



Puntland Youth and Social development Association

Community based IYCF intervention in Bosaso

August 2018

PROJECT's FINAL REPORT

FUNDED BY

UNICEF

1.0 INTRODUCTION

PSA in partnership with UNICEF in 2017/2018 implemented a community based IYCF intervention in Bossaso -Puntland, the project's goal was to protect, promote and support breastfeeding In Bossaso city with target population of 448,009 IDPs and host communities , the timeframe for the project was twelve (12) months.

The project focuses following areas:

- **Establishment of IYCF support groups** for pregnant women and lactating mothers of children 0-5 months; mothers of children 6-23 months; and other community members in IDP camps and host community. IYCF support group promote optimal breastfeeding and complementary feeding practices by providing a space (MBA centres) where participants can share knowledge, information, and their own IYCF experiences as well as provide mutual support to one another.
- **Community social mobilization**, engaging and supporting participation of community leaders and religious groups to shift attitudes and norms to better support Maternal, Infant and Young Child Nutrition (MIYCN)
- **Behaviour change communication** involving face to face dialogue with individuals or groups, to inform ,motivate, problem solve or plan, with the objective to promote, and support exclusive breastfeeding practices
- **Advocacy** creating awareness and encouraging community leaders and local authorities to take actions to enable the adaptation of promoted practices- EBF, complementary feeding, demand and utilization of Multi micronutrient powders/ tablets for children 6-23 months and pregnant and lactating mothers respectively.

Expected results: By the end of the project, PSA expected to:

At the end of the project the following activities were successfully implemented:

- With support of community leaders and local authorities Ten Mother Baby friendly Area (MBAs) were established in IDP camps and host community.
- Twenty two (22) mothers from the community were selected as facilitators for mother to mother support groups and were trained on IYCN as well as on basic group facilitation techniques. They were responsible for engaging group members in discussion about IYCN and providing basic health education in an interactive, participatory manner.
- Ten CHWs from the community were trained on community based IYCN counselling skills who were doing group and individual IYCN counselling.
- Nurses, CHWs and facilitators for Mr to Mr SGs were doing community social mobilization thorough house to house visiting and conducting promotion sessions in the community.
- Designed, printed leaflets, T-shirts, posters, banners and billboards and distributed.
- Conducted TV/radio talk shows (aired twice in a week)
- Distributed baby gifts hampers, clothes, hygiene promotion kits and Simple toys to the beneficiaries
- Conducted MUAC screening for children of under five years of age during house to house visiting and referred to the nearest health facilities
- Held Review Meetings and Monitoring and evaluation.

2. PLANNED ACTIVITIES:

#	Activity	# of Days/ months/Events	# of participants	Checklist	
				✓	✗
1	Mapping and identification meeting	1	20	✓	
2	Orientation for community committees (community gate-keepers) and recruitment of staff.	1	30	✓	
3	Launch of the Project and meeting with the stakeholders	1	30	✓	
4	Trainings for staff, CBW and Mothers peer support	5	34	✓	
5	Establishing and equipping mother baby friendly areas to provide skilled IYCF services	1	10	✓	
6	Counselling (Group & Individual)	12	4,804	✓	
7	Promotion events	12	1,874	✓	
8	Community mobilization, Sensitization and awareness campaigns	12	967	✓	
9	Micro Nutrient Tablets and Powder	12	4,327	✓	
10	Home visits as mobile team	12	2,632	✓	
11	MUAC screening	12	2,089	✓	
12	Provision of Gifts including Cloths, shopping, Toys and hygiene kits	12	500	✓	
13	IEC Materials	12	180	✓	
14	Monitoring and supervision	12	12	✓	
15	Review Meetings (Mid-Year& End)	2	2	✓	

3. MAIN PROGRESS:

Expected Result 1	Increased access to an enabling environment that provides adequate IYCF practices.
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The following are achievements that were realized during the period of the project implementation.

Mapping and identification meeting



Through the initiative all the participants from all the IDP camps and villages in Bosaso were able to understand and appreciate the project's goals and objectives in detail with the entire cross-cutting issues associated with it being deliberated and explained in detail.

Launch of the Project and meeting with the stakeholders

The key objective of the ceremony was to brief and update the stakeholders about the project and also to strengthen cooperation and seek the unequivocal support.

The launching ceremony was held in Bosaso, Puntland, Somalia and was attended by all of our stakeholders including local administration, targeted villages/IDPs, elders, Sheikhs, youth representatives, regional coordinators of MOH, MOWDAFA, UNICEF and other organizations.

