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## **Evaluation of RISE II integrated social and behavior change activities in Niger: Family planning; maternal, newborn, and child health; immunization; nutrition; water, sanitation, and hygiene**

Breakthrough RESEARCH

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# 1 Evaluation of RISE II Integrated Social and Behavior Change Activities in Niger: Family planning



## About RISE II

USAID’s Resilience in the Sahel Enhanced (RISE) II project targets chronically marginalized populations through integrated programming to improve five priority behaviors and health outcomes: 1. family planning (FP); 2. maternal, newborn, and child health (MNCH); 3. immunizations; 4. nutrition; and 5. water, sanitation, and hygiene (WASH). The program is implemented at the community and facility levels through the Resilience Food Security Activity (RFSA) partners and health service delivery mechanisms in select zones in Niger (Maradi and Zinder regions). Breakthrough ACTION is supporting the RISE II RFSAs in Niger to develop integrated social and behavior change (SBC) strategies based on the segmentation of audiences, prioritization of desired behaviors, analysis of social and behavior barriers, and effective SBC approaches, among other considerations.

## Why integrated SBC?

Integrated SBC approaches allow individuals to receive health promotion information on many related health issues. Integrated approaches are particularly useful in rural resource-constrained settings with limited accessibility to the health system and with populations that are mobile (e.g., pastoralists). In addition, many of the behaviors have health benefits across multiple health

outcomes. While there is some evidence that integrated SBC programming and approaches in the Sahel are effective at changing behaviors, there is generally a lack of rigorous evidence resulting from few evaluations or large-scale surveys. As existing integrated programs do not always separate out each component of the program, measuring specific behavior change messages or combinations is critical to building successful programs and learning lessons for scale.

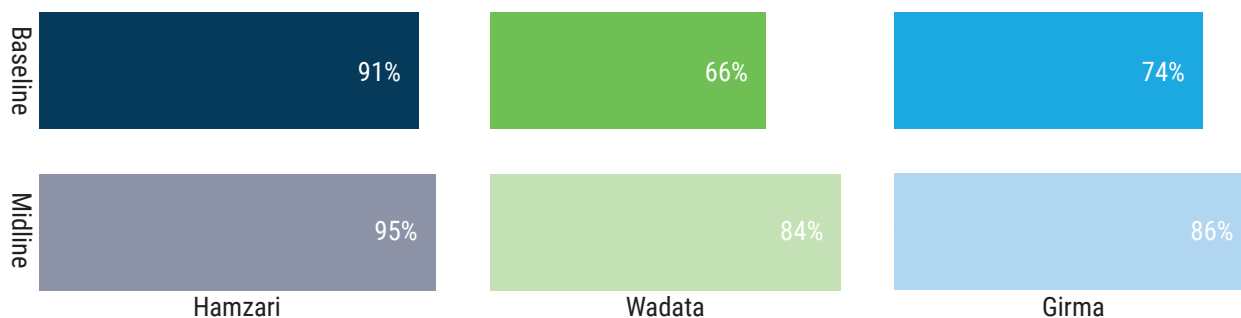
## Breakthrough RESEARCH evaluation

Breakthrough RESEARCH is conducting a mixed-methods study including baseline, midline, and endline surveys to assess differential changes over time in key health outcomes associated with the integrated SBC strategy and qualitative methods to explain how and why gender-related changes occurred or were associated with these changes. The goals of this study are to provide information to inform project implementation and to build the global evidence base related to multi-sectoral integrated SBC programming. This brief focuses on FP and presents select baseline and midline findings among female and male respondents of reproductive age residing in three intervention sites—Hamzari (Maradi region) and Wadata and Girma (Zinder region). There are five briefs, one for each health area.

