Research and Evaluation Findings from a Multi-sectoral Nutrition Project

Challenges, Achievements, and Lessons Learned from Three Countries

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Presentation Outline

• SPRING program in the three countries
• Research and evaluation challenges in a multi-sectoral nutrition project in low-resource settings
• Results and achievements
• Discussion and lessons learned
SPRING’s Mission

**Strengthen** global and country efforts to **scale up** high impact nutrition practices

**Prevent** stunting and anemia in the first 1,000 days

**Link** agriculture and nutrition under Feed the Future

**Create** social and behavior change for improved nutrition outcomes

*Six-year, USAID centrally-funded Cooperative Agreement (October 1, 2011–September 30, 2017)*
Multi-sectoral Approach

- Health
- Agriculture
- WASH

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SPRING Country Programs and Technical Assistance
Focus on Bangladesh, Ghana, and Kyrgyzstan

- Integrated approach through health, agriculture, WASH in all three countries
- Intensive interventions – repeated messages through multiple channels
- Different nutrition situations; different challenges and sets of activities
- SPRING operating for 2+ years
- Data available on outcome indicators
SPRING Program in the Three Countries

• Bangladesh
  – Farmer nutrition schools (FNS) teach essential nutrition and hygiene actions (ENA/EHA)
  – Building capacity of health facilities – community clinics
  – Agriculture extension agents

• Ghana
  – 1000-day household approach – intensively reaching communities with integrated approach
  – Building capacity of health facilities – both static and Community-based Health Planning and Services sites (CHPS)

• Kyrgyz Republic
  – Outreach through community activists (11 different topics)
  – Building capacity of health facilities – various levels
SPRING Monitoring and Evaluation Approach

• Overall SPRING “performance monitoring plan” (PMP)

• Countries develop M&E plans (AMEPs) tailored to their needs
  – Both routine and periodic (outcome) indicators
M&E Challenges for a Multi-sectoral Nutrition Project

- Complex theory of change for stunting
- Wide variety of objectives and interventions across countries
- Different funding sources – different reporting requirements

Few common indicators across countries/ lack of standardization

- Lack of baseline data in some countries
- Challenges (and opportunities!) of third party M&E projects
- National HMIS usually have few nutrition indicators
- Short time period to change outcomes at scale
- Capacity/ resources
M&E Response in Kyrgyz Republic – Outcome Indicators

- Third-party household (HH) survey planned but did not occur
- SPRING led (contract to local research firm):
  - Baseline and endline HH surveys with control group
  - Two midpoint “Winter Diet Diversity Surveys” (WDDS)
  - Focus group discussions (FGDs) following 2\textsuperscript{nd} WDDS
M&E Response in Ghana – Outcome Indicators

• Third-party projects contracted by USAID to do baseline and endline surveys for USG zone of influence (facility and HH surveys)

• SPRING conducted “midpoint” surveys of facilities and beneficiary HHs
M&E Response in Bangladesh – Outcome Indicators

• Third-party population-based surveys on key nutrition outcomes in Feed the Future zone of influence

• SPRING studies:

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<thead>
<tr>
<th>Name of Study</th>
<th>Surveys</th>
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<td></td>
<td>BL - EL</td>
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<tr>
<td>Handwashing (“Tippy Tap”) study</td>
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<tr>
<td>“Cohort Study”</td>
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<td>“Spillover Study”</td>
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<td>WEAI</td>
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<td>“FSNSP +” (SPRING Baseline – Endline)</td>
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Select Results

- Diet diversity – Kyrgyz Republic
- Handwashing – Ghana
- Infant and Young Child Feeding (IYCF) – Bangladesh
Women’s Diet Diversity – Kyrgyz Republic

- BL Oct 2014: WDDS1 Apr 2015; WDDS2 Apr-May 2016

N = 300 in each region, each survey
Diet Diversity – Kyrgyz Republic, cont.

- Select nutrient-rich food groups consumed, first 3 surveys
- Most groups showed expected patterns; some anomalies
Findings and Lessons: DD in Kyrgyz Republic

• Overall, significant increases in nutrient-rich foods between the two WDDS surveys - a few surprising findings

• Change in DD at population level possible with intensive, integrated interventions

• Explanations (qualitative research):
  – Nutrient-rich foods are available in markets in winter
  – People shift from own production in harvest times (limited variety), to market purchases in winter
  – Awareness of value of nutrient-rich foods, storage/preservation (SPRING contribution?)
Ghana: Existence of Handwashing Facility near Toilet

- Baseline by METSS, Feb-Apr 2015; endline planned for Apr-May 2017
- SPRING beneficiaries “midpoint” survey Apr-May 2016

### Baseline - 3rd Party
- 97.5%
- 2.5%

### SPRING Beneficiaries Survey
- 62%
- 38%

### Endline - 3rd Party

15 SPRING Districts
- N = 2,183
- All HH in population

5 SPRING Districts
- N = 420
- Beneficiary HH

15 SPRING Districts
- N = TBD
Ghana: Knowledge of 3+ Critical Moments for Handwashing

- Baseline by METSS, Feb-Apr 2015; endline planned for Apr-May 2017
- SPRING beneficiaries “midpoint” survey, Apr-May 2016

**Baseline – Third Party**
- 86.9%
- 13.1%

15 SPRING Districts
N = 2,183
All HH in population

**Beneficiaries Survey**
- 78%
- 22%

5 SPRING Districts
N = 420
Beneficiary HH

**Endline - 3rd Party**

15 SPRING Districts
N = TBD
Findings and Lessons: WASH in Ghana

- Behavior change in beneficiary populations was possible in the short term with intensive, integrated interventions.
- Beneficiary surveys provided insights on progress and areas for improvement when compared against population-based surveys.
- Small number of indicators comparable between surveys.
Infant and Young Child Feeding (IYCF) - Bangladesh

• “Cohort study” measured knowledge and practices of FNS participants in IYCF, hygiene, farming, diet, etc., before (P1 - 2014), immediately after (P2 - 2105), and one year after graduation (P3 - 2016) from FNS

• “Baseline and Endline” survey series measured similar indicators in the general population
  – Mostly secondary analysis
  – Baseline: 2011 – 2012
  – Endline: 2016
Knowledge of breastfeeding behaviors improved significantly after P1, and were retained or improved in phase 3.

N=386
“Baseline-Endline” Surveys – Select Results: Exclusive Breastfeeding (0-5 months)

Estimates were adjusted for child age and sex, season of assessment, and household wealth. Baseline N= 74; Endline N= 60
Minimum Dietary Diversity (6-23 months)

Estimates were adjusted for child age and sex, season of assessment, and household wealth. Baseline N = 282; Endline N = 213.
Findings and Lessons: IYCF in Bangladesh

• Significant and strong improvement in almost all knowledge and behavior indicators among FNS participants in Cohort Study
• Behavior change possible when working intensively within appropriate target groups (e.g., PLW)
• Behavior changes weaker and less consistent in general population (as expected); some indicators did improve significantly vs comparison group
Conclusions/ Lessons Learned 1

Methods

• Third-party M&E support projects can provide opportunities for rigorous and objective M&E of projects like SPRING
• Small sample “beneficiary surveys” can be compared against third-party surveys for useful mid-course findings
• Timing and sampling issues of third-party surveys may be challenging
• Qualitative data help enrich meaning behind quantitative results
Conclusions/Lessons Learned 2
Program Results

• Intensive interventions can contribute to significant improvements in nutrition practices among beneficiaries in short term

• Sustainable improvements at population level require longer-term, comprehensive, multi-sectoral approaches
Thank You!

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