

Final Evaluation of the World Vision India Integrated Programme for Child Health

Department of Preventive Medicine

— Distinguished Speaker Series —

November 20, 2015

The LLU Team

Name	Role
Marc Debay, MD, MPH, PhD	Team Leader: Evaluation design, oversight, deliverables, quantitative data analysis
Raina Pandit, BA, MPH (c)	Coordinator: Communication, web survey, documentation
Crissy Irani, MBBS, MPH	Analyst: Evaluation design, quantitative data analysis
Marcus Heisler, MD, MPH (c)	Analyst: Evaluation design, qualitative data analysis
Katherine Jones-Debay, MSPH	Advisor: Guidance, mentorship, organizational change

Presentation Overview

- **Introduction** Raina
- **Background: Child Malnutrition in India** Marcus
- **Methodology** Raina
- **Findings** Crissy, Marcus, Raina, Kate
- **Conclusions & Recommendations** Marc
- **Learning Experiences** Marcus
- **Q & A**

World Vision

World Vision is a global Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice.

World Vision serves all people, regardless of religion, race, ethnicity, or gender.


World Vision

Child Sponsorship

Syria Crisis

Children brutally affected by the war in Syria urgently need your help.

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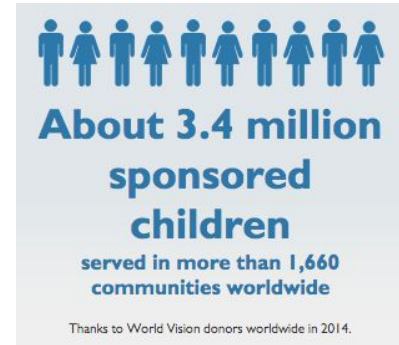
**About 3.4 million
sponsored
children**

**served in more than 1,660
communities worldwide**

Thanks to World Vision donors worldwide in 2014.

World Vision

- **Area Development Programs (ADP)**
 - **165 ADPs across India**
 - **72 ADPs implementing IPCH**



World Vision - WV

- **World Vision International - WVI**
 - Monrovia, CA
- **Support Offices - SO**
 - US, Canada, UK, Finland, Japan, Malaysia
- **Regional Offices**
 - Asia-Pacific
- **National Offices - NO**
 - India, others

Background: Child Malnutrition in India



The Issue

Maternal and Child Undernutrition 1

Maternal and child undernutrition: global and regional exposures and health consequences

*Robert E Black, Lindsay H Allen, Zulfiqar A Bhutta, Laura E Caulfield, Mercedes de Onis, Majid Ezzati, Colin Mathers, Juan Rivera, for the Maternal and Child Undernutrition Study Group**

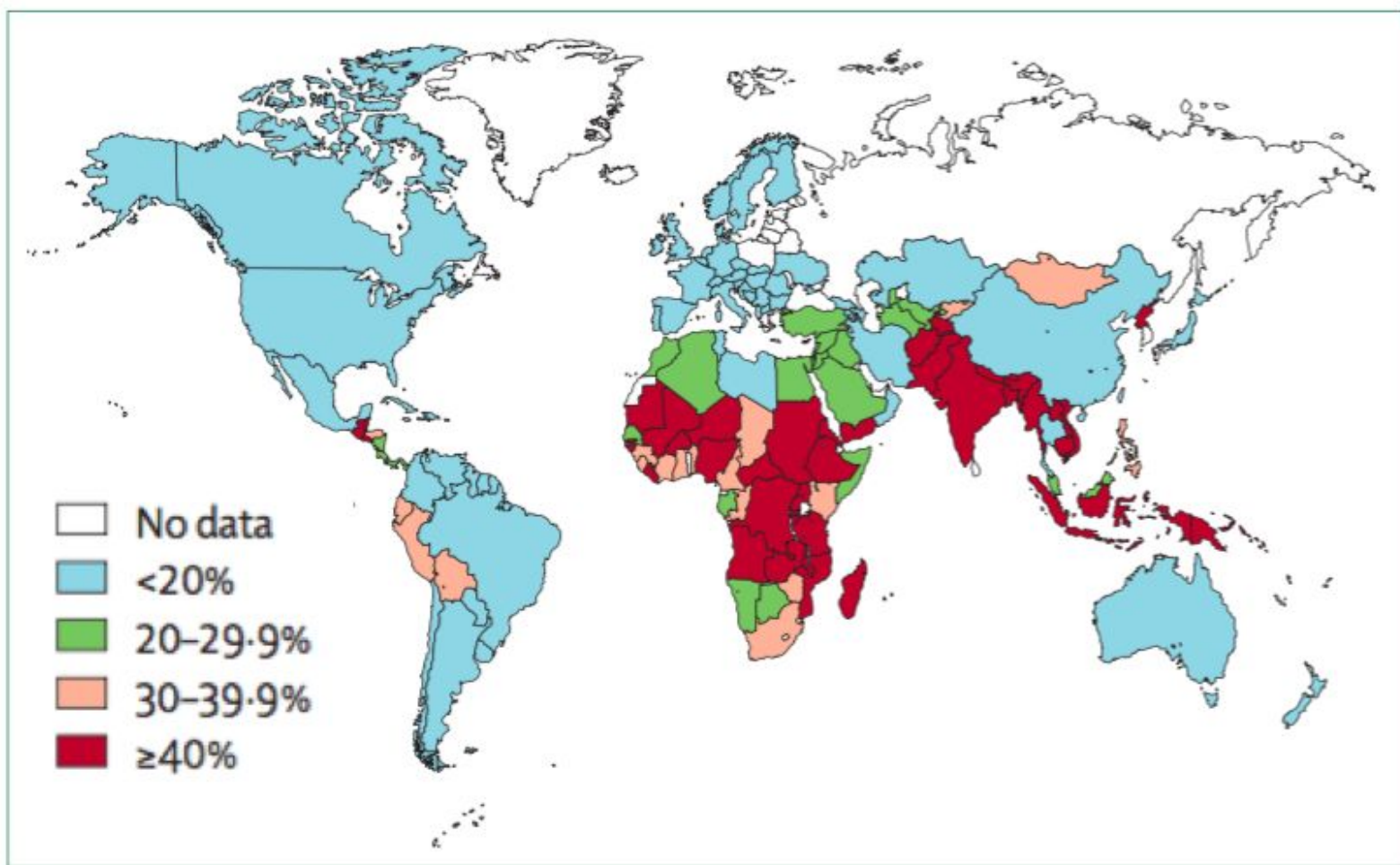
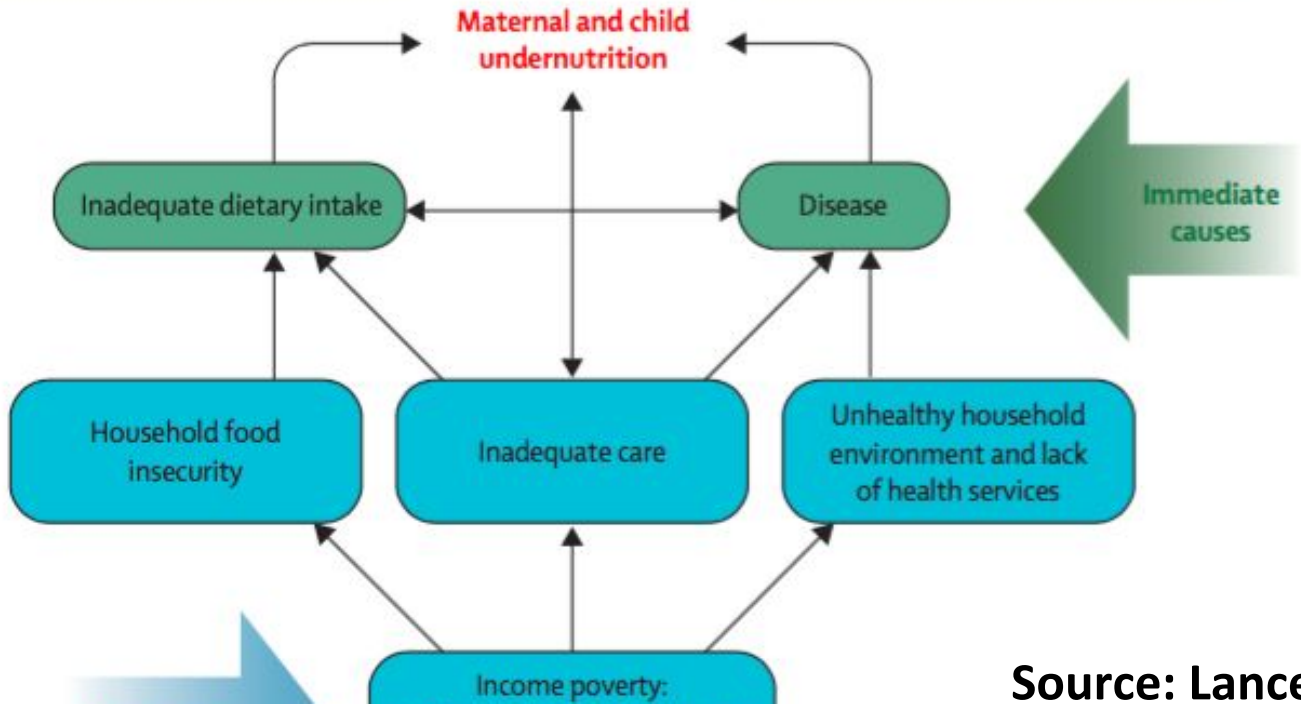


