





DMEO Conversation Series

Implementation Research Gap Map on **Nutrition Interventions in India**



Ms. Stuti Tripathi Evaluation Specialist, 3ie



Ms. Pooia Sengupta Senior Research Associate, 3ie



29th October 2020 (3) 4:30 PM - 5:30 PM

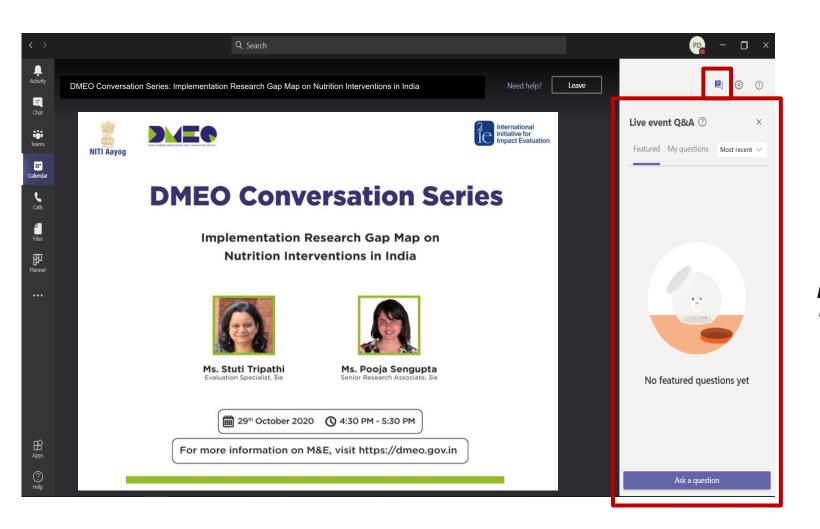


For more information on M&E, visit https://dmeo.gov.in









Desktop Version Microsoft Teams

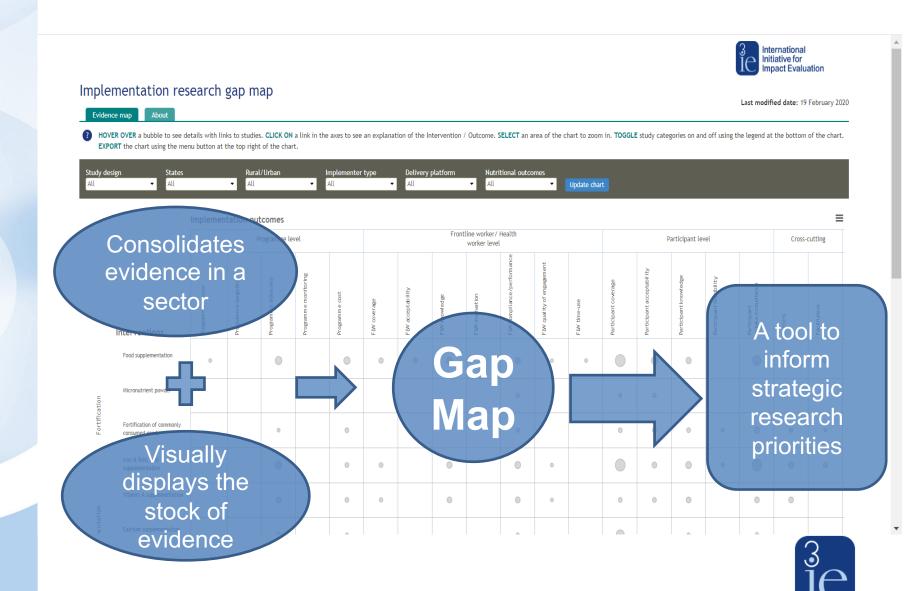
Use 'Q&A' Option for Posting Questions

3ie Team

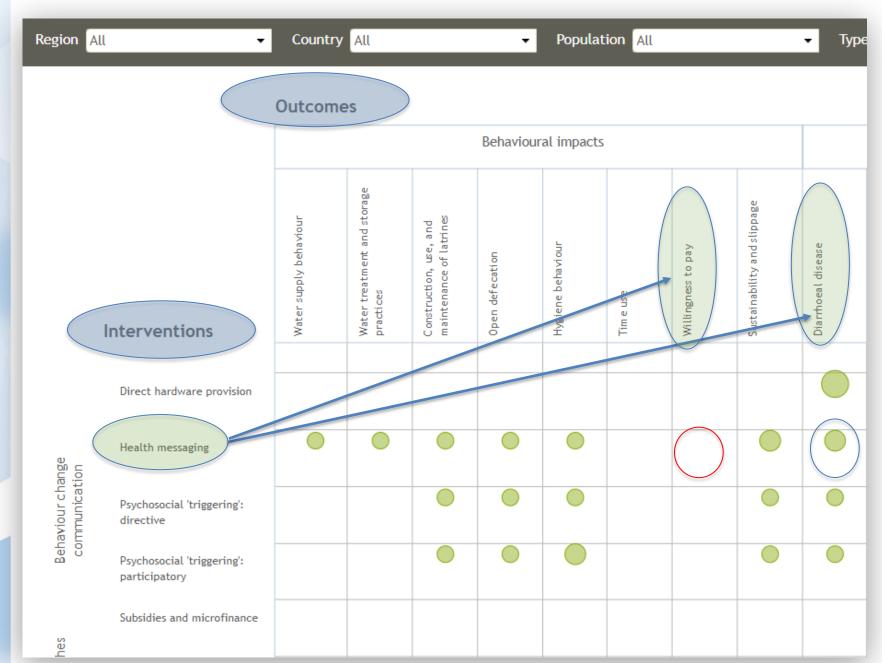
Abhirupa Das, Consultant
Marie Gaarder, Executive Director, 3ie
Pooja Sengupta, Senior Research Associate, 3ie
Stuti Tripathi, Evaluation Specialist, 3ie
Urmi Bhattacharya, Consultant



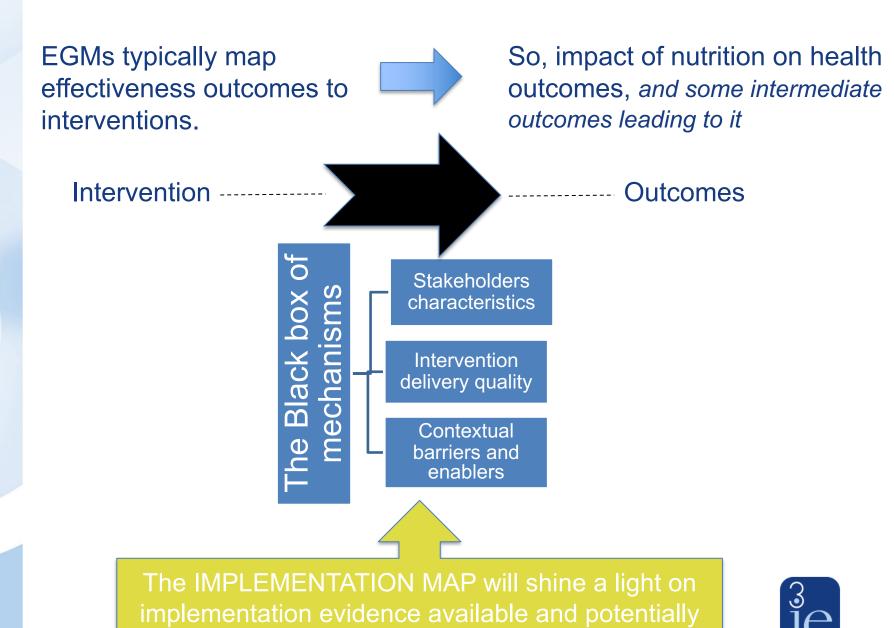
What is a Gap Map?



What is a Gap Map?



What then is innovative about our work?



help unpack 'why' or 'why not' of programme impact

Nutrition-specific interventions

Supplementary feeding

take home ration, on spot feeding, supplementary food rations

Food fortification

- multiple micronutrient powders for home fortification of foods consumed
- fortified commonly consumed goods with micronutrients like iron, iodine, folic acid, vitamin B12, and vitamins A, D, etc

Micronutrients supplementation

- during pregnancy (iron, vitamin A, calcium, folic acid, etc).
- children below 2 year of age (iron, vitamin A, folic acid, zinc, etc)

Behaviour Change Counselling on

- breastfeeding, and complementary feeding,
- Kangaroo Mother Care (KMC)
- growth monitoring of children aged 2 years or less

