



# ENRICH BASELINE EVALUATION: HIGH LEVEL FINDINGS IN 4 COUNTRIES



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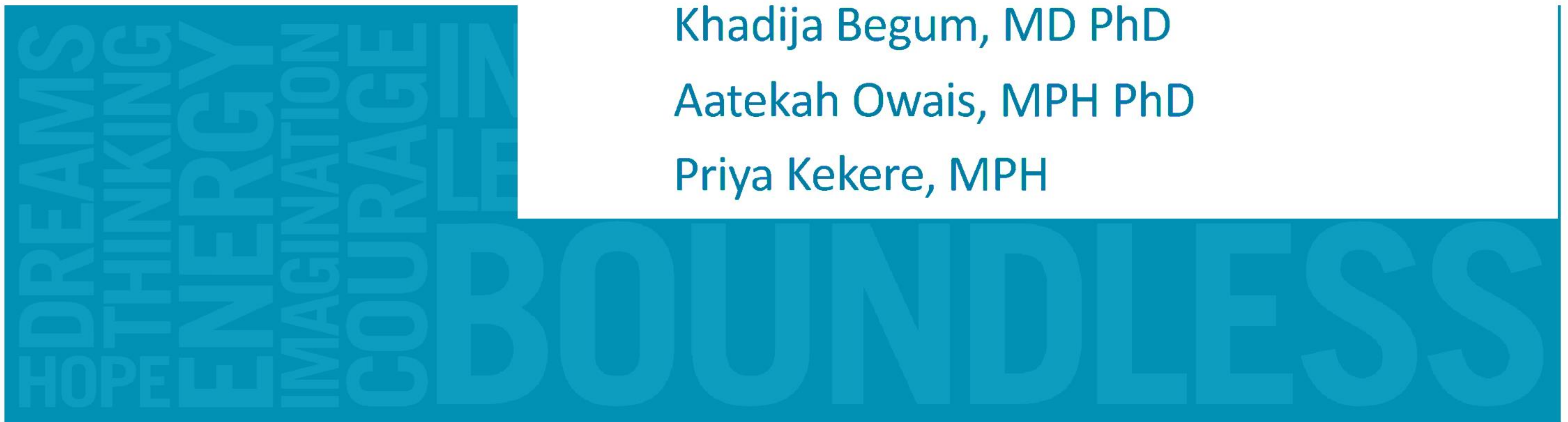
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## OVERVIEW

Overview of baseline study activities



Analysis and key findings



Recommendations

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# RESEARCH PARTNERS: OVERSIGHT + DESIGN

Country Research Partner organization / Unit	National ethics approval	Evaluation Design
University of Toronto (UofT), DLSPH, CCNH	Office of Research Ethics Health Sciences Research Committee <i>Protocol ID 33246</i>	
Egerton University (EU)	EU Ethical Review Committee (ERC) + National Commission for Science, Technology and Innovation (NACOSTI)	“Double difference” impact analysis: changes in PMF indicators between program and non- program area, using quasi-experimental mixed method approach with repeated cross-sectional surveys at the baseline, midterm and end line;
Enhance Tanzania Foundation (ENTAF)	Medical Research Coordination Committee of National Institute of Medical Research (NIMR)	
James P Grant School of Public Health at BRAC University (JPGSPH)	JPGSPH, BRAC University Ethical Review Committee (ERC)	
Aga Khan University, Pakistan (AKUP)	Aga Khan University Ethical Review Committee (ERC)	“Adequacy design”: pre-and post- evaluation, without any non-program comparison group *

*\*vertical national programs do not allow disparities in interventions*



# BASELINE ACTIVITY TIMELINE

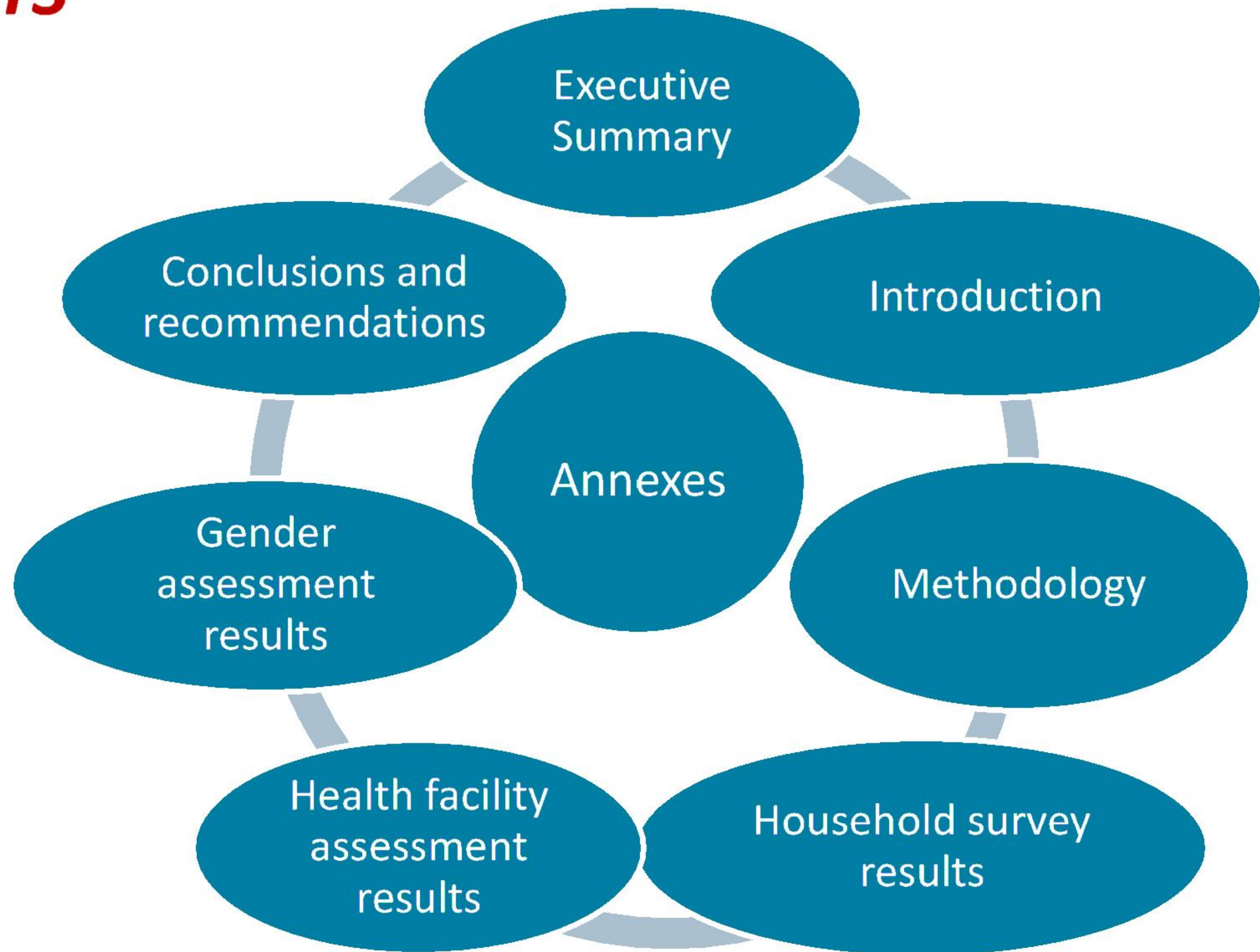
May-Jun, 2016	Jul-Aug, 2016	Sep-Oct, 2016	Oct-Dec, 2016	Oct-Mar, 2017
<ul style="list-style-type: none"> <li>• Recruitment and orientation of ENRICH UofT M&amp;E team</li> <li>• Identification and orientation of in-country partners</li> <li>• Development of baseline protocol</li> <li>• Discussions on baseline plans &amp; methodologies</li> <li>• Submission of UofT Ethics application</li> </ul>	<ul style="list-style-type: none"> <li>• Finalization of baseline protocol</li> <li>• Development of tools and guidelines</li> <li>• Development of baseline budget</li> <li>• Development of Terms of References (ToR)</li> <li>• Submission of in-country ethics applications</li> </ul>	<ul style="list-style-type: none"> <li>• Finalization of baseline budget</li> <li>• Finalization of sampling protocol</li> <li>• Development of ODK template for digital data collection</li> <li>• UofT &amp; in-country ethical approval</li> <li>• Execution of UofT-WVC agreements</li> <li>• Sharing UofT-CRP sub-agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Execution of UofT-CRP sub-agreement</li> <li>• Translation and adaptation of tools</li> <li>• Adaptation of country-specific ODK template</li> <li>• Development of field operation plans</li> </ul>	<ul style="list-style-type: none"> <li>• Execution of fund transfer</li> <li>• Recruitment and training of data collectors</li> <li>• Pretesting and finalization of tools</li> <li>• Data collection and ODK management</li> <li>• Data cleaning and editing</li> <li>• Data analyses &amp; tabulation of preliminary results</li> <li>• Sharing of preliminary results with WVNO's for validation and finalization</li> <li>• Preparation of draft reports</li> <li>• Submission of final reports</li> </ul>

“CRPs” co-created final study design and tools, coordinated and supervised all aspects of field team training and data collection, and collaborated on data management, analysis, interpretation



# BASELINE STUDY REPORTS:

## *COMPONENTS*



> 300 PAGES





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## CHALLENGES MET (SELECTED)

- Formidable task of contextualization and finalization of the ODK X-forms and digital template during training, pretesting and initial data collection phase
- Challenges in ensuring random sample of under-five children
- Difficulties in finding the sampled households
- Harsh weather conditions, social unrest & insecurity
- Underestimated human resource budgets for data collection



# STRENGTHS

- All tools worked well to generate intended PMF indicators
- PMF indicators are precisely estimated, in most cases within the range anticipated; comparable across sites, countries
- Sample size estimation and selection of clusters adequate for later inferences about program impact
- Strong organizational partnerships key for meeting several significant challenges encountered
- Rigorously collected and copious baseline data can be used as a robust and accurate resource for targeting + evaluation
- Should be possible to make robust difference-in-differences comparisons on many key indicators at midline and end line



# **LIMITATIONS, CONSTRAINTS, POTENTIAL BIASES**

- HHS sample not representative of whole population
- Cross-sectional design
- Maternal recall

**No fully independent control over all study activities**

- Some managed by WV in coordination with UofT, CRPs  
e.g. development of ODK data collection template, ongoing access to data by all parties, household listing
- Non-program area comparison site selection

**Some significant differences between ENRICH program and non-program areas for some important PMF indicators**



**Sample Size:**

**Children  
0-59.9 mo**

*up to 36 clusters  
per area*

Country	Target		Achieved			
	Program	Non Program	Program		Non Program	
Kenya	1,248		1,274			
	832	416	858		416	
			M	F	M	F
			414 (48%)	444 (52%)	203 (49%)	213 (51%)
Tanzania	1,404		1,399			
	936	468	935		464	
			M	F	M	F
			434 (46%)	501 (54%)	238 (51%)	226 (49%)
Bangladesh	1,326		1,323			
	884	442	881		442	
			M	F	M	F
			460 (52%)	421 (48%)	227 (51%)	215 (49%)
Pakistan	936		942		None in Pakistan	
			M	F		
			528 (56%)	414 (44%)		



## SELECTED KEY INDICATORS

- Selected from among dozens in the PMF....
- Undernutrition: Young kids stunted, wasted, underweight
- Service coverage: child weighing
- Poverty: Household food insecurity
- WASH: Improved water, toilets, handwashing
- IYCF: Breast + complementary feeding, diet diversity