Figure 2: Prevalence of stunting in children under 5 years

Source: Lancet

Short-term consequences:
Mortality, morbidity, disability

Long-term consequences:
Adult size, intellectual ability,
economic productivity,
reproductive performance,
metabolic and cardiovascular disease



Source: Lancet

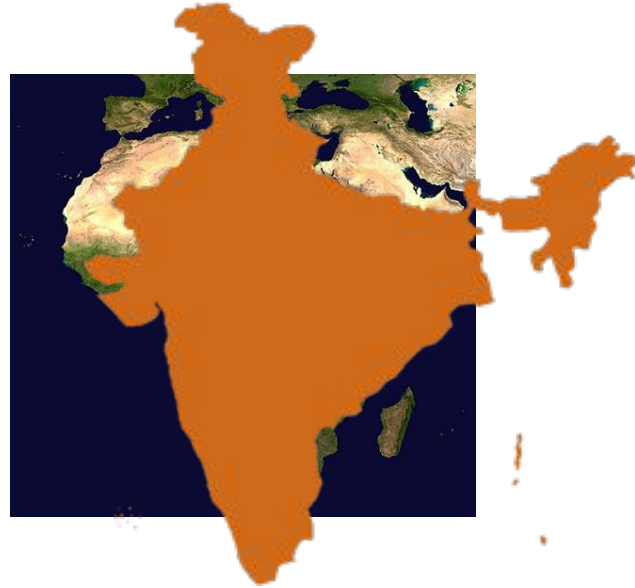
Child (<5yrs) Malnutrition in India

- ***61 million*** moderately or severely underweight



Child (<5yrs) Malnutrition in India

- ***61 million*** moderately or severely underweight
- ***Double*** those of Sub-saharan Africa



India: Republic of Hunger

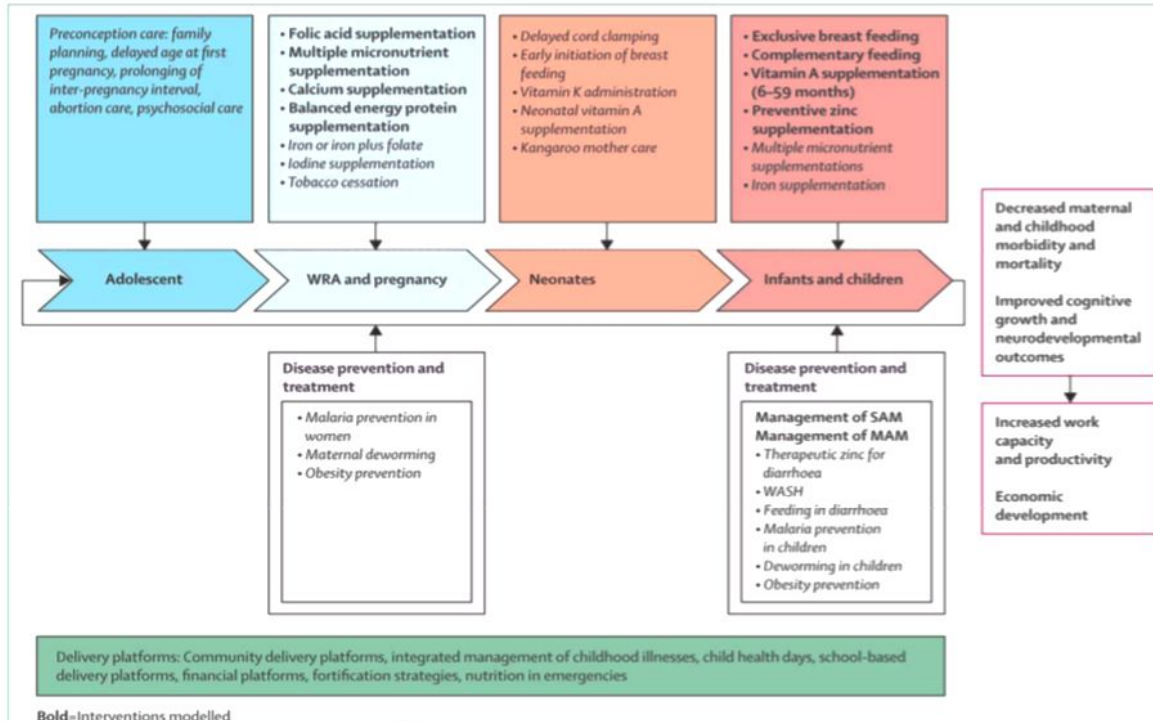








Interventions Across the Lifecycle



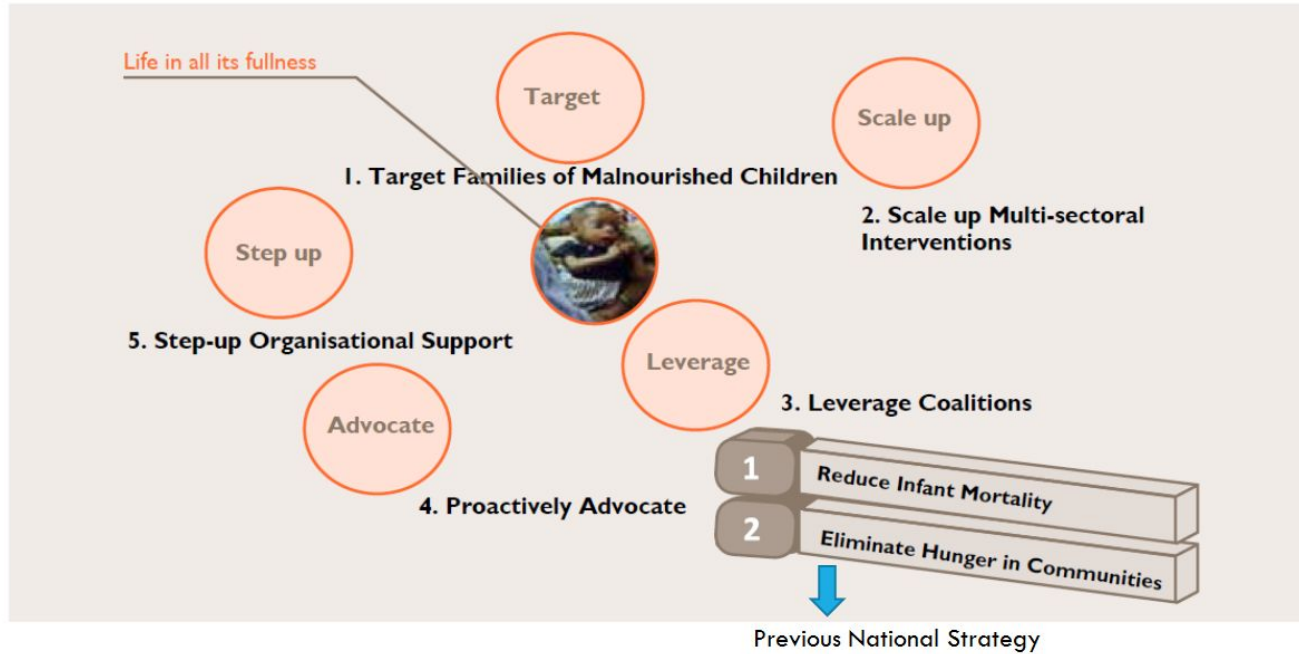
A set of 10 evidence-based interventions if implemented at scale can save at least 15% of under 5 child deaths (i.e. 1 million lives saved) and avert a fifth of all stunting

Source: Lancet

World Vision India's Response

India Response to Malnutrition Declaration 2011

Figure 4: Five mandates developed during the workshop for malnutrition



Final Evaluation - Scope of Work

Final Evaluation Scope of Work

Evaluation Objectives

1. Assess the effectiveness of IPCH
2. Ascertain any reduction in malnutrition
3. Ascertain stakeholders engagement and advocacy efforts
4. Assess the role and impact of Block Operation Strategy
5. Assess the level of organizational support gained

