

Impact of BCC Module rollout on SHG platform and its association with Child Dietary Diversity practices: A Pre-Post Study

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About the Intervention

JEEViKA Technical Support Program (JTSP) is a partnership program between Bihar Rural Livelihoods Promotion Society (BRLPS) and Project Concern International (PCI), with support under grant-in-aid from BMGF.



The mandate of this grant was to improve maternal and child health and nutrition outcomes.



Despite various interventions in the last one-decade, Complementary Feeding practices in Bihar have largely remained stagnant at a very low level.

About the Intervention:



A *BCC Module on Complementary Feeding* was designed and rolled out in *SHG* groups to improve Minimum Dietary Diversity (MDD) among 6-23 months old children.



The *Complementary feeding session* was rolled out during one of the scheduled *SHG* meetings.



Roll out of BCC modules in SHGs helps create awareness among women and trigger collective action for the desired behaviour within the group.



During the session roll-out, *SHG members* got input on the *core knowledge and behaviour areas* during the session.



Broad Objective of the study: To assess the efficacy and effectiveness of the BCC Sessions on Complementary Feeding - specifically in increasing knowledge, enhancing capability, and increasing the motivation of women for higher adoption of positive behaviors in complementary feeding and dietary diversity.



Specific Objectives

01

To understand the level in knowledge, intent and practice of complementary feeding among SHG women before and after BCC Sessions on Complementary Feeding (CF Module Rollout)

02

To understand the reach and exposure of BCC Sessions on Complementary Feeding (CF Module Rollout)

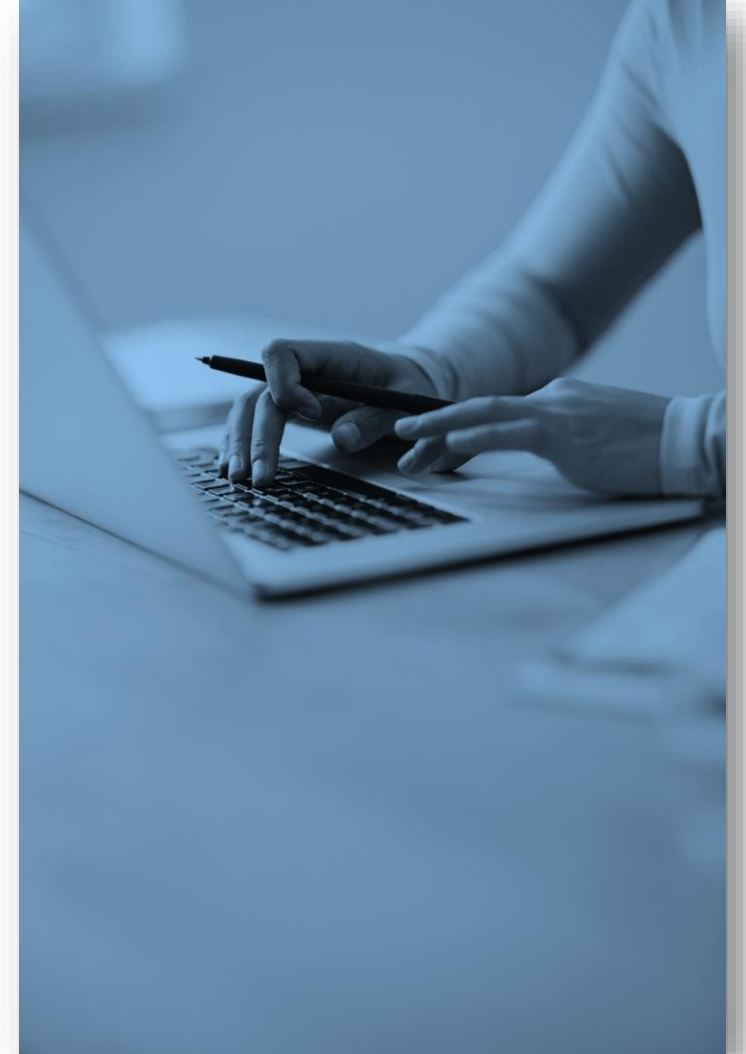
03

To see the immediate impact of BCC Sessions on Complementary Feeding (CF Module Rollout) on knowledge, intent, practice of complementary feeding among the mothers (SHG women) of children between 6 to 23 months old children.