Orientation for community committees (community gate-keepers) and recruitment of staff

We held an orientation meeting where it was attended by thirty one (31) participants, this included the local authorities, focal points and village committees, we used the meeting to highlight project's objectives to them, the ministry of health and UNICEF representatives also outlined the project's goals and merits to the participants, the meeting was imperative because we got a chance together with our partners to sensitize the local community on breastfeeding and its support mechanism, breast-feeding in regard to Islam religion, new strategies on how to make breastfeeding popular among communities and also we had an opportunity to develop district level plan to encourage breastfeeding among the families in the region. The participants were very supportive of the initiative and they promised to support it unequivocally.

In addition, during this reporting period, we managed to develop a detailed program's work plan, program check list & risk register and recruitment plan, where we recruited 5 of project's staff that ensured the project's goals and objectives are attained within the stipulated timeframe, this included BCC officer, IYCF counselors (nurses), MOH Bosaso district supervisor and nutrition specialists. Also the community selected 10 CBW's workers from their respective localities based on the criteria we stipulated to them.

Additionally, we held a meeting with MOH, ministry of women and family affairs (MOWDAFA), Bosaso municipality, IDP focal points-MOI and MOH, where we informed them and updated them on the new

project's objectives and its expected outputs, including the modalities of its implementation and the support we require from them.

More so, we mobilized communities of the respective targeted villages and visited the villages in person where we held briefing meetings with them and discussed various issues, we also held a separate meeting with IDP gate keepers where urged them to nominate peer-support mothers as per the criteria that we outlined to them, eventually, they Selected 22 of Peer-support groups mothers.

Trainings



On training, we facilitated training of Mother to Mother support peer groups, for 3 days from 9-11 September 2017, in total 22 mothers selected across IDPs communities took part and they were educated and trained on their roles on facilitation of support group meetings IYCF program, they promised to effectively play their roles in their respective localities.

Additionally, we conducted training for community based workers as IYCF Counselors, the training also lasted for 3 days, a total of 12 participants took part in the training, they comprised of 10 CBW's, 5 supervisors, 2 nurses, 2 facilitators, 3 government representatives (MOH & city councils).

Furthermore, we trained 18 promoters, campaigners and proponents, two promoters for each location, their scope and mandate was to organize promotion sessions and participate in house to house visits and give support mother to mother peer groups.

Lastly, the nurses that were hired for the programme received one day training on breastfeeding in line with the project's implementation by the ministry of health (MOH) and further five (5) days training by UNICEF in Garowe.

Establishing and equipping mother baby friendly areas to provide skilled IYCF services

In the ten (10) IDPs camps under the IYCF project, we established Mother-Baby Areas (MBAs) where counselling is done and also as a dedicated space/room provided for breastfeeding mothers who have come for consultation to breastfeed in privacy.

The areas are also equipped with necessary materials, including mats, toys and other necessary items, 3,831 pregnant, lactating, babies and caregivers were utilized that established MBA services.

Group Counselling

On counselling, we held a total of 259 group counselling (mother to mother support group) sessions in MBAs which benefitted 3,057 persons (2194 F & 863 M).

Also, at each counselling session contact, we asked the lactating mothers asked about their emotional wellbeing, what family and social support they have and their usual coping strategies for dealing with day-to-day matters. We also encourage both families/partners to give them full support during the period.

We also counsel the women on nutrition and their hygiene, especially hand-washing and general wellbeing of them and their general family as a whole.



Expected Result 2

Improved and sustained access to and utilization of quality basic nutrition services

Individual Counselling



On counselling, individual IYCF counselling for pregnant women and lactating mothers, which reached 2147 persons (873 mothers with infants 0 to 6 months of age, 614 mothers with children 7 to 24 months of age and 660 pregnant women)

To make the Programme more effective in achieving its goal, we advise and counselled the mothers on priority areas such as: early initiation of breastfeeding and 'no' to prelacteals and water; myth of not enough milk; emotional and overall support to the lactating mothers; advocacy with gatekeepers such as mother in laws/husbands and other family members to support breastfeeding; information on where to go in case of difficulty in breastfeeding; breastfeeding in case of working mothers; and ill

effects of infant milk substitutes.

In addition, we also advise the mothers on optimal feeding and care practices, for instance the optimal use of locally available foods, strategies to improve availability and affordability of quality foods.

Micro-nutrient Tablets and Powder



Distributed Multi-micronutrient tables for 997 pregnant women and 750 lactating mothers who were supported for breastfeeding, also we distributed Multi-micronutrient powder sachets for children 6-24 months that reaches 2,580 children in all sites.

