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**WOMEN'S AND INFANTS' NUTRITION
(WIN) PROJECT**

MID-TERM EVALUATION

Prepared for:

Agency for International Development
Global Bureau/Research and Development
Office of Nutrition
Washington, D.C. 20523

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TABLE OF CONTENTS

| | | Page |
|------|--|------|
| I. | EXECUTIVE SUMMARY | i |
| II. | INTRODUCTION | |
| | A. Scope of Work | 1 |
| | B. Evaluation Plan and Methodology | 1 |
| | C. Evaluation Team | 5 |
| | D. Evaluation Document | 5 |
| III. | WIN PROJECT | |
| | A. Background | 6 |
| | B. Achievements | 10 |
| | C. Impact and Sustainability | 11 |
| | D. Issues | 16 |
| | E. Conclusions and Recommendations | 25 |
| IV. | TRAINING/TECHNICAL ASSISTANCE: WELLSTART INTERNATIONAL | |
| | A. Background | 29 |
| | B. Achievements | 35 |
| | C. Impact and Sustainability | 43 |
| | D. Issues | 48 |
| | E. Conclusions and Recommendations | 53 |
| V. | OPERATIONS RESEARCH: INTERNATIONAL CENTER FOR RESEARCH ON WOMEN | |
| | A. Background | 56 |
| | B. Achievements | 60 |
| | C. Impact and Sustainability | 63 |
| | D. Issues | 65 |
| | E. Conclusions and Recommendations | 68 |
| VI. | INFORMATION CLEARINGHOUSE: AMERICAN PUBLIC HEALTH ASSOCIATION | |
| | A. Background | 70 |
| | B. Achievements | 73 |
| | C. Impact and Sustainability | 78 |
| | D. Issues | 80 |
| | E. Conclusions and Recommendations | 84 |
| VII. | FIELD SUPPORT/WINS: EDUCATIONAL DEVELOPMENT CENTER | |
| | A. Background | 86 |
| | B. Achievements | 90 |
| | C. Impact and Sustainability | 98 |
| | D. Issues | 100 |
| | E. Conclusions and Recommendations | 101 |

APPENDICES

APPENDIX A: LIST OF ACRONYMS

APPENDIX B: EVALUATION SCOPE OF WORK

APPENDIX C: PERSONS CONSULTED

APPENDIX D: DOCUMENTS CONSULTED

I. EXECUTIVE SUMMARY

"Women's and Infant's Nutrition (WIN): A Family Focus" is a 10-year USAID project that was initiated in 1989. As a follow-on to the Maternal and Infant Nutrition (MIN) project, WIN is authorized to expend \$35 million, of which \$25 million is funded centrally by G/R&D/N and \$10 million is funded through buy-ins.

The goal of the WIN project is to reduce hunger and malnutrition among women and children that are under three years of age. The purpose of WIN is to:

Provide an integrated package of infant feeding services and technical assistance in formulating and implementing sustainable activities to improve infant and young child nutrition, and to conduct operations research to develop new approaches to improving the nutritional status of adolescent and reproductive-age women.

The project includes four components. They are:

- Lactation management education implemented by Wellstart International;
- Operations research implemented by the International Center for Research on Women;
- A clearinghouse for information dissemination implemented by the American Public Health Association; and
- Field support and technical assistance implemented by the Educational Development Center.

The Project Paper calls for four external evaluations of WIN, of which this is the first. Creative Associates International, Inc. (CAII) was contracted by G/R&D/N to conduct this mid-term evaluation. A team of three evaluation specialists and one nutritionist conducted the evaluation from September to December 1993.

CAII was tasked with assessing the procedures, achievements, effectiveness, efficiency, relevance, and sustainability of WIN. The report addresses these issues for the WIN project as a whole and for each of the four components.

A. Major Findings

1. Achievements

The WIN project has performed reliably and consistently throughout the first phase of implementation. Project implementors have built on the achievements of the MIN project and have added several new dimensions to the package of services in order to reach broader audiences and to contain costs. WIN has introduced a field support component to the services it provides and thus has increased the emphasis on

community-based programming. The highlights of the project's performance to date include:

- Developing core teams of health professionals who promote breastfeeding, the facilitating of national breastfeeding program development, and the expanding lactation management education into two new languages;
- Implementing peer review research on the nutritional status of adolescent girls around the world;
- Producing a newsletter, Mothers and Children, managing data bases targeted to practitioners in the nutrition and health fields, responding to information requests from around the world; and
- Initiating technical support and integrated, community-based programming designed to address nutritional issues in their social contexts through local implementing organizations.