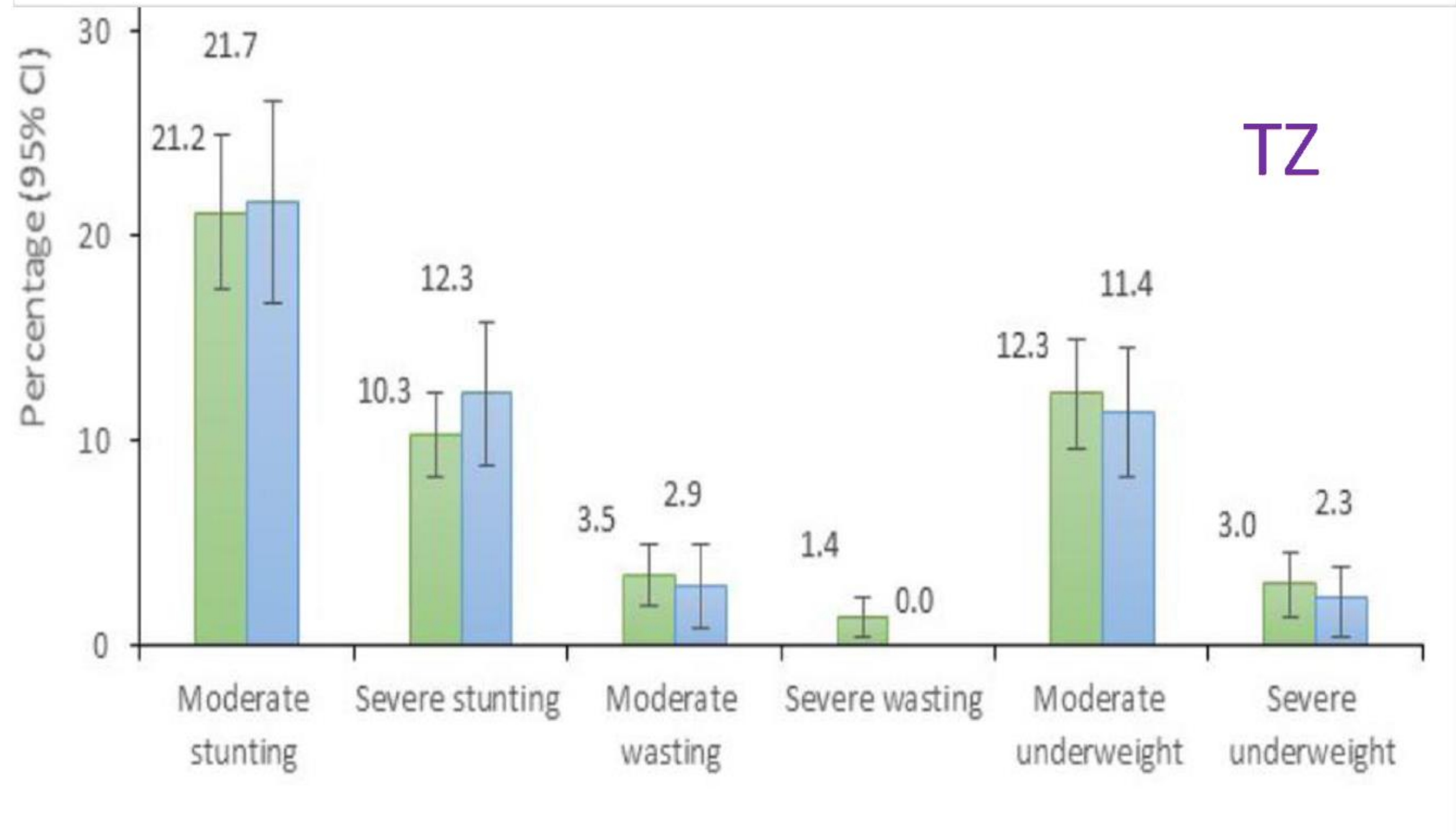
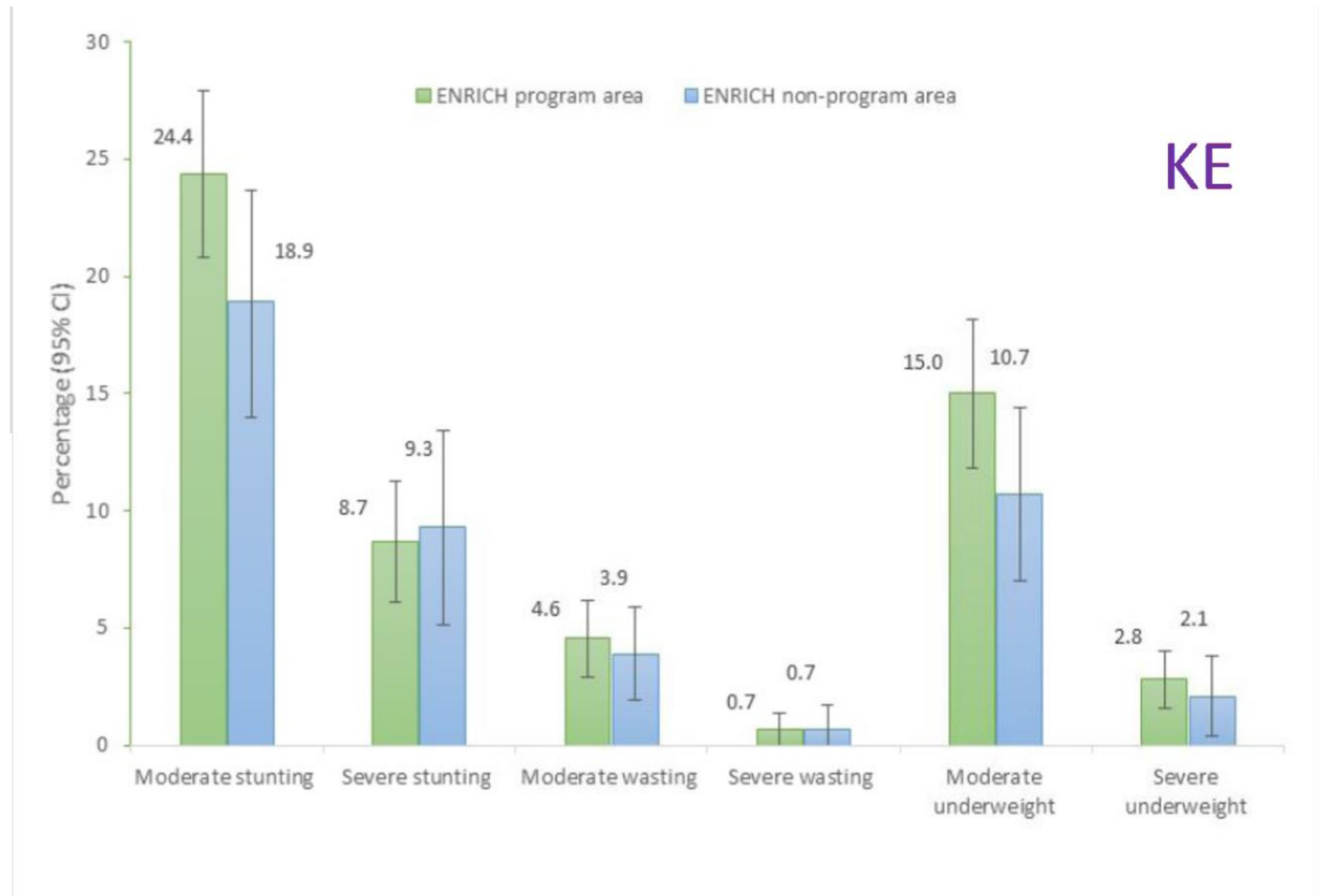


# UNDERNUTRITION: CHILDREN 6-59 MO

## *EAST AFRICA*

> 30% STUNTING  
~ 5% WASTING  
> 15 % UNDERWEIGHT

SIMILAR HIGH RATES  
ABOVE NATIONAL AVERAGES





# UNDERNUTRITION: CHILDREN 6-59 MO

## *SOUTH ASIA*

- > 30% STUNTING
- > 5% WASTING
- > 15 % UNDERWEIGHT

EXTREMELY HIGH IN PAKISTAN

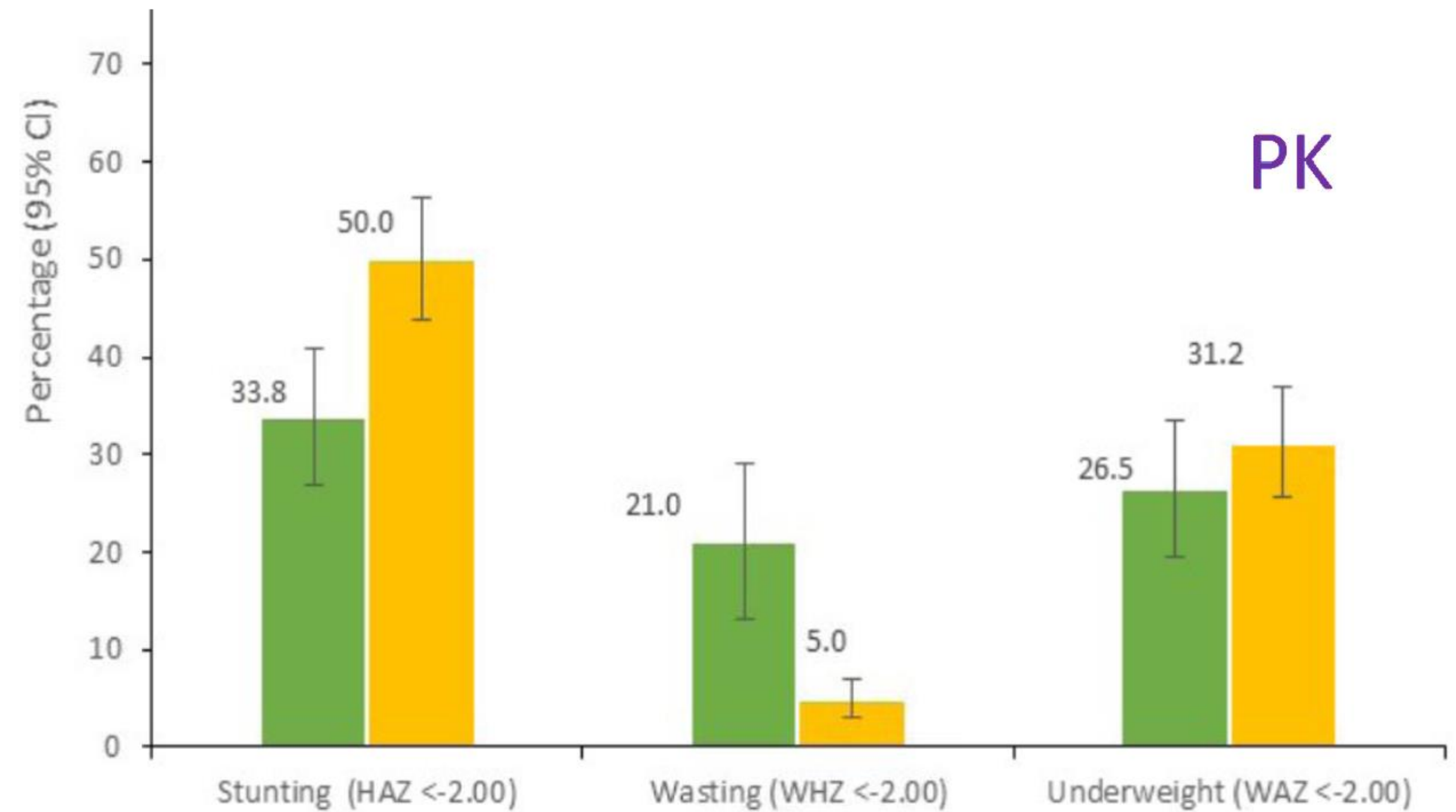
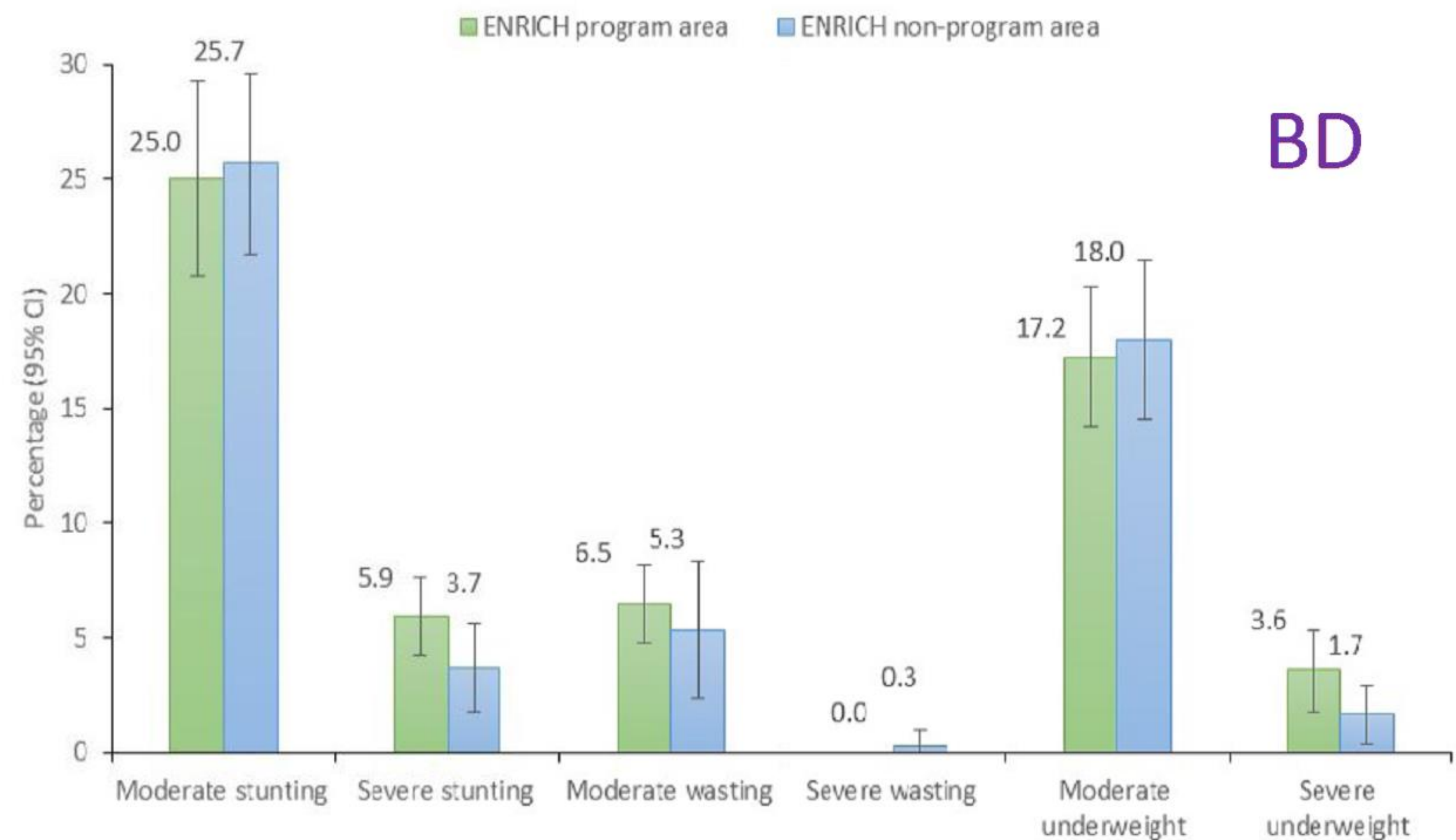


Figure 3.2.1: Prevalence of stunting, wasting and underweight among children aged 6-59.9 mo by degree of severity and ENRICH program group

