Evaluation of Go Baby Go programme in Sri Lanka

SUMMARY REPORT

September 2021

The evaluation was authored by Amandhi Caldera[1], Ruwanthi Perera[1], Pavithra Godamunne[1], Rajitha Wickremasinghe[1], and Rohan Jayasuriya[2].

[1] Faculty of Medicine, University of Kelaniya, Sri Lanka
[2] University of New South Wales, Australia

Introduction

This summary captures the results, lessons, and recommendations from a pragmatic cluster randomized trial study for a Go Baby Go (GBG) programme in Sri Lanka. The objective of the study was to evaluate the effects of an integrated early childhood development intervention provided by World Vision Lanka to mothers/primary caregivers of children under three years of age. The integrated programme included the Child Health & Nutrition (CH&N) and the GBG parenting programme.

Over the course of 7 months, a total of 546 households (223 comparisons, 323 intervention) were followed, assessing the following outcomes of interest:

- child nutritional status
- maternal mental health
- early childhood development outcomes
- responsive parenting skills

Both intervention and comparison communities received CH&N programming, comprising of Infant and Young Child Feeding (IYCF) and water, sanitation, and hygiene (WASH) education and social behaviour change programming. Intervention communities, however, also received the GBG programme.

This brief explores the results of a quasi-experimental mixed-methods longitudinal research activity which tracked intervention and comparison households from August 2019 to August 2020 and explore the following hypotheses:

Children of mothers/primary caregivers provided with the integrated GBG intervention and CH&N programme would exhibit better early childhood development outcomes than controls provided with the CH&N Programme only.

Mothers provided with the GBG intervention would exhibit higher levels of responsive parenting skills for their children under 3 years of age than controls provided with only the standard CH&N programme.

Children of mothers/primary caregivers provided with the CH&N programme will have a better nutritional status following the intervention.

The endline took place during the COVID-19 pandemic so assessments were carried out over the phone which limited anthropometric measurements and some direct assessments or observations. Also due to COVID-19 restrictions, it was carried out 3 months after the close of the programme. To supplement the quantitative assessment, 4 in-depth interviews with project stakeholders, 3 Focus Group Discussions with facilitators, and 8 FGDs with caregivers were carried out to better understand the implementation process and factors that could influence the impact of the programme.

Go Baby Go Project Model

Go Baby Go! is World Vision's multi-sector core project model which aims to strengthen caregiver confidence and competence to provide nurturing care to babies in the first 1,000+ days so they can reach their full potential.

The purpose of GBG is to strengthen parental skills and abilities to promote holistic child development by practicing early learning, responsive caregiving, creating safe and secure environment, in line with the WHO Nurturing Care Framework (NCF). Also, GBG reinforces key behaviors in child health and nutrition. Through experiential learning and barrier analysis, caregivers are supported for successful adoption of GBG promoted behaviours. The home visiting is another critical component to support caregiver self-care and mental health, and enable them to practice nurturing care.

Project Implementation

The Sri Lanka Go Baby Go! project model implementation was conducted in 5 phases. Each phase is presented here with reflections regarding implementation fidelity.

Training of Facilitators (ToF)

The ToF was designed to be conducted in 3 sessions but the design was shifted to conduct a separate training for each GBG session (9 sessions, with sessions 9 & 10 combined).

Facilitators struggled with the complexity of the materials. Facilitators complained of uncovered costs of implementation as well as delayed payments.

1st Home Visit

First household visit during which facilitators introduce and orient participants to Go Baby Go, inviting them to take part in Go Baby Go, and discuss/address any barriers to attendance.

Qualitative interviews identified **accessibility, caregiver support**, and **caregiver motivation** as barriers to participation in Go Baby Go.

CH&N Sessions

CH&N (3 IYCF Sessions, 2 WASH Sessions) was implemented in collaboration with the Ministry of Health.

Most participants reported being unaware of these sessions. It is unclear if they were offered or not due to limited project documentation. Stakeholders reported challenges overseeing the process as it was led by government officials.