Other interventions

- screening, referral, management of SAM in children below 2 years
- delayed chord clamping
- weighed during pregnancy



Implementation outcomes

- Access
- Participant identification and targeting
- Sufficiency and adequacy of resources
- Monitoring
- Cost

Programme



- Coverage
- Acceptability
- Knowledge
- Motivation
- Compliance/ Performance
- · Quality of engagement
- Time use

Health worker



- Coverage
- Acceptability
- Knowledge
- Feasibility
- Uptake/ compliance

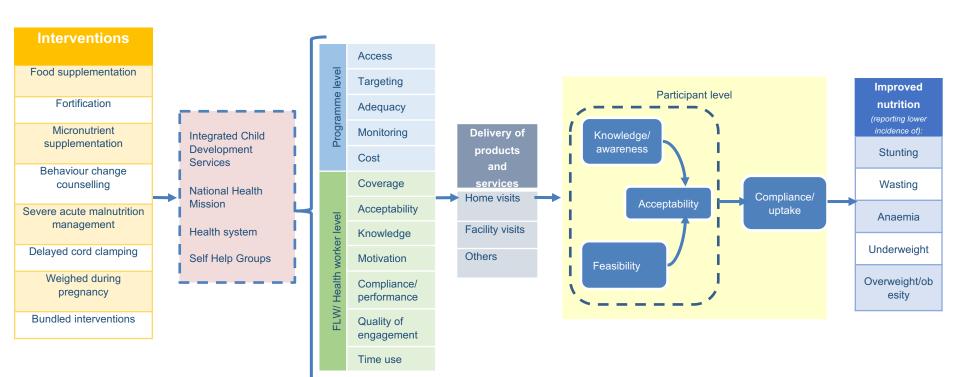
Participant



Cross Cutting: Barriers and facilitators



Implementation framework



Context-level assumptions act as barriers and facilitators that affect a programme's ability to deliver as per the mandate and participants' ability to engage with the intervention.

To illustrate:

Political will to assign adequate resources for programme delivery (programme level)

Coordination among health worker to carry out assigned responsibilities to satisfaction (health worker level)

Traditional beliefs do not subvert promoted nutrition behaviour (participant level)



Target population

We initially looked at programmes targeting:

- Pregnant and lactating women
- Mothers with children below two years of age, and
- Children below two years of age

We later **expanded** this to include 3 more categories:

- Children 0–6 years;
- Mother of children 0–6 years; and
- FLWs and health workers



Building the map: search strategy

- Draw up a list of database/trial registries to be searched. ~13 repositories
- Compile list of websites to handsearch grey literature.
 ~32 websites
- Reach out to experts through snowballing for grey literature ~ 21 experts.

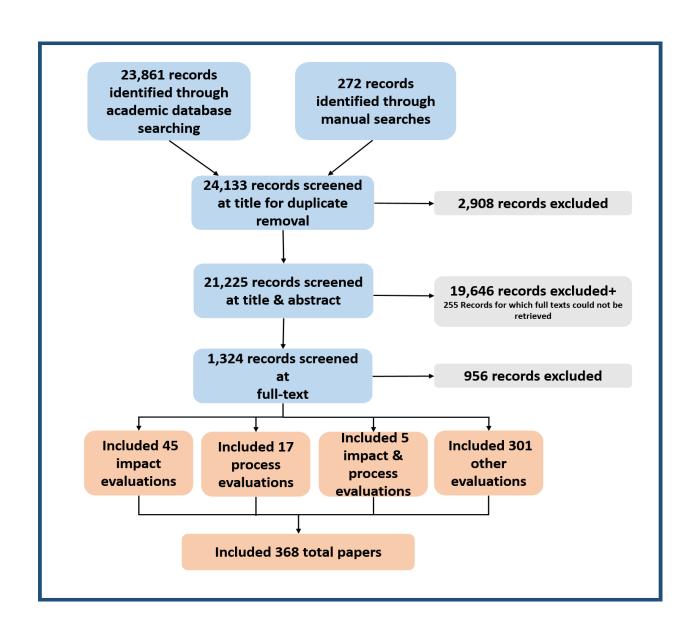
Directory	Total hits
MEDLINE	10,045
Cochrane Library	1,406
CAB Global Health	7,296
CAB Abstracts	6,176
CINAHL (Plus) EBSCO	914
Popline	2,057
PsycINFO	638
WHO Global Health Library	1,115
Web of Science (WoS)	1,186
EBSCO Discovery	1,391
Epistemonikos	405
WHO ICTRP	223
Total	32,852