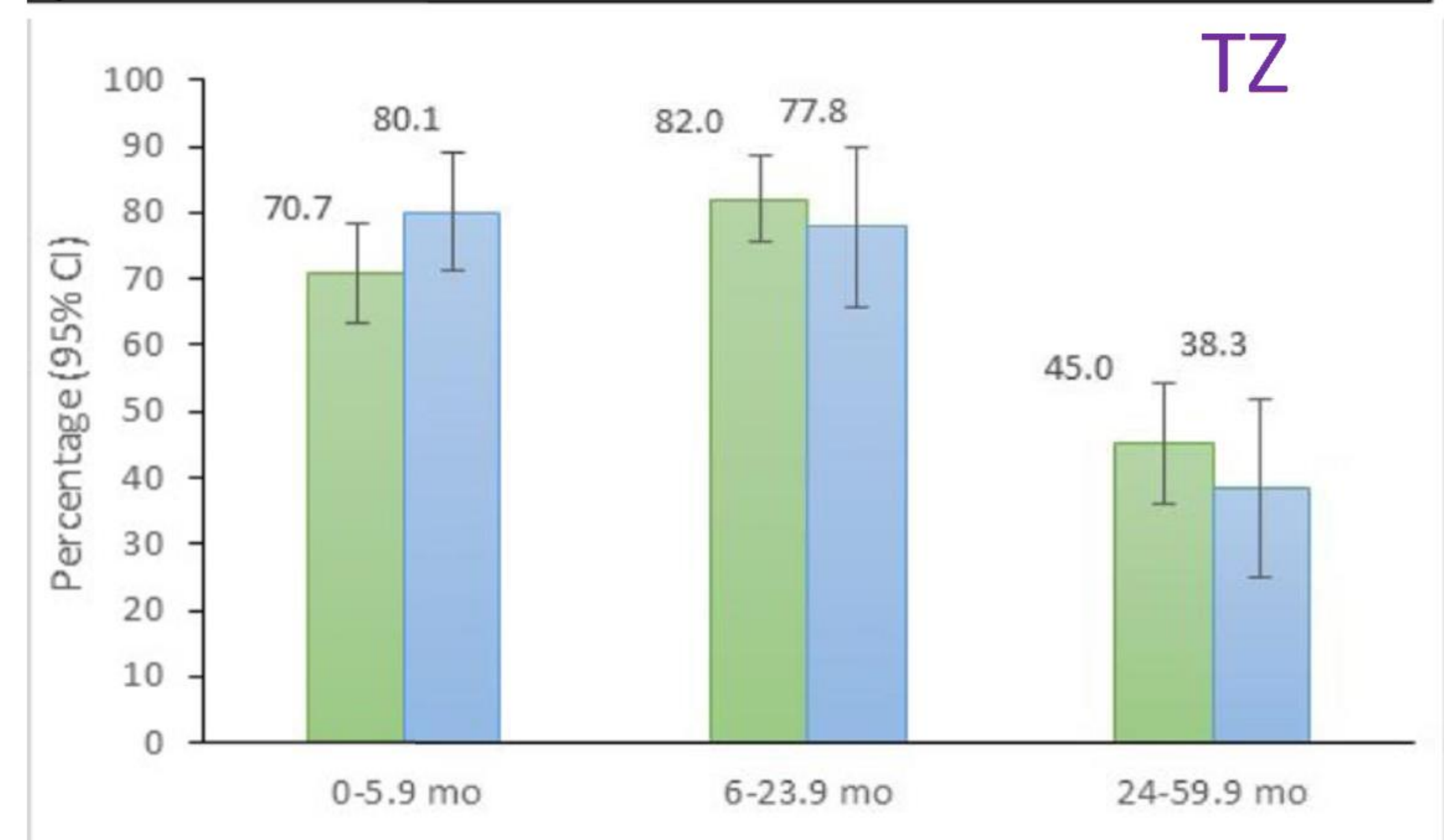
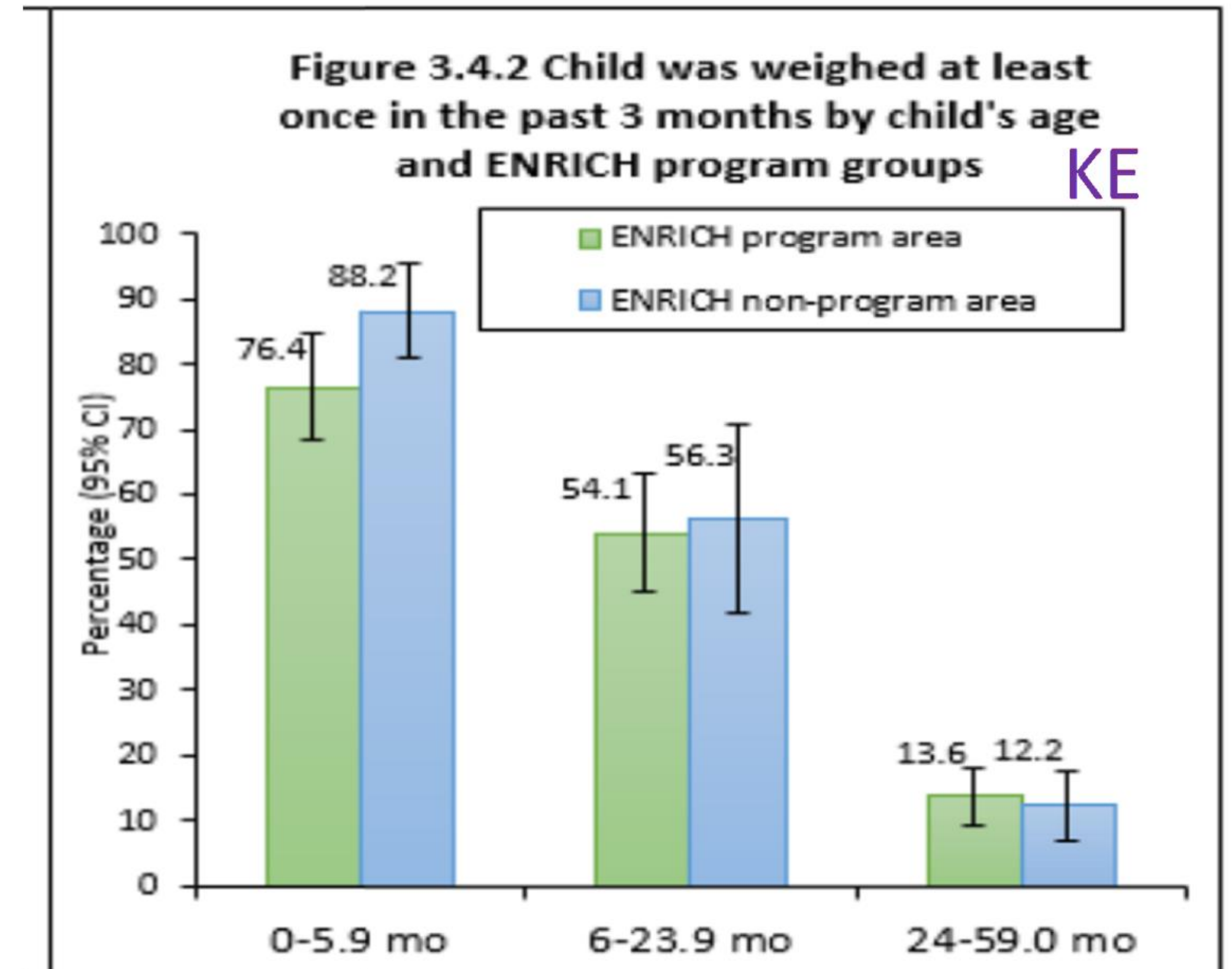




# SERVICE COVERAGE: CHILD WEIGHT MEASURED W/I LAST 3 MO

*EAST AFRICA*

BELOW 100%

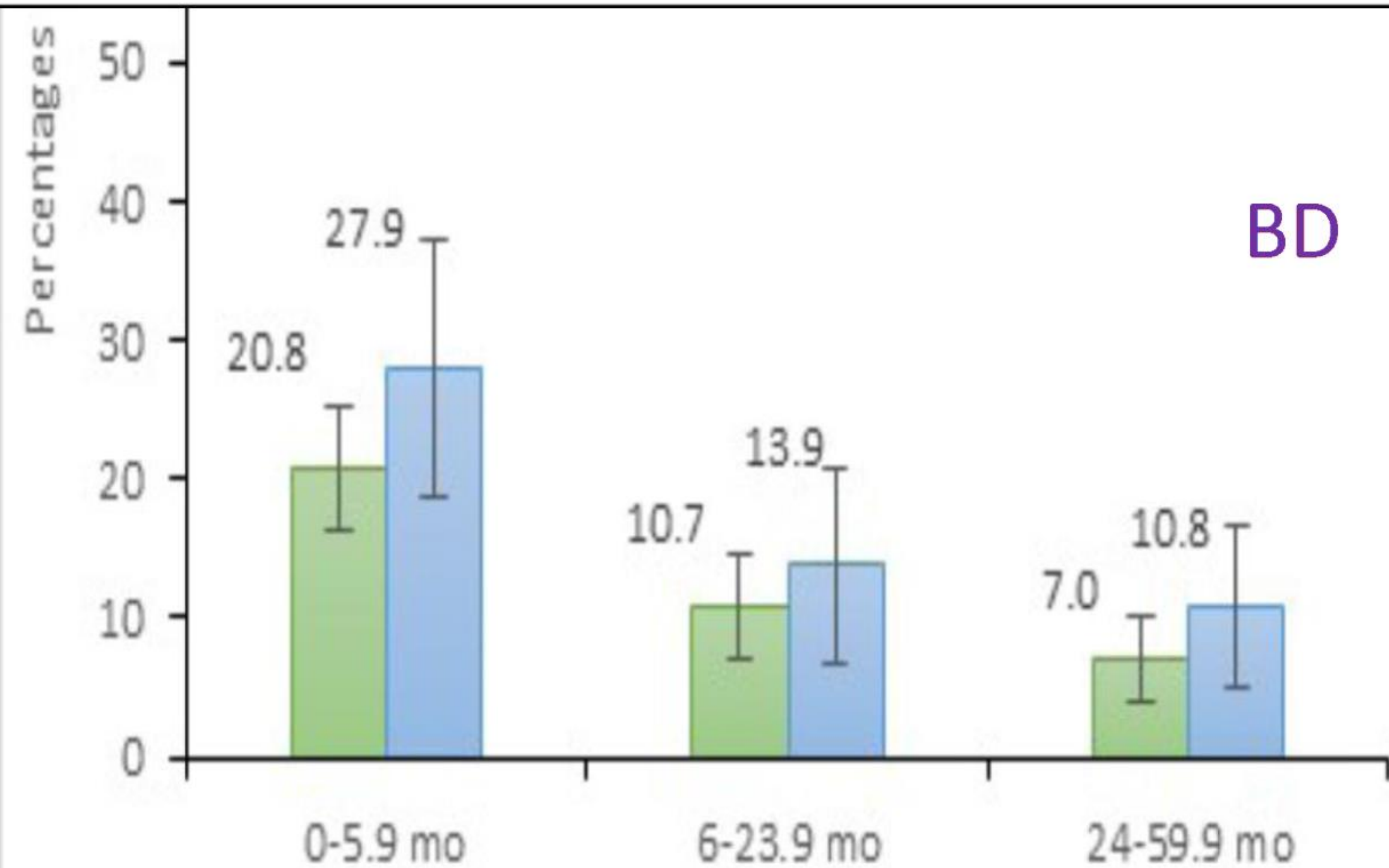
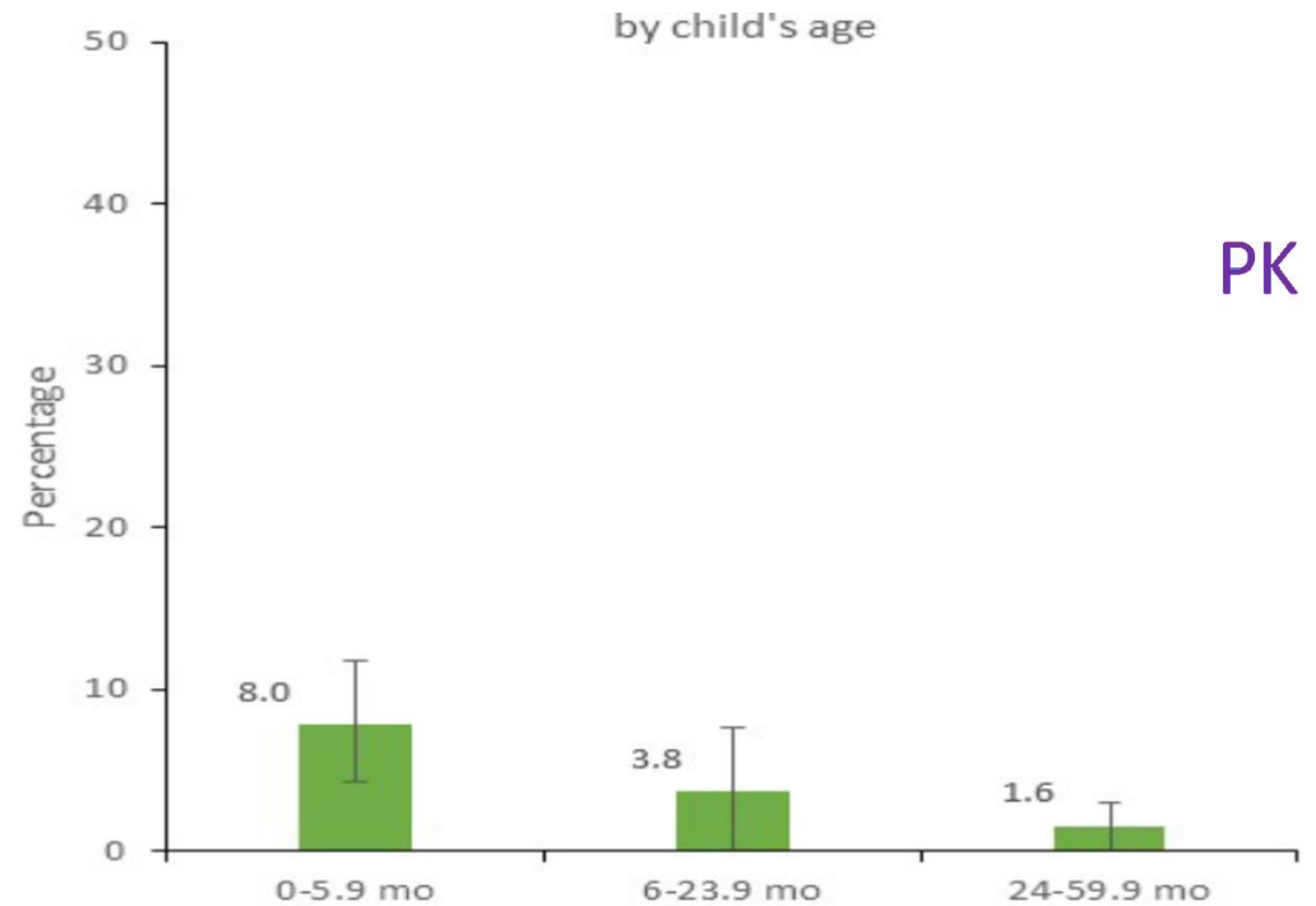




