



Save the Children

Utilization of Listening and Dialogue Group (LDG) to facilitate the Delivery of Health, Growth and Development Messages for Children in Kratie



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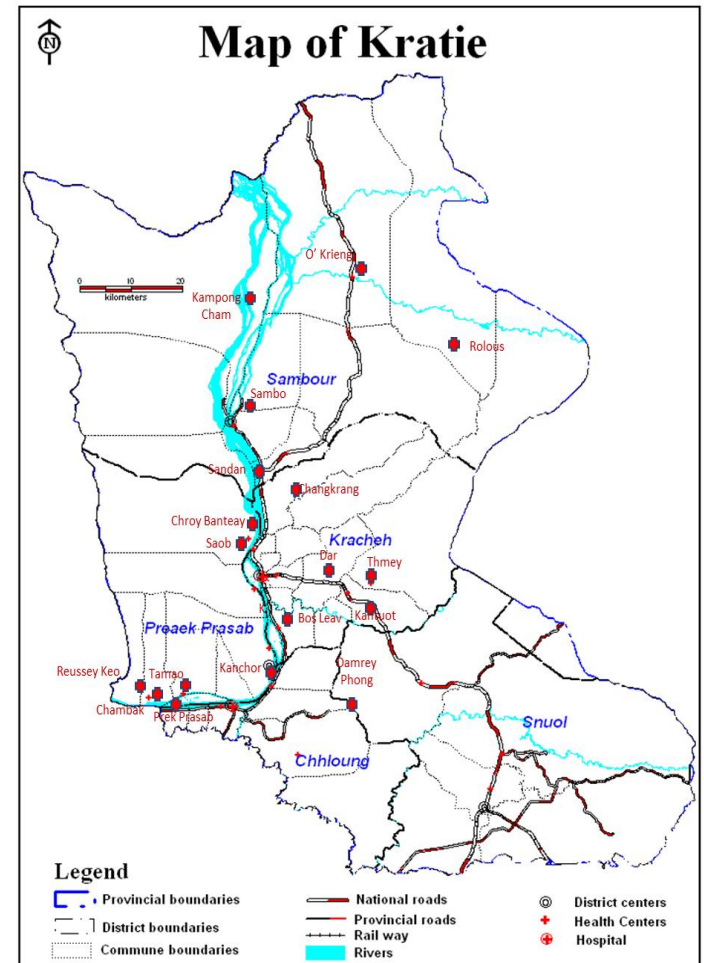
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AGENDA

- **Introduction**
- **Background**
- **Objectives and Questions**
- **About the Listening and Dialogue Group (LDG)**
- **Evaluation/Assessment (PSL project and its BCC)**
- **Conclusion and Recommendations**

Introduction

- Kratie Province is located in the north east, roughly with 46,396 children under the age of five years old (Commune Database, 2008)
- 50% teenage girls more likely to be pregnant;
- 52% of women have delivered in a health facility with a skilled health providers compared to 89% nationally;
- Early childhood education with less than 6% of eligible children enrolled compared to 14.5% nationally;
- Only 32% of adults in households engaging in four or more early stimulation or learning activities compared to 59% nationally (CDHS, 2014).



Background

- Save the Children has received a five-year partnership approach project (Partnering to Save Lives– PSL) from Aug 2013 to Jul 2018 funded by the Australian Governments Department of Foreign Affairs and Trade (DFAT);
- The approach is to save the lives of women and newborns;
- A behavior change communication (BCC) strategy developed;
- BCC activities delivered in Khmer included: village health promotion events; live radio broadcasts/call-in shows with RMNH experts; short public services announcements (PSA); listening and dialogue groups (LDG); SMS/voice messaging to community members with key Reproductive Maternal and Newborn Health (RMNH) messages; interactive voice response (IVR) system.



Objectives and Questions

- Development and utilization of a BCC intervention that applied numerous activities to reach rural and remote women, mothers, and men;
- After mixed method external assessments, some of the BCC interventions proved to be more effective in facilitating improvements in RMNH practices;
- Based on evidence, identified the most effective BCC intervention to enable improvements in RMNH practices to scale up along with a home based care ECCD intervention to reach rural and remote parents;
- Applied the BCC intervention with the current RMNH platform and added relevant ECCD messages to engage discussion on early language stimulation, positive and consistent parenting, responsive care and feeding practices, and motor skill development.



The Listening and Dialogue Group

(LDG)

LDG is formed in order to raise awareness, change behavior and improve practice on maternal and child healthcare through listening to the radio programs.

- LDG members consists of 15-20 pregnant women, women with children < 3 and husbands.
- LDG facilitator is a community-based volunteer selected from the village.
- Each LDG facilitator received a two-day training on RMNH awareness, how to facilitator LDG, how to use and maintain radio devices as well as how to fill in the LDG meeting report.