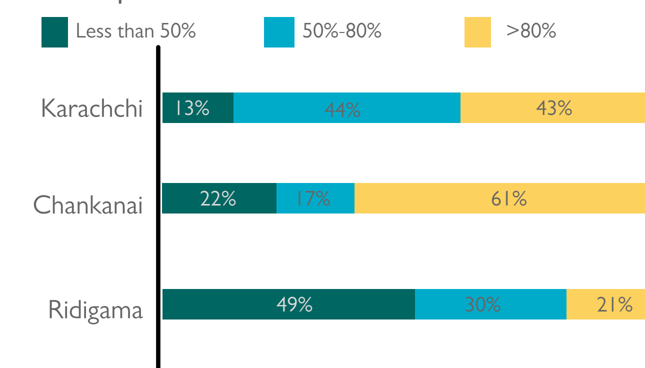
GBG Group Sessions

Designed to be carried out in 10 sessions, carried out bi-weekly.

It was extremely difficult to get participants to the sessions. Facilitators did what they could to encourage attendance at Go Baby Go sessions including enticing participants by offering things outside of Go Baby Go curricula such as cooking demonstrations. Some facilitators even inaccurately promised incentives to participants for attending sessions.

"It's montessori teacher who did this program... But I feel we need to get someone who is a bit more knowledgeable... That's better... " - Ridigama - 35 year old mother with one child

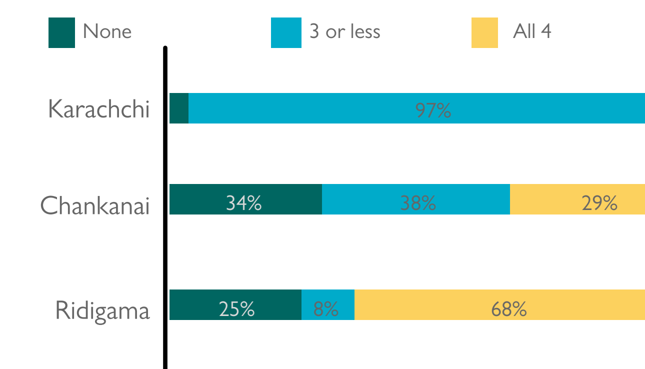
Figure 1. Participation in GBG Group Sessions



GBG Home Visits

All households were meant to receive at least 4 house visits. Figure 2 shows that this varied greatly by Area Programme, with the vast majority of participants in Karachichi receiving only 3 or less household visits whereas 68% of participants in Ridigama received all 4 household visits.

Figure 2. Participation in GBG Home Visits



01 Introduction 02 Project Implementation 03 Findings 04 Conclusions & Recommendations

Key Findings

Intervention and comparison groups were assessed on programme results for child developmental outcomes, maternal mental health, responsive parenting skills, and child nutritional status. The main findings are highlighted here.

97.3%
Of GBG participants reported the program being useful.

Intervention children more regularly achieved **minimum dietary diversity**

At baseline, significantly fewer intervention children than comparison children were achieving minimum dietary diversity. (58.1% vs 70.1%, p<0.001). By endline, intervention children had not only caught up to their comparison peers, but they surpassed the comparison community with significantly more intervention children achieving minimum dietary diversity (98.1% vs 93.7%, p<0.01). That being said, the minimum meal frequency decreased across both groups from baseline to endline with no significant difference between the groups at endline.

Caregivers in GBG are showing signs of **greater resiliency.**

A precursor to effective parenting is the well-being of the mother. The evaluation assessed maternal mental well-being and found that in the onslaught of COVID-19 pandemic, overall maternal mental health decreased between baseline and endline. However, despite no difference between maternal mental health in intervention and comparison communities at baseline, the decrease observed at endline was significantly (p<0.01) lower in the intervention population. This finding suggests that caregivers in the intervention group demonstrated greater resiliency compared to the comparison group. Relatedly, mothers in the intervention group reported lower frequency of depressive thoughts than the comparison group (p<0.01).