**SERVICE COVERAGE:  
CHILD WEIGHT  
MEASURED W/I  
LAST 3 MO**

***SOUTH ASIA***

**BELOW 10%**





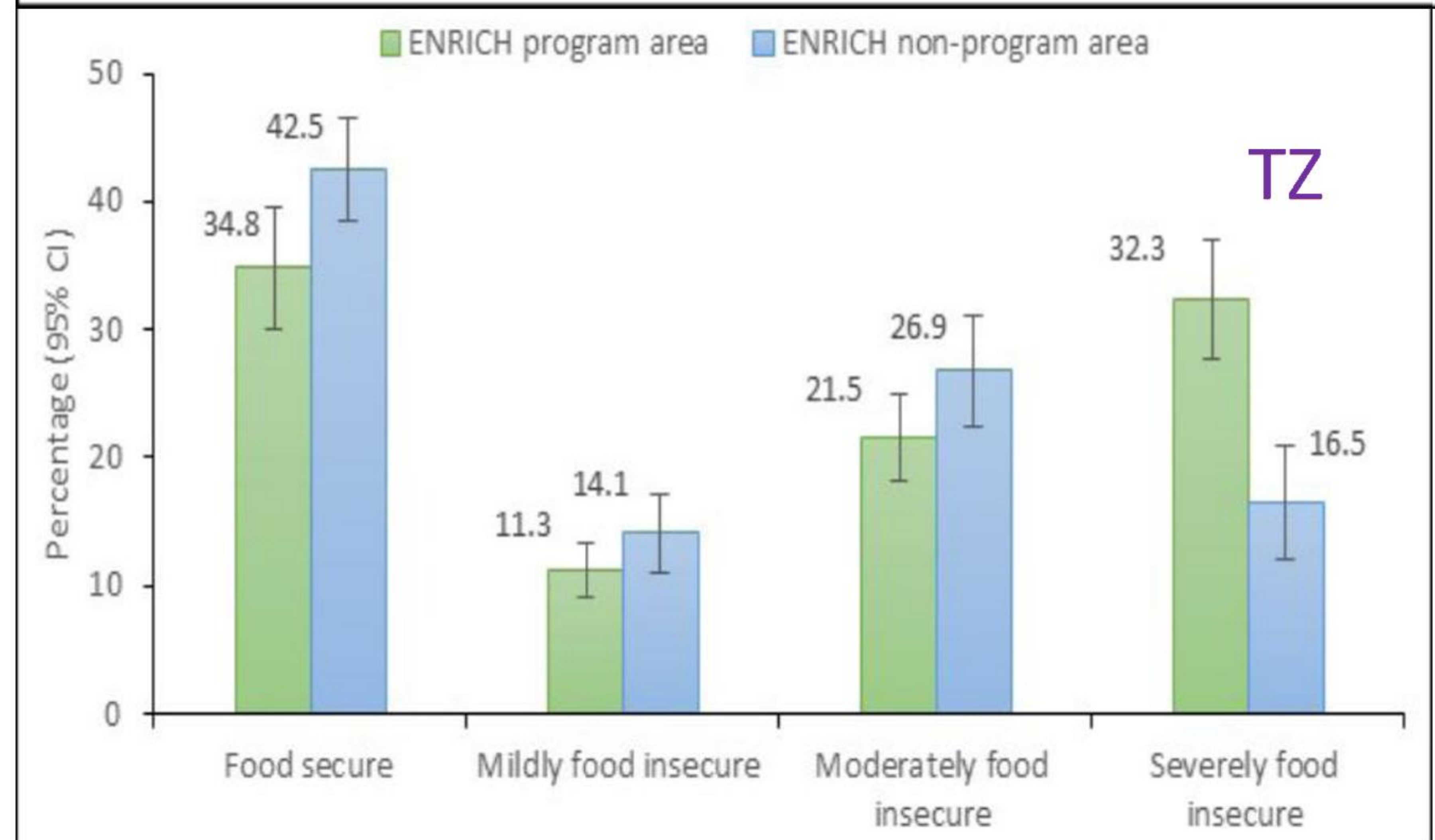
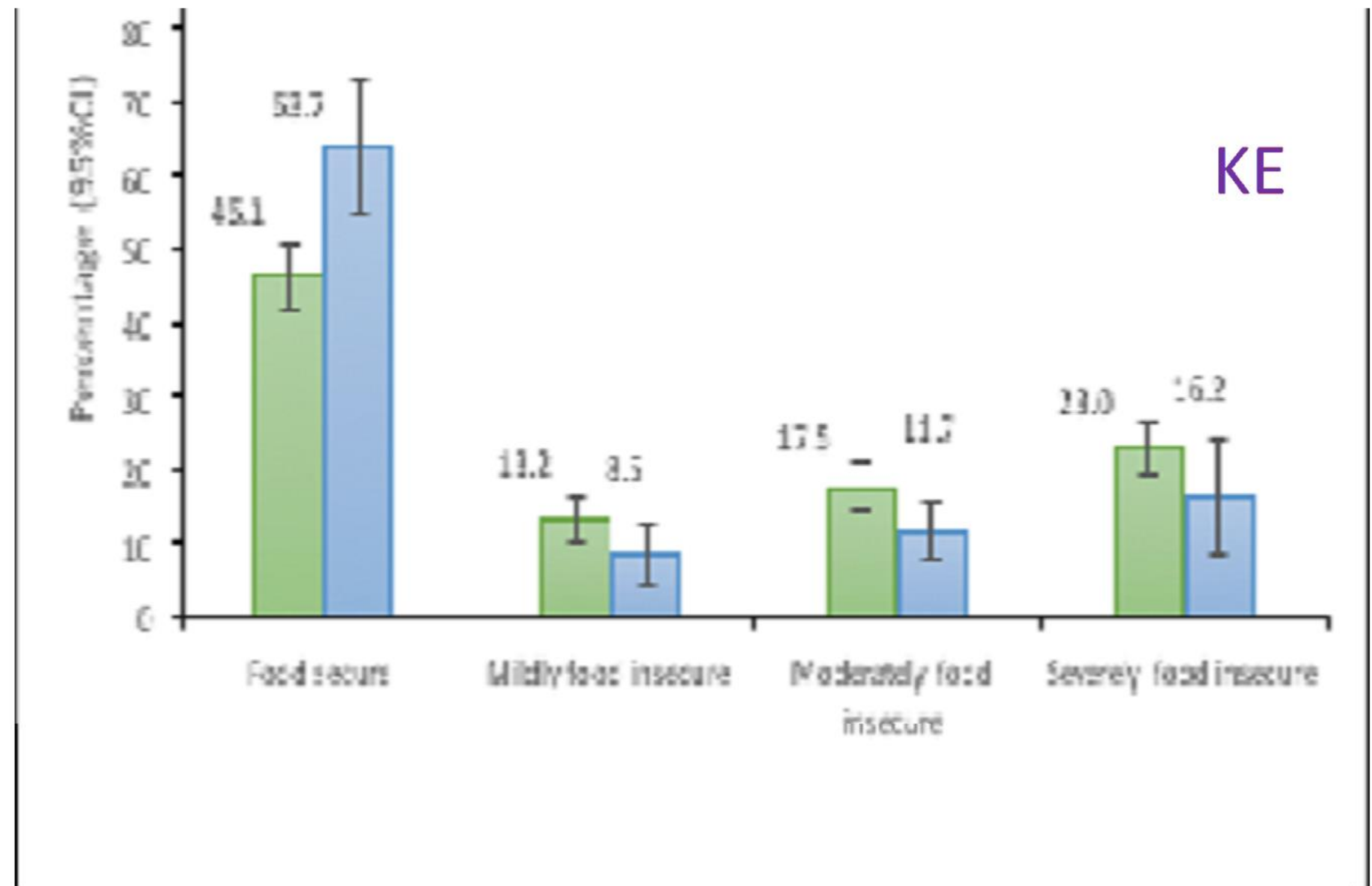
# HOUSEHOLD FOOD INSECURITY