Methodology

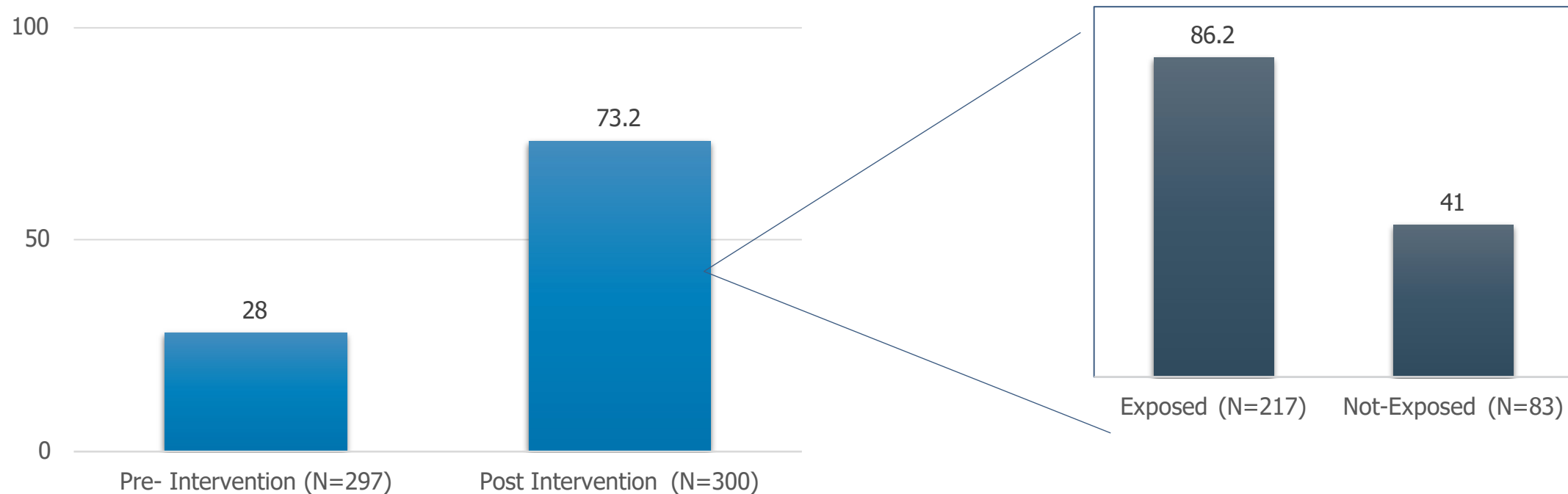
Adopted:

1. **Two rounds of cross-sectional surveys** were undertaken with sampled respondents in the pre-intervention phase (baseline reference or comparison group) and post-intervention phase (exposed population or treatment group).
2. The **sampling adopted a cluster randomization design whereby village organizations (VOs) were considered to be the clusters.** A required sample of 60 clusters was estimated for each round on the basis of the general formula for clusters calculation.
3. A statistical power calculation suggested a **desired sample of at least 273 completed interviews with eligible women (mothers 6-23 month-old children from the SHG households)** to detect a minimum 15 percentage point change in the dietary diversity score from an assumed pre-intervention level of 50% point. With an assumption of ~10% non-response, the sample size was revised to 300 respondents in each round.
4. The pre-intervention survey was conducted before the BCC sessions were rolled-out. The post-intervention assessment was conducted in the roll out of the BCC sessions in those groups
5. After line-listing of all the 6-23 month old children from the SHG households of each VO, **a sample of five children were selected randomly (using random number generator app installed in data collection device)** for administering an interview schedule to their mother.cluster



Results

*% of mothers (having 6-23 months old child) who have correct knowledge about minimum dietary diversity***