Final Evaluation - Methodology

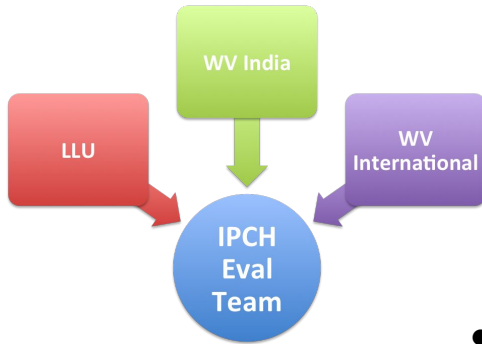


Methodology Overview

- **Participatory evaluation process**
- **Algorithm**
- **Mixed methods**
 - **Secondary quantitative data analysis**
 - **Web Survey**
 - **Field visits qualitative**
 - **Key informant interviews (KII's)**
 - **Focus group discussions (FGD's)**
- **Group discussion and report-writing**
- **Limitations and challenges**

Participatory Evaluation Process

Multiple teams converged in Chennai



- Support Offices
- Global Center Nutritionists

Pro's

Special insights from the program team

Larger team able to share the workload

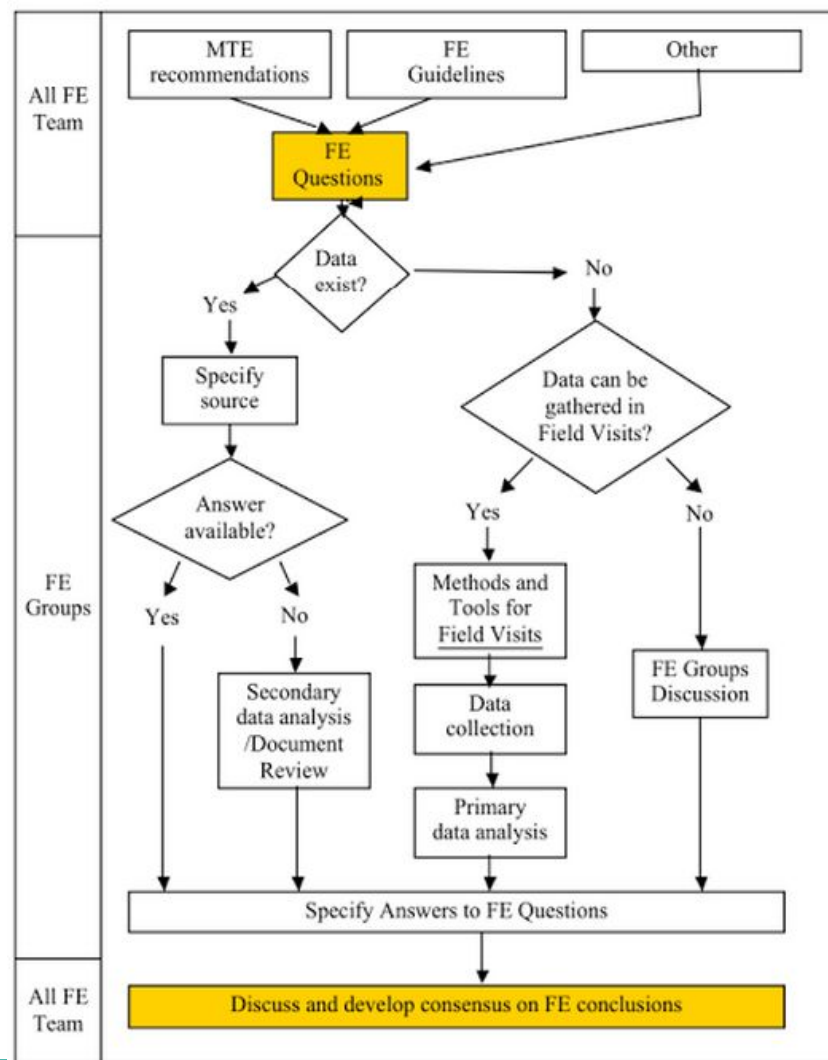
Con's

Introduction of some bias into evaluation process and findings

May take more time to complete preparation phases

Approach

General algorithm developed and used for evaluation of various WV projects



Statement Of Work used as guideline

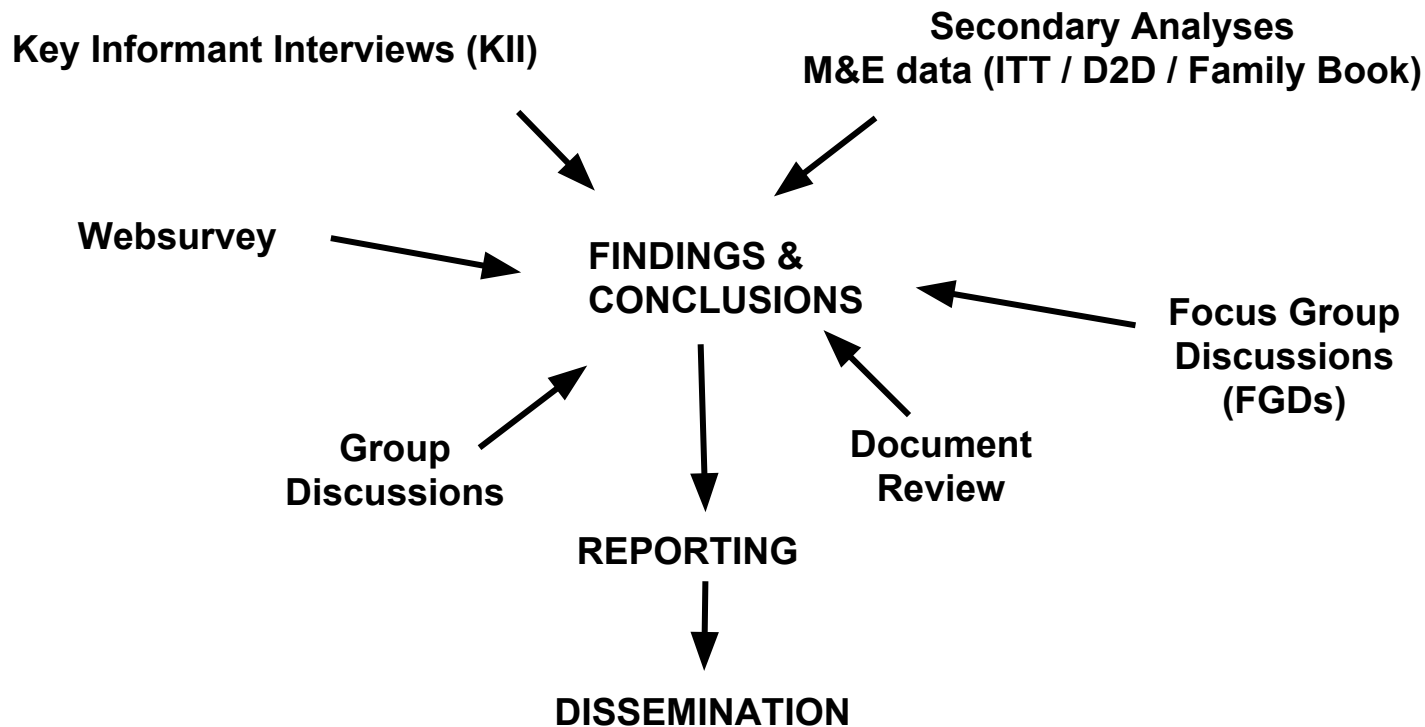
MTE = Mid Term Evaluation
FE = Final Evaluation

Objective 1: Assess the effectiveness of the IPCH framework for improving nutritional status of children	EQ 1: What is the design of the IPCH program?	Objective 3: Ascertain the level of engagement and advocacy efforts in collaboration with various stakeholders	EQ 8: Who have been significant stakeholders for IPCH?
	EQ 2: What is the level of implementation of IPCH and each of the interventions at the ADP level?		EQ 9: What has the level of IPCH stakeholder engagement been?
	EQ 3: To what extent has IPCH improved the key indicators of the interventions?		EQ 10: What significant advocacy issues have been addressed and what are the results at the National and ADP levels?
	EQ 4: What are the other factors and programs that may have influenced the results of IPCH?	Objective 4: Assess the role and impact of Block Operation Strategy	EQ 11: What is the Block Operation Strategy?
	EQ 5: Was the design appropriate?		EQ 12: How has the Block Operation Strategy been implemented across the program?
Objective 2: Ascertain whether there is reduction in number of severe and moderate malnourished children	EQ 6: To what extent has the prevalence of underweight decreased in the ADP areas?	Objective 5: Assess the level of organizational support gained to execute the strategy for responding to the issue of malnutrition	EQ 13: What has the Block Operation Strategy impact been on overall systems strengthening at the block level?
	EQ 7: How does the reduction in underweight in ADPs compare with the local level available data?		EQ 14: What organizational change took place in WV at different levels?
			EQ 15: How was the organizational change managed according to you, was it successful, how did it affect the ongoing programs?
			EQ 16: How did the IPCH intervention contribute to the overall country strategy?