## Key findings associated with family planning

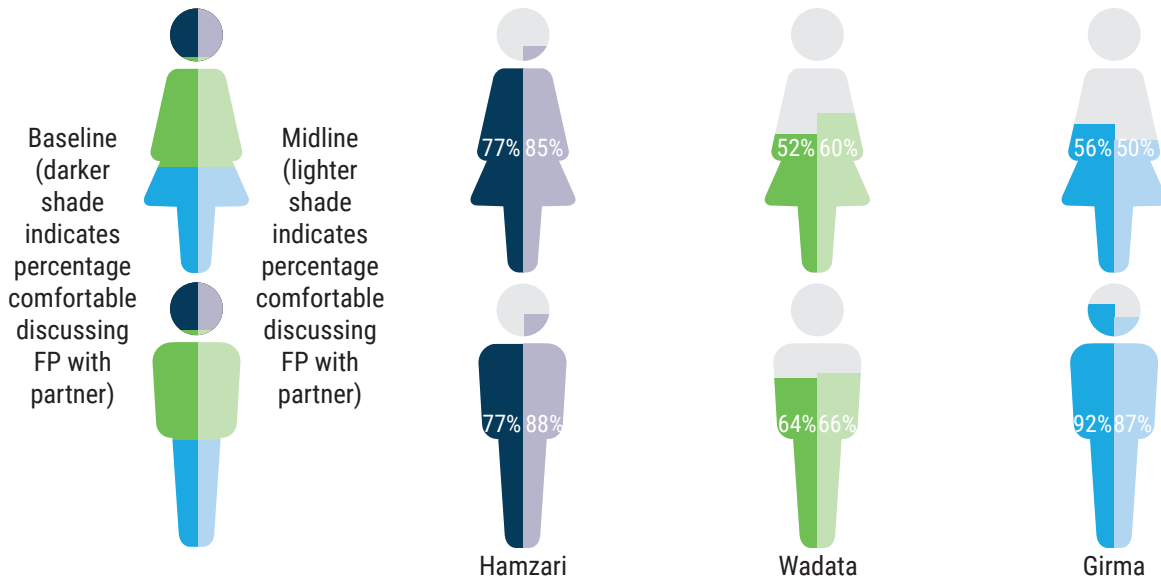
### Knowledge of modern methods

**Among women, reported knowledge of 3+ modern FP methods increased across all sites between baseline and midline.** The greatest increase was observed in the Wadata study area which increased by 18% between baseline and midline.



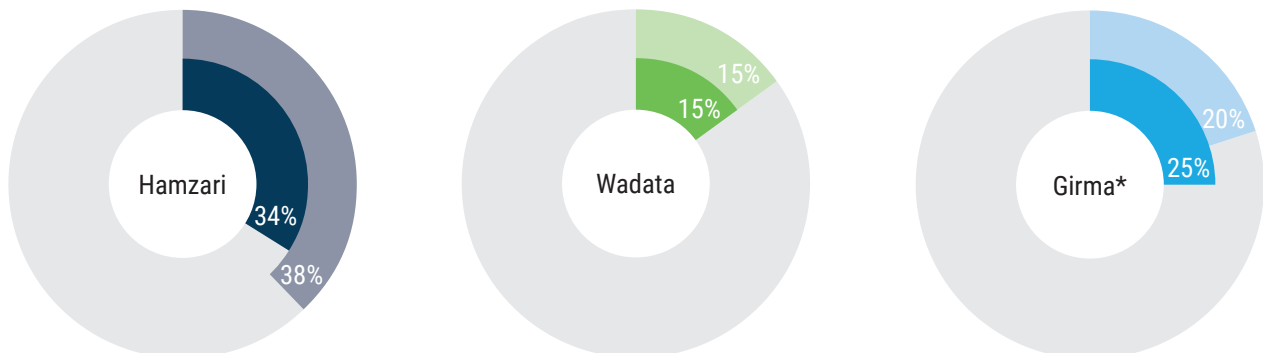
## Power dynamics in FP conversations

Across all sites, men reportedly felt more comfortable discussing FP with their partners than women at both baseline and midline. This reported difference was most stark in Girma.



## Use of modern methods among women

Fewer than 1 in 3 women reported using a modern method across all sites at baseline. Usage was highest in Hamzari at baseline and midline, reaching 38%. Usage was consistently lowest in Wadata (~15%). In Girma where natural FP methods are promoted, natural FP method use remained less than 2% across both study periods.



Baseline (darker shade indicates percentage reporting use of modern contraceptive); Midline (lighter shade indicates percentage reporting use of modern contraceptive); \*However, reporting of using natural method decreased from 1.5% to 0.8%.

## Recommendations

Women have high levels of knowledge yet are less comfortable than men in discussing FP with their partners. Programs should invest in addressing barriers preventing women from initiating conversations with their partners related to FP.

It is necessary to develop specific programmatic messages that explain the risks associated with pregnancies that are less than 2 years apart and target women who have recently had a birth during interactions with health providers.