After first stage of duplicate removal:



23,861 papers

Literature searching, screening and coding

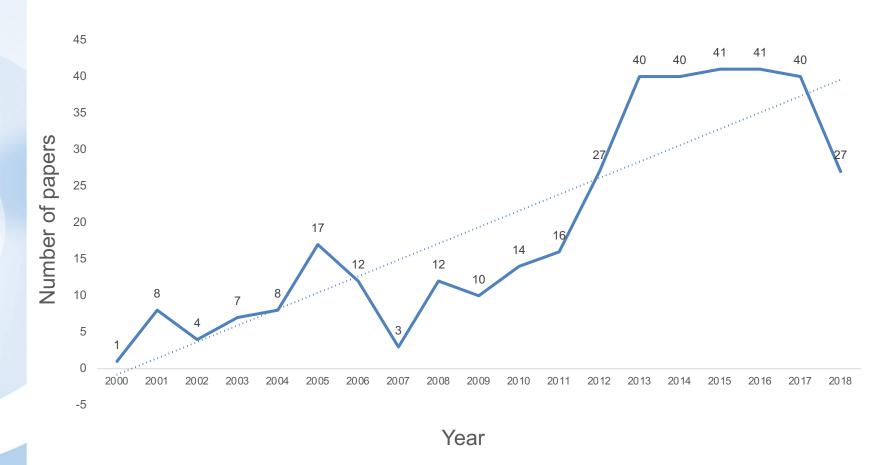




Findings

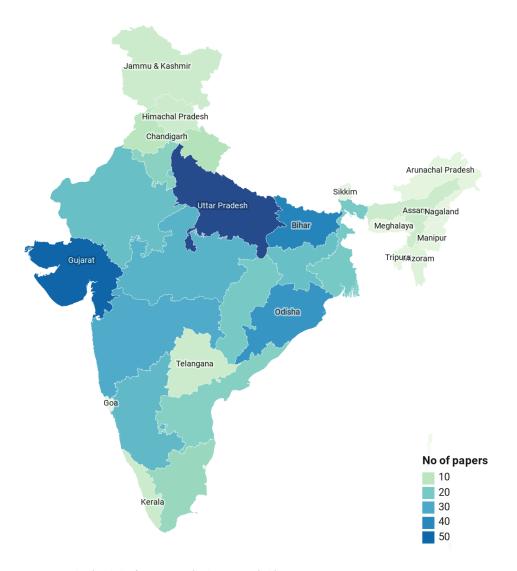


Growing implementation research evidence



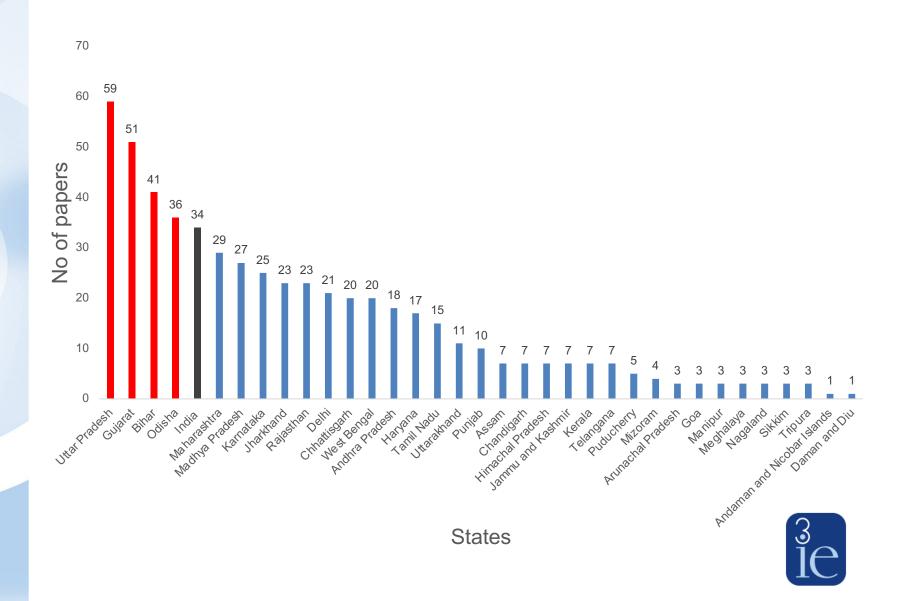


Distribution of evidence across states

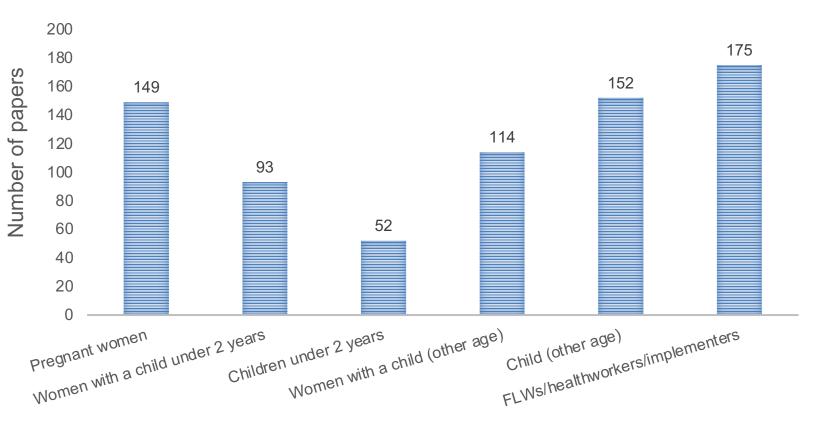




