ENRICH BASELINE EVALUATION:
HIGH LEVEL FINDINGS IN 4 COUNTRIES

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BOUNDLESS
OVERVIEW

Overview of baseline study activities

Analysis and key findings

Recommendations

Canada

World Vision
OVERVIEW

Overview of baseline study activities

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Recommendations
# RESEARCH PARTNERS: OVERSIGHT + DESIGN

<table>
<thead>
<tr>
<th>Country Research Partner organization / Unit</th>
<th>National ethics approval</th>
<th>Evaluation Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Toronto (UofT), DLSPH, CCNH</td>
<td>Office of Research Ethics Health Sciences Research Committee Protocol ID 33246</td>
<td>“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;</td>
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<tr>
<td>Egerton University (EU)</td>
<td>EU Ethical Review Committee (ERC) + National Commission for Science, Technology and Innovation (NACOSTI)</td>
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<tr>
<td>Enhance Tanzania Foundation (ENTAF)</td>
<td>Medical Research Coordination Committee of National Institute of Medical Research (NIMR)</td>
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</tr>
<tr>
<td>James P Grant School of Public Health at BRAC University (JPGSPH)</td>
<td>JPGSPH, BRAC University Ethical Review Committee (ERC)</td>
<td></td>
</tr>
<tr>
<td>Aga Khan University, Pakistan (AKUP)</td>
<td>Aga Khan University Ethical Review Committee (ERC)</td>
<td>“Adequacy design”: pre-and post- evaluation, without any non-program comparison group *</td>
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</table>

*vertical national programs do not allow disparities in interventions*
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<tbody>
<tr>
<td>- Recruitment and orientation of ENRICH UoF T M&amp;E team</td>
<td>- Finalization of baseline protocol</td>
<td>- Finalization of baseline budget</td>
<td>- Execution of UoF-T-CRP sub-agreement</td>
<td>- Execution of fund transfer</td>
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<tr>
<td>- Identification and orientation of in-country partners</td>
<td>- Development of tools and guidelines</td>
<td>- Finalization of sampling protocol</td>
<td>- Translation and adaptation of tools</td>
<td>- Recruitment and training of data collectors</td>
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<tr>
<td>- Development of baseline protocol</td>
<td>- Development of baseline budget</td>
<td>- Development of ODK template for digital data collection</td>
<td>- Data collection and ODK management</td>
<td>- Pretesting and finalization of tools</td>
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<tr>
<td>- Discussions on baseline plans &amp; methodologies</td>
<td>- Development of Terms of References (ToR)</td>
<td>- UoF-T &amp; in-country ethical approval</td>
<td>- Data cleaning and editing</td>
<td>- Data analyses &amp; tabulation of preliminary results</td>
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<td>- Submission of UoF-T Ethics application</td>
<td>- Submission of in-country ethics applications</td>
<td>- Execution of UoF-T-WVC agreements</td>
<td>- Sharing of preliminary results with WVNO's for validation and finalization</td>
<td>- Preparation of draft reports</td>
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<tr>
<td>- Sharing UoF-T-CRP sub-agreements</td>
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<td>- Development of field operation plans</td>
<td>- Submission of final reports</td>
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</tbody>
</table>

“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

Executive Summary

Conclusions and recommendations

Introduction

Annexes

Gender assessment results

Methodology

Health facility assessment results

Household survey results

> 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
<table>
<thead>
<tr>
<th>Country</th>
<th>Target</th>
<th>Achieved</th>
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<tbody>
<tr>
<td></td>
<td>Program</td>
<td>Non Program</td>
</tr>
<tr>
<td>Kenya</td>
<td>1,248</td>
<td></td>
</tr>
<tr>
<td></td>
<td>832</td>
<td>416</td>
</tr>
<tr>
<td></td>
<td>M 414</td>
<td>F 444</td>
</tr>
<tr>
<td></td>
<td>(48%)</td>
<td>(52%)</td>
</tr>
<tr>
<td>Tanzania</td>
<td>1,404</td>
<td></td>
</tr>
<tr>
<td></td>
<td>936</td>
<td>468</td>
</tr>
<tr>
<td></td>
<td>M 434</td>
<td>F 501</td>
</tr>
<tr>
<td></td>
<td>(46%)</td>
<td>(54%)</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>1,326</td>
<td></td>
</tr>
<tr>
<td></td>
<td>884</td>
<td>442</td>
</tr>
<tr>
<td></td>
<td>M 460</td>
<td>F 421</td>
</tr>
<tr>
<td></td>
<td>(52%)</td>
<td>(48%)</td>
</tr>
<tr>
<td>Pakistan</td>
<td>936</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M 528</td>
<td>F 414</td>
</tr>
<tr>
<td></td>
<td>(56%)</td>
<td>(44%)</td>
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</table>
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

ENRICH program area
ENRICH non-program area

BD

PK
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
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

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Marieme Lo, Professor of Women and Gender Studies
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Fan Zhang, Research Finance Officer
Shiela van Landeghem, Research Funding Manager, Research Services Office
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Mr. Imtiaz Hussain, Senior Manager Research).

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