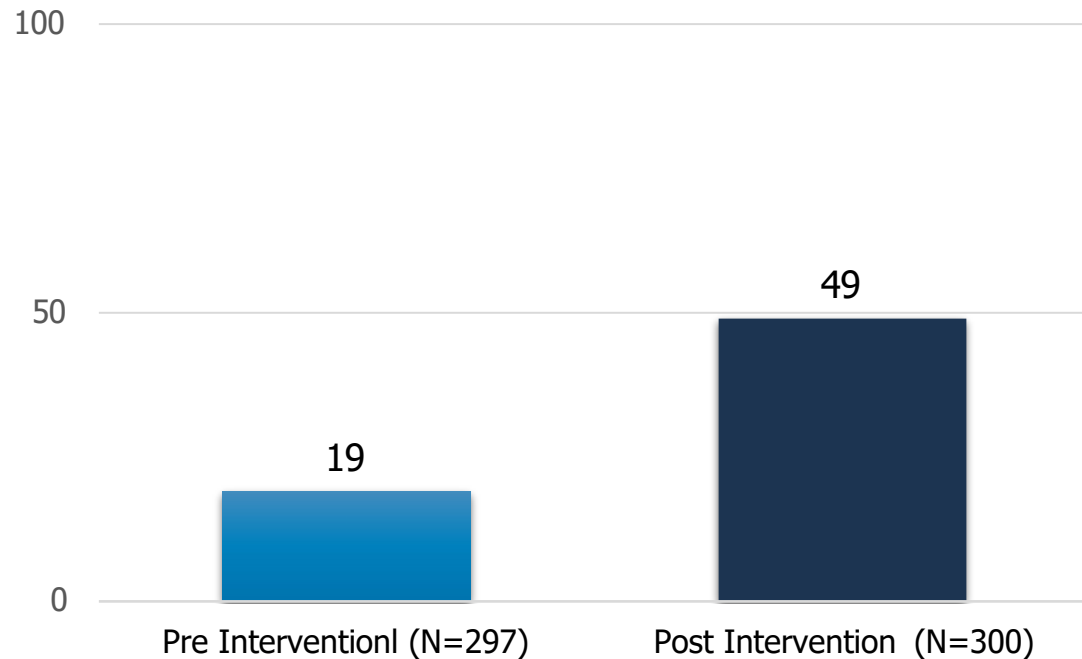


Results clearly show *improvement in knowledge about the minimum dietary diversity of children between pre and post-intervention*. More than a two-fold difference is observed in correct knowledge of dietary diversity after the intervention. A similar difference is also seen between exposed and unexposed groups.