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# 2 Evaluation of RISE II Integrated Social and Behavior Change Activities in Niger: Maternal, newborn, and child health



## About RISE II

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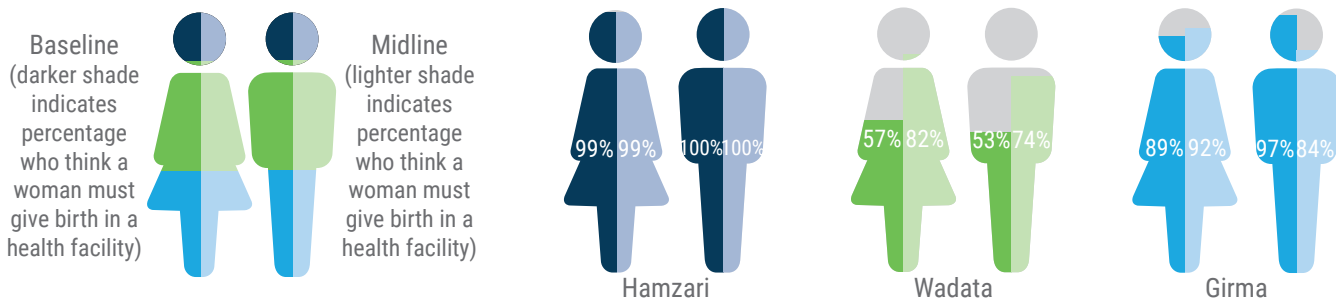
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## Key findings associated with MNCH

### Knowledge of maternal health

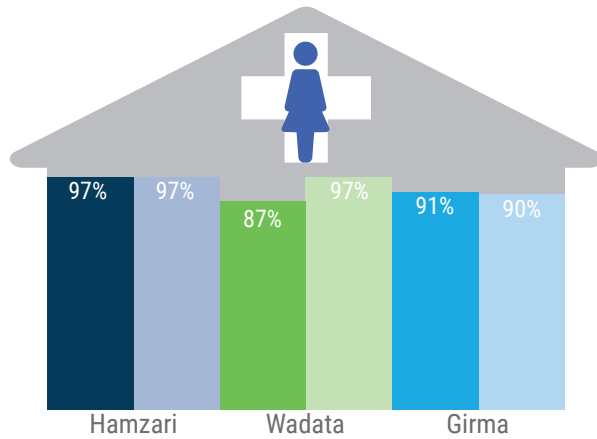
Among women and men, knowledge of maternal health (e.g., women should give birth in a health facility) was consistently lower in Wadata compared to the other two sites. However, men and women in Wadata demonstrated the largest increases in knowledge between baseline and midline.



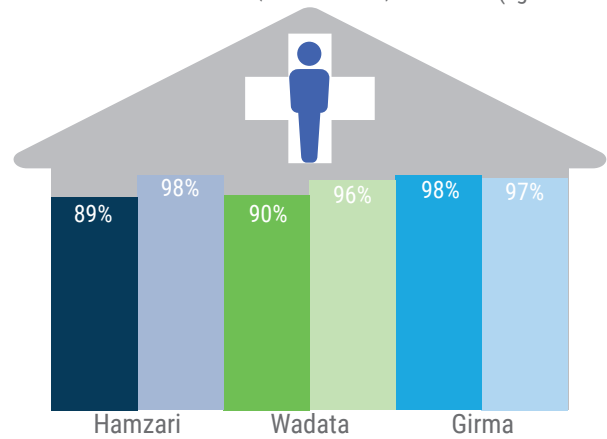
## Attitudes toward facility-based birth

Among women and men, respondents across all 3 sites consistently indicated that health facilities were the safest place to give birth at both baseline and midline.

Percentage who think a health facility is best place to give birth



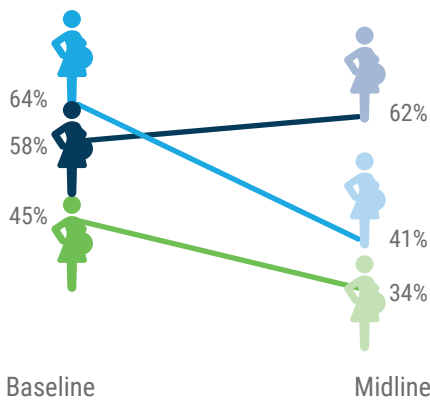
Baseline (darker shade) Midline (lighter shade)