Evaluation Matrix

	12 FEQ#	FINAL EVALUATION QUESTION	DATA SOURCE
☐	☐	☐	☐
<p>☐ Objective 1. To assess the effectiveness of the IPCH 10:10:4:2 framework for improving the nutritional status of children (which covers pregnant women, mothers, children, adolescent girls and fathers of malnourished children through multi-sectoral intervention)</p>	1	<p>What is the design of the IPCH program?</p>	<p>☐ 2011 Workshop Report</p> <p>☐ A Multi-Sectoral Approach to Address Malnutrition</p> <p>☐ ADP progress reports (selected)</p> <p>☐ ADP Workplans</p> <p>☐ Block Operational Strategy (2015)</p> <p>☐ Commitment Report (WV India-level Budget)</p> <p>☐ Facilitators Handbook on Strengthening Village Health Sanitation and Nutrition Committees</p> <p>☐ Implementation of the IPCH Intervention - A Handbook</p> <p>☐ IPCH Concept Design Paper</p> <p>☐ IPCH Funding Sources</p> <p>☐ IPCH Logical Framework</p> <p>☐ IPCH Proposal (?)</p> <p>☐ IPCH Work plan (Detailed implementation plan)</p> <p>☐ KII - ADP Manager</p>

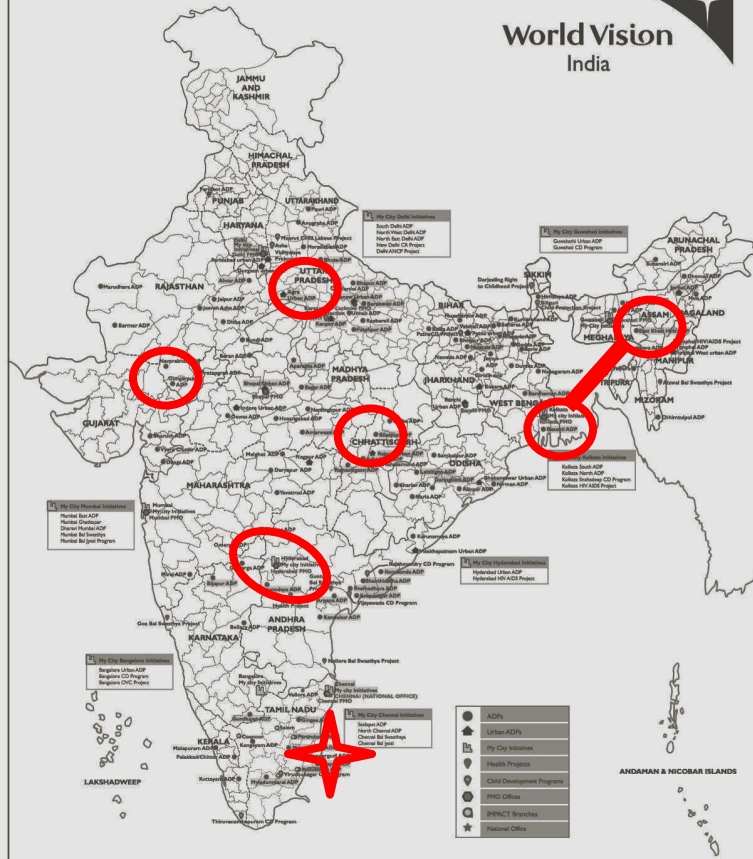
Mixed Methods Evaluation Design



Evaluation Implementation

Phase 1- LLU	<ul style="list-style-type: none">● Document review● Secondary Data analysis● Evaluation design● Communication with WV, web conference
Phase 2- India	<ul style="list-style-type: none">● Finalization of design and tools● Field visits● Data analysis (secondary data, KII's, FGD's, websurvey)● Group analysis/discussion
Phase 3- LLU	<ul style="list-style-type: none">● Final analyses and reporting

World Vision India



For internal use only.

ADPs & Special Projects as on February 2014

Map to Scale 1:1000000

Secondary Data Analysis

- **Baseline Survey** 2011
- **Door to Door Census** 2012
- **Nutrition Rehabilitation Programs** 2013
- **Family Book** 2014-2015
- **Other monitoring data** 2012-2015

- **Document Review** 2015

Web Survey

- **Rationale: Gain field perspective**
- **ADP managers (59/72 respondents)**
- **2 weeks (October 6 - 20)**
- **Electronic Web Survey (SurveyGizmo)**
- **25 questions: Open-ended, binary, multiple choice**

Qualitative Methods

- **Key Informant Interviews (70)**
 - **Local-level informants: government officials, WV local area managers**
 - **National and International informants: program representatives, evaluation team**
- **Focus Group Discussions (40)**
 - **Adolescent girls**
 - **Pregnant and lactating mothers**
 - **Anganwadi Workers**
 - **ASHA (health) Workers**

Group Discussion

- Findings for each objective summarized by sub-teams in India
- Consolidation of findings and shared results
- Brief rough draft completed in India and presented to WV India Leadership team

Report-writing

- **Ongoing draft writing and finalization by LLU team in the US**
- **Edits and comments by WV India evaluation team**
- **Final Report by LLU team**

Limitations and Challenges

- **Linking interventions to outcomes**
- **Quality of secondary quantitative data**
- **Translation process, documentation and language barrier**
- **Only 10 local areas (ADPs) visited**
- **Bias in conducting FGDs, KIIs, and untested tools**
- **Availability of stakeholders, staff**
- **Lack of multi-sectoral team members**

Findings



Objective 1:

Assess the effectiveness of the IPCH Program

Program design?

Level of implementation?

Change in key indicators?

Other factors?

Design appropriate?

Program Design?

- **WV sent many Documents as pre-reads**
- **No single design document describing entire rationale, plan, timeline, management plan**



"There's no such thing as too many supporting documents!!!"

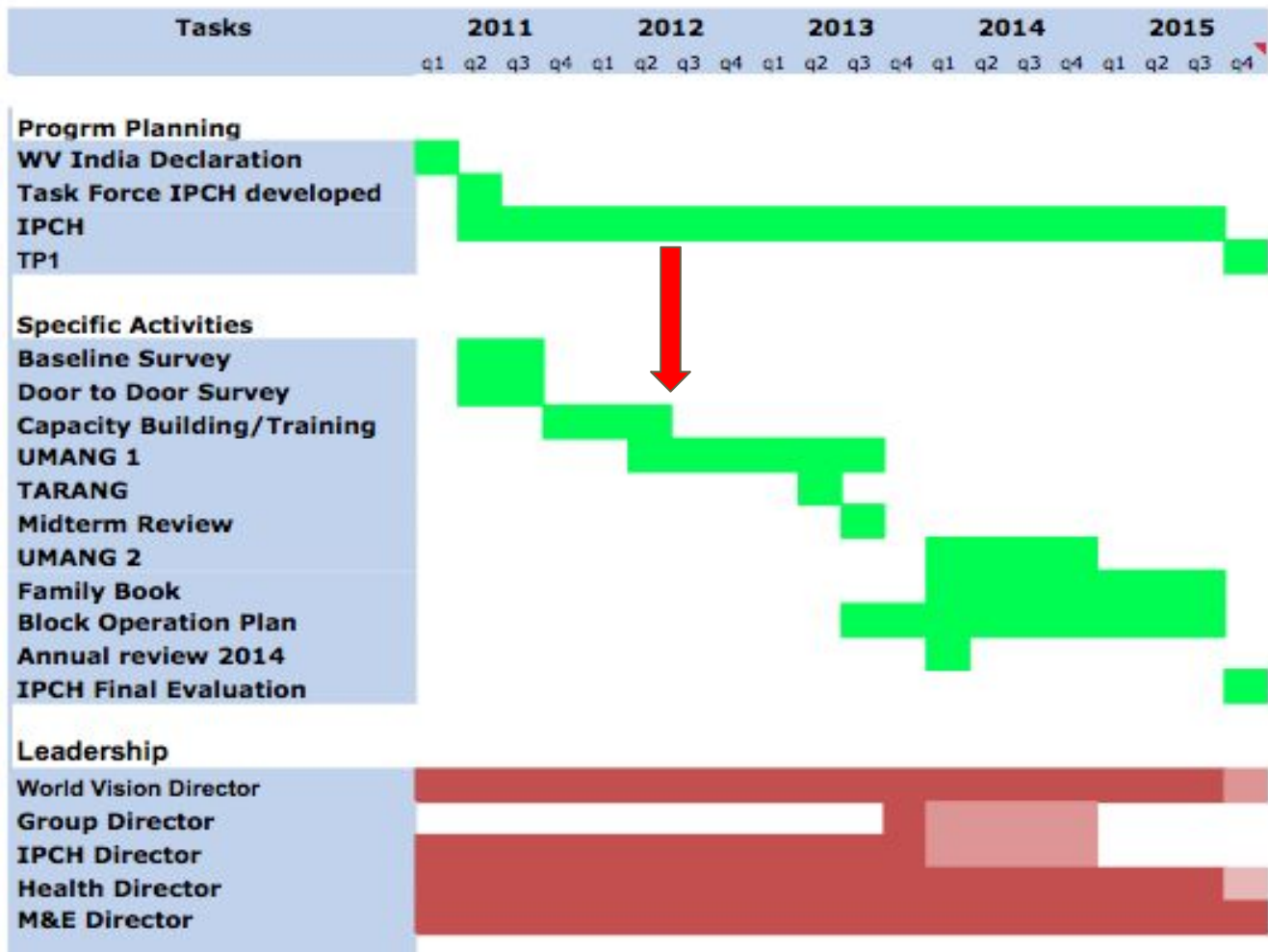
IPCH - “10:10:4:2 Framework”