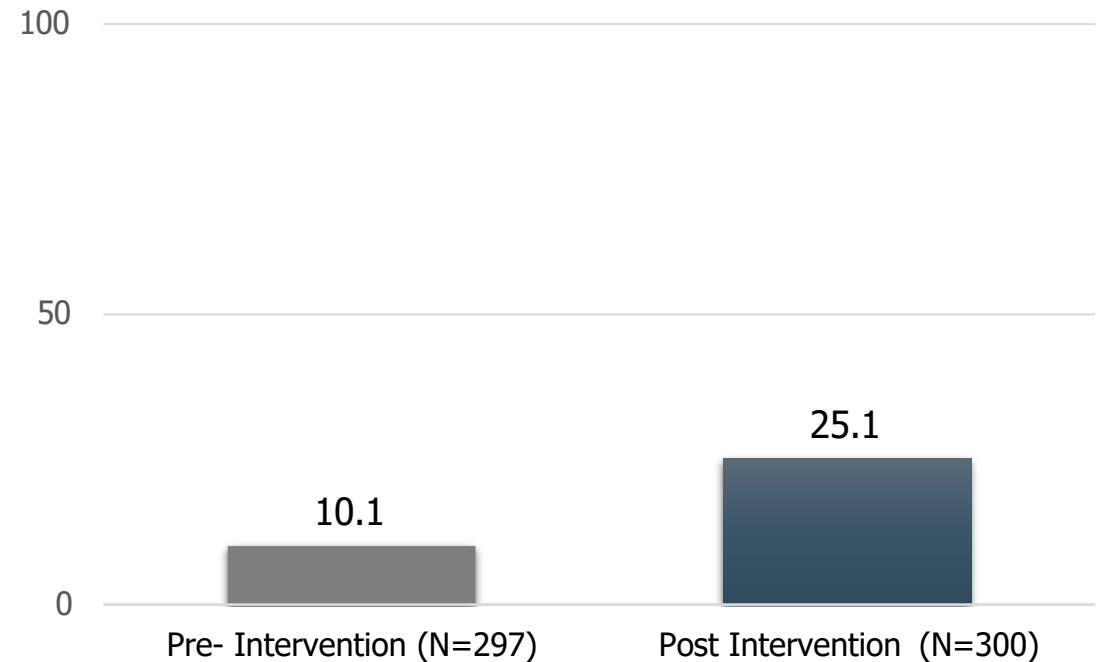
Results

Minimum Dietary Diversity**

% of children 6-23 months old receiving 4 out of 7 food groups in CF



Age-appropriate minimum acceptable diet (MAD)**

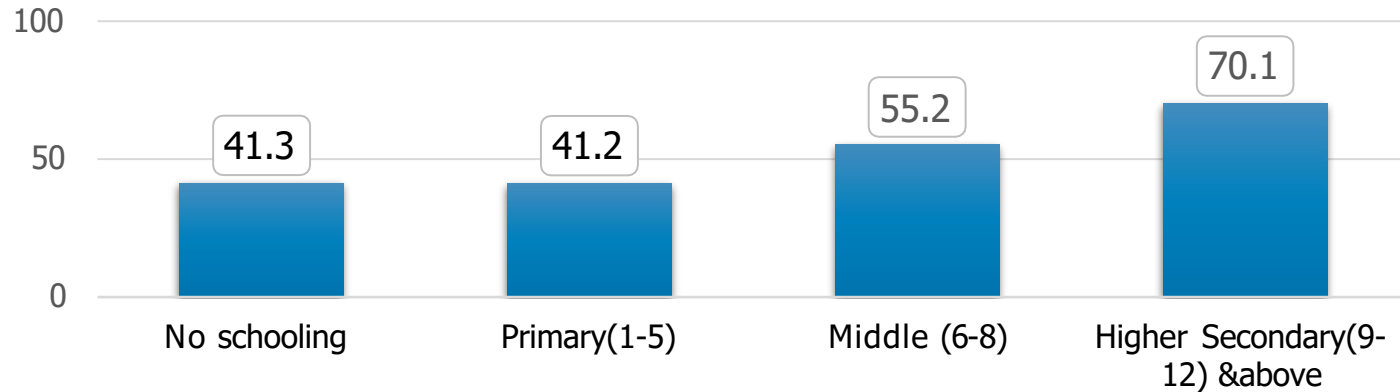


A more than two-fold increase in sticky complementary feeding outcome indicators (minimum dietary diversity and minimum acceptable diet) was primarily due to the rigor of the intervention.

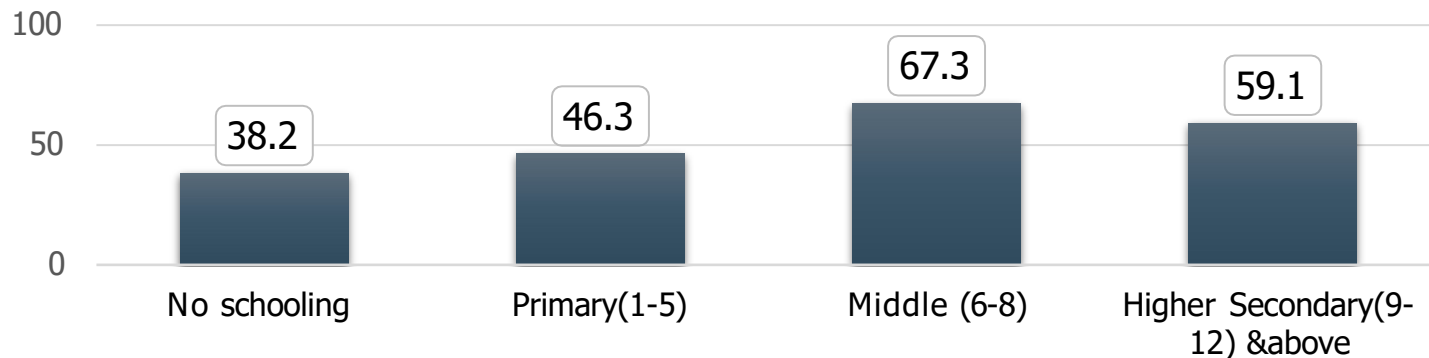
*** The results are statistically significant at 95 level.

Results

*Association between women education and minimum dietary diversity (MDD)***



*Association between husband education and minimum dietary diversity (MDD)***



The level of education of parents is significantly associated with the better dietary diversity.

Conclusion

- This study highlights *the potential of self-help groups to positively impacting child nutrition outcomes.*
- Self-help groups in rural India, with their strong social networks, can play a crucial role in driving *positive nutritional change through community-led solutions.*
- Further *implementation research is needed to explore ways to empower women's groups* to effectively influence child nutrition.





Thanks!!!