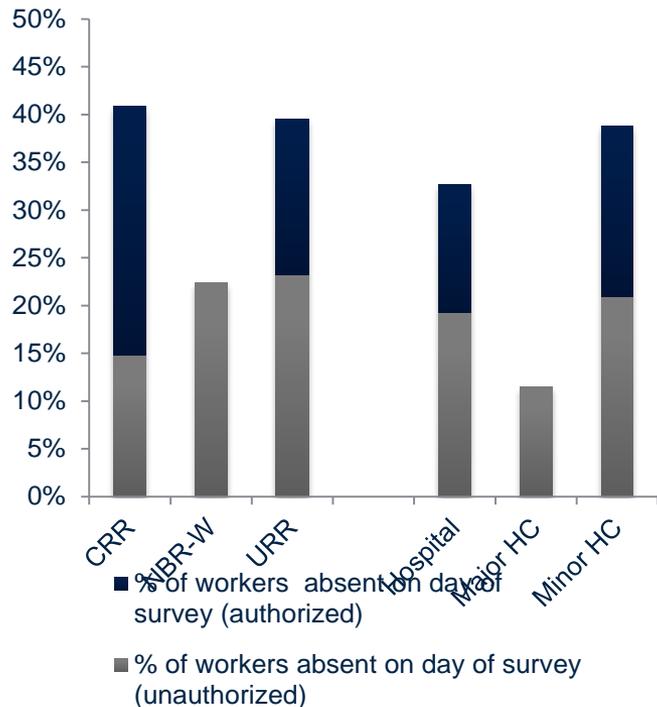
- Paracetamol, Fansidar and Coartem were generally available, but widespread stockouts of other drugs – especially in CRR and URR
 - Rifampin (TB drug), Amoxicillin (antibiotic) and Oxytocin frequently unavailable
- Inadequate availability of laboratory tests



"I always go with the expectation that I will get some medicine like even Paracetamol but it doesn't materialize. The last time I went with my son who was having chest pain, but there was no medicine available. I was referred to [a different] health center to buy the drugs, what a waste of time!" - Mother, CRR

Human Resources for Health

Absenteeism at Health Facilities



- Health Worker density varied from 1.4 workers per 1,000 population in NBR-W to 0.5 workers per 1,000 in CRR.
- Shortages identified across all cadres affect facility functioning
- Staff shortages exacerbated by high rates of absenteeism
- 20% of staff report insufficient time to deal with clients
- Health information activities and quality of data are particularly affected
- 90% of staff perceived a need for additional training – in technical as well as operational/management areas

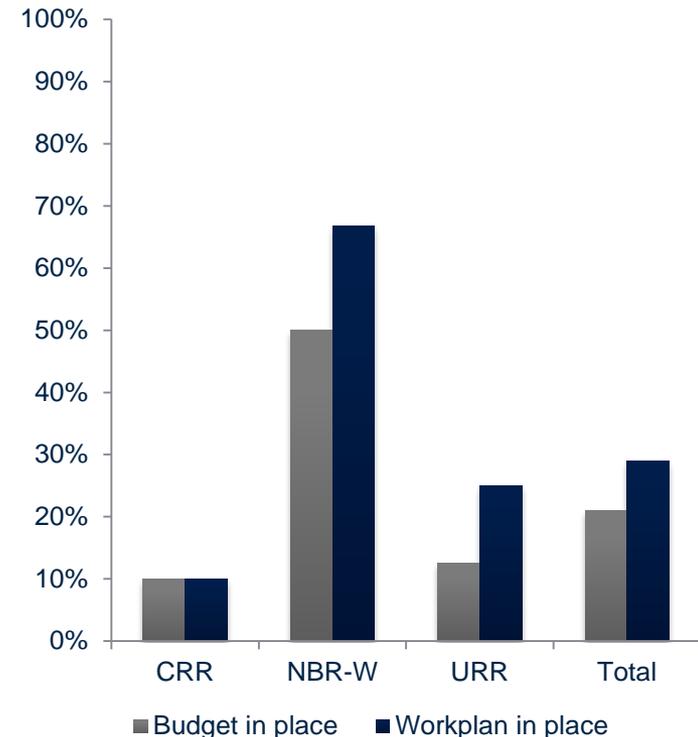
Health Worker Satisfaction

- High satisfaction with certain aspects of jobs:
 - 97% feel good about themselves
 - 80% satisfied with available opportunities to use skills
 - Strong relationships between staff and with communities
- But high levels of frustration:
 - 81% of staff dissatisfied with salary
 - 77% of staff dissatisfied with benefits
 - 65% of health workers would prefer to work at a different health facility
- Interpersonal relationships among staff and with patients are strong motivators for staff.

Leadership and Management

- Relatively little formal supervision at health facilities
 - 2/3 of staff spoke to internal supervisor – 3/4 to external supervisor – in 6 months prior to survey
 - 25% and 41%, respectively, unsatisfied with quality of internal and external supervision
- High dissatisfaction with quality of management
- Weak budgeting and planning functions
 - Only 21% have budgets in place, formal tracking of budgets weak
 - 30% had a workplan
- Desire for budgetary autonomy

Budgets and Workplans at Health Facilities



Health Care Financing

- Acute budget shortfalls are common for RHDs and health facilities
- Some facilities unable to procure due to near total lack of funds

*“We don’t procure because we don’t have any money to procure.”
- Officer-in-charge*

- Government-sanctioned user fees common
 - Fee waivers exist (MCH services), but imperfect: 20% of households report significant health expense in previous 12 months

Conclusion

- These data provide an invaluable overview of maternal and child nutrition and health in CRR, NBR-W and URR
- They are a baseline against which to measure project performance...
- ... But they are also useful to others working in this field as a useful evidence base of the current situation and where efforts can be focused to improve maternal and child nutrition and health.

Questions & Discussion
