

Participatory Community-Based Program Integrating Nutrition, WASH, and Early Child Development

Context

The Good Start Program (Buen Inicio) in Peru aimed to combat chronic malnutrition in children under three years of age among poor rural populations in three regions of the Andean highlands (Cusco, Cajamarca, and Apurimac) and one region of the Amazon forest (Loreto). The program, which reached a total population of around 75,000 children under three and 35,000 pregnant and lactating women in 223 communities, was implemented by regional and local NGOs in collaboration with regional Health Directorates and the personnel of 434 health facilities, 23 community radio stations, and the leadership of local communities.

The program put a strong focus on capacity building and community participation and aimed to integrate nutrition, health, hygiene, and early child stimulation in the family and the community. UNICEF designed and managed the overall program and funding was provided by USAID. An external evaluation looked at the nutritional status of children under three in the study areas.

Activities/Channels

Good Start was founded on the premise of communal responsibility and accountability as a motivator for improving child health. UNICEF coordinated with other public institutions and programs, such as the Peru Integrated Nutrition Program, in implementing Good Start. The program directly trained health personnel to improve health services and increase access and use. Good Start also trained an average of one community health promoter (CHP) for every 20 families and one peer counselor for every ten families. CHPs and peer counselors convened pregnant women, mothers with children under three, and fathers for regular counseling and stimulation sessions.



USAID/HIP

Primary interventions included: prenatal visits, nutrition during pregnancy, promoting support by the husband and family to pregnant and lactating women, infant and young child feeding, consuming iodized salt, vitamin A supplementation twice a year (as part of immunization campaigns), consuming ferrous sulfate (by pregnant women and children under three), promoting immunization and coordination with health services, hand washing by mother and child before meals and after changing diapers, adequate disposal of the child's excreta, locating domestic animals outside the household area, and early child stimulation in the home and in the community.

Growth monitoring and promotion (GMP) was a peripheral clinic-based activity in Good Start regions but served as an important educational and promotional tool for the community. UNICEF trained health personnel responsible for GMP to interpret charts and provide counseling and raise awareness. Health personnel also used assessment data to update the community surveillance system (charts posted in a community facility designated for program activities). CHPs and peer counselors followed up by making referrals and accompanying mothers/children to health services. Education messages were also broadcast over community radio.

The overall program was based on in-depth formative research and focused on methods of learning and materials (including stimulation toys using locally available items) that were socially and culturally relevant. Early child stimulation was a new intervention in these communities and by project end around 53 percent of families with children under three provided stimulation in the home (according to a specific protocol) five to seven days a week.

Results

An external evaluation of the program was conducted by the Agencial Internacional de Seguridad Alimentaria. Baseline (2000) and endline (2004) surveys in the intervention communities collected data on weight, height, hemoglobin, serum retinol, and urinary iodine from children under three years of age. Evaluators inferred that most children had at least one contact with the program; however, participation in the program was not a criterion for a child's inclusion in the endline survey.

In the 19 communities in which both baseline and endline data were collected, stunting decreased significantly from 53.5 percent to 37.3 percent. At endline, sanitation in the home and mother's number of years of schooling were positively and significantly associated with a child's height-for-age. In the overall sample (only a portion of communities were matched at baseline and endline), anemia prevalence dropped from 76 percent to 52.3

percent. Also in the overall sample, low serum retinol dropped significantly from 30.4 to 5.3 percent.

Multivariate analysis did not detect a significant relationship between any of the program activities and nutritional indicators. However, the evaluators note that improvements in stunting, anemia, and vitamin A status did not occur in similar regions during the same time period. Limitations of the evaluation included lack of a control and absence of coverage data for specific program activities.

Lessons

Broad community participation—including that of health personnel, community leaders, and family members—was a fundamental principle of the program. Growth promotion activities in the community served as a focus for community meetings and discussion of community surveillance. Identifying appropriate implementing NGOs was a serious challenge. Several organizations had to be replaced because of performance problems. The evaluators noted that sustained training of NGOs may be necessary to ensure program success. Wide social communication is also necessary to attract support from private and government sectors.

Resources

Decreasing stunting, anemia, and vitamin A deficiency in Peru: Results of the Good Start in Life Program. 2009. <http://www.ingentaconnect.com/content/nsinf/fnb/2009/00000030/00000001/art00004>

How do programs work to improve child nutrition? program impact pathways of three nongovernmental organization intervention projects in the Peruvian highlands. 2011. <http://www.ifpri.org/sites/default/files/publications/ifpridp01105.pdf>

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