## *EAST AFRICA*

LESS THAN HALF OF ALL HH  
WITH YOUNG KIDS ARE  
FOOD SECURE

FOOD INSECURITY RATES HIGH  
IN PROGRAM AREAS

HIGHEST IN TANZANIA





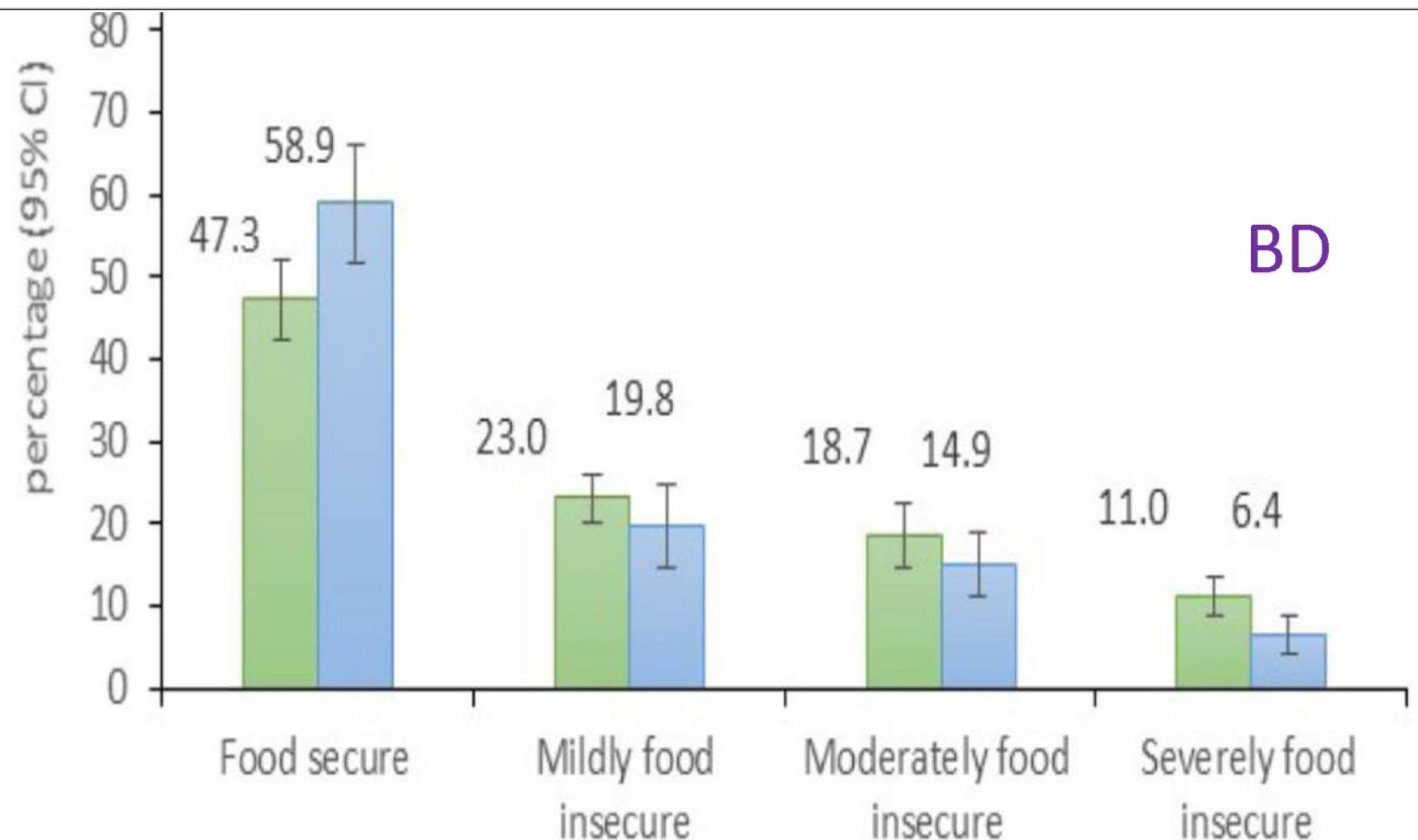
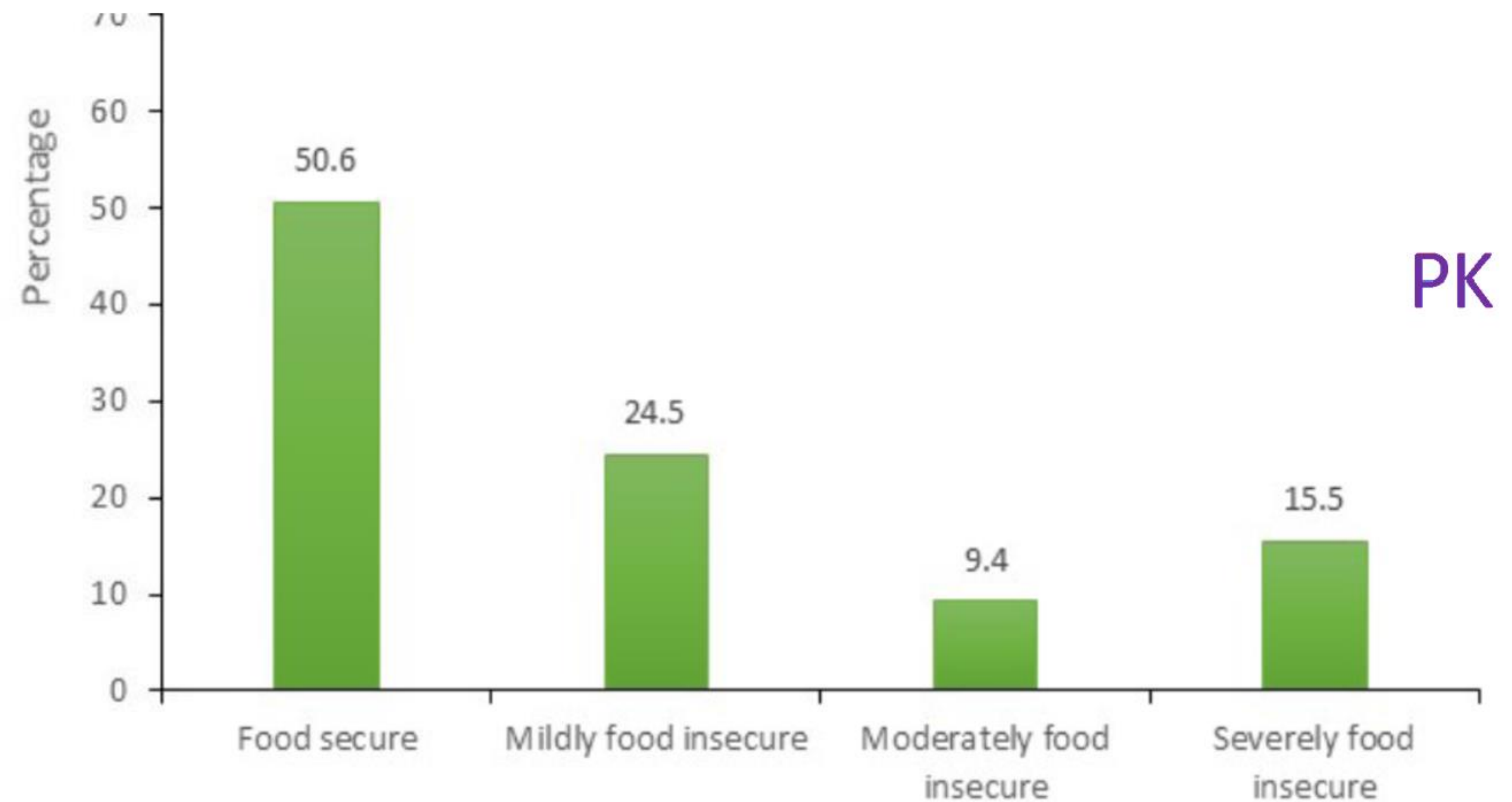
# HOUSEHOLD FOOD INSECURITY

## *SOUTH ASIA*

BARELY HALF OF ALL HH  
WITH YOUNG KIDS ARE  
FOOD SECURE

FOOD INSECURITY RATES HIGH  
IN PROGRAM AREAS

DIFFERENT SOCIAL GRADIENTS





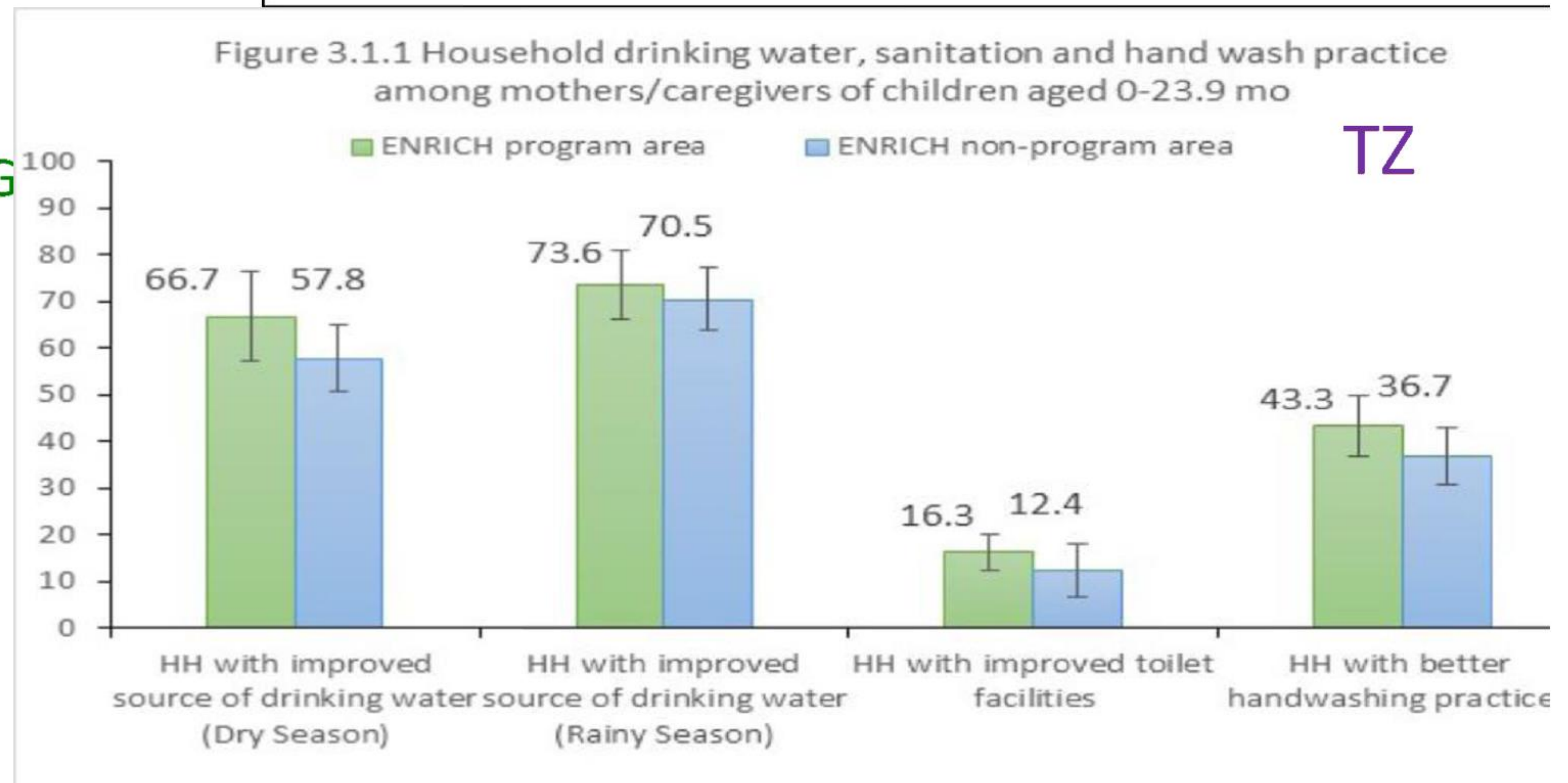
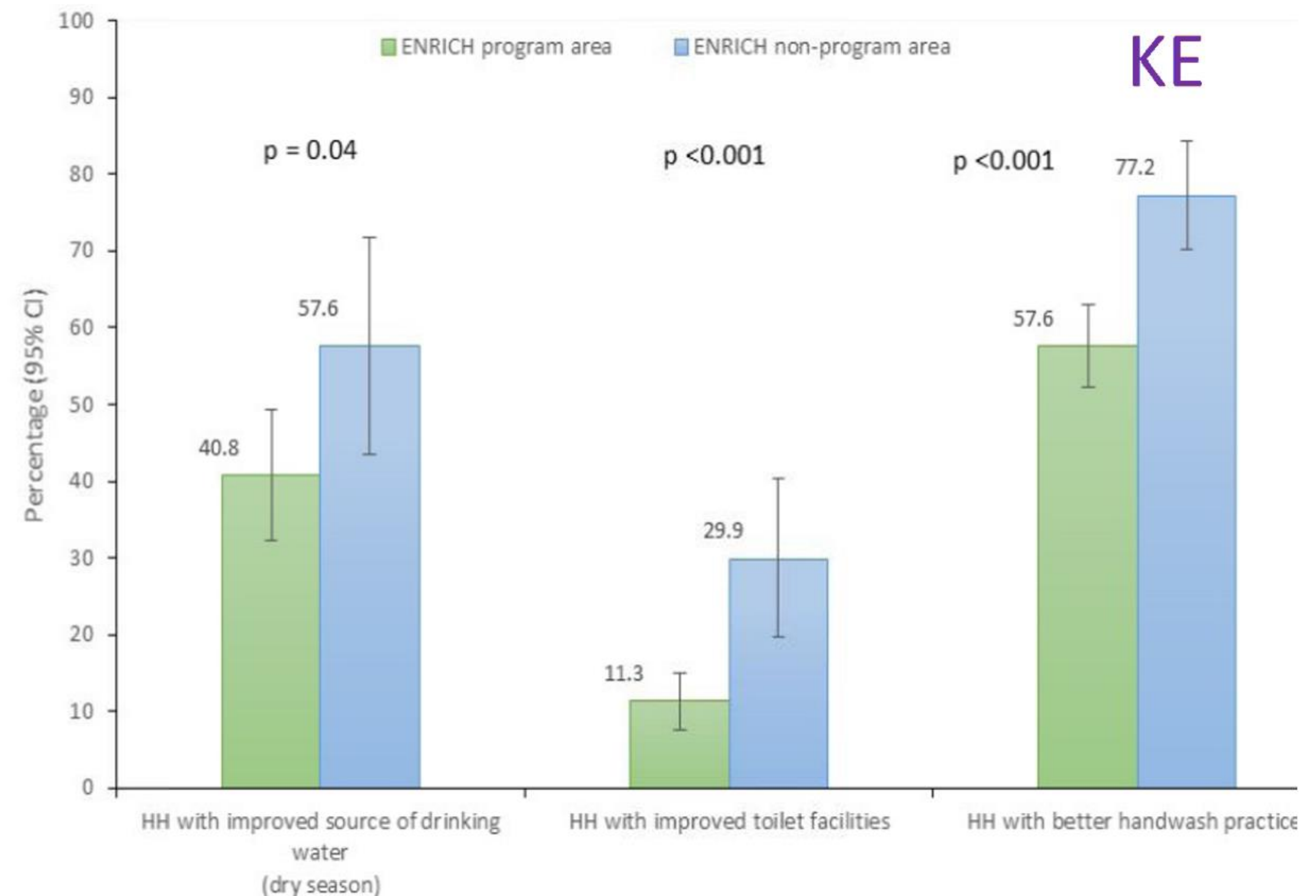
# WATER, SANITATION, WASH PRACTICES