PREGNANT WOMEN LACTATING MOTHERS, INFANTS (-9 to 0-6 months)	CHILDREN (6-59 months)	SCHOOL AGED CHILDREN (6-18 yrs)	FATHERS, HOUSEHOLDS, CBOs, AND OTHER STAKEHOLDERS
<p>Pregnant women (-9 months)</p> <ol style="list-style-type: none"> 1. Adequate Diet 2. HH/C care & facilitating access to Maternal Health Service: ANC, PNC, Skilled Birth Attendance, PMTCT, HIV/STI Screening 3. Iron/Folate Supplements 4. Tetanus Toxoid Immunization 5. Healthy Timing and Spacing of Pregnancy 6. Malaria Prevention (6 states) <p>Infants (0-6 months)</p> <ol style="list-style-type: none"> 7. Essential newborn care 8. Exclusive breastfeeding 9. Immunisation (0-6 months) 10. Care for sick child – fever/diarrhea 	<ol style="list-style-type: none"> 1. Appropriate continued Breastfeeding 2. Hand Washing 3. Appropriate Complementary Feeding (6-24 months) 4. Adequate Iron 5. Vitamin A Supplementation (>9months) 6. Oral Re-Hydration Therapy/Zinc 7. Care Seeking for Fever 8. Full Immunization for Age (6 months – 5years) 9. Malaria Prevention(6 states- 10. De-worming (+12 months) 	<ol style="list-style-type: none"> 1. IFA/ Anemia sensitization and deworming 2. Completion of secondary school education. 3. Prevention of Early marriage. 4. Skill (vocational training) 	<ol style="list-style-type: none"> 1.Leveraging food security and Livelihood for a Nutritionally resilient household 2. Socio, political and economic empowerment of the mother of the malnourished child

Level of Implementation?

- Overall timeline
- Web survey results
- Monitoring data

Program Timeline



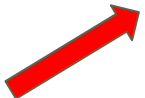
Level of implementation?



Table 2. Fiscal Year in which the IPCH Maternal Health activities were implemented in ADP's.

	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015	Never Implemented
1. Train and build the capacities of VHNs, Anganwadi Workers and ASHA workers on maternal and child health services	5	25	47	51	46	2
2. Train and build the capacities of volunteers and CBO representatives (SHG) on maternal and child health services and engage them in dissemination of information	7	25	50	53	50	0
3. Network at the community level to improve coordination, access and to share the best practices	9	22	46	53	51	0
4. Disseminate information through one to one (house visits), one to group interactions and community events to sensitize, motivate, counsel and mobilize target group for access and utilization of health services	6	23	46	50	49	1

- **Web survey results**



- **Monitoring data**

- **trainings done**

- **latrines constructed**

Key indicators?

S.No	Indicator	Indicator Definition	Unit	Baseline- Data Source	Monitoring Data Source	Baseline	As on Sep 2014	As on March 2015	Variance
1	Enhance the overall well being of families with special emphasis on malnourished and vulnerable children within the ADP	% of children 0-59 months are moderately or severely underweight; % of children 0-59 months are moderately or severely stunted; % of children 0-59 months are moderately or severely wasted	Children (0 - 59 months)	Dto D - Child Nutritional Status	Family Book - Weight Monitoring	42%	30%	22%	20%
2	Improve access and utilization of health care services to all families, especially women with children less than 5 years and adolescent girls and boys (12 to 17 years)	Proportion of infants whose birth were attended by skilled birth attendant	Children 0-23 months (Responded by mothers / care taker)	DtoD-No of institutional delivery+ Hospital Del /Total no of Births	Family Book - Pregnant Women-Attended by skill birth attendant	30%	6%	10%	-20%
3		Proportion of women who give birth to their youngest child at a health facility	Mothers of children 6- 12 months	DtoD-Trained Dai-institutional Del+Hospital Del	Family Book - Pregnant Women -Place of Delivery	30%	6%	10%	-20%
4		Coverage of essential vaccine	Children 12 - 59 months	DtoD Immunization Details (DPT1,2,3 & measles /Total no of 12 to 59 children)	Family Book - Child Health Details-DPT1/2/3/ measles/Total no of children from age 12to 59 Months	23%	5%	7%	-16%
5		Proportion of children under 5 with diarrhea who received effective treatment of diarrhea	Children 6 - 59 months	Baseline/slide12-Most preferred treatment-ADP's ORS)		37.90%			
6		% of Adolescent Girls Consume Weekly IFA Tablets	Boys and Girls 12 - 17 Yrs						

- Some inconsistency on key outcome indicators
- showed institutional deliveries and immunizations increased
- not a lot of information was entered

Other factors?



<u>Positive</u>	<u>Negative</u>
Government Programs, International focus on India	Political Turmoil, <i>Culture,</i> <i>Geography, Poverty, Climate</i>



Design appropriate?



Overall Yes

Timeframe short and “ambitious”

Some opportunities missed

Forerunner to current direction, single issue-focused

Objective 3: Ascertain the level of engagement and advocacy efforts in collaboration with various stakeholders



Significant stakeholders

Stakeholders = Beneficiaries and supporters of interventions addressing child malnutrition

- **Government at different levels**
- **UNICEF**
- **National and local NGOs**
- **National Coalition for Nutrition**
- **WV International**
- **SAPO and SOs**
- **Grassroots: community organizations, health workers**



Assessing Engagement = partnership



Outreach	Consult	Involve	Collaborate	Share Leadership
Unidirectional communication	Answer-seeking	Participatory communication	Bidirectional communication	Community-level decision-making
Provide info to community	Receive info / feedback from community	Community participation on issues	Community partnered in project development and solutions	Co-developed information
Entities coexist	Entities share info	Entities cooperate	Bidirectional communication channels	Strong partnership structures
Outcomes: Establish communication & outreach channels	Outcomes: Develop connections	Outcomes: Partnership is visible Increased cooperation	Outcomes: Partnership building Trust building	Outcomes: Broader health outcomes affecting broader community Bidirectional trust

Engagement

- 90% of ADPs with networks [**Involve** - Collaborate]
- MOUs with government [**Involve** - Collaborate - **Share Leadership**]
- Technical stakeholders [**Consult** - **Involve** - Collaborate]
- Skills for engagement varied

Results

- Issue focus = specific identity
- Increased visibility
- Resource mobilization
- Dedicated staff