The variety of products and services provided under the WIN project is impressive. The quality of the work is consistently high and the implementation teams are thoroughly professional. WIN is well-managed and enjoys solid working relationships among USAID and all implementors. Work is generally accomplished on time and within the budgets provided. Services are well-documented and implementors monitor and evaluate their efforts in order to remain responsive to their audiences. Most of the components of the WIN project are well-linked to the nutrition and health fields and management takes advantage of those linkages to learn from the experience of others and to share the WIN experience.

2. Impact

The WIN project has been able to demonstrate impact at various levels of the system in which it works. At the level of individuals, each project component — using training, mentoring and technical support — has prepared professionals, para-professionals and nonprofessionals to improve the nutrition of women, infants and children. Wellstart has accomplished this result through education; ICRW has accomplished impact through collaborative research; APHA has accomplished it through training and information services; and EDC has accomplished it through technical assistance, training and coaching/mentoring.

At the organizational or institutional level, the WIN project has demonstrated impact. Wellstart Associates have influenced hospital policies and practices regarding breastfeeding. Through operations research, ICRW has strengthened the research network among developing countries. APHA has initiated the development of information dissemination capacity at the regional level. The WINS component has achieved policy changes among institutions in the health sector.

At the sectoral level, where nations are concerned about health and nutrition policies and commitments to nutritional improvement among women and children, the Wellstart program is most clearly able to document results. Through education, information and advocacy, many programs and practices related to breastfeeding have been affected among government agencies, health professionals and community organizations. The WINS project has demonstrated its capacity to influence sectoral policies as well.

At the level of the target beneficiaries — women, infants and children — it becomes more difficult to document impact to WIN interventions. Nonetheless, the Wellstart program has been able to do so and to do it convincingly.

3. Scope and Focus

Technically, the WIN project is relevant and on target according to international priorities in nutrition. The WIN project addresses the full range of priorities established by the International Conference on Nutrition and addresses the USAID guidance regarding child survival as well.

B. Issues

1. Design, Management and Implementation

WIN is implemented and managed through strategies that are responsive to the project design and to evaluations of projects that preceded WIN. Issues related to design, management and implementation arise in part because the context for the project is changing and in part because the project's achievements have led to new opportunities. The following design, management and implementation issues have been identified.

Scope of the project target audience. WIN has been successful in reaching its defined audiences and may want to expand its training and outreach to additional audiences, especially practitioners and community-based organizations that work with women and children.

Mutually reinforcing strategies. While the components of WIN have not been designed to work together in an integrated fashion, effectiveness and efficiencies could be improved through closer collaboration and cooperation.

Procurement mechanisms. Cooperative agreements have served the project well, but additional contracting mechanisms may be preferred in the future should the direction of the project be modified in ways that are not priorities for the current cooperators.

Marketability. WIN depends on its ability to market itself to the field. Its marketability could be strengthened through a clearer and tighter project purpose, supportive field relationships and simplified administrative procedures, especially for accessing buy-in-

Technology. WIN is in an excellent position to evaluate the use of current communication technologies to enhance its service delivery.

Cost sharing. Shrinking resource bases within USAID threaten those components of WIN that rely on buy-ins and add-ons. There will need to be increased reliance on resources outside of USAID.

Cost savings. WIN can obtain cost savings by continuing to explore cooperative implementation activities, reimbursement for goods and services such as the newsletter, and strategies such as regionalization to place services closer to the end user and at lower cost locations outside the United States.

2. Technical

The WIN project is relevant, is responsive to gender concerns, and is highly regarded in the field. Issues related to technical performance are:

Integrated delivery. As USAID shifts away from sectors in favor of more integrated programming, the WIN project will need to respond by linking effectively with other programs within USAID.

Arising opportunities. As areas of interest such as emergency relief, post-crisis transition, and vulnerable populations gain prominence within USAID, the WIN project may have opportunities to define the role it plays in different ways.

Regional shifts. Looking ahead to new regions of interest such as the NIS, the WIN project has an opportunity to define a new audience and set of strategies.

3. Impact

The WIN project has been able to document impact and could improve its documentation by addressing these issues related to impact:

Clear indicators of impact. The WIN project could be guided by a clearer statement of the impact expected from project components, and needs to define reasonable and realistic indicators for tracking progress and results.

