

Evidence Review for Delay of Marriage

Name of the intervention: Promoting Change in Reproductive Behavior in Bihar (PRACHAR)

Date of Review: May 2007

1. Location and Scale

Number of villages by block, district and state names	Population covered	Comments	Time Period
Three districts in Bihar covering 452 villages in Nalanda, Nawada and Patna	Total population covered: 686,803 people, 96,241 adolescents and young couples and 100,000 parents and other adults 1398 <i>Dais</i> , 447 rural medical practitioners, about 900 staff of 30 NGOs, 227 cultural team members, and 342 change agents (one female for every two villages and one male for every four villages)		July 2001 - June 2005

2. Agencies

Lead agency(ies)	Other Key Agencies (Partners)	Implementing agencies		Sponsor/Donor	Comments
Pathfinder/India	30 local NGOs	List Pathfinder with local partner NGOs for capacity building and implementation	Category of agency 19 NGO Implementing Partners (NIPs) 11 NGO Training Partners (NTPs) NIP: hiring/managing local staff and implementing community interventions NTP: training primary target groups and street performers and community health providers.	Packard Foundation	PRACHAR grew out of an earlier Three year project, RHEYA, funded by the Gates Foundation

3. Intervention Description

Goal /Objectives	Key Strategies (5-10)	Key Components (3-5)	Primary target group	Secondary target group	Target vulnerable
1. Change the beliefs held by young people between the ages of 12-24 regarding RH/FP, challenge traditional behavior patterns of early childbearing and inadequate spacing between children, and promote informed and healthy reproductive behavior	1. Structuring the Implementation Process	1. Phased program implementation	1.NGO partner staff	Community change agents	Yes
	2. Partnering with local NGOs	2. Selection/training of NGO partners	2.Adolescents and young couples	Mothers-in-law	
	3. Capacity building of NGOs and staff	3. Recruitment/training of change agents	3.Newly married couples, mothers with one infant/child, first time pregnant women, first time post-partum women, contraceptive users, and husbands and fathers	Fathers-in-law	
	4. Community Engagement/Assessment	4. Project launch/community mapping			
	5. Programs with targeted populations	5. Outreach to targeted populations (e.g., newly weds, adolescents)			
2. Change beliefs held by parents of adolescents and influential community adults about RH/FP, provide them with knowledge and education to discourage early marriage of their daughters, curb the pressure that they place on young couples for early childbearing, and encourage adequate spacing of subsequent children	6. Cultural teams and folk media	6. Training cultural performers - folk media	4.At least 80 per cent of the members of primary target group were reached with messages to maximize chances of changing beliefs and behavior of at least 20 per cent of this group		
	7. Training leadership groups	7. Outreach workshops to community members			
	8. Improving access to quality RH services	8. Efforts to increase access to RH services through ANMs, dais, and RMP			
	9. Monitoring, Information & Evaluation systems	9. Use of data for program planning/management			
3. Increase the use of contraceptives among young married couples, particularly to delay the first child until the mother is mature, and to space subsequent births by at least three to five years	Intervention Description				
	1. All project staff to be fully educated in RH and sexuality and to be comfortable with this subject matter. Careful screening important for success				
4. Enhance the capacity of 30 non-governmental organizations in Bihar to design, implement, and monitor quality RH/FP programs	2. All staff working in community are from that community, and are known and trusted to others living there				
	3. BCC approaches aimed to also reach parents and other community leaders				
5. Enhance the quality of basic maternal and child health care, reproductive health, and family planning services delivered by community-based traditional birth attendants (dais) and informal rural medical practitioners (RMPs)	4. BCC aimed at covering a critical mass to address the issue of resistance in the communities				
	5. BCC tested, refined to fully address the felt needs of the community				

4. Information Sources

Publication Name	Website(s)/on-line	Unpublished project documents	Primary data collection	Comments
Promoting Change in the Reproductive Behavior of Youth Pathfinder International's PRACHAR	Promoting Change in Reproductive Behavior (PRACHAR) Project Brief (undated)			