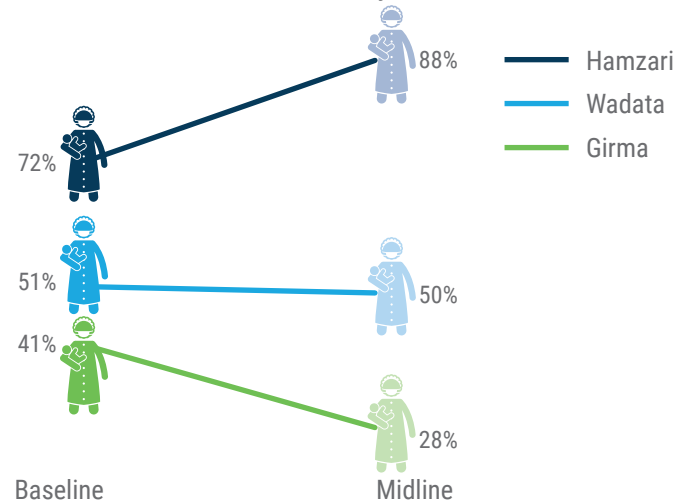
## Women's health behaviors

Reported participation in 4+ ANC visits and facility-based birth decreased among women at 2 of 3 sites between baseline and midline.

Participation in 4+ ANC visits



Childbirth in a health facility



## Recommendations

While most of the data indicated improvements in knowledge and attitudes for men and women related to maternal health across all three RFSAs, declines in use of antenatal and delivery services in Wadata and Girma areas suggest efforts to address structural barriers such as geographic distance and cost may be limiting improvements in these health outcomes.

Given that women most commonly cite health workers as a source of information and men cite radio as a source of information on maternal health, a differentiated communication strategy may be needed to meet both audiences.

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# 3 Evaluation of RISE II Integrated Social and Behavior Change Activities in Niger: Immunization



## About RISE II

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## Breakthrough RESEARCH evaluation

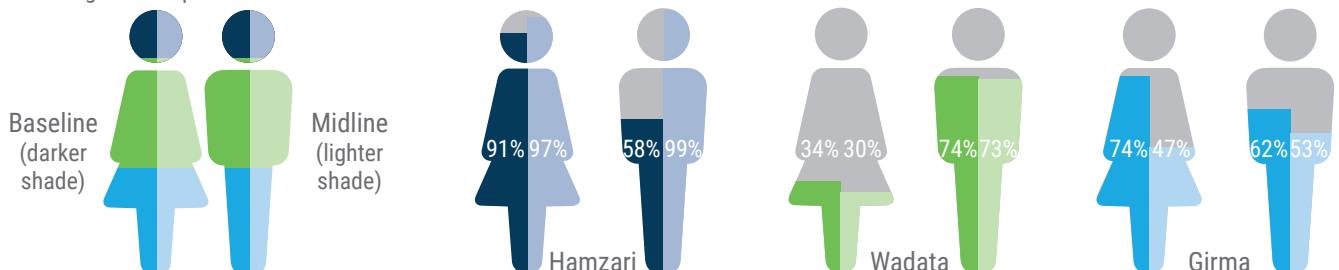
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## Key findings associated with immunization

### Newborn vaccine knowledge

**Newborn vaccine knowledge and perceived access varied widely across the sites.** The highest percentage of women and men who noted that it was not difficult to reach a health center for newborn vaccination was in Hamzari, and increased between baseline and midline among both genders. In Girma, both women and men indicated it was more difficult to access newborn vaccines at midline than baseline, and women reported a greater decline in access.

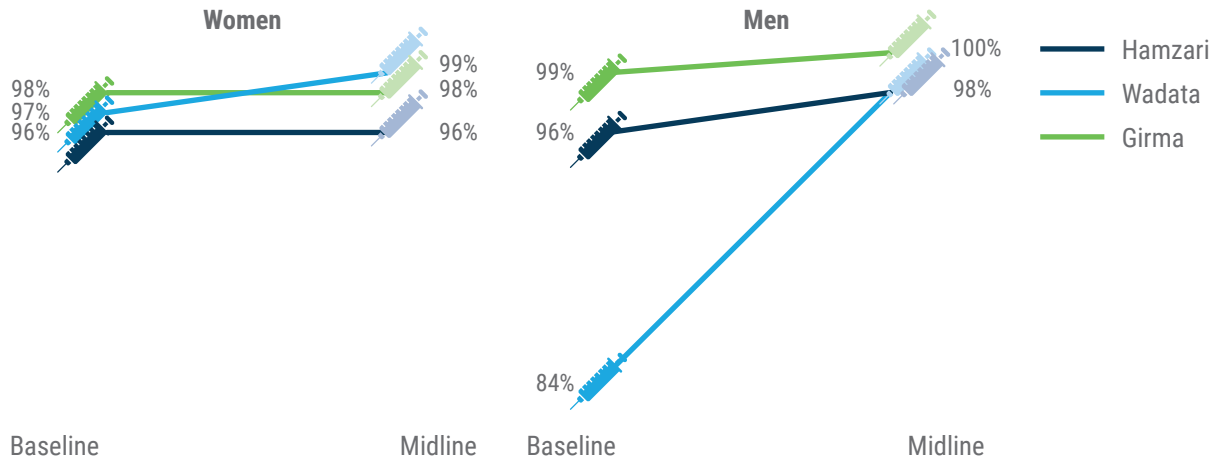
Percentage who reported it is not difficult to take a child to a health center to have him/her vaccinated in the first week of life