Multi-micronutrient powder (MNP) is a powder mixture of 15 essential vitamins and minerals that young children needs for improved nutrition. A diet of foods with too few micronutrients will harm the health and development of young children from 6 up to 24 months of age. MNPs are vitamin and mineral powders that can be added directly to soft or mushy semisolid or solid cooked foods prepared in the home to improve the nutritional quality of foods for young children. The single serving sachets allow families to fortify a young child's food at an appropriate and safe level. Vitamins and mineral powder helps improve the body's immune system, child's appetite, child's ability to learn and develop. Vitamins and mineral powder makes children health, strong and active and prevent Vitamin and mineral deficiencies.

Home visits

Also, within the implementation period, we carried out home visits that reached 452 households and also joined mothers at the MBAs, MCH and OTP centres, during the home visits, in addition to the promotion and support of breastfeeding, community based workers observed and monitor hygiene and sanitation conditions in homes/families, and also assessed if there were malaria, measles, mal-nutrition and other cases that needed intervention.

We distributed baby gifts hampers, clothes, hygiene promotion kits and Simple toys, the materials were given to mothers that attended MBAs.

MUAC screening



We facilitated MUAC screening and made referrals to other centers including OTP, MCH and SFP, also a total of 2089 children.

Expected Result 3

Increased proportion of households use of quality essential services in nutrition and adopt health-seeking behaviors to improve family nutrition

IEC Materials

we designed and printed leaflets, T-shirts, posters, banners and billboards, the messages that were printed on the materials were translated into Somali language, so that it can be fully understood by our target audience and groups, later on the IEC materials were distributed to all the target areas and fixed on all appropriate areas including sticking them on cars, MCH, hospitals, community centres, schools, tea shops and Markets, we also erected the billboards at the sites.



Media Outreach

On outreach, we compiled and formulated media messages and released them to TV/radio talk shows (aired twice in a week), the messages reached extensive audience both directly and indirectly.

To ensure that the objective and goals of the IYCF project are achieved and attained, MOH and PSA often conduct a joint monitoring and evaluation exercise, this help us a to know the progress and ascertain the gaps that needs interventions.

Review Meeting



Furthermore, in February 2018 , we managed to conduct the mid-year review meeting which was attended by 30 participants, namely MOH technical team, local authority, IDP & Host committees, CBW, nurses, Program Staff, we reviewed what has been achieved so far based on indicators, we also deliberated on challenges and way forward, in general it was very useful meeting.

On July 2018, we managed to conduct the End review meeting which was attended by 25 participants, namely MOH technical team, UNICEF, local authority, IDP & Host committees, CBW, nurses, Program Staff, we reviewed what has been achieved so far based on indicators, we also deliberated on challenges and way forward, in general it was very useful meeting.

Promotion and sensitization campaigns



In order to achieve maximum penetration of messages on breastfeeding and build an enabling environment for the programme, awareness generation and advocacy activities, we designed and printed leaflets, T-shirts, posters, banners and billboards, the messages that were printed on the materials were translated into Somali language, so that it can be fully understood by our target audience and groups, later on the IEC materials were distributed to all the target areas and fixed on all appropriate

areas including sticking them on cars, MCH, hospitals, community centres, schools, tea shops and Markets, we also erected the billboards at the sites.

Additionally, on outreach, we compiled and formulated media messages and released them to TV/radio talk shows (aired twice in a week), the messages reached extensive audience both directly and indirectly, it also included awareness raising meetings in all nine targeted locations, the main topics covered were awareness on exclusive breastfeeding for the first 6 months, complimentary feeding after the sixth months, the importance of feeding on balanced diet to expecting mothers and lactating mothers, information on locally available nutritious food, referral mechanism for malnourished children and problems associated with bottle feeding.

As a model of motivation, we distributed baby gifts hampers, clothes, hygiene promotion kits and toys, the materials were given to mothers that attended MBAs.

Also, we trained promoters, campaigners and proponents, two promoters for each location were mandated to organize promotion sessions and participate in house to house visits and give support mother to mother peer groups.

Portable wireless amplifier radios were part of the gadgets used to pass the information. The sessions were meant to educate and remind the mothers on the benefits of breast-feeding to their children and also the hygienic requirements of every household, how breast milk promotes sensory and cognitive development, and protects the infant against infectious and chronic diseases and that exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia, and helps for a quicker recovery during illness, proper hand washing and general hygiene and sanitations and learn also that breast milk promotes sensory.

More so, through social media, we published IYCF messages, Videos to the Facebook & Youtubewith the purpose of reaching many people.

