

# Buniyaad: Foundation for a Healthy Child

## BACKGROUND

In October 2012, a baseline survey conducted in 20 blocks in the districts of Muzaffarpur, Samastipur, and Sitamarh in Bihar found significant gaps in infant and young child feeding (IYCF) practices, such as a low rate of breastfeeding immediately following delivery and the absence of any feeding schedule for children (Aga Khan Foundation 2012).

In response, the *Buniyaad* project began in April 2012 as a three-year initiative to improve IYCF practices in these selected blocks, which included 400,000 pregnant women and mothers of children up to two years of age. Implemented by the Aga Khan Foundation in partnership with partner nongovernmental organizations (NGOs) AKRSP, Agragami India, and CHARM, and the Department of Health and Integrated Child Development Services (ICDS), the project, focused on improving the knowledge of mothers and caregivers regarding IYCF practices, increasing the knowledge of government functionaries in IYCF counseling, and supporting changes in policies that promote IYCF.

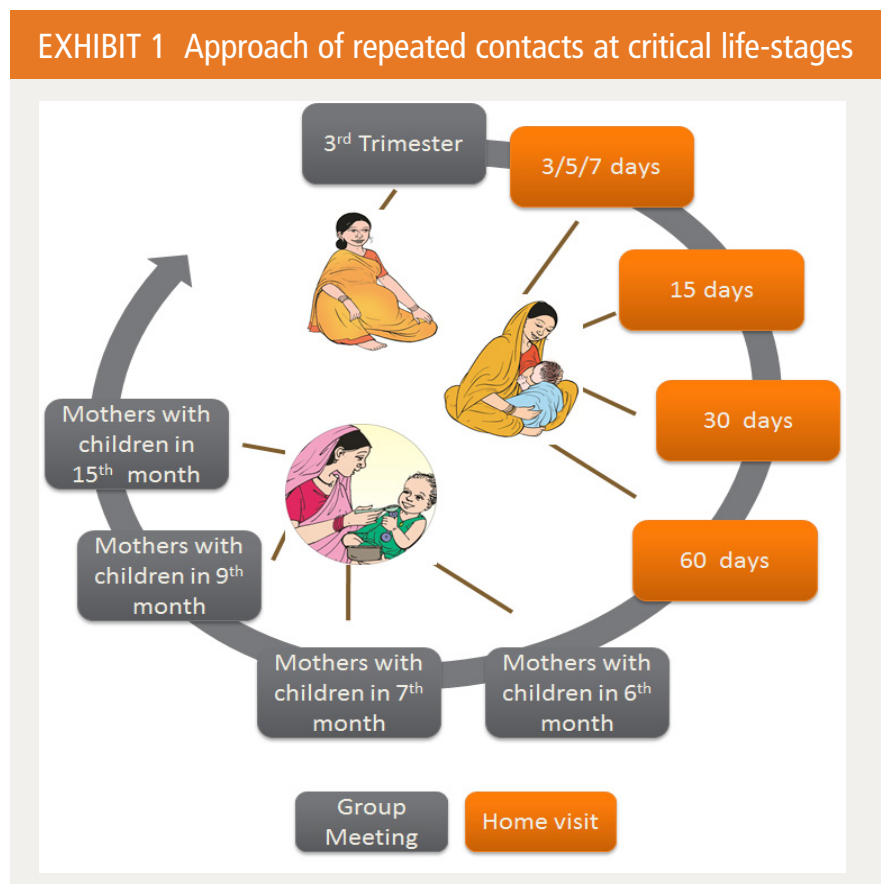
## APPROACHES AND METHODS FOR IMPLEMENTATION

To implement the project, the foundation created four implementing units, each led by one of the partner NGOs. The foundation assigned each partner a uniform number of villages/ blocks and supported the partners in appointing sufficient staff to

implement the project activities. To supervise the project, the foundation created a state project management unit. Agragami India worked as a technical partner, providing regular technical inputs to the four implementation teams.

A dedicated cadre of peer educators and cluster coordinators implemented the project, in close collaboration with the Departments of Health and ICDS. Peer educators and cluster coordinators were local women hired from the communities, particularly from poor and marginalized households. A peer educator was assigned to a population of 9,000.

EXHIBIT 1 Approach of repeated contacts at critical life-stages



Three to four peer educators formed a cluster, which was supervised by a cluster coordinator. Block- and cluster-level government functionaries were involved in training and supportive supervision.