## Attitudes toward childhood vaccination

Across all study sites, a vast majority of women and men responded that they agreed that children should be vaccinated to protect against disease at both baseline and midline.

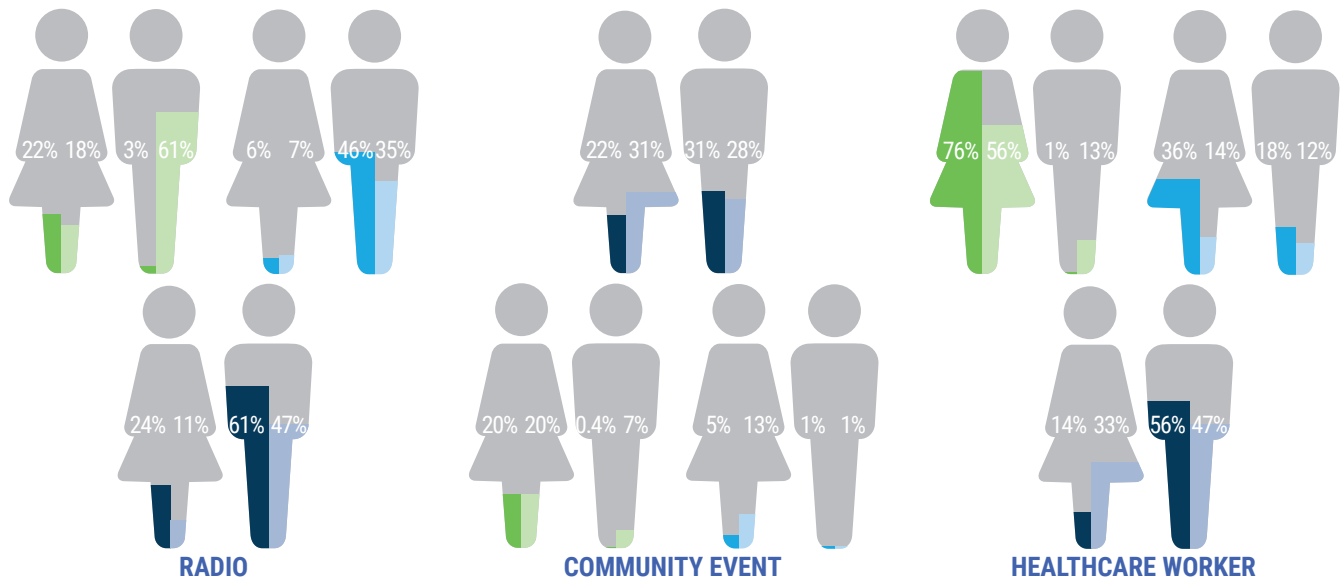
Percentage that agreed children should be vaccinated to protect against disease



## Exposure to vaccination messaging

Exposure to messages on the importance of vaccinations varied considerably by gender and by site. The majority of sites reported a relative decrease in exposure across all channels between baseline and midline. This may be due to a programmatic emphasis in other health areas.

Exposure to messages on the importance of vaccinations Hamzari Wadata Girma Baseline (darker shade) Midline (lighter shade)



## Recommendations

Given that favorable attitudes contrast with low levels of knowledge about when to take a child for immunization, programs should ensure that both men and women know when to take children for immunization.

In the Wadata study area, programs should encourage men to help women increase their capacity to obtain immunization services for newborns.