## EAST AFRICA

< 2/3 HH ACCESS IMPROVED WATER

< 20% IMPROVED TOILETS

< 60% BETTER HANDWASHING





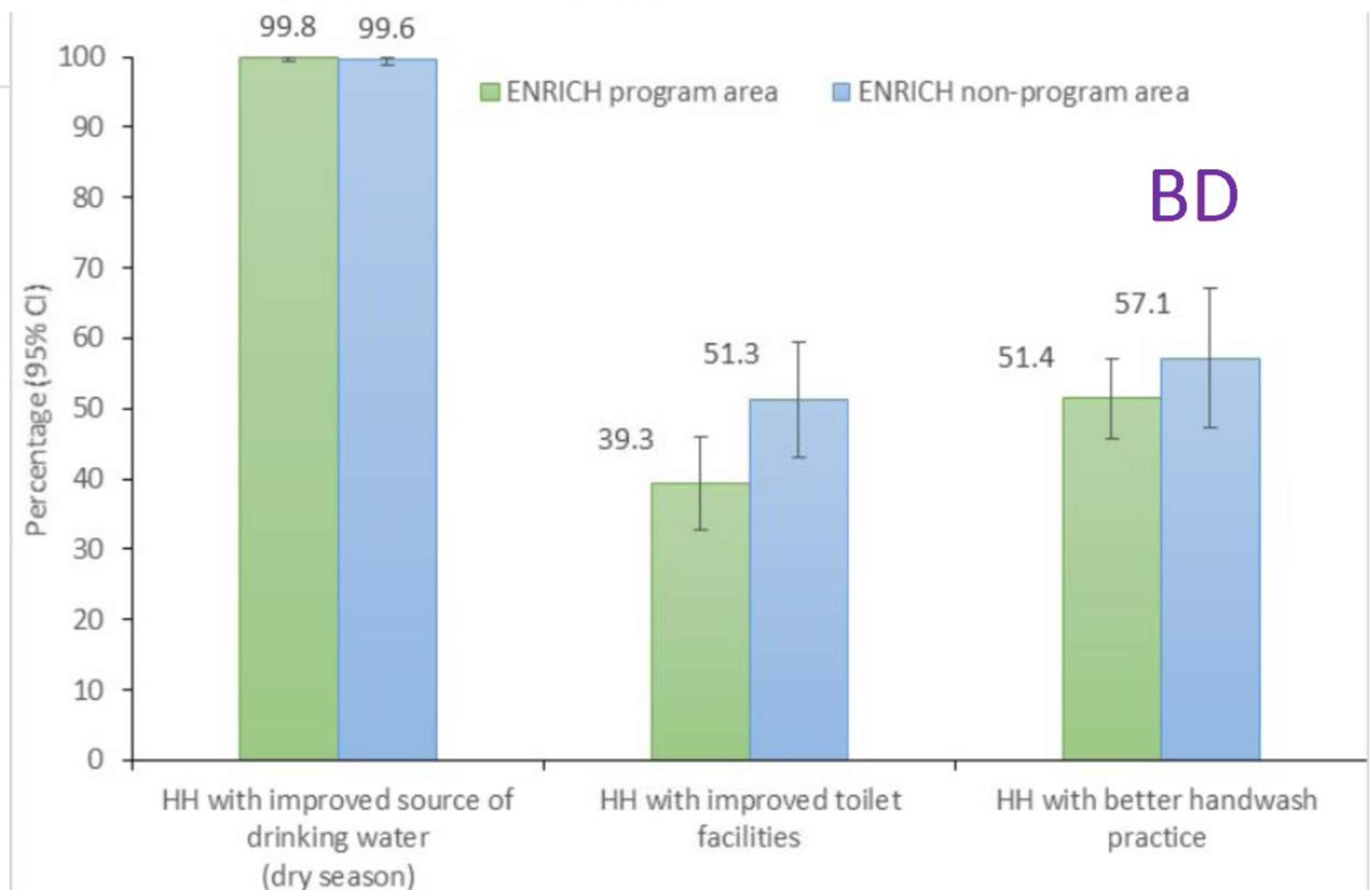
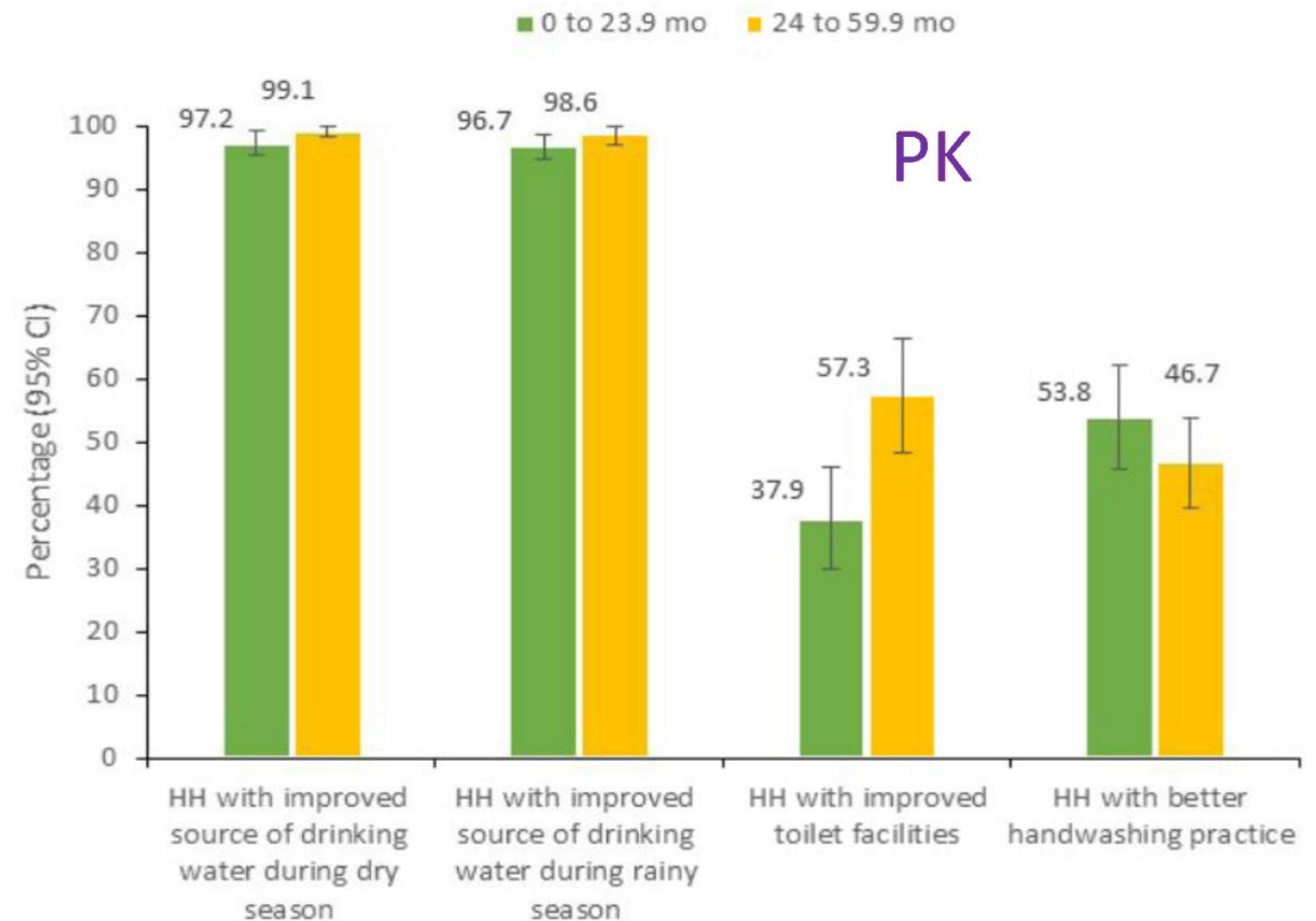
# WATER, SANITATION, WASH PRACTICES

## SOUTH ASIA

> 95% ACCESS IMPROVED WATER

<50% IMPROVED TOILETS

~50% BETTER HANDWASHING PRACTICES





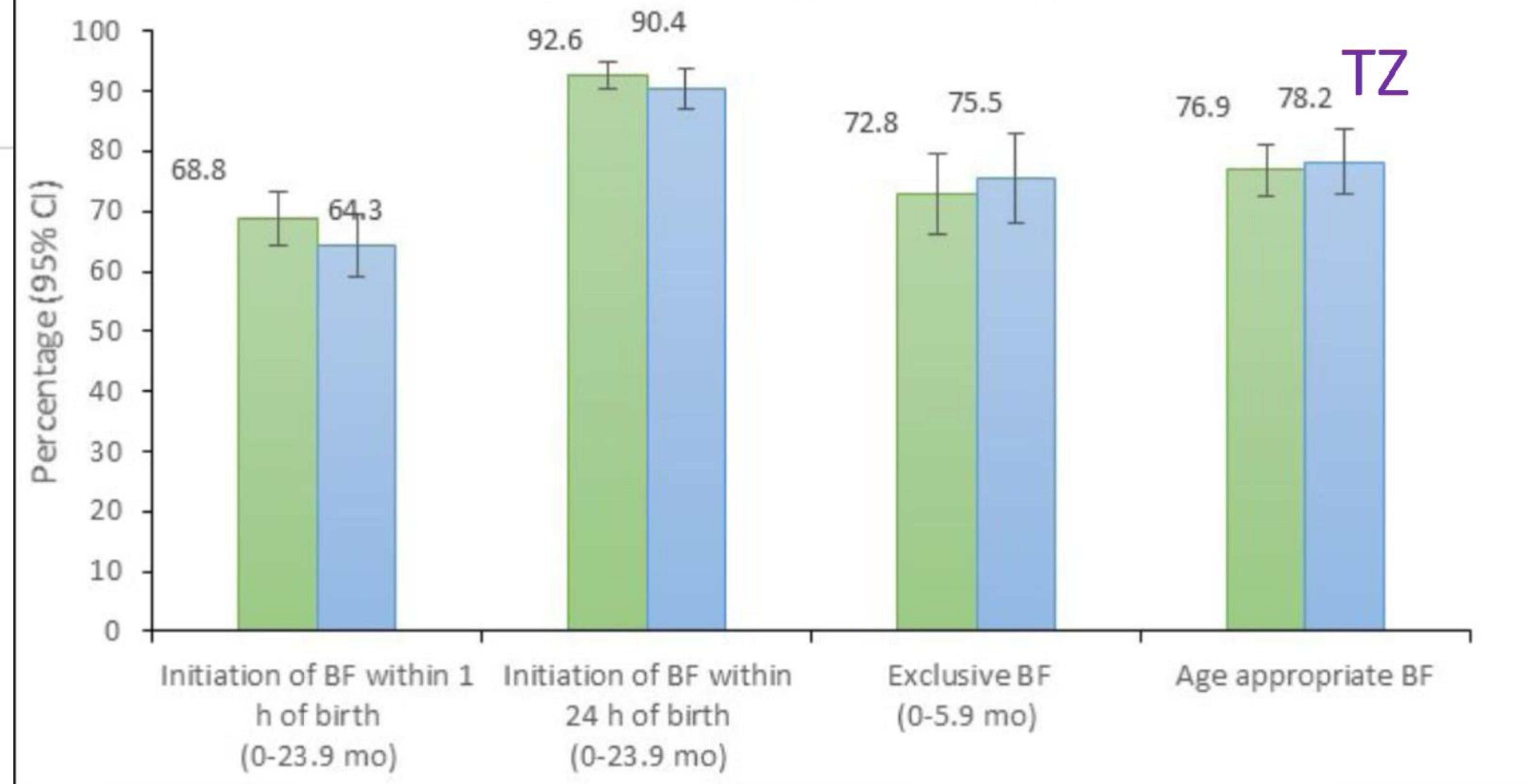
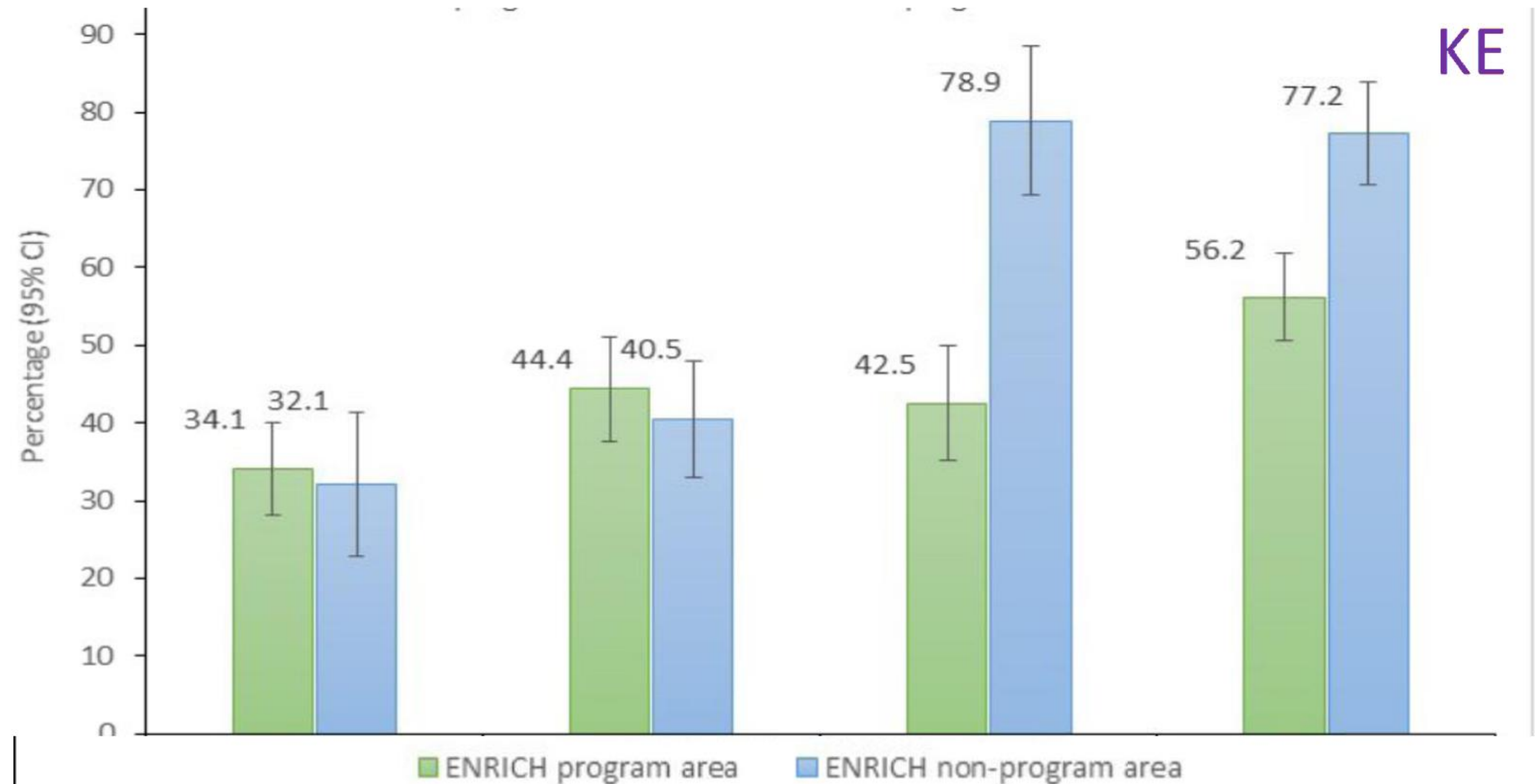
# BREAST FEEDING, 0-24 MO