Distribution of evidence across states



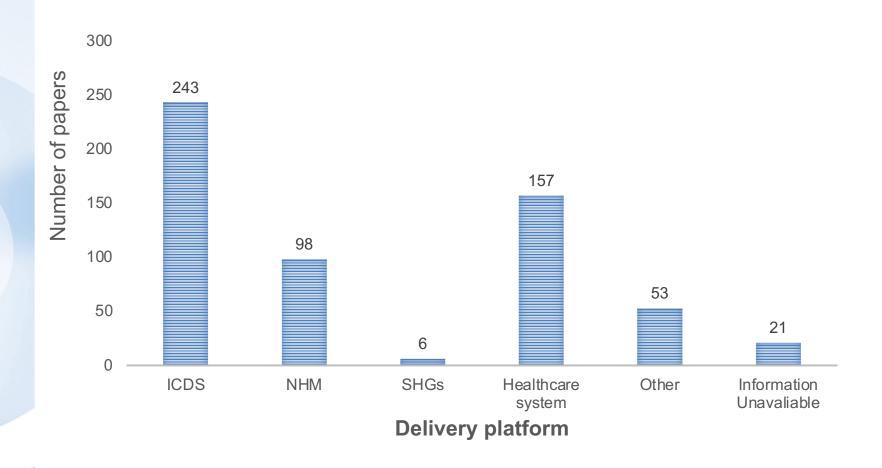
Distribution of evidence by target population



Target population

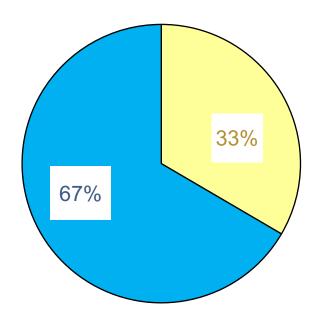


Evidence distribution by delivery platform





Presence or absence of intervention details



Over a third of the literature that we include is unclear on intervention details.