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# 4 Evaluation of RISE II Integrated Social and Behavior Change Activities in Niger: Nutrition



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## Breakthrough RESEARCH evaluation

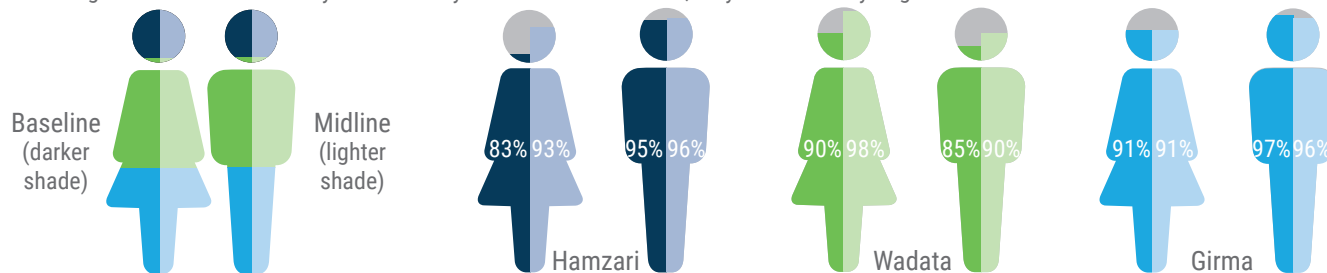
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## Key findings associated with nutrition

### Attitudes toward exclusive breastfeeding

Over 90% of men and women agreed that exclusive breastfeeding through 6 months reduced likelihood of infant illness at midline. 2 of 3 sites saw an increase in agreement with this statement between baseline and midline.

Percentage who believe if the baby is exclusively breastfed for 6 months, they are less likely to get sick

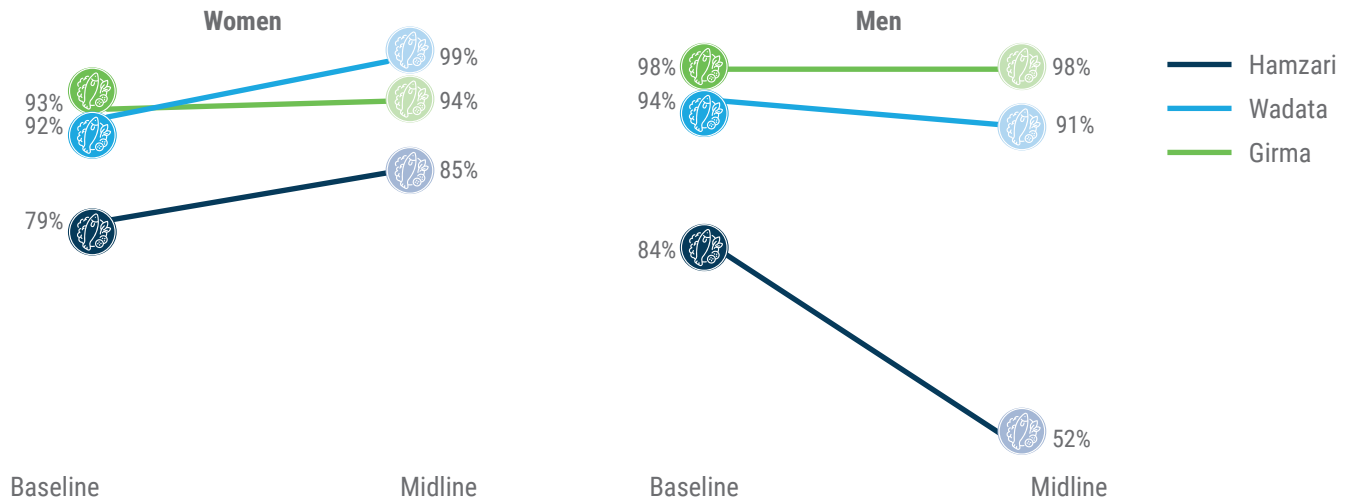




## Food diversity and childhood illness

At 2 of 3 sites, over 90% of men and women indicated that diverse diets helped to reduce childhood illness at both baseline and midline. Notably, this perception decreased among men in 2 of 3 sites between baseline and midline.