There was no impact found on **early childhood development status**

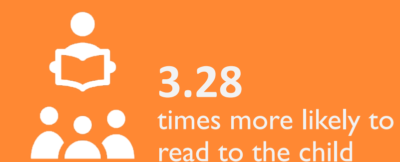
There were no observed differences in early childhood development status (overall or by domain) between intervention and comparison groups at either baseline or endline as measured by the Caregiver Reported Early Development Instruments (CREDI).

"We learnt so much about their nutrition and how to bring up children... the message from this program really registered in my mind... how and what to give the child to eat..."

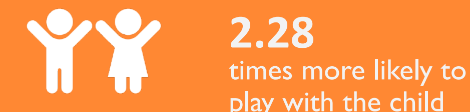
- Chankanai – 30 year old mother with one child

There were some encouraging findings on **responsive parenting skills**

Caregivers in the intervention group were...

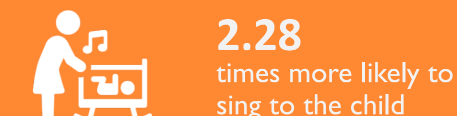


3.28 times more likely to read to the child



2.28 times more likely to play with the child

3.41 times more likely to take the child for a walk



2.28 times more likely to sing to the child

... as compared to comparison caregivers.

Caregivers were interviewed regarding their engagement with the child within the past 3 days in 6 activities: reading to the child, storytelling, singing to the child, taking the child out for a walk, playing with the child and naming objects together. A significant impact was observed among intervention caregivers in the following activities: reading to the child, singing to the child, and taking the child for a walk.

At endline, the intervention group reported spending significantly more time per day with children than caregivers of children in the comparison group (176.6 minutes vs 138.7 minutes, p<0.001) and that their children had significantly less screen time than comparison children (28.2 vs 90.1 minutes, p<0.001).

There was little difference observed between intervention and comparison in regard to play materials and children's books within the household. Both groups of caregivers reported the same number of toys bought from the shop, children's books, and the use of household objects as toys. However, there were significantly more home-made toys in intervention than comparison households (p<0.001) although still only 59.6% of intervention household reported having home-made toys.

One of seven discipline measures was reported less in intervention than comparison households. The negative discipline practice, slapping, was reported less in intervention households (p<0.001).

The study used responsive feeding as a proxy for responsive parenting skills. The study found that the programme had a significant impact on breastfeeding practices. At endline a significantly higher percentage of children in the intervention group was breastfed the previous day as compared to children from comparison group (72.7%, 61.3%, p<0.01). Furthermore, there was significantly higher proportion of children over 24 months being breastfed in intervention vs. comparison (94.4% vs. 54.1%, P<0.01), albeit the government recommends children are weaned by 24 months of age.

In addition to questions on breastfeeding, caregivers were asked 13 questions regarding attitudes and feeding practices followed by caregivers. Caregivers were asked to provide their level of agreement with statements such as '*It is important to smile and look at the infant's face while feeding*' and '*I respond to the child's refusal to eat by waiting and offering one more bite*'. There were no differences detected between baseline and endline in either comparison or intervention households, suggesting the study observed no impact on responsive feeding techniques.

"The handwashing technique they taught was very useful during the corona situation."

- Participant from Chankanai

The programme was implemented during the global COVID-19 pandemic and caregivers reflected that the handwashing lessons, as part of the CH&N package, were very helpful during the pandemic. Although both intervention and comparison communities recieved the CH&N intervention, the endline found that a significantly higher proportion of caregivers in the intervention group reported washing their children's hands frequently as a result of the pandemic (p<0.001).

01 Introduction 02 Project Implementation 03 Findings 04 Conclusions & Recommendations

Limitations

The Go Baby Go pilot project in Sri Lanka was challenged by poor implementation fidelity. There was limited adherence to the Go Baby Go project model with changes to the design and frequency of group sessions as well as home visits. Additionally, there were operational challenges identified such as lack of communication, insuffficent levels of training for facilitators, late payments for facilitators, and poor organisation of the project. Stakeholders and participants voiced concern over poor facilitator skills. Facilitators reported low levels of support and resources. It is likely that these tensions led to poor rates of participation among target caregivers.