Project, Bihar, India,

Aug-05

5. Results and Data (Part1)

Methodology		Key measures/variables	Output/outcome results	Impact results	Quality of data	Key lessons learnt
Designed	Implemented					
Baseline: 2002; endline: 2004. Surveys done in representative sample of interventional villages, as well as one non-intervention control area of Nalanda District	1. Districts chosen due to proximity to Patna and presence of sufficient number of NGC partners. These districts were no less needy than more remote areas and Pathfinder anticipated that access and proximity would be key to ensuring better management and monitoring of the project	1. Percentage increase in median interval between marriage and first birth 2. Percentage of women using contraception for delaying first child	1. Built management and technical capacity in 30 NGOs; 1,398 dais & 447 RMPs trained 2. 342 change agents selected/trained	*contraceptive use rate increased from 9.7 to 38.1 per cent in three years	1. Pathfinder tried to ensure rigor by designing a baseline and endline KAP survey. The baseline was conducted in 2002 and Endline in 2004. Surveys were done in representative samples of intervention villages and in one non-intervention/control area of Nalanda District. Surveyors were trained for three weeks prior to interviews. They also surveyed health facilities, community services, referral agencies and contraceptive availability. In addition, an endline survey was done to assess the BCC strategies	1. Fear that community would be offended by open discussion of RH and sexuality unfounded 2. Staff did need extensive training and role play before they acquired skill and comfort level with intervention 3. More intensive coverage of men should happen at start of project through male change agents
Baseline and endline surveys, project records, service statistics, longitudinal analysis of project records and service statistics, pre-post training test, survey of BCC effectiveness, HH survey (door to door), and assessment of infrastructure were part of the monitoring and evaluation systems design	2. Representative samples from intervention villages and one non-intervention control selected 3. Community based interventions were organized around clusters of 20-30 villages, each with a population of about 35,000. Clusters were subdivided into groups of 100,000 and then further sub-divided into units of 2000-2500 people. Every two to three villages represented a Field Unit. This allowed for careful planning, implementation and follow up of interventions 4. Surveyors trained for three weeks 5. 311 respondents surveyed on BCC in all three districts in endline survey 4. Monthly review of project records to track planned activities/coverage/staff training 5. A monitoring system tracked frequency and effectiveness of project activities and interventions, and events such as births, deaths, marriages, pregnancies, and	4. Percentage of women using contraception for spacing second child 5. Percentage of first time mothers using contraception who adopt FP within 90 days of delivery 6. Percentage of youth who believe that FP to delay first child necessary & safe 7. Percentage adults who believe that FP to delay the first child necessary and safe 8. Percentage youth who believe that early child bearing is injurious to health of mother 9. Percentage of adults who believe that early childbearing is injurious to health of mother	3. 227 cultural team members trained 4. 17,451 girls and 16,136 boys trained 5. 900 NGO staff trained in RH/FP 6. 3022 couples attended newlywed meetings (64% of all newlyweds) 7. 96 per cent of the planned beneficiaries reached with messages 8. 70 per cent targeted population had undergone some training 9. 92 per cent of primary target audience groups recalled receiving BCC messages 10. 44 per cent could correctly explain all of the seven issues promoted 11. Percentage of population (all respondents) who believe that contraception is both necessary and safe increased from 38 to 81. Among adolescents, this figure increased from 45 to 91 11a. Interval between marriage and first birth for newlyweds increased from 21 months to 24 months 12. Percentage of newlyweds who use contraception to delay their first child went up four times from five to 20 13. Percentage of newlywed adopters who began to use contraception within three months of consummation of marriage increased from 0 to 21 14. Percentage of first-time parents who used contraception to space their second child increased from 14 to 33		2. Other methods of measurement used in the project include: project records and service statistics, longitudinal analysis of project records and service statistics, and pre-post training tests 3. Major focus on working with local NGOs, but no indicators on the capacity built in these institutions to continue these types of interventions (beyond training numbers) 4. No external independent evaluation data available 5. No data on the second phase of PRACHAR to assess the sustainability of PRACHAR phase 1 6. No information on the characteristics of the baseline and control areas 7. No information on the actual numbers surveyed (n) 8. No information on the comparability of the one non-intervention control area of Nalanda District to the other sites in terms of characteristics and also the intervention itself (since this evolved over time) 9. No discussion on the specific methodologies used for the baseline and endline: selection of surveyors, tests of significance on the findings, populations surveyed, making it difficult to assess data quality 10. Effectiveness of the cultural teams not assessed though a lot of emphasis was placed on this intervention 11. For some of the indicators, no information given on the non-intervention/control site, so unable to draw conclusions for these	4. NGO selection process took time: desk review followed by field visits. Few organizations had experience in RH/FP and less in working with adolescents 5. Progress achieved in just 18 months/District 6. NGO selection can be limited due to lack of suitable partners 7. Oversight important for selection criteria for the community change agents 8. Selecting/hiring change agents and building their capacity in RH/FP was time-intensive and required a lot of input and oversight. How sustainable is this? 9. PRACHAR had major focus of broad-based capacity building of NGO partners, to strengthen both technical/management skills. Data provides information on training programs, but none on the sustainability and overall effectiveness of this effort. 10. ANMs did not visit villages, and NGOs set up monthly MCH clinics to meet demand for services. At project end, ANM would attend about 50 per cent of these clinics, but limit services to immunization. NGOs provided other health services like pre-post natal care, and FP counseling

5. Results and Data (Part2)

M&E plan (Yes/No)	Internal eval (Y/N) & methodology	External eval (Y/N) & methodology	Key lessons learnt	Comments
Yes	Yes	No external evaluation available	See above	See above

6. Program Cost

Total per year	Estimated cost per component	Estimated cost per beneficiary/unit	Comments
			The average annual cost of the communication intervention area was Rs 8.00 to 9.00 lakhs. Each NGO had 23 staff, a Project Manager, an Accountant, three supervisors, 12 female change agents, six male change agents. Pathfinder also hired training organizations to travel to the field and carry out the training programs. This was an extra cost