


USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT



Scientific Evaluation of Psychosocial Impacts of Baby Friendly Spaces in a Low-Resource Humanitarian Setting- **Cox's Bazar, Bangladesh**

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SEVENTH GLOBAL
SYMPOSIUM ON
HEALTH SYSTEMS RESEARCH
SÉPTIMO SIMPOSIO
MUNDIAL SOBRE
INVESTIGACIÓN EN
SISTEMAS DE SALUD

Overall Goal

Evaluate the effectiveness of the BFS program for improvement of maternal psychosocial wellbeing and child development among trauma-affected Rohingya mother-child dyads attending ACF Integrated Nutrition Centers (INCs) in Cox's Bazar.

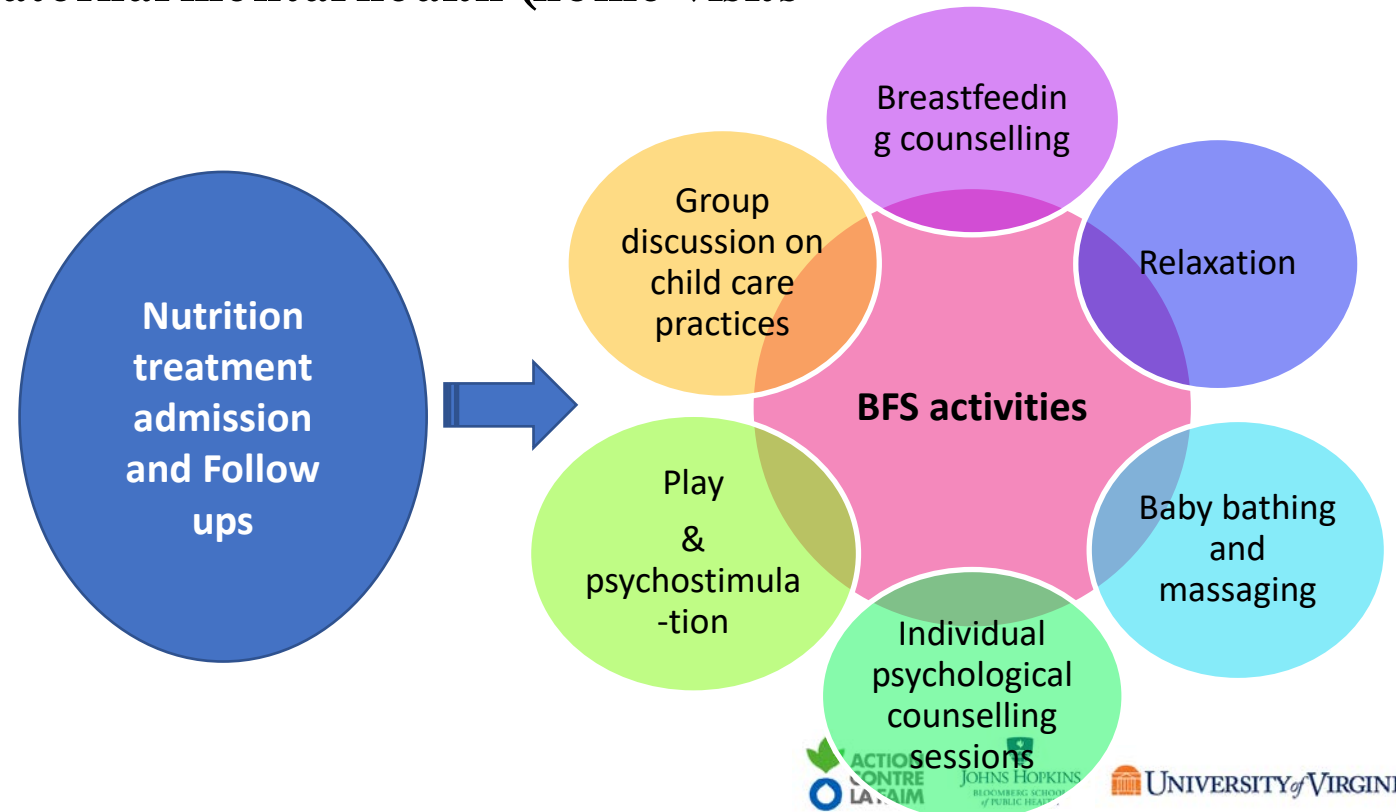


Baby Friendly Spaces in Nutrition

- Promote **breastfeeding & child care practices**;
- Develop and reinforce **mother/ caretaker-child bonding**;
- Allow mothers and children for **quality time**;
- Offer activities to support **maternal mental health (home visits and referrals as needed)**.