Percentage that agreed diverse diets helped to reduce childhood illness

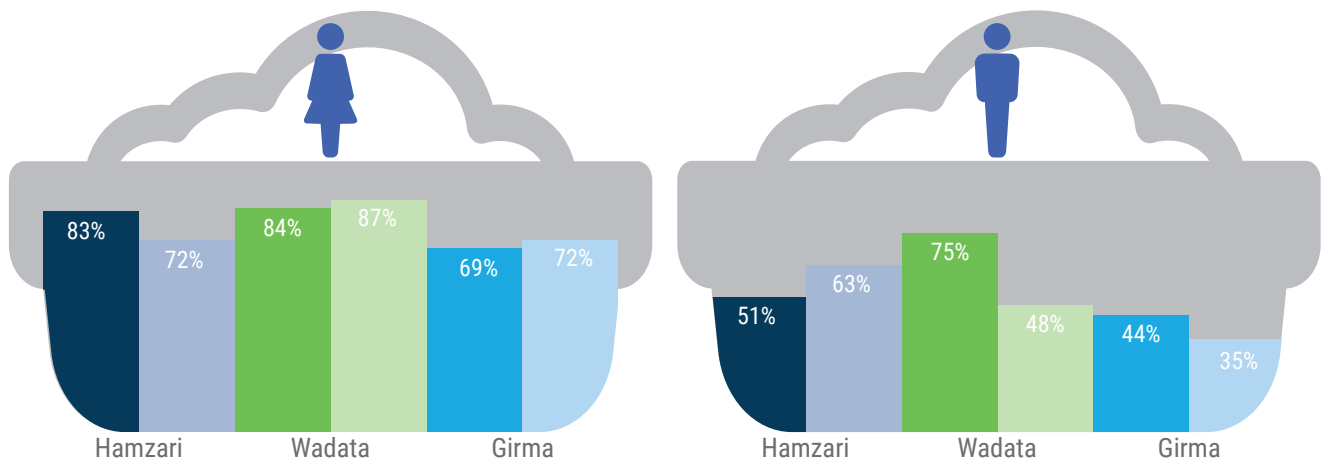


## Feeding practices

Across all sites, women were more likely than men to report being able to give children 4 meals a day at both baseline and midline. The greatest disparity was in Wadata, where men reported it was even more difficult to provide 4 meals at midline compared to baseline.

Percentage who reported it is not difficult to feed children 4 times a day

Baseline (darker shade) Midline (lighter shade)



## Recommendations

Programs should continue to reinforce the role of men in supporting infant and young child feeding building on the promising results that an increasing percentage of men understand the importance of exclusive breastfeeding.

More efforts should be made to encourage male involvement in increasing the number of meals children 6-23 months receive per day.

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# 5 Evaluation of RISE II Integrated Social and Behavior Change Activities in Niger: Water, sanitation, and hygiene



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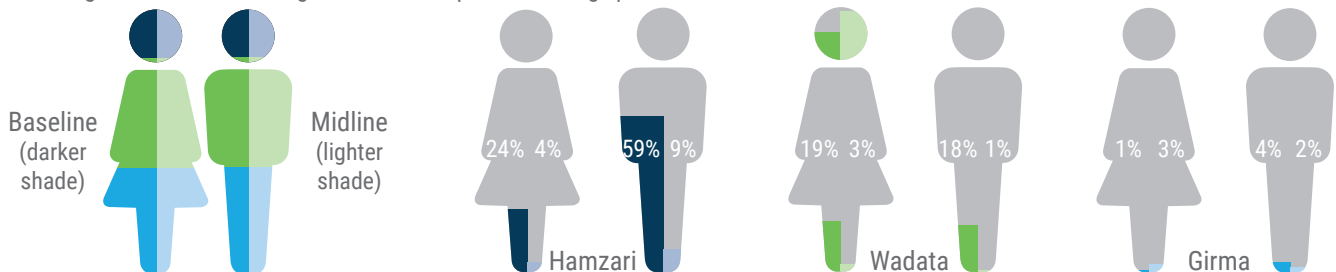
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## Key findings associated with WASH

### Perceptions of handwashing

Across nearly all sites, there was a considerable decrease in attitudes between midline and baseline that washing hands with soap before eating will ruin the taste of the food. This was likely driven by a significant push for increased handwashing at the onset of COVID that waned at midline.

