Integration and delivery of ECD interventions at community level: the story of pilot to scale-up

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The journey leading to the *Aarambh* model

A scalable model for nurturing care of children 0-6 years through the current opportunities available within ICDS, health, and other sectors.

- **2012**: Pilot project in 10 villages
- **2013-14**: Pilot project in approx. 100,000 population
- **2018-20**: Scale-up in 10 ICDS projects; 1.5 Million population
- **2021-22**: Preparation for state-wide scale-up (100 million population)

- **2 districts**
- **10 CD blocks**
- **3000 frontline workers**
- **~ 1.5 million population**
Aarambh: the model

Four pillars

• Customized messaging
  • Home visits
  • Growth monitoring & promotion sessions

• Peer-learning
  • Mothers’/parents’ meetings

• Community norm building
  • Community-based events
  • Community-based organizations
  • Social media

• Opportunities at health facilities
Home visits

Customized messages on Health, Nutrition and Stimulation using MCPC

Play activity based

Demonstration using home items

Involving Fathers and other family members
Mothers’ meeting

Joyful and Experiential

Play activity based

Demonstrations

Age band wise
Parents’ Fest (Palak Melawa)

- Brain wiring game
- Story telling
- What you want your child to be?
- Preparing print book with Parents
- Age-appropriate play
- Responsive feeding
- Pretend play

How you make your child laugh?
Complementary approaches

- SHGs
- PRIs
- Facilities
- Household of 0-6 yrs children
- Other sectors

Other sectors
Generating Excitement through social media posts
Cascade model of training

Project team members

Supervisors
(5 cycles of 5-days each)

Frontline workers
(Monthly one-day training – 12 sessions)

Households & whole community
What the data shows us?

- **Home visit (0-3y) by AWW with comprehensive counselling**: Nov-Dec 2018: 0%, Nov-Dec 2019: 53%
- **Home visit (0-3y) by ASHA with comprehensive counselling**: Nov-Dec 2018: 0%, Nov-Dec 2019: 29%
- **Mothers reported conduct of mothers' meetings**: Nov-Dec 2018: 17%, Nov-Dec 2019: 46%
- **Mothers' meeting with comprehensive counselling**: Nov-Dec 2018: 9%, Nov-Dec 2019: 42%
- **Frequency of complementary feed 4 or more (6-35m)**: Nov-Dec 2018: 31%, Nov-Dec 2019: 36%
- **Received at least 4 food groups in last 24 hours (6-71m)**: Nov-Dec 2018: 50%, Nov-Dec 2019: 55%
- **Responsive feeding score of 10 or more**: Nov-Dec 2018: 37%, Nov-Dec 2019: 30%
- **10 or more play & communication activities (0-3y)**: Nov-Dec 2018: 0%, Nov-Dec 2019: 55%
Anthropometric indicators

The proportion of children with underweight, stunting and wasting (<-2SD) declined from 39.1%, 42.8% and 17.4% at baseline to 32.5%, 41.0% and 12.4% respectively at end-line.
Development indicators

Mean DQ changed from 107 (±36 SD) to 137 (±26 SD)  
[p value= <0.0001]

Mean SQ D) [changed from 152 (±47 SD) to 162 (±54 SD)  
[p-value = <0.027]
Reasons for success

Participatory approach

Supervisors as trainers: (Incremental Learning & Action approach)

Demonstration of Mothers Meeting and Home visit

Joyful learning

Adaptation for local needs

Social media to create excitement

MCP card as a central tool
What we learnt?
(Nurturing care interventions)

• Early learning is the best entry point for Nurturing Care of children
• Huge opportunities available within existing public sectors (ICDS & Health in India)
• The best people are out there; trust them
• Intersectoral coordination brings in multiplier effect
• Excitement is contagious; create platforms for sharing stories
• All for health, all for nurturing care
What we learnt?
*(Regarding Implementation Science)*

- Finalization of elements of the intervention
  - Within the existing opportunities
- Keeping scalability in mind always
- Winning the support of each one of them
  - Telling them why using local data
  - Empowering approach
  - Turning them into advocates
- Strategies to create community demand
- The policy context
Challenges

• Within ICDS & health sectors
  • Vacant positions of supervisors and mid-level managers
  • Competing interventions; e.g. periodic campaigns; e.g. Pulse Polio; simultaneous training programs
  • No provision for travelling allowance for ASHAs
  • Centralised MIS with no flexibility
  • Aligning different sectors together

• Within the catalyst organization
  • Organizational hierarchy, beliefs of important stakeholders within the organization
  • Availability of skilled manpower

• The funding environment
“Every next level of your life will demand a different you.”

-Leonardo DiCaprio