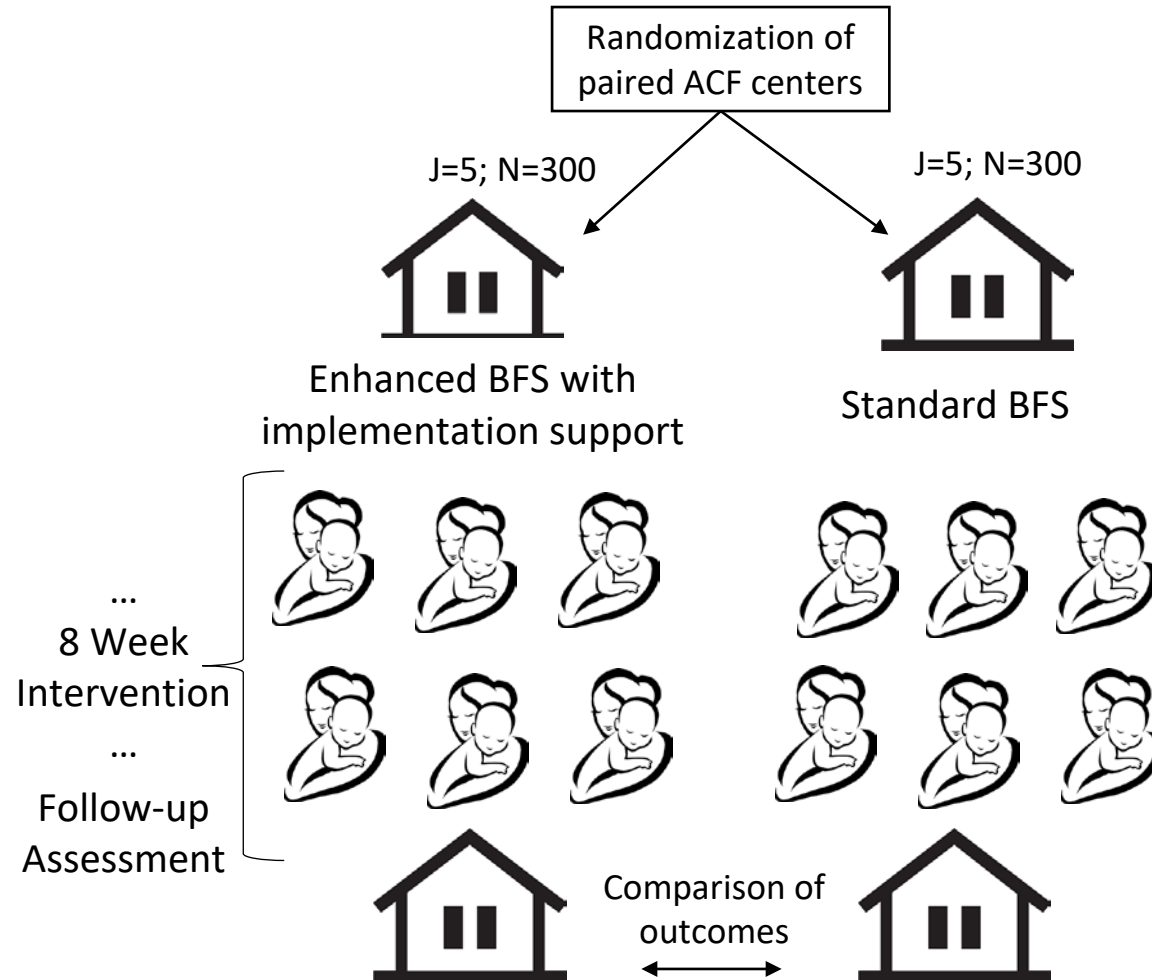


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Study Design

Impact Evaluation



Parallel Implementation Research

Beneficiaries

- 1) reach and effectiveness at the participant level
- 2) “downstream” impacts of the intervention on fathers and families

