

Form2: Evidence Review for Growth Promotion and Complementary Feeding					
Name of Intervention: Mainstreaming BCC/BCM in a Safe Motherhood and Child Survival Program					
Date of Review: July 2007					
1. Location and Scale					
Number of villages by block, district and state names	Population covered	Comments		Time Period	
Ongole in Hyderabad, Patna semi urban, Rae Bareli-Lucknow and Ajmer in Rajasthan	182,000 women and children 0– <3 years old. Pilot was in Patna and expanded to other four sites in four states, Mainstreaming catchment population 179,18,518. pilot catchment population 100,000			July 2002- September 2003(project implementation period is only nine months)	
2. Agencies					
Lead agency(ies)	Other Key Agencies (Partners)	Implementing agencies		Sponsor/Donor	Comments
		List	Category of agency		
Catholic Relief Services India	TA from LINKAGES/AED	CRS	NGO	LINKAGES/AED with fund from USAID	
3. Intervention Description					
Goal /Objectives	Key Strategies (5-10)	Key Components (3-5)	Primary target group	Secondary target group	
<ul style="list-style-type: none"> To improve key indicators on breastfeeding and complementary feeding practices To build staff capacity in BCC to facilitate mainstreaming to other CounterParts (CP) 	Stage I: Baseline and formative research Stage II: Trials of Improved Practices (TIPS), Stage III: BCC strategy StageIV: The Detailed Implementation Plan (DIP) Stage V: Project implementation Stage VI: A quantitative endline survey	<ol style="list-style-type: none"> Build capacity of CP coordinator and OP supervisor staff on BCC and BCM Train CP coordinator and OP supervisors in formative research and TIPS Develop materials and media Design interventions and develop implementation plan Conduct a baseline survey Train CPs on the monitoring system Implement community interventions Monitor, evaluate activities and MIS training 	Mothers of children 0-24 months	Mother in laws, father in laws, community, mahila mandals, RMPs, frontline providers	
4. Information Sources					
Publication Name	Website's)/on-line	Unpublished project documents		Comments	
<ol style="list-style-type: none"> LINKAGES India final report CRS SMCS report and design document Baseline and endline reports Formative research reports 	www.linkagesproject.org	Project Design documents- DIPs			

5. Results and Data			
Methodology		Key measures/variables	Key lessons learnt (share challenges or negative results, if possible)
Designed	Implemented	<p>In mid-2004 CRS conducted a process evaluation of its application of the LINKAGES BCC methodologies for improved maternal, infant, and child nutrition</p> <p>A process evaluation in 2004 found that during the limited CRS/LINKAGES phase II time frame of nine months, the BCC methodology significantly influenced identified behavior areas and should continue</p> <p>However, results were uneven. The most positive effects were observed in initiation of breastfeeding and exclusive breastfeeding, immunization, colostrum feeding, registration of pregnancies, and antenatal checkups. Results pertaining to food intake of lactating women, deliveries in health facilities, and rest during pregnancy were less encouraging</p> <p>The evaluation report concluded that certain socio-economic and cultural constraints beyond the scope of the project were key barriers to behavior change</p> <p>While CRS emphasized that the sample selected for the process evaluation was too small to extrapolate results to the entire project population, it found that illiterate village health workers were less effective than anticipated in disseminating messages and maintaining records. On the other hand, links with government health staff and local authorities had increased the accessibility and uptake of health services</p>	<p>As an operations research project with the overall objective of mainstreaming LINKAGES/India did not have as its goals changes in physical and physiological benchmarks. Nevertheless, because epidemiological research has demonstrated that breastfeeding provides health, growth, and development advantages to infants and decreases the risk of many acute and chronic diseases, improved health and nutrition practices are assumed to contribute to improved health and nutrition status. In a joint mainstreaming workshop in 2000, CARE, CRS, and World Vision agreed that designing by dialogue helped achieve significant behavior change results. Results of end-line surveys conducted by PVO partners in 2001 showed significant improvement in infant feeding and maternal nutrition indicators.</p> <ol style="list-style-type: none"> 1. Formulate links with government health and child development services at project inception 2. Integrate behavior change communication interventions into existing systems. 3. Plan behavior change communication interventions at the beginning of a project to continue through the project life 4. Base communication aids on social communication inputs from professional sources and pre- and post-test them to determine their contribution to changing behavior and reinforcing changed practices 5. Allow time and flexibility for the formation and infusion phases of piloting the BCC model. 6. Include experienced M&E staff at field level from the beginning. 7. Use formative research and TIPs to focus staff and beneficiaries on barriers to and motivators for optimal practice and formulate context-specific and culturally appropriate BCC strategies 8. Ensure intensive capacity building at all levels for success of the inclusion stage of mainstreaming. 9. Employ interpersonal counseling on options and negotiation of behavior change to address individual barriers to optimal dietary practices 10. Deliver consistent messages through multiple channels to reinforce and endorse optimal behaviors. 11. Emphasize facilitation skills in training
<p>Baseline and endline designed for all project sites</p> <p>Formative research</p>	<p>Baseline and endline designed for all project sites</p> <p>Formative research</p> <p>Monthly reporting system: data from each village collected and compiled at the project level</p> <p>All baselines were done by external research agencies</p> <p>Most of the baseline adopted two Stage Cluster Sampling method. Target villages were selected using the PPS "30 Cluster" sampling methodology, and systematic sampling techniques also used by one project-Jagriti</p>		
6. Program Cost			
Total per year	Estimated cost per component	Estimated cost per beneficiary/unit	Comments
<p>Total project cost \$ 328,961</p> <p>CRS contribution: \$ 119,027</p> <p>Existing Staff \$ 77,170</p> <p>Consultancy \$ 16,000</p> <p>Travel: \$ 28,777</p> <p>Program \$ 123,600</p> <p>Training and materials \$ 13,420</p> <p>Project support cost \$ 23,000</p>			

FORM 3a - Data sheet for Effectiveness - Growth Promotion and Complementary Feeding

Name of Intervention: **Mainstreaming BCC for improved Infant Feeding Practices**

List of "impact" indicators with achievements(1)	List of "outcome" indicators with achievements(1)	List of "output" indicators with achievements(1)	List sources of impact, outcome & output data	Quality of data(2)	Specify if the intervention targeted and reached women and/or vulnerable(3)
No data available	<ul style="list-style-type: none"> Increase in number of deliveries with trained birth attendants Increase in colostrum feeding Increase in exclusive breastfeeding for first six months Increase in feeding of complementary foods at 6 months in a separate dish Increase in consumption of iron folic acid tablets in third trimester of pregnancy 	No data available	<ol style="list-style-type: none"> LINKAGES India final report CRS SMCS report and design document Baseline and endline reports Formative research reports 	<p>Baseline and process documentation was done by external agencies</p> <p>Although the report concluded increase in the listed outcome indicators, the numerical estimates of these indicators were not presented in the report</p>	Mothers, family and community

(1) Achievements as compared to baseline and/or control group

(2) Comments should include factors such as rigor of evaluation design, independence and multiple sources

(3) Comment as whether the intervention reached and/or had impact, outcome and output results on women and/or vulnerable. List the results