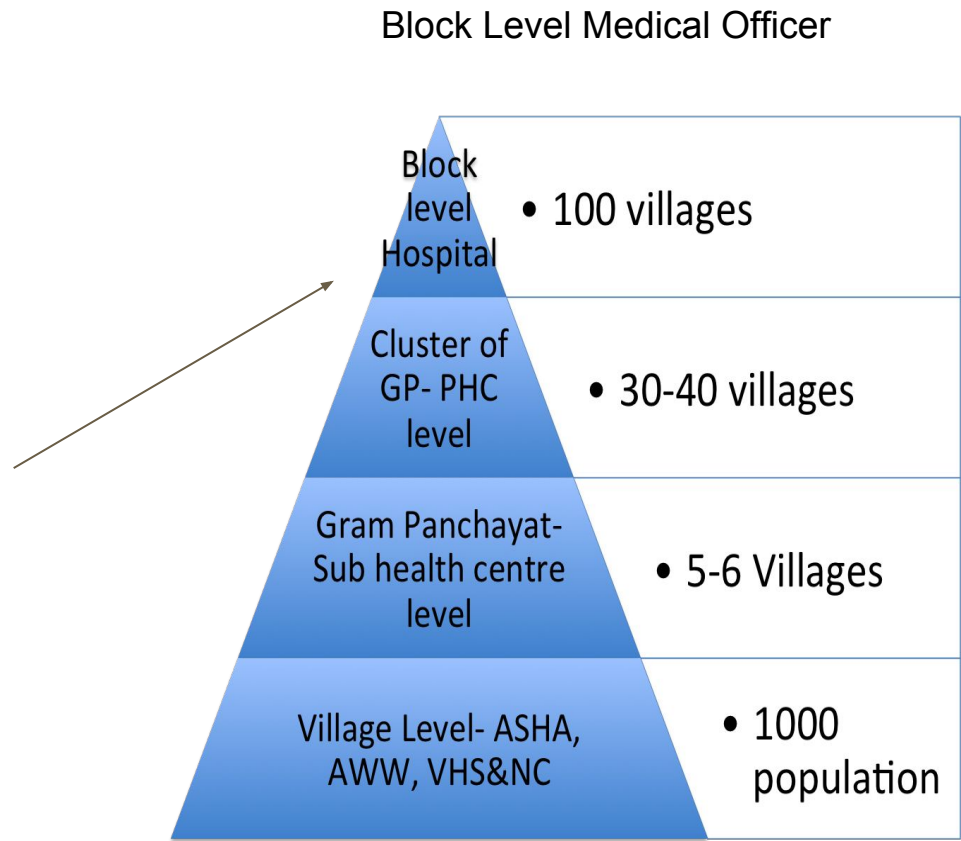
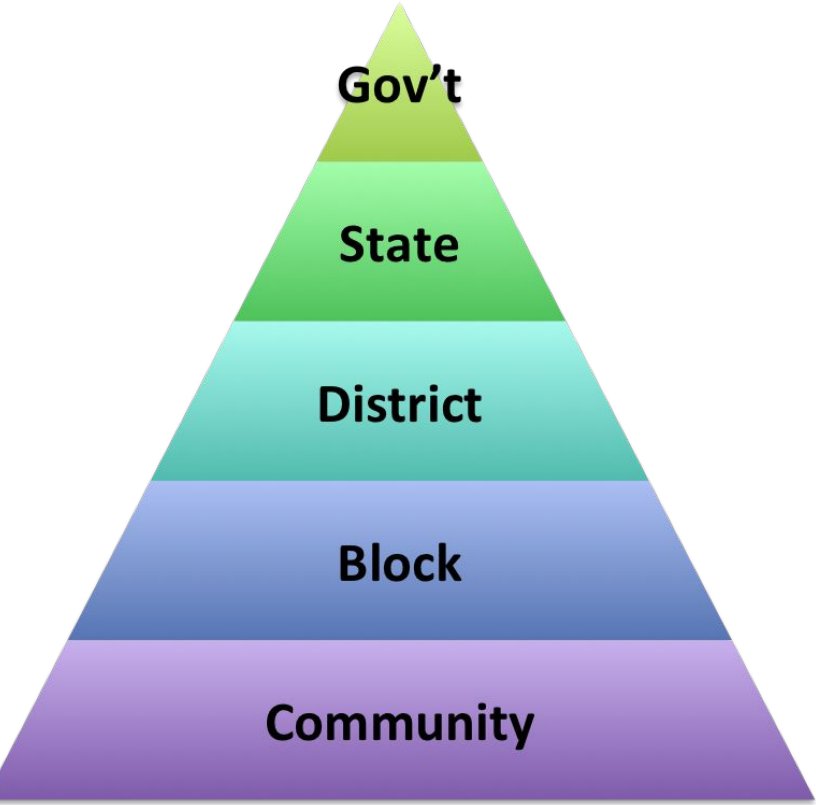
Advocacy

- **Right to health care, increased access to services - “entitlements”**
- **Availability of services - for example operating hours extended**
- **Adolescent rights - early marriage**
- **Land rights for landless**
- **Quality of Village Health and Nutrition Day**

Objective 4. To assess the role and impact of the Block Operation Strategy

Block Operational Strategy - BOS

- **Coalition for Sustainable Nutrition Security-**
 - **2010 Developed LAA and BOS guidelines for 50 demonstration blocks**
 - **Closest gov't entity to the community**
 - **To engage government and private leadership**
- **Started 2013- WV India committed to support 43/50 blocks, 5 states (CH, RJ, UP, AP, and TN)**
- **Scale-up networking efforts at the block level instead of the ADP**



BOS - Impact

- **Block level interactions enabled community engagement for government social and health services**
- **BOS strengthened linkages between the field level staff workers (ASHA & AWW)**
- **IPCH platform contributed to the success of the BOS**
- **Enabled coordinated effort to improve gov't nutrition programs**

BOS - Impact

- **BOS Built WV's national reputation and relationship with government partners and NGOs over time**
- **Enabled joint monitoring visits (WV/gov't)**
- **Committed staff, capacity building and quarterly review helped relationships, coordination**
- **Limited documentation of BOS**

Objective 5 Assess the level of organizational support gained to execute the strategy for responding to the issue of malnutrition (leadership, M&E, capacity investments, staffing)

Objective 5: Findings

Leadership and Political Will

National Director's Battle cry, sense of urgency and ethical concern to address the issue effectively gained technical and financial support from WVI, SAPO and SOs

WV India created separate lines of authority and channels of communication from Leadership to IPCH and IPCH to the field.

Communication was top down between National Office and field without clear established feedback loop from the field to National level

Objective 5: Findings

Design, Monitoring and Evaluation

IPCH a special program and exception, bypassing the established WV India and WVI programming, DME and reporting structure, limiting technical support and expertise from those offices and affecting confidence in IPCH

IPCH learned to navigate the WV system and developed rapport and a working relationship. Over time linkages were established with DME, yet functions not fully integrated.

The participation of these offices in the Final Evaluation is evidence of the level of interest created.

Objective 5: Findings

Capacity investments

The first 6 months – 1 year: recruiting and training new staff, capacity building of existing staff.

Technical competence increased in the ADPs. Able to speak more knowledgeably about childhood nutrition, 10:10:4:2 Framework, not just generally about child health.

Despite a series of Round Tables, Meetings, Trainings and Events introducing the processes, and the framework, many expressed that this program was imposed on them.

Objective 5: Findings

Staffing and structures

-IPCH changed Organizational structures and staffing. New staff were recruited with job descriptions and expectations different from WV ongoing structure.

-ADP personnel were expected to work differently from how they have been working for many years – to liaison and engagement with government, networking with different coalitions and organizations, in addition to community work.

--ADPs took time to accept changes, now find them helpful.

-The level of technical support to the IPCH Staff was not sufficient and inconsistent, eg. Turnover of staff, Vacancies, Technical Qualification held by most but not all.

Objective 5: Findings

Contribution of IPCH to WV India Country Strategy

-Directly contributed to 2011-2014 Strategic Directives.

-IPCH experience informed the framing of the current Country Strategy 2014 – 19 and the global shift to issue-focused programming.

Objective 2:

Ascertain whether there is a reduction in number of severe and moderate malnourished children

IPCH - Family Book



My Family Book

MY CHILD'S HEALTH STATUS

Child ID (First Child C 1)	C																		
Name of the child										Gender: Male /Female									
Date of Birth																			
Birth weight of the Child																			
Immunization at Birth					Date					Date					Date				
					BCG					Hep. B					O Polio				

If the child is malnourished did he/she attend the following UMANG program Yes No

Month, Year Enrolled: Month, Year Exited:

MUAC Reading:

_____ Reading at Entry, _____ Reading at Exit

PD hearth: Yes No

(If yes for how many days)

Immunization Details (1 month – 60 months)

1 ½ Month	Date	Date	Date	2 ½ Month	Date	Date	Date
	DPT - 1	Polio 1	Hepatitis 1		DPT - 2	Polio 2	Hepatitis 2
3 ½ Month	Date	Date	Date	9 Month	Date	Date	
	DPT - 3	Polio 3	Hepatitis 3		Measles	Vitamin A	
16 - 24 Month	Date	Date	Date	Date	Japanese Encephalitis		
	DPT Booster	Measles 2 nd	Polio Booster	Vitamin A			
Vitamin A	Date	Date	Date	Date	Date	Date	Date
	24 Month	30 Month	36 Month	42 Month	48 Month	54 Month	60 Month
Deworming	Date	Date	Date	Date	Date	Date	Date
	13 - 23 Months	24 Month	30 Month	36 Month	42 Month	48 Month	54 Month

IPCH - Family Book

WEIGHT MONITORING - Weight of the child aged (1-60months): (Presenting the nutritional status of the child *M = Male *F = Female)