To improve the knowledge of mothers and caregivers regarding IYCF practices, peer educators working in close collaboration with *anganwadi* workers delivered age-appropriate messages on complementary feeding to pregnant women and mothers of children up to two years. They offered repeated messaging at home visits and group meetings at different life stages using flip books and other demonstration kits (Exhibit 1).

*Buniyaad* also employed mid-media (healthy baby shows, breastfeeding weeks, national nutrition weeks, puppet shows, and street plays) and mass media (radio spots and wall paintings using the traditional Mithila art form).

Government field workers participated in field-level activities and also acted as catalysts in mobilizing the community and bringing credibility to the overall program while addressing the issue of sustainability.

*Buniyaad* had a robust monitoring system that helped to track outcome and output indicators throughout the duration of the project. The user-friendly management information system accommodated the large volume of data generated at four levels—village, block, district, and state—and provided an opportunity for disaggregated data analysis.

Regular feedback and data sharing, participation in review meetings, joint planning, and execution of field-level activities helped to sustain the collaboration and facilitated successful implementation of planned activities.



## KEY FINDINGS

The end-line evaluation documented several achievements. In a sample of 196 women, there was an increase over the baseline in the early initiation of breastfeeding (from 17 to 65 percent), exclusive breastfeeding (from 15 to 50 percent), and age-appropriate complementary feeding (from 20 to 44 percent) (ICSD 2015).

Collaboration with government counterparts and development partners resulted in creating an enabling environment in the state for advocacy of nutrition and IYCF in particular. For example, inclusion of IYCF is now in the Government of Bihar's recently launched scheme *Dus ka Dum, Swasth Rahenge Hum*.

A major initial challenge was the limited participation by government functionaries in the project's activities and training. This was overcome by intensive advocacy efforts and regular engagement with health and ICDS functionaries. Regular training of government field functionaries and access to suitable training material contributed to improving their knowledge base and program practices on IYCF.

## CONCLUSION

The project concluded in March 2015. The significant investment in training the village-based peer educators and government functionaries is expected to continue. In addition, the need to prioritize child nutrition, particularly in the first 1,000 days has been accepted by the government.

Some of the key learnings emerging from the project included the critical importance of regular and direct communication with intended beneficiaries to sustain behavior change and improved practices, tools to change behaviors contextualized to local conditions, enough time invested for behavior change, and prioritizing dialogue and engagement with secondary caregivers within the household.

## REFERENCES

- Aga Khan Foundation. 2012. *Status of Infant and Young Child Feeding Practices in Three Districts of Bihar*. Geneva. <http://www.akfiycfbihar.org/baseline.pdf>.
- ICSD (Intercooperation Social Development India) and CSES (Center for Socio-economic and Environmental Studies). 2015. *End Evaluation Report of Infant and Young Child Feeding Project, Buniyaad in Bihar*. New Delhi. [http://www.akfiycfbihar.org/endline\\_report.pdf](http://www.akfiycfbihar.org/endline_report.pdf).

## Led by IFPRI

### Partnership members:

Institute of Development Studies (IDS)

Public Health Foundation of India (PHFI)

One World South Asia

Vikas Samvad

Coalition for Sustainable Nutrition Security in India

Save the Children, India

Public Health Resource Network (PHRN)

Vatsalya

Centre for Equity Studies

### WRITTEN BY

**Abhishek Singh**, Aga Khan Foundation

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### ABOUT POSHAN

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN) is a 4-year initiative that aims to build evidence on effective actions for nutrition and support the use of evidence in decisionmaking. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.

### ABOUT IMPLEMENTATION NOTES

Implementation Notes summarize experiences related to how specific interventions or programs are delivered. They are intended to share information on innovations in delivery and are not research products.

### CONTACT US

Email us at [IFPRI-POSHAN@cgiar.org](mailto:IFPRI-POSHAN@cgiar.org)

### IFPRI-NEW DELHI

#### INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE

NASC Complex, CG Block,  
Dev Prakash Shastri Road,  
Pusa, New Delhi 110012, India  
T+91.11.2584.6565 to 6567  
F+91.11.2584.8008

### IFPRI-HEADQUARTERS

#### INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE

2033 K Street, NW,  
Washington, DC 20006-1002 USA  
T. +1.202.862.5600  
F. +1.202.467.4439  
Skype: IFPRIhomeoffice  
[ifpri@cgiar.org](mailto:ifpri@cgiar.org)  
[www.ifpri.org](http://www.ifpri.org)

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