LDG Facilitation

Before the meeting

- Keeping LDG members up-to-date about schedule and location of the meeting
- Making sure radio equipment is in order

During the meeting

- Preparing the space and welcoming participants
- Reviewing content from last meeting
- Ensuring club members pay attention to the program
- Leading the discussion, asking and answering questions about the program, making sure all listeners understand the content.
- Completing the feedback form of club meeting

After the meeting

- Reminding listeners of next meeting time and place, address any problems
- Discussing with the community reporter or Save the Children if relevant



PSL Evaluation

Results of Selected Indicators from PSL's Baseline and Mid-term Assessments



Indicator	Four NE Provinces		Kratie	
	Baseline	Midterm	Baseline	Midterm
Four ante-natal care visits	47%	55.4%	49%	52%
Safe delivery with skilled birth attendant	55.4%	70.5%	67%	79%
Receive postpartum counselling for modern contraceptives	26.3%	48.8%	31%	53%
Modern contraceptive method use	26.8%	31.3%	21%	27%
Post-natal care*	40.4%	14.6%	49%	17%

The PSL BCC Assessment

Intervention type	Access to media mode and number of participants					Total
Attendance at LDG's meeting	Never (n=4)	1-2 times (n=8)	3-4 times (n=5)	5-6times (n=5)	6+ times (n=2)	(n=24)
Access to Radio	Listens to radio on phone (n=3)	Listens to another person's radio (n=1)	No Radio access (n=16)	Radio Owner (n=4)		(n=24)
Access to phone	None (n=11)	Shared* (n=5)	Own Phone (n=8)			(n=24)

The Assessment on LDG-- Most women learned to go to the

Health Centres During her pregnancy, she attended the LDG meetings five or six times, which was delivered in the Phnong language. Rev Nang had not attended the health centre up until her fourth month of pregnancy



when she learned from the LDG that she should take iron tablets. At that point she decided to go to the health centre to get it. Throughout her pregnancy, **she went to the health centre seven times in total to check the health of her and the baby.**

The Assessment on LDG-- A Case

Study attending the LDG, Lathy had very little knowledge of maternal or child health. She had not been to a Health Centre for a check-up, and she did not know about the importance of iron supplements for the health of pregnant women and unborn babies. But this all changed after attending the clubs.



“During the pregnancy, **I’ve been to the Health Center five times,**” smiles Lathy. **“I’ve learned about the importance of getting iron supplements and tetanus vaccination.** I’ve also learnt that we should eat vegetables such as cabbage, papaya and pumpkin and take lots of rest for a healthy mother and child.”

The Assessment on LDG, *Cont.*

Findings	Suggested improvement
<ul style="list-style-type: none">▪ Strong and effective way of educating both women and men▪ Strong evidence for resulting behavior changes▪ Groups more effective as they reach more people▪ Facilitators/VHSGs followed up the groups by visiting people in their homes▪ VHSGs knowledge of RMNH increases▪ Participants have a strong commitment to educate their neighbors and relatives	<ul style="list-style-type: none">▪ Timing should suit women's and men's schedule▪ Men's groups should be organized

The Assessment on LDG-- Conclusion

- **The LDGs and radio broadcasts communicated the importance of going to a health centre following a missed menstrual cycle. Most participants attended the health centre for a pregnancy test within the first trimester. This is one of the most important behaviour changes as women will have early contact with a skilled birth attendant.**
- **LDGs and the radio broadcasts were seen as good regular sources of information and women displayed feelings of empowerment from gaining new knowledge of RMNH practices which they actively shared with other community members. This should be rewarded and built into future programmes**



The LDG

Given the success of improving women's Reproductive Maternal and Newborn Health (RMNH) practices, Save the Children trained additional listening and dialogue group facilitators representing core parents of home based ECCD groups in Kratie province. Additionally, messages were created to focus on early language stimulation, positive and consistent parenting, responsive care and feeding practices, and motor skill development. As a result, 50 LDG facilitators now have available to them 15 key health, growth and development prerecorded radio sessions to enable the delivery of holistic ECCD messages targeting parents of children 0 to 3 years old in Kratie.

Conclusions and

Recommendations: Engagement of populations through listening and dialogue groups to include key early childhood care and development (ECCD) messages;

- Raise awareness and improve caregivers capacity to better respond to the growth and development needs of children 0 to 3 years old through a holistic approach;
- Community health and ECCD volunteers will use pre-recorded sessions beyond the life of the project, efforts in place to work with Commune Councils and local authorities including health centres to earmark financial resources for replaying broadcasts on local radio;
- Realize the importance of holistic interventions for ECCD, while working to sustain actions as a means to create models for the government in line with the National Policy for Early Childhood Care and Development 2010;
- Listening and dialogue groups have specifically proven to contribute to supporting positive outcomes for some RMNH practices for women and households living in rural and remote parts of Cambodia as evidenced in the PSL project midterm qualitative and quantitative assessments.

Conclusions and Recommendations, Cont.

- Save the Children has used this evidence to bridge health and ECCD actions in Kratie Province as a means to work with parents to ensure that children are developmentally on track as identified under SDG 4;
- Promoting early childhood care efforts through health and nutrition services is affordable. The work that Save the Children is doing is taking the initial step of bringing together proven health and ECCD interventions to move towards a model of scalable services that support holistic ECCD in Cambodia, but specifically in the rural and remote province of Kratie;
- Save the Children plans to generate evidence around this initiative and to use learning to engage policy and decisions makers in Cambodia's Ministries of Education, Youth and Sport and Health.

THANK YOU



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