Organizational Stakeholders

- 3) adoption, implementation, and maintenance at the staff, organization, and policy level

Host community

- 4) Necessary modifications for delivery to host community

Trial Psychosocial Outcomes

Distress ($\alpha=0.90$)

Myanmar-wide International Depression Symptom Scale (IDSS) & Kessler 6 (14-item)

Functioning ($\alpha=0.81$)

WHO Disability Assessment Schedule 2.0 (WHODAS)

Outcome Measures

Subjective well-being ($\alpha=0.85$)

Personal well-being index (PWI) adapted (6-item)

Positive Coping ($\alpha=0.81$)

Brief COPE adapted (10-item)

Training and supervision activities

Retrained 15 BFS workers and worked with consultant to develop new supervision systems

Developed flexible program manual

Conducted 425 fidelity observations of BFS activities in both standard (n=252) and enhanced (n=173) INCs

Surveyed 52 Psychosocial workers, Psychologists and SPOs to understand how COVID has impacted their activities

Study Population

Baseline demographic characteristics by group

	Control (n=298)	Intervention (n=302)
No formal education, no. (%)	244 (81.9)	202 (66.9)
Married, no. (%)	283 (95.0)	292 (96.7)
Family eats meat <1 per month, no. (%)	48 (16.1)	94 (31.1)
Pregnant, no. (%)	32 (10.7)	34 (11.3)
Age in years, mean (sd)	25.0 (4.8)	25.4 (5.0)
Years lived in refugee camp, mean (sd)	5.3 (3.8)	6.1 (4.4)
No. of children, mean (sd)	3.1 (1.6)	3.3 (1.8)
Child's age in months, mean (sd)	11.7 (4.5)	11.1 (4.4)

Implementation Findings

BFS Participant Reported Implementation Measures

D&I Domain	Standard BFS mean (SD)	Enhanced BFS mean (SD)	T-test p-value
Adoption	2.41 (0.43)	2.34 (0.41)	0.04
Acceptability	2.64 (0.36)	2.59 (0.41)	0.08
Feasibility	2.22 (0.50)	2.29 (0.46)	0.07
Reach	2.31 (0.46)	2.15 (0.65)	<0.001
Community awareness	2.20 (0.85)	2.45 (0.56)	<0.001
Reasonable wait time	2.13 (0.63)	2.28 (0.61)	<0.001

Provider Reported Implementation Measures

All D&I domains as reported by providers were similar for standard and enhanced BFS

- Scores generally high across adoption, acceptability, appropriateness, climate and leadership.
- Slightly lower for scores overall for feasibility and reach (but still high)
- Enhanced BFS PSWs reported spending fewer hours overall providing BFS activities and more time on other tasks than those in the standard BFS group