This includes papers that study flagship programmes like ICDS and the NHM

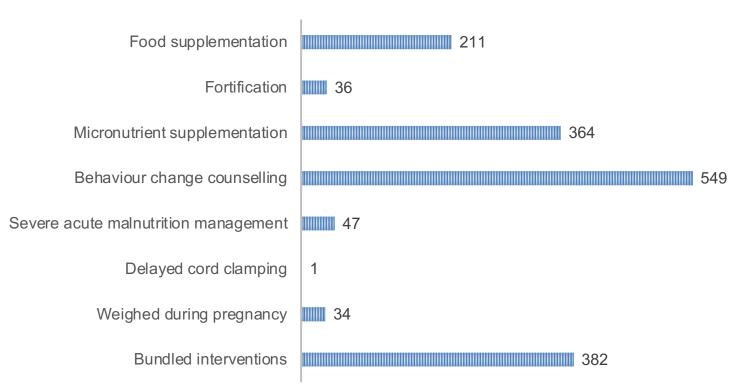
- □ Intervention details absent/unclear
- Intervention details clear



Interventions: Well studied and the neglected

1. Interventions

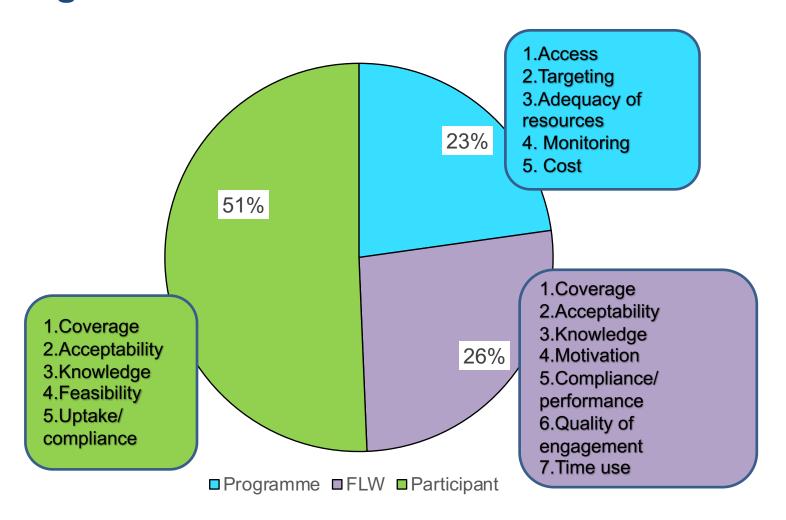




Note: A paper often reports on more than one implementation outcome for a particular intervention or a set of interventions. The sum of this figure is therefore greater than the total 368 included papers.



Implementation outcomes: well studied and the neglected



Note: A paper often reports on more than one implementation outcome for a particular intervention or a set of interventions. The sum of this figure is therefore greater than the included papers.

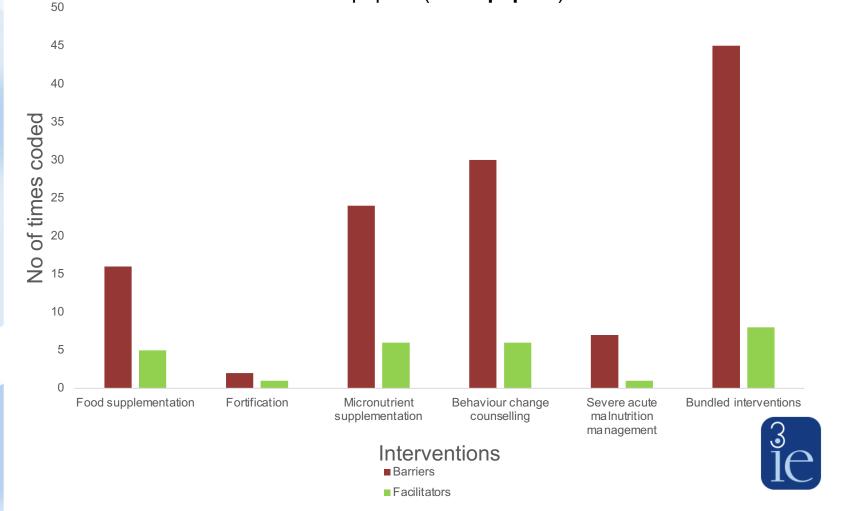
Interventions and outcomes matrix

	Implementation outcomes		
Interventions	Programme	FLW	Participa nt
Food supplementation	40	33	138
Fortification	5	4	27
Micronutrient supplementation	55	66	243
Behaviour change counselling	40	161	348
Severe acute malnutrition management	14	12	21
Delayed cord clamping	0	1	0
Weighed during pregnancy	8	7	19
Bundled interventions	99	157	126

Note: A paper often reports on more than one implementation outcome for a intervention or a set of interventions. The sum of this figure is therefore greater than the included papers.