Further challenging the situation was the onset of the global COVID-19 pandemic as well as the 21 April 2019 Easter Church bombing in Sri Lanka which significantly delayed implementation.

The evaluation was challenged by poor project documentatio, the fact that the endline had to be assessed over the phone due to the COVID-19 pandemic, and that the assessment tools were not clearly aligned to both content and context. That being said, the evaluation team was able to follow households over the length of the project and assess them on key outcomes although the team was unable to assess how differences in implementation across geographic areas and the impact of other, simultaneous programmes may have impacted findings.

Conclusions

Despite the fact that the study showed no impact on child developmental outcomes, there were noticeable improvements in terms of responsive parenting skills, maternal mental health, and child nutritional status. In terms of responsive parenting skills, there were significant differences between the proportion of caregivers reporting reading and singing, as well as going out for walks. Encouragingly, there were also signs of maternal mental health being better in intervention communities than comparison communities. Finally, in terms of child nutritional status there was evidence of intervention communities achieving a higher rate of minimum dietary diversity as well as higher rates of breastfeeding. These findings are especially encouraging considering the challenges the programme faced considering the COVID-19 pandemic as well as the challenges with implementation fidelity and appropriately contextualized assessment tools.

Key Recommendations

The findings of the Go Baby Go pilot in Sri Lanka have resulted in the following key recommendations for improving Go Baby Go programming in the future:

Ensure Go Baby Go Implementation Fidelity.

The conclusions of this study were challenged by the fact that the GBG programme was not implemented as intended. The fact that there were operational challenges means that future GBG programming should focus on addressing implementation challenges that the World Vision Sri Lanka team faced. The primary challenge identified in this study was that of poor GBG facilitation. GBG facilitation can be strengthened by:

- Ensuring clear communication of requirements and expectations when recruiting facilitators, including soft skills such as effective communication and counselling skills
- Recruiting and selecting the appropriate cadre of facilitators to ensure time, dedication, and capacity
- Providing more thorough training, capacitating facilitators with more background information than is provided in the manual
- Providing facilitators with a comprehensive translated manual
- Ensuring World Vision staff are carrying out regular coaching, mentoring, and monitoring of facilitators

Identify and address barriers to attendance and participation in the programme.

Ensure that the programme is making it easy for target participants to take part in the programme (e.g., Child corners or childcare areas to free up caregivers during training sessions, communication that meets their needs considering the gender digital divide, session locations that are easy for caregivers to reach). Furthermore, it is of utmost importance that the programme creates a positive and encouraging environment for caregivers to learn.

Continue to collaborate with local government but ensure an integrated GBG, IYCF, and WASH Programme.

The collaboration with local government authorities helped ensure community buy in and project sustainability. However, the pilot in Sri Lanka attempted to have Ministry of Health officials implement the IYCF and WASH programming components. These components should be led by World Vision with collaboration of local government officials to ensure that timelines move forward.

Future GBG research and evaluations should:

- Assess implementation process and fidelity. Doing so will help the team identify enabling and barrier factors that may be impacting programming implementation.
- Assess impact in areas where implementation was carried out with fidelity.
- Focus data collection efforts by selecting fewer, yet more appropriate and reliable, country validated tools.
- Clearly articulate programme outcomes and which tool(s) are most appropriate for measuring those outcomes considering the timeline of the programme as well as the context.

InformEd International

World Vision

Report authors:

Amandhi Caldera, Ruwanthi Perera, Pavithra Godamunne, Rajitha Wickremasinghe, and Rohan Jayasuriya

Contributors:

Dilka Peiris, Shyama Silva, Piratheeban Mayuran, Viktorya Sargsyan, Esther Indriani, and Ann Munene of World Vision

Summary compiled by:

Lisa Zook, Cameron Ryall, and Billi Shaner of Informed International