EVIDENCE BRIEF

# Go Baby Go!

This brief summarises research on impact achieved through the Go Baby Go! project model gathered from 2020 assessments carried out in Sri Lanka and Nepal.

## 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 World Health Organization's Nurturing Care Framework, and also reinforcing key behaviours in child health and nutrition. Through experiential learning and barrier analysis, caregivers are supported for successful adoption of GBG promoted behaviours. Home visits are another critical component to support caregiver self-care and mental health, enabling them to practice nurturing care.

Go Baby Go! is delivered through a three-prong approach:

- 10 core contextualised group, skill-based learning sessions for primary caregivers.
- A minimum of 4 individualised home-based visits.
- Support networks to facilitate sustainable support for families with young children.

Go Baby Go! can be implemented as a stand-alone programme or integrated into existing health and nutrition delivery platforms.

**TITLE**: **Evaluation of 'Go Baby Go' child development programme among vulnerable groups in Sri Lanka – a pragmatic cluster randomised trial**

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

**OVERVIEW**: A total of 546 households (223 comparison, 323 intervention) across 3 Area Programmes were followed, assessing child nutritional status, maternal mental health, early childhood development outcomes, and responsive parenting skills. Both intervention and comparison communities received child health and nutrition programming, comprising of Infant and Young Child Feeding and water, sanitation, and hygiene education and social behaviour change programming. Intervention communities, however, also received the Go Baby Go! (GBG) programme.

## KEY FINDINGS

- Intervention children more regularly achieved minimum dietary diversity. At baseline, significantly fewer intervention children than comparison children were achieving minimum dietary diversity. 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%, $p<0.01$).
- Caregivers in GBG are showing signs of greater resiliency. While both intervention and comparison caregivers had decreased maternal mental health between baseline and endline, the decrease was significantly ($p<0.01$) lower in the intervention population.
- There were encouraging findings on responsive parenting practices including intervention parents being: 3.3 times more likely to read to children, 2.28 times more likely to sing to children, 3.4 times more likely to take a child out for a walk, 2.3 times more likely to play with a child than comparison parents.
- Facilitator capacity was low which led to poor implementation fidelity.
- There was no impact detected on early childhood development status as measured by the Caregiver Reported Early Development Instrument (CREDI).

## RECOMMENDATIONS

- Ensure implementation fidelity by addressing barriers to attendance and participation in the programme. This research identified poor facilitation, the number of sessions, low levels of caregiver motivation, as well as access to sessions (distance, travel time) as potential barriers to participation. Further research is needed to understand these barriers and address them.
- Evaluate the appropriateness of CREDI as an assessment tool considering programme goals, context, and reliability / sensitivity of the tool.

"From the program I realised that giving birth to children is not enough. We have to take care of them by feeding them nutritious food, they need love, we need to play with and talk to them."
*- 19 year old Dalit mother in Nepal*

**TITLE**: **Examining development outcomes of children under two and impact of early parental engagement using two comparable interventions through Health Mothers Group platform in Sindhuli district, Nepal**

**AUTHORS:** Ramesh Adhikari, Jyotsna Tamang, Aakriti Wagle, Ranju KC

**OVERVIEW:** A longitudinal case control study was carried out to measure the effectiveness of the integrated Go Baby Go! and Maternal Newborn Child Health project on child development outcomes. Caregivers were followed but due to high rates of programme drop out or travelling outside of the district, the assessment supplemented the endline sample with a new random sample of participants.

## KEY FINDINGS

- At baseline, intervention and comparison caregivers reported similar hours of caring for children (around 90% said 10 or more hours). By endline, the comparison group had decreased to only 37.9% of caregivers reporting 10 or more hours of caregiving whereas 82.3% of intervention caregivers reported 10 or more hours of caregiving.
- Among the comparison population in Nepal, the mean early childhood development score (assessed by CREDI) improved from 48.1 at baseline to 49.7 at endline. In the intervention population, the mean score improved from 48.4 at baseline to 50.3 at endline. After controlling for potentially confounding variables, this difference was found to be statistically significant ($p<0.001$).

## RECOMMENDATIONS

- The evaluation found that caregivers were still giving birth in home rather than in a health care facility. Since GBG targets caregivers of children 0-36 months of age and not antenatal care, it is important that a landscape analysis identifies complementary programmes. In this context, GBG programming could have been paired with Timed and Targeted Counselling.
- The evaluation also found that parents continued to carry out negative physical punishment throughout the programme. Behaviour change is not easy and may require a targeted and strategic approach. This component of GBG could be strengthened through a multi-level, multi-stakeholder, multi-sector approach, combining advocacy and social behaviour change programming.
- Despite significant differences between intervention and comparison groups with regards to CREDI scores, the scores remained relatively low. The programme should determine what 'success' looks like in terms of CREDI scores if this assessment is to be used moving forward.


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