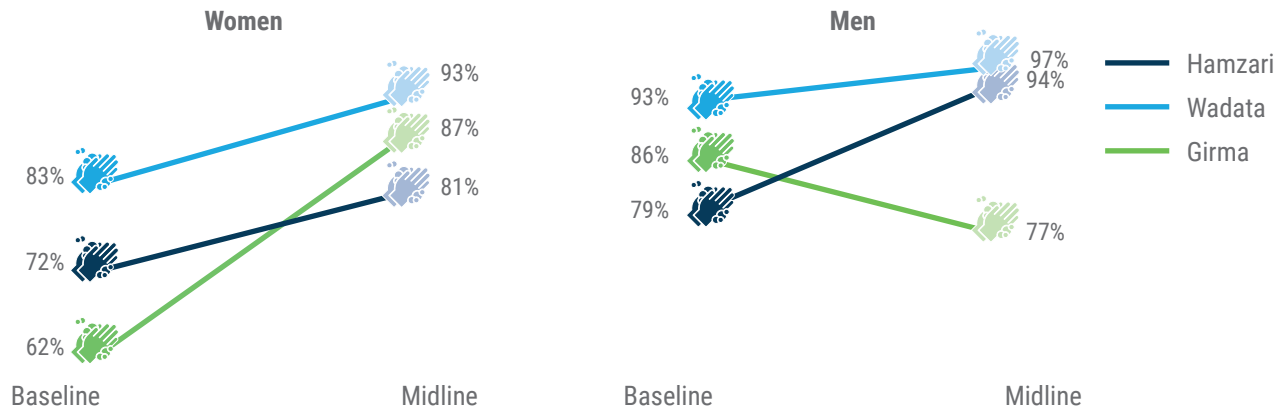
Percentage who believe washing hands with soap before eating spoils the taste of food



## Handwashing behavior perceived social norm

Across all sites, men and women reported high levels of community handwashing before eating at both baseline and midline. Men reported slightly higher levels of handwashing among members of the community than women.

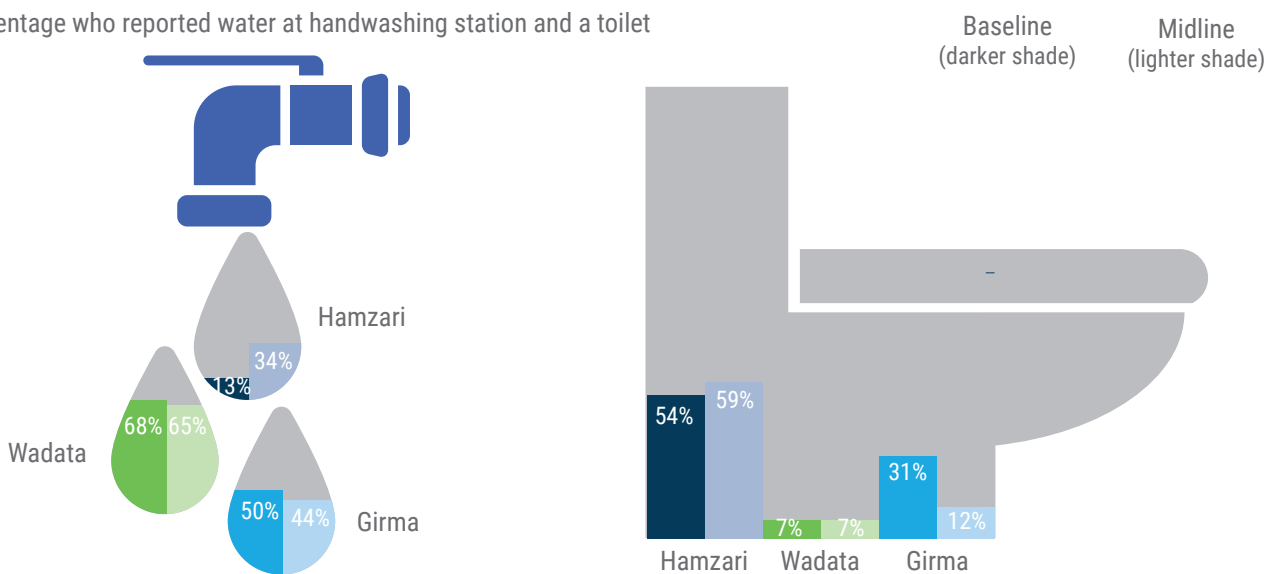
Percentage that reported members of this community wash their hands before eating



## Availability of water and toilets

Across the three sites, women in Wadata reported the highest availability of water for handwashing, but the lowest percentage of homes with a toilet or latrine.

Percentage who reported water at handwashing station and a toilet



## Recommendations

Efforts to increase handwashing efforts at the beginning of the Covid-19 pandemic may have contributed to the high levels of handwashing at baseline. Continued emphasis on the importance of hygiene behaviors will be required for sustained improvements.

Despite high levels of knowledge and overall positive perceived norms related to handwashing, fewer than half of households in the Hamzari and Girma areas had water at a handwashing station suggesting greater efforts are needed to address infrastructure constraints that may limit access to water.

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