## EAST AFRICA

HIGH RATES

LIMITED TIMELY  
INITIATION, ESP. KENYA

NEED TO PROTECT EBF





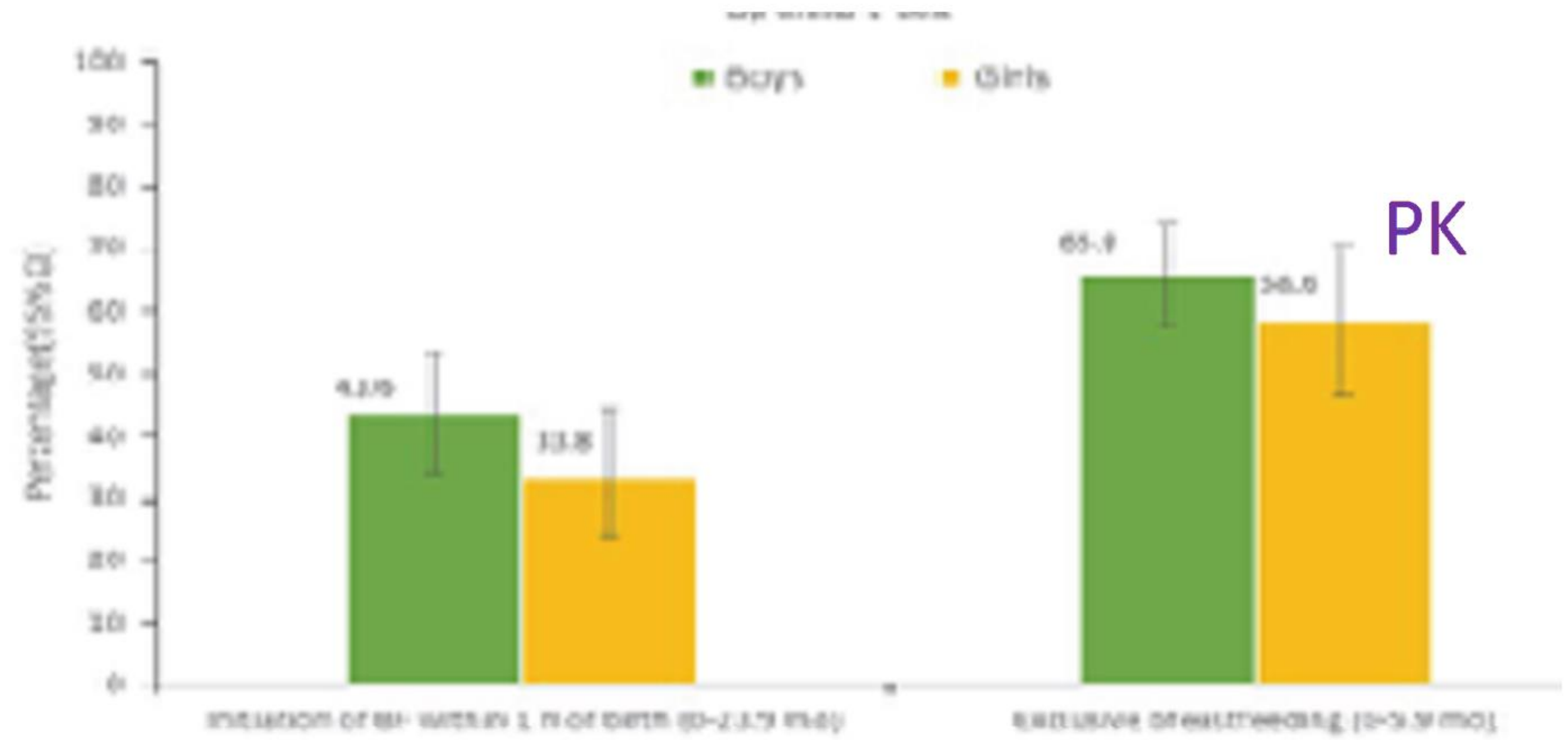
# BREAST FEEDING, 0-24 MO

## SOUTH ASIA

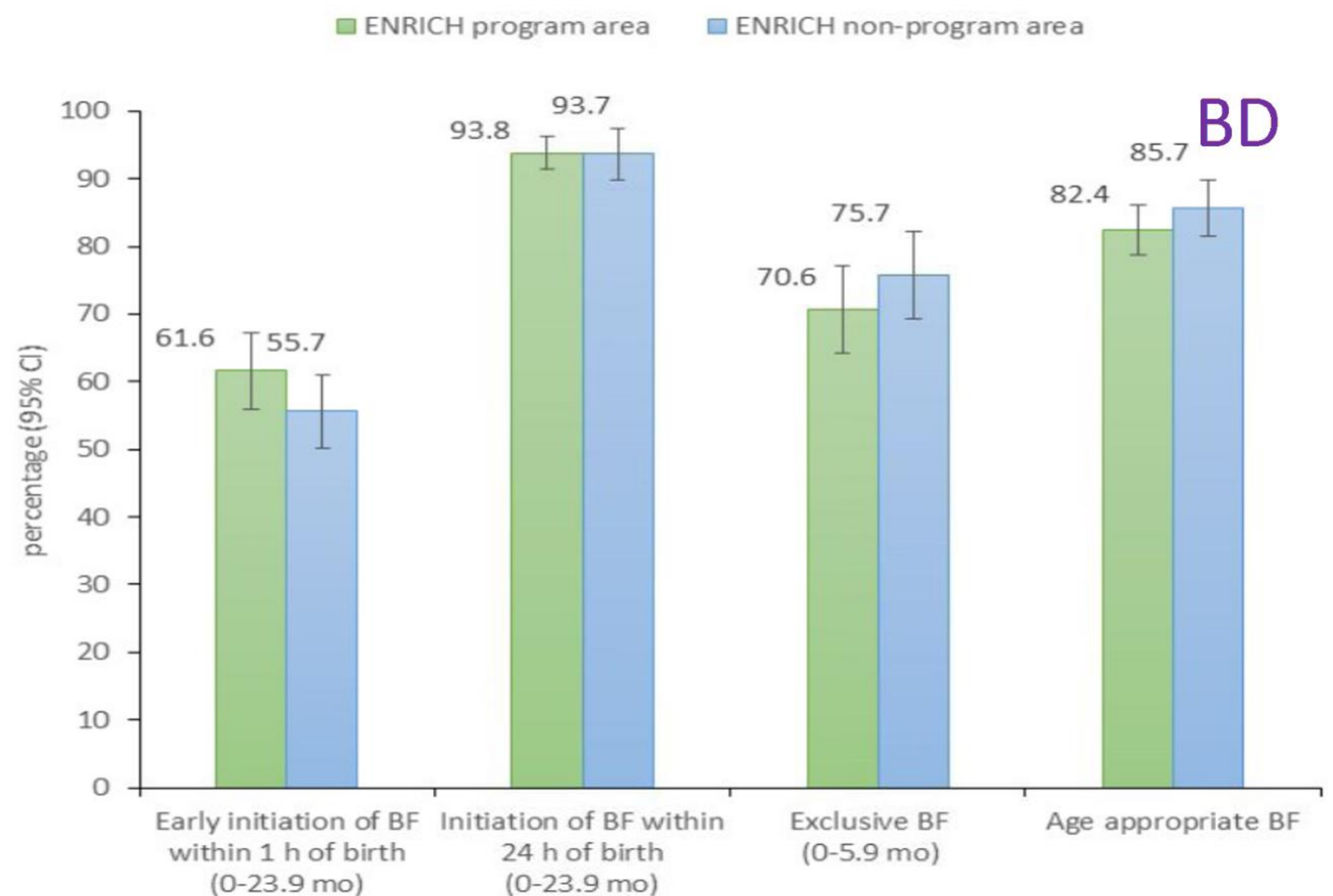
HIGH RATES

LIMITED TIMELY  
INITIATION

NEED TO PROTECT EBF



PK



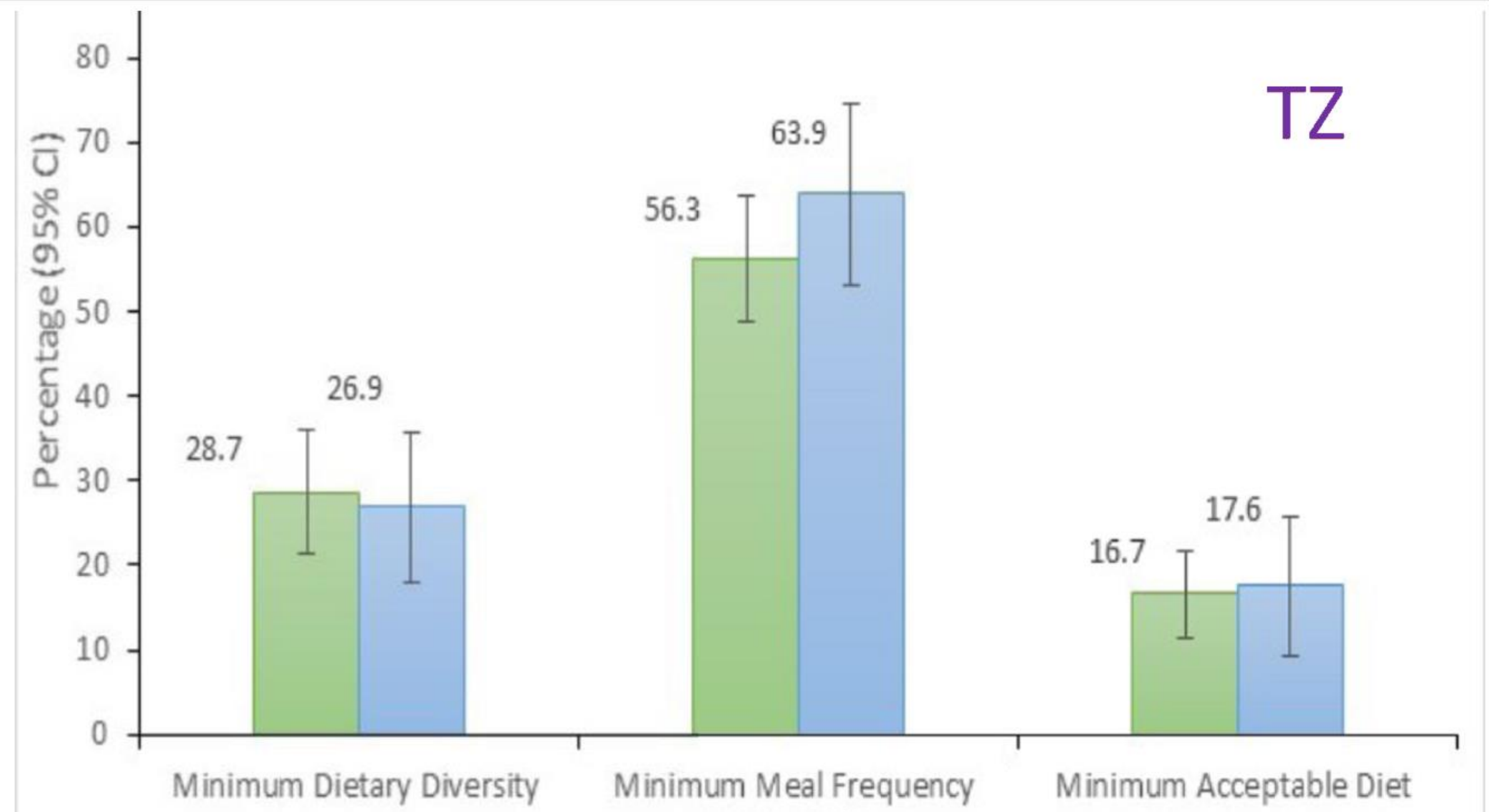
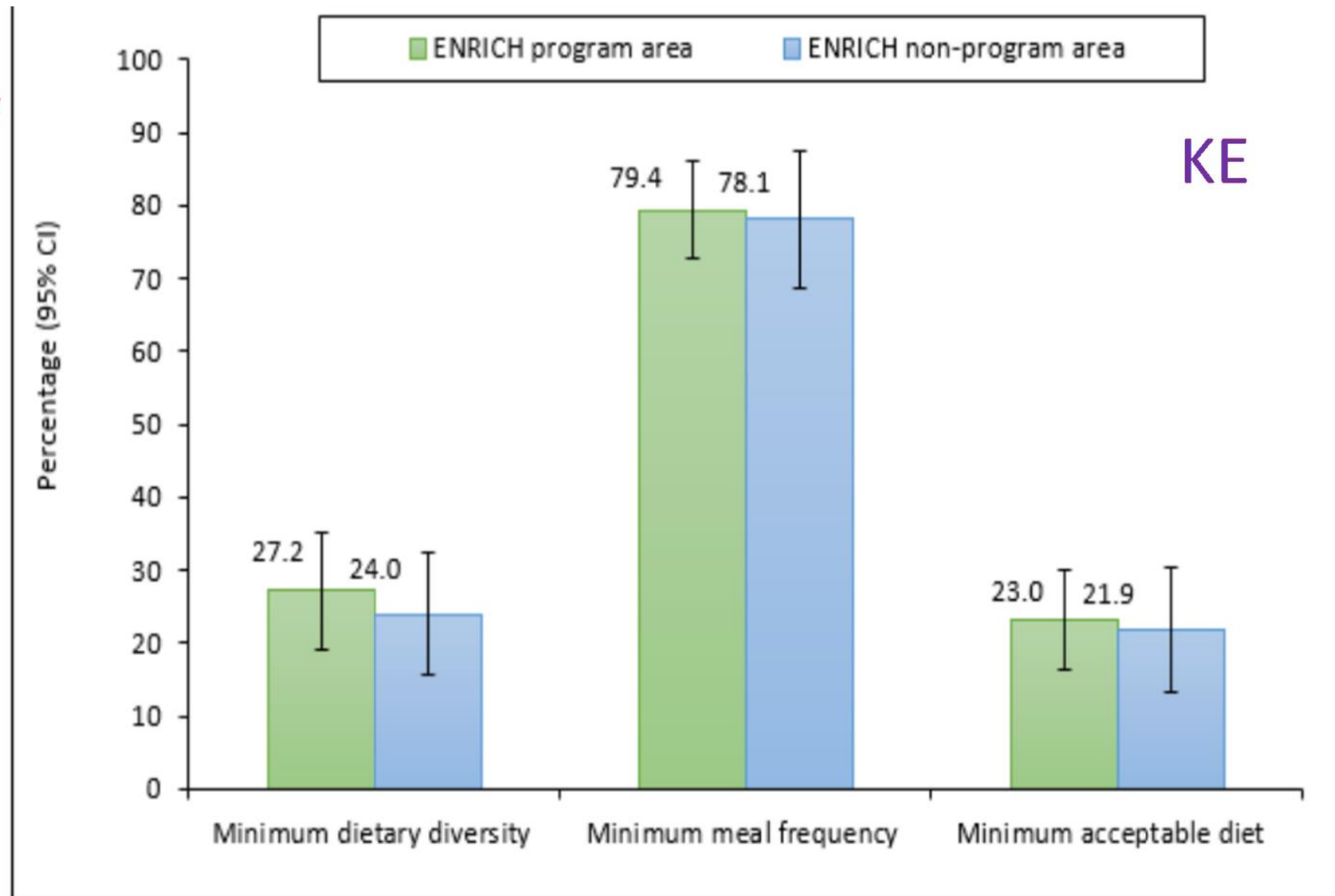
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# COMPLEMENTARY FEEDING