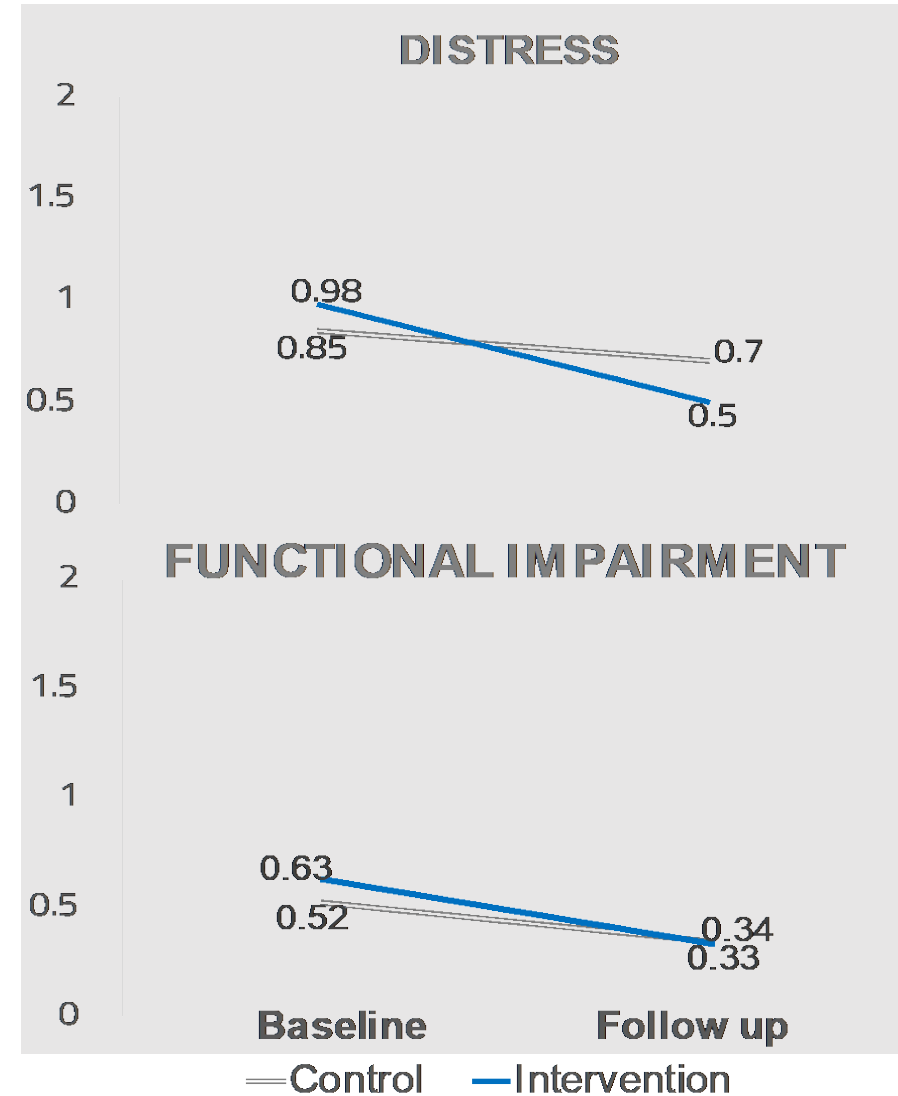
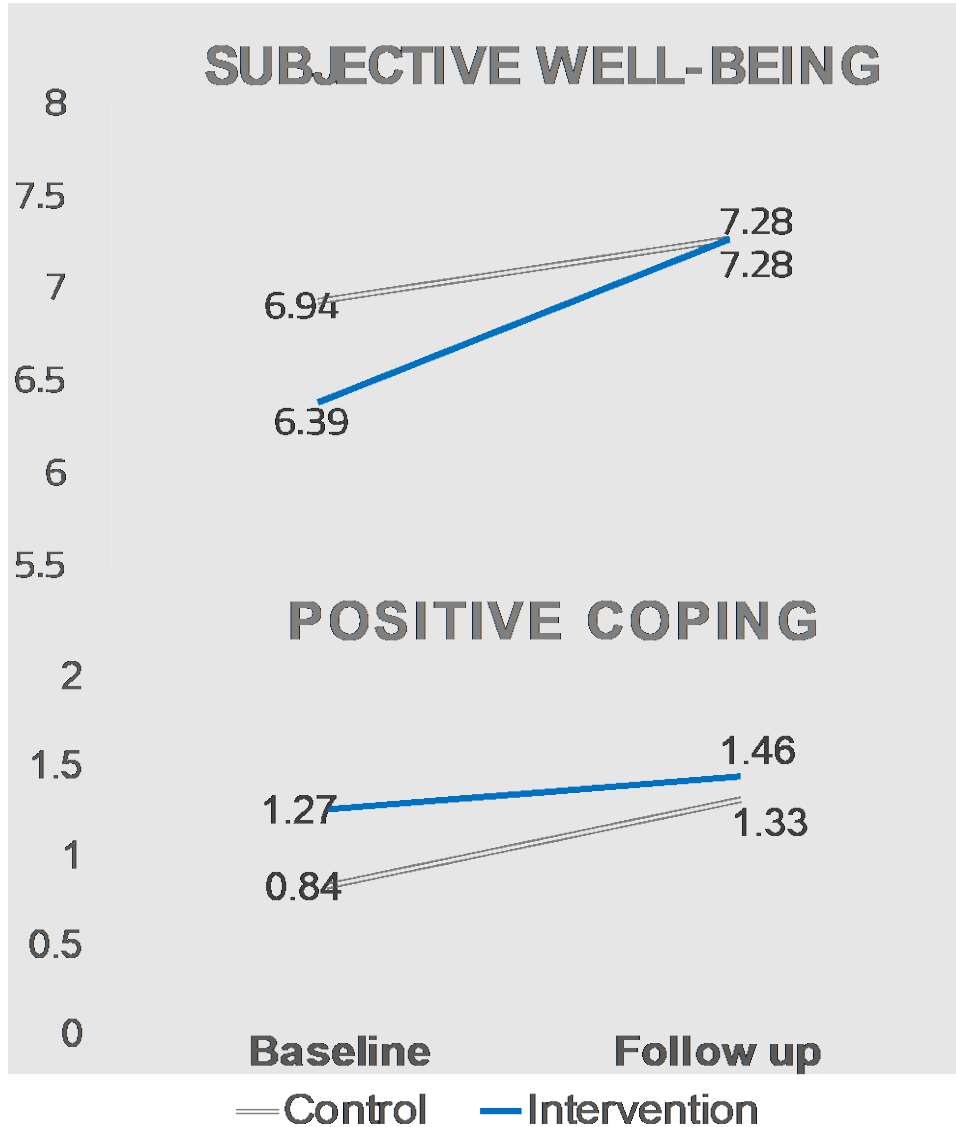
Implementation Findings: Fidelity