Barriers and facilitators to implementation

- Barriers and facilitators are coded a mere 151 times, or in 9 per cent of cases.
- None of the included papers measured barriers for delayed cord clamping and weighing during pregnancy.
- An even smaller number of papers (N=25 papers) consider facilitators.



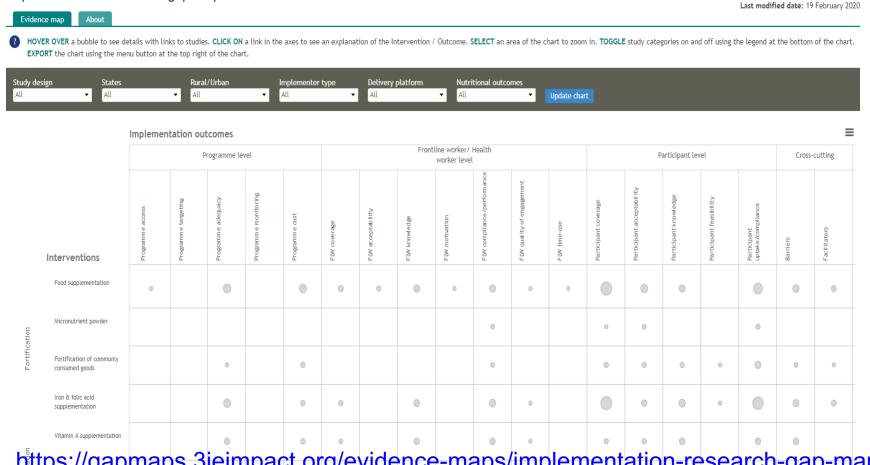
Gaps remain: priorities for future research

- 1. Set research priorities in context of closing gaps:
 - In under-researched topics such as fortification, weighed during pregnancy and delayed cord clamping and
 - In under-studied states.
 - With respect to the full spectrum of implementation outcomes
- 2. Generate high quality implementation research by:
 - Systematically assessing programme implementation fidelity.
 - Understanding implementation barriers and facilitators.
 - Establishing clear benchmarks for what constitutes good implementation.
 - Drawing links between programme implementation and the achievement of nutritional outcomes.
- 3. Identify and create opportunities for funding implementation research.
- Support translation of research into practice to improve programme design and delivery

Implementation Research Gap Map



Implementation research gap map



https://gapmaps.3ieimpact.org/evidence-maps/implementation-research-gap-map



QUESTIONS & ANSWERS

ABOUT DMEO, NITI AAYOG

The Development Monitoring and Evaluation Office (DMEO), attached to NITI Aayog, is the apex monitoring & evaluation (M&E) office in the country, with a mandate to drive evidence-based policy making through M&E of government policies and programmes. Since its inception in 2015, the Office aims to shift the discourse of public policy towards rigorous, data-driven, citizen-centric, and decentralized policymaking, to improve governance and facilitate the formation of a New India.

Visit us at www.dmeo.gov.in



DMEO CONVERSATION SERIES

A platform aimed at bringing together leading Monitoring & Evaluation (M&E) practitioners from international development organizations, academia, think tanks, NGOs, social enterprises, investors and other private sector firms including technology firms and CSR wings, to discuss theory and emerging practices in the field of M&E.

Interested in partnering with us?

Write to us at dmeo-partnerships@gov.in

THANK YOU



ABOUT DMEO, NITI AAYOG

The Development Monitoring and Evaluation Office (DMEO), attached to NITI Aayog, is the apex monitoring & evaluation (M&E) office in the country, with a mandate to drive evidence-based policy making through M&E of government policies and programmes. Since its inception in 2015, the Office aims to shift the discourse of public policy towards rigorous, data-driven, citizen-centric, and decentralized policymaking, to improve governance and facilitate the formation of a New India.

Visit us at www.dmeo.gov.in



DMEO CONVERSATION SERIES

A platform aimed at bringing together leading Monitoring & Evaluation (M&E) practitioners from international development organizations, academia, think tanks, NGOs, social enterprises, investors and other private sector firms including technology firms and CSR wings, to discuss theory and emerging practices in the field of M&E.

Interested in partnering with us?

Write to us at dmeo-partnerships@gov.in