The awareness events were held in targeted sites to educate the community members on the benefits of breastfeeding, the session included role-models and mentors who are shining examples to the breastfeeding mothers, they shared their success stories in line with breast-feeding and how they overcame various challenges.

Awareness also included TV/radio talk shows that were broadcasted, the messages reached extensive audience both directly and indirectly, the messages were on: Multiple Micronutrient Powders (MNPs) that acts as complementary Foods, when and where to bring children to the health facility, personal hygiene (cleanliness) practices prevent disease.

We also, participated in nutrition coordination meeting held Bosaso and presented our views on the project's achievements, challenges and way forward.

Lastly, on publicity, we aired and broadcasted radio messages, TV and radio talk shows that were released through SBC radio and TV, this included social media, where we published IYCF messages, Videos to the Facebook & YouTube. We also plan to produce documentary film towards breastfeeding; the messages were basically on multiple micronutrient powders (MNPs) that acts as complementary Foods, when and where to bring children to the health facility, personal hygiene (cleanliness) practices prevent disease.

Monitoring and supervision

Firstly, as part of pre-evaluation survey, we did assessment on MBAs will be part of our ultimate assessment planned at the end of the program to ascertain impact of the program which will also include post-evaluation survey.

Also, we conducted home visits and also joined mothers at the MBAs, during the home visits, we got a chance to observe and monitor hygiene and sanitation situations in homes/families, we also assessed if there were malaria, measles, mal-nutrition and other cases that needed intervention.

In addition, we developed IDPs camps visits plan, the plan gives details of planned visits by nurses and supervisors in terms of schedule, it also indicates CBW for each targeted IDP, the visit plan also point out mothers-supports groups roles and responsibilities in facilitating communication and monitoring, project officer also is required to visit the sites twice a week.

Furthermore, we did periodical monitoring to ascertain if all activities were rolled out as per the prescribed standard operating procedures or if there were cases of code of violations in our media messages and in our other activities, we did this through seeking views and thoughts of those who our messages and campaigns reached them.

Also we conducted joint monitoring with MOH through supervision of MBAs centres, interviewing mothers at the MBA centre, home to home visits supervision, group/individual counseling sessions supervisions, meetings with IYCF staffs and sought their views on the gaps they feel they needed more assistance.

The result of the joint monitoring confirmed that the performance of all IYCF MBA centers and nutrition sites were good except the shortage and delay of supplies for some nutrition sites.

We also made follow up on the supplies from UNICEF, which has delayed as per the timeframe agreed upon, the supplies comprise of multiple micronutrient tablets and MNPs

Field monitoring was done twice per week and MOH conducted their own weekly monitoring visits to all the sites to evaluate the activities being rolled out, this was a way to support the oversight functions of the projects and fund recipient agencies with the timely collection and analysis of data for internal performance assessments and the substantive reporting on results.

More so, In November, Mr.Dayib of UNCEF nutrition department visited the targeted areas in Bosaso to carry out M&E exercise; he attended part of the counseling sessions and acquainted himself with the all process, he also got a chance to conduct interviews with the beneficiaries touching on activities being rolled out in regard to the requirements of the project.

Additionally, between 22nd and 24th April 2018 supervisions were conducted to monitor the implementation of community based IYCF services in the project sites, the project sites were Hafatul Arab; 100 Bush and Farjano. At the time of the visit all the three locations were conducting IYCF support group discussion meetings at Mother Baby Area Centers (MBACs), and all of them were focusing on topics for complementary feeding as following: During the visits various strengths and weaknesses were noted and respective recommendation made.

Documentary

We produced IYCF documentary film that summarizes and highlights all the project's milestones and successes within the implementation period.

COMMUNITY PROJECT PHASE-OUT MEETING

The event was held on 2nd August 2018 and was attended by CBW, mother to mother peer supports, IDP committees and PSA staff.

The objective was to deliberate on how to sustain project's goals and gains after the end of the project implementation phase.

The participants through the meeting agreed to sustain some of the project's activities such as counselling, this is because the CBWs and mother peer support resides within the community, the two groups promised to offer their services voluntarily as away of giving back to the community, also follow up mechanism was discussed.

5. CHALLENGES

- There was no major set-back apart from the challenge that some activities need more time than what is planned for.
- Micro-nutrients tablets restocking had some delays.
- The sites were too vast to cover within a day when we had activities.

Recommendations

- Monitoring and supervision play an integral role in any project.
- Restocking of supplies should be timely.
- Sensitization on the use and benefit of vitamin and mineral powder are important.
- Close supervision for future activities in order to save time and get activities done within the timeline.
- Need of prompt and timely budget instalments and payments.
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