1		2		3		4		5		6		7		8		9		10		11		12	
	M 34 F 32		M 43 F 39		M 5 F 45		M 56 F 5		M 6 F 54		M 64 F 57		M 67 F 6		M 69 F 63		M 71 F 65		M 74 F 67		M 76 F 69		M 77 F 7
13		14		15		16		17		18		19		20		21		22		23		24	
	M 79 F 72		M 79 F 72		M 83 F 76		M 84 F 77		M 86 F 79		M 88 F 81		M 89 F 82		M 91 F 84		M 92 F 86		M 94 F 87		M 95 F 89		M 97 F 9
25		26		27		28		29		30		31		32		33		34		35		36	
	M 98 F 92		M 10 F 94		M 101 F 95		M 102 F 97		M 104 F 98		M 105 F 10		M 107 F 10.1		M 108 F 10.3		M 109 F 10.4		M 11 F 10.5		M 11.2 F 10.7		M 113 F 10.8
37		38		39		40		41		42		43		44		45		46		47		48	
	M 114 F 109		M 15 F 111		M 116 F 112		M 118 F 113		M 119 F 115		M 12 F 116		M 121 F 117		M 122 F 118		M 124 F 12		M 125 F 121		M 12.6 F 12.2		M 127 F 12.3
49		50		51		52		53		54		55		56		57		58		59		60	
	M 128 F 124		M 129 F 126		M 131 F 127		M 132 F 128		M 133 F 129		M 134 F 13		M 135 F 13.2		M 136 F 13.3		M 137 F 13.4		M 138 F 13.5		M 14 F 13.6		M 141 F 13.7
Diarrhea						Pneumonia						Malaria						Any other Outbreak					
Date						Date						Date						Date					
Date						Date						Date						Date					
Date						Date						Date						Date					
Date						Date						Date						Date					
Date						Date						Date						Date					

IPCH - Family Book



LIVELIHOOD & ECONOMIC DEVELOPMENT (Given by ADP and other organizations):

Primary Beneficiary : Father / Mother / Child Name :	Date benefit Received:	Primary Beneficiary : Father / Mother / Child Name :	Date :	Primary Beneficiary : Father / Mother / Child Name :	Date :
Type of Assistance* :	Grant/ Subsidy / Loan	Type of Assistance:	Grant/ Subsidy / Loan	Type of Assistance:	Grant/ Subsidy / Loan
Amount (Rs):	Govt / NGO	Amount	Govt / NGO	Amount	Govt / NGO
Name of the NGO / Govt. Dept :		Name of the NGO / Govt. Dept :		Name of the NGO / Govt. Dept :	
Primary Beneficiary : Father / Mother / Child Name :	Date :	Primary Beneficiary : Father / Mother / Child Name :	Date :	Primary Beneficiary : Father / Mother / Child Name :	Date :
Type of Assistance:	Grant/ Subsidy / Loan	Type of Assistance:	Grant/ Subsidy / Loan	Type of Assistance:	Grant/ Subsidy / Loan
Amount	Govt / NGO	Amount	Govt / NGO	Amount	Govt / NGO
Name of the NGO / Govt. Dept :		Name of the NGO / Govt. Dept :		Name of the NGO / Govt. Dept :	
Primary Beneficiary : Father / Mother / Child Name :	Date benefit Received:	Primary Beneficiary : Father / Mother / Child Name :	Date :	Primary Beneficiary : Father / Mother / Child Name :	Date :
Type of Training :	Skill / Technical	Type of Training :	Skill / Technical	Type of Training :	Skill / Technical
Amount (Rs):	Govt / NGO	Amount	Govt / NGO	Amount	Govt / NGO
Name of the NGO / Govt. Dept :		Name of the NGO / Govt. Dept :		Name of the NGO / Govt. Dept :	

* Milch Animal, Goat Unit, Petty Shop, Seeds, Equipment, etc.

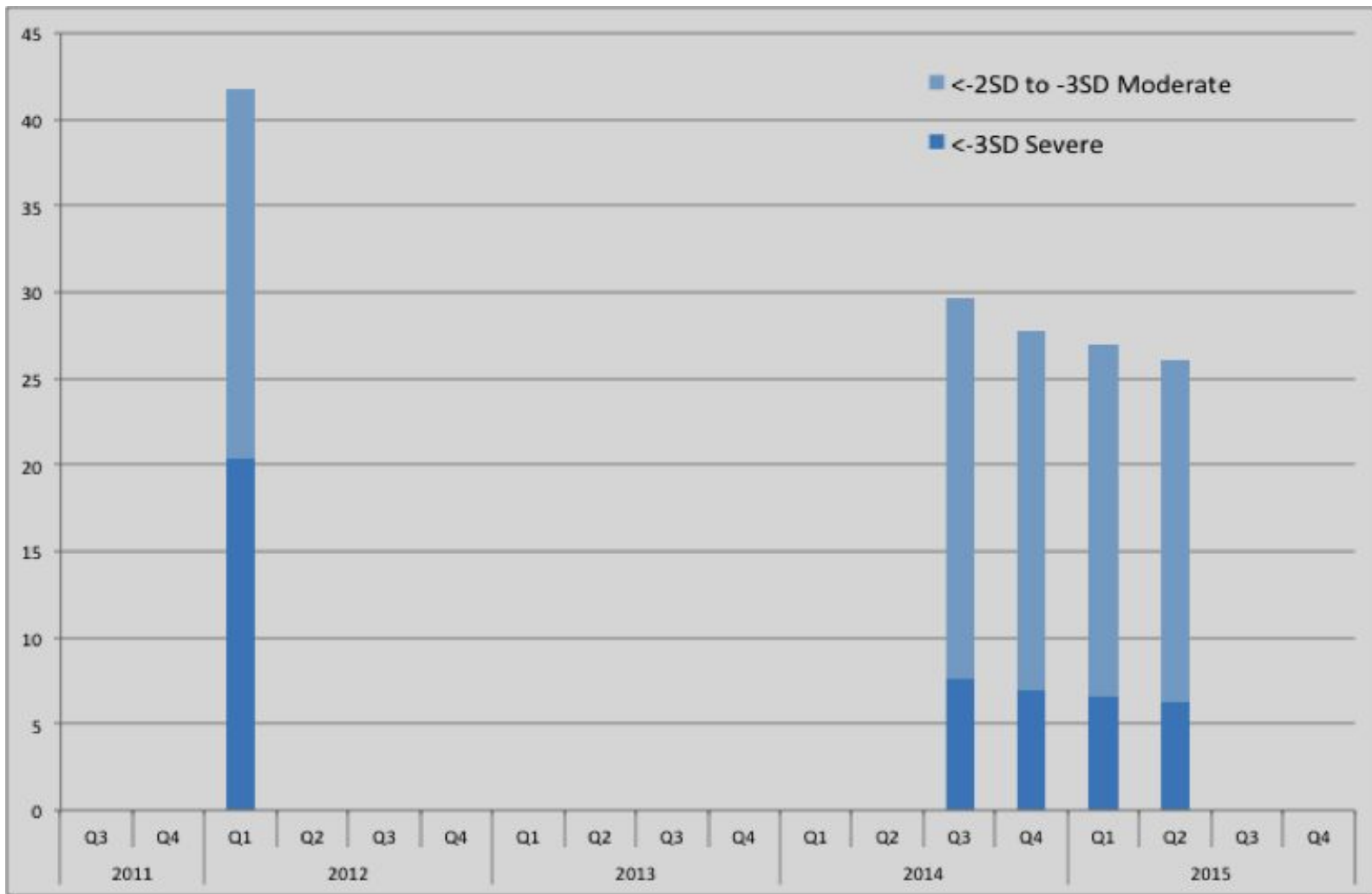
Prevalence and number of childhood underweight in World Vision India's Area Development Programs in 2011 (Door-to-door Census) and in 2014-2015 (Family Book)