## EAST AFRICA

FEW KIDS MEET MINIMUM  
DIETARY DIVERSITY,  
ACCEPTABLE DIET,  
MEAL FREQUENCY



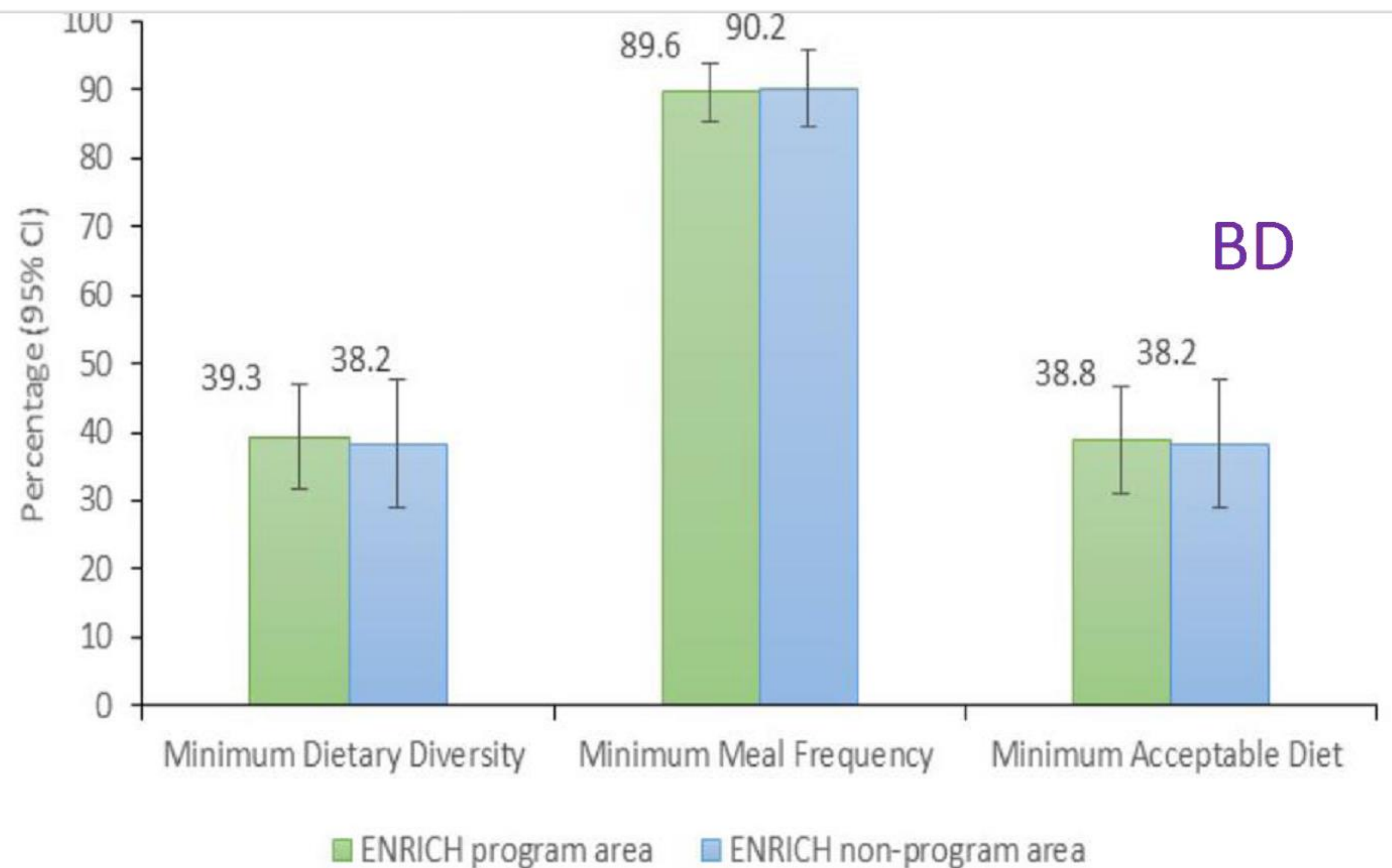
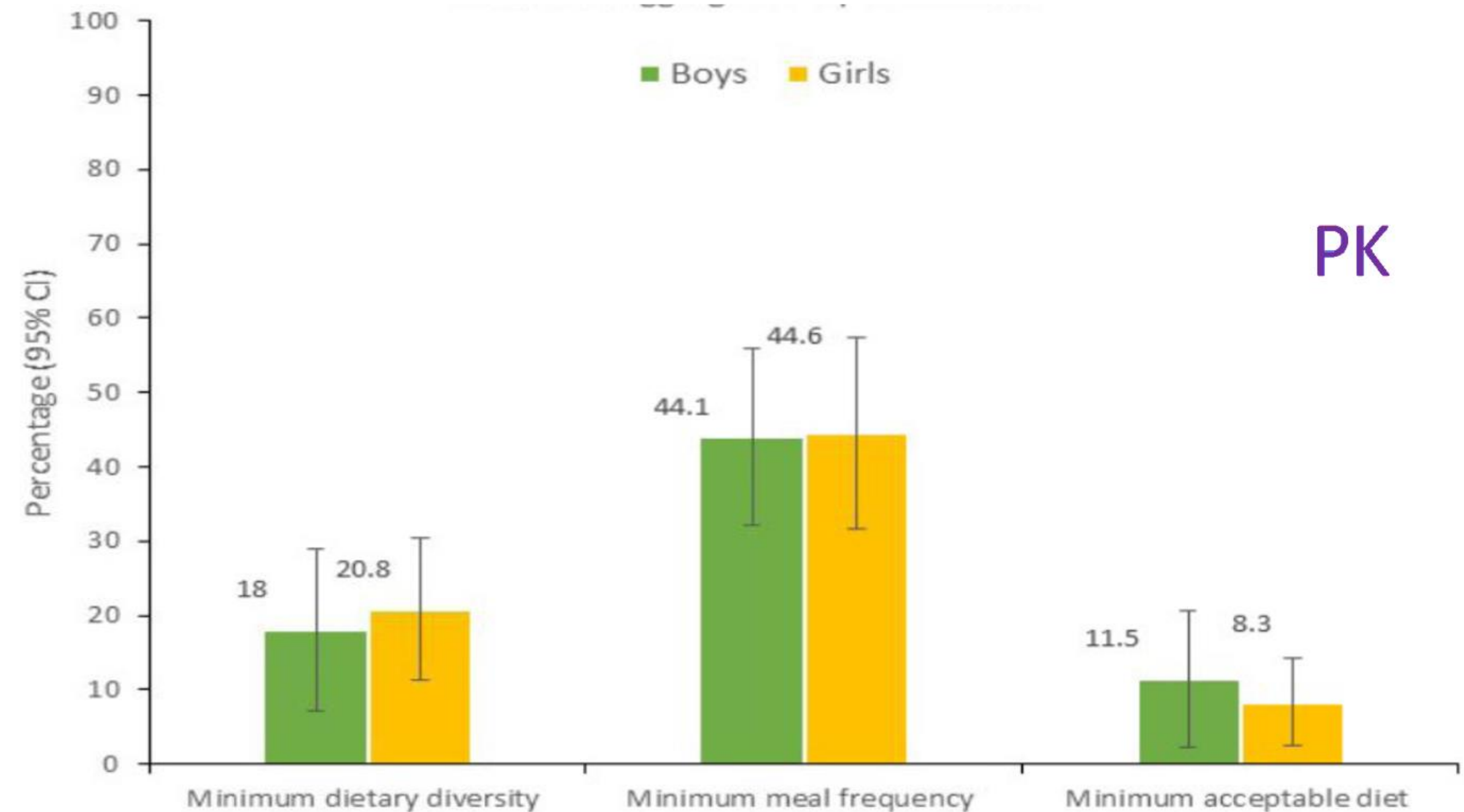


# COMPLEMENTARY FEEDING

## SOUTH ASIA

FEW KIDS MEET MINIMUM  
DIETARY DIVERSITY,  
ACCEPTABLE DIET,  
MEAL FREQUENCY (PAKISTAN)

LITTLE APPARENT GENDER BIAS







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# RECOMMENDATIONS FOR PROGRAM DESIGN

Opportunities to address several key underlying causes of malnutrition operate in all the ENRICH program areas, e.g.

- Weak prenatal, newborn and postnatal service provision
- Assessed health facility needs largely match PIP
- Low coverage of specific services, contacts, information
- High food insecurity, Low maternal child dietary diversity
- Inadequacy of toilets, handwashing, seasonal water
- Potential for improved practices: hygiene + child diet
- Low maternal education, Low female decision making



# THANK YOU

*And thanks to the many participants, and to  
individuals, organizations and host governments...*



# **SPECIAL THANKS: CANADA-BASED PERSONS**

## **University of Toronto (UofT)**

**Marieme Lo**, Professor of Women and Gender Studies

**Rehim Moineddin**, Professor of Epidemiology

**Lee Vernich**, Director, Office of Research Development and Support Services

**Fan Zhang**, Research Finance Officer

**Shiela van Landeghem**, Research Funding Manager, Research Services Office

**Daniel Gyewu**, Research Ethics Manager

**Drew Gyorke**, Director, Agency & Foundation Funding, Research Services Office

## **World Vision Canada (WVC)**

**Aaron Mok**, Program Information Manager, Evidence & Impact

**Moses Warukira**, Finance Officer)

**Abena Thomas**, ENRICH Grant Manager / M&E Advisor

**Melanie Gillespie**, Team Lead, Monitoring & Evaluation, Grant Acquisition & Management

**Dr. Asrat Dibaba**, Chief of Party, ENRICH Program



## **SPECIAL THANKS: ENRICH KENYA (2016-17)**

### **Egerton University (EU)**

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**Catherine Sarange, Field Supervisor**

**Samwel Mbugua, Senior Research Coordinator**

### **World Vision Kenya (WVK)**

**Linda Mdhune, Project Manager ENRICH**

**Godfrey Wapangana, Project Nutrition Officer ENRICH**

**Moses Kiptugen, Area Programmes Manager, Elgeyo  
Marakwet Cluster**



# **SPECIAL THANKS: ENRICH TANZANIA (2016-17)**

## **Enhance Tanzania Foundation (ENTAF)**

**Hadija Kweka**, Executive Director),

**Advocatus Kakorozya**, Project Coordinator

**Fred Lwillajr**, Field Supervisor

**Neema Wilson**, Field Supervisor

**Kelvin Maokola, Josephine Shabani, Safina Juael**, accounting support

**Dr Sebalda Leshabari**, technical and ethics advisor

## **World Vision Tanzania (WVT)**

**Pastory Ushindi**, Monitoring & Evaluation Specialist

**Rester Boniface**, District Project Coordinator

**Mwivano Malimbwi**, Project Manager. ion & Management



# **SPECIAL THANKS: ENRICH BANGLADESH (2016-17)**

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**Muhammad Jakir Hossain**, Senior Manager, Finance & Accounts

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**Imran Ahmed Chowdhury**, Sr. Research Associate),

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**Afzal Aftab**, Research Coordinator

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**Begum Zerina Reshma**, Project Manager ENRICH

**Chandan C. Gomes**, Guest Relations Event Mgt-Coordinator

**Md. Al Mamun Hossain** (Regional Security Officer)



# INDIVIDUALS: ENRICH PAKISTAN (2016-17)

## Aga Khan University (AKUP)

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**Mukhtiar Channa**, field coordinator

**Mr. Ikram Maznani** (Research Associate, gender assessment

**Dr. Tariq Ahmad Samejo**, Research Associate, Health Facility Assessment

**Mr. Basharat Hussain**, Research Associate, Household survey

**Mr. Imtiaz Hussain**, Senior Manager Research).

## World Vision International Pakistan (WVK)

**Touseef Abbas** (Project Manager – ENRICH, Pakistan).