Overall take away

- Fidelity varied widely across different components, with some very high and some very low adherence.
- There tended to be better adherence to procedures in group vs. individual sessions and for some specific activities across domains, for enhanced vs. standard BFS



Quantitative effectiveness results




Quantitative effectiveness results

Mixed Effects Linear Regression difference-of-differences analysis¹ of change in primary and secondary outcomes over time under corrected estimation procedures²

	MLE Estimation		REML Estimation		Kenward & Roger adjusted	
	B (SE)	p-value	B (SE)	p-value	B (SE)	p-value
Distress	-.30 (.16)	.058	-.30 (.18)	.090	-.30 (.18)	.129
Functional Impairment	-.10 (.12)	.393	-.10 (.14)	.446	-.10 (.14)	.468
Subjective Well-Being	.58 (.28)	.038	.58 (.31)	.063	.58 (.31)	.101
Positive Coping	-.32 (.29)	.276	-.32 (.33)	.329	-.32 (.33)	.358

¹Ref: Control group; including cluster as a random effect

²As recommended in McNeish and Stapleton, 2016 to use REML estimation for unbiased point estimates and Kenward & Roger (1997) adjustment of standard errors for inflated type 1 errors when mixed model has small number of clusters



*“We can take good care of our child by learning these good things from here. **If our children are happy, then we are happy also.** Maybe mothers who face problems that I have shared before **come to BFS for mental peace.** Apa (the psychosocial worker) talks with them softly, respectfully. **They feel relief** to share their feeling with Apa. They (the Apas) say, ‘Don't argue with your husband, you can share with us if you have any problem with your husband. **You can tell us everything. We are here to listen to you.**’” (Mother attending BFS)*

Summary

Our results indicate that with supervision and implementation support, integrating manualized psychosocial support activities with nutrition services holds **potential for reducing distress and improving subjective well-being of conflict affected mothers of malnourished children**, but results were weaker for improving functioning and positive coping.



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