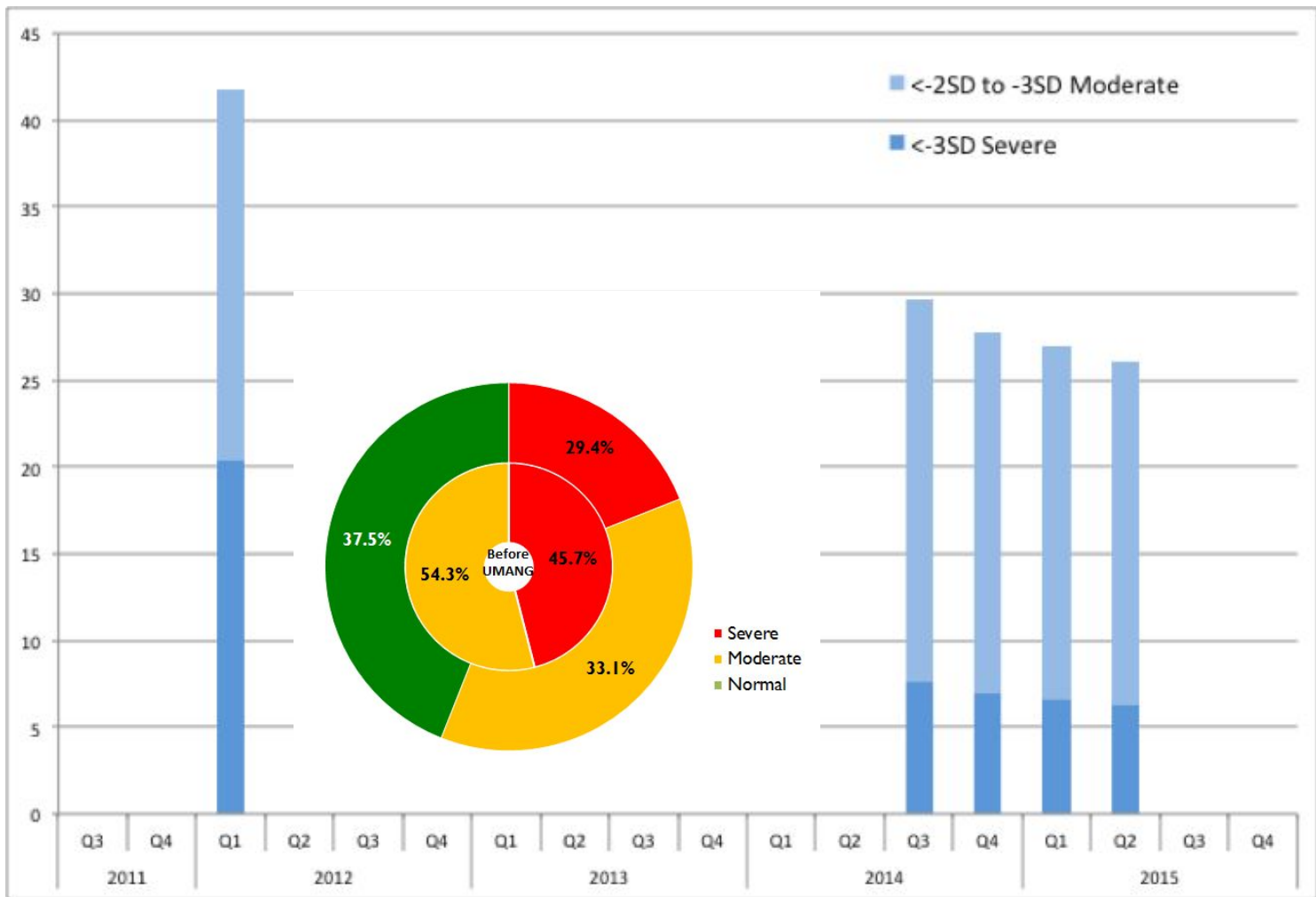
Data Source	All data				Comparable data						
	2011 D2D Census		2014-2015 Family Book		2011 D2D Census		2014-2015 Family Book				
Dates											
ADPs	77		70		28		28				
Visits			1,031,002				381,655				
U5 children	226,380		153,645		80,414		60,805				
Gender	#	%	#	%	#	%	#	%			
	M	116,554	51.5	82,369	53.6	41,142	51.2	32,458	53.4		
	F	109,826	48.5	71,276	46.4	39,272	48.8	28,347	46.6		
Age	<2	90,267	39.9	78,172	50.9	32,339	40.2	24,628	40.5		
	=>2	136,113	60.1	75,473	49.1	48,075	59.8	36,177	59.5		
Underweight Moderate & severe*									Difference		
									Abs %	Rel %	
									14.1	33.8	
Severe**	42,363	19.1	14,367	9.4	14,937	19.0	4,117	6.8	12.2	64.2	

* WAZ <-2SD from median; ** WAZ <-3SD from median

1 All data: results from analysis of all available data from all ADPs

2 Results from analysis of data from selected ADPs with both D2D and Family Book data





Conclusions and Recommendations

Conclusion

Yes, IPCH contributed to reducing malnutrition in WV ADPs through this intensive, single-focus, integrated and multisectoral program

Yes, IPCH did well in engaging government stakeholders

Yes, BOS played a crucial role in influencing leadership and nutrition outcomes

Yes, WV India, Support Offices and WV International strongly supported this unique experience taking a single-focus program to this scale

Recommendations

Management

- **Negotiate national level agreements on nutrition programs**
- **Share results with Government and other partner organizations**
- **Ensure appropriate nutrition technical staff and competence**
- **Use WV programming development tools**
- **Use WV comparative advantage of experienced field staff**
- **Adopt monitoring and evaluation plan at start of program**
- **Assist ADPs in contextualizing national-level program components**

Recommendations

Technical

- **Move from increasing Knowledge to change Behavior**
- **Focus interventions on pregnant women and <2 years old**
- **Ensure standard indicators and instruments based on program design**
- **Consider block-level stratification of baseline and final surveys**
- **Documentation, Definitions, Communication**
- **Reserve intensive rehabilitation interventions for areas of high prevalence areas severe acute malnutrition situations**
- **Pursue secondary analyses and research on IPCH effectiveness**

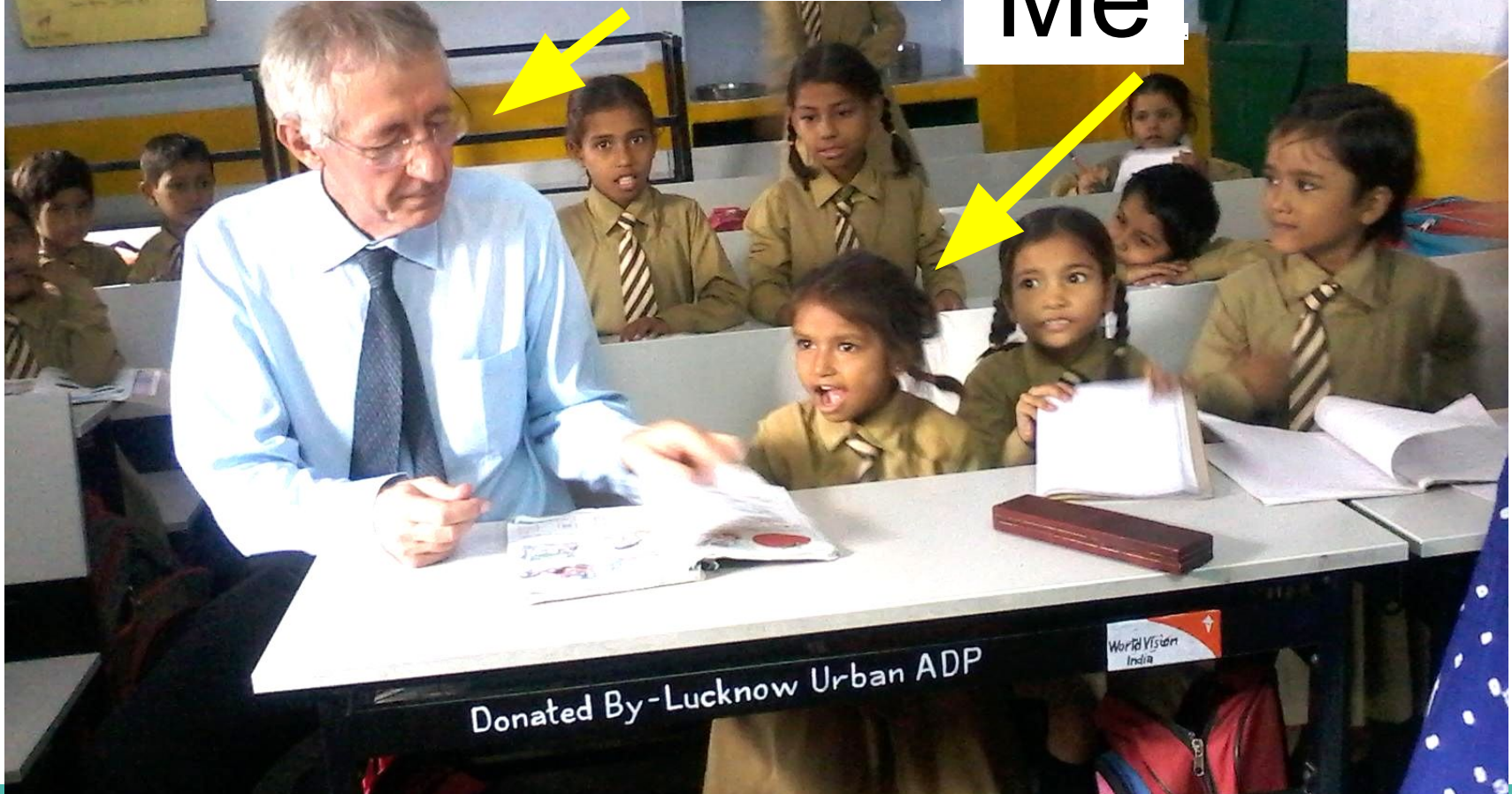
Learning Experiences

- **FMPM Residency**
- **MPH Student**
- **Team-based learning**
- **Leadership**
- **Mixed methods**
- **Interventions (DME)**
- **\$\$\$**



My Attending

Me



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World Vision
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First Day of MPH Program

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Questions?