Evaluation. Documenting impact requires an investment in impact evaluation. Project components need to be urged to track impact and need the resource and technical support to do so.

Audience identification. Impact is most reliably demonstrated when the population (where change is expected to occur) is clearly identified along with the nature of the expected change. The WIN components must be clear as to their audiences and the measures that can be used to monitor changes at the individual, institutional or sector levels.

C. Conclusions and Recommendations

The WIN Project has made significant progress towards accomplishing its purposes.

- WIN has provided a package of infant feeding services to meet the needs of infants and children to age three and has initiated development of new approaches for improving the nutritional status of women and adolescent girls.
- WIN has effectively reached a wide audience through operations research; technical assistance in the application of known and effective technologies, especially breastfeeding promotion; and information dissemination.

Three out of four of the WIN components are clearly being produced. The implementation of field projects (WINS) is somewhat behind schedule and may need to be scaled back in scope to complete activities underway by the end of the project.

While it is evident that WIN is beginning to meet the purposes for which it was designed, it is less clear what role it will play in a reorganized USAID, which may have new action priorities. The coinciding timing of the evaluation findings and the reorganization of USAID may provide a good opportunity to rethink the design of the WIN project before it enters its second phase.

1. *The Office of Nutrition should cast women's, infants' and children's nutrition in a larger and integrated context for it to be used as a development strategy.*

2. *WIN's design should be modified to achieve the following:*

- Clarification of project purpose;
- Integration of project components;
- Realistic mix of core funds, buy-ins, and non-USAID resources; and
- Improved design for impact.

3. *The WIN project components should be reassessed.* Each of the four components of WIN must be reassessed in light of current needs and realities:

- Lactation Management Education. A success at doing what it does best, the evaluation team urges USAID to tie further agreements to decreased reliance on USAID for funding at the current high level and to improved strategies to reach additional audiences.
- Operations Research. The operations research activities are well-managed and efficiently implemented efforts that will produce useable findings. There is, however, a need for intervention research and dissemination to get increased value for the investment. The questions being studied need to be high priority questions whose answers are tied to action.

- Information Dissemination. Field-based practitioners suffer from a shortage of information that the Clearinghouse provides. On the other hand, impact is difficult to demonstrate; the service is highly dependent on USAID funding and recovers little of its costs. To be justified in coming years, the Clearinghouse would need to take on new activities, be restructured for a more scaled-down and efficient set of services or be incorporated as a part of a larger information service.
- Field Support. The field support component is credited with being able to deliver an integrated set of services at the community level where change, in the end, must result. At present, a number of constraints make it necessary to re-evaluate field support on the basis of cost, Mission interest, and effectiveness of delivery.

II. INTRODUCTION

In September 1993, Creative Associates International, Inc. signed an agreement with USAID/G/R&D/N to conduct a mid-term evaluation of the Women's and Infant's Nutrition Project (WIN). USAID contracted the services of Creative Associates through an Indefinite Quantity Contract, No. PDC-5832-I-00-0095-00, Order #38.

The Project Paper called for external interim and final evaluations in each of the two phases of the project, for a total of four evaluations over the life of the project. This is the first evaluation of the project to date.

The recommendations will be considered in designing follow-on activities for the remaining six years of the project and for amending the Project Paper if necessary.

A. Scope of Work

The contract's objective is to evaluate the WIN project. Specifically, the scope of work (SOW) stated that the contractor shall:

- Evaluate the procedures and achievements completed or underway through contractual agreements between G/R&D/N and the implementors.
- Determine the project's effectiveness, efficiency, relevancy, sustainability, and potential to advance nutrition programs in developing countries.
- Assess the suitability of the current project design and make recommendations regarding any needed project modifications considering the current effort within USAID to focus and concentrate.
- Make recommendations on future directions for the project such as modifications to improve effectiveness and sustainability, or to expand or narrow the project activities.

Upon the request of the Project Officer, the team placed special emphasis on project accomplishments, impact, and issues. The conclusions and recommendations are based on our findings in these areas. Appendix B provides a complete SOW.

B. Evaluation Plan and Methodology

1. Evaluation Start-Up

The team began work in early September 1993 with a document review. The USAID Project Officer had carefully selected documents that would provide the team with an overview of the WIN project and more specific information about each of the four components. A list of documents consulted is furnished as Appendix D.

The document review was followed by a team planning meeting in Washington, DC, which included clarification of the scope of work, planning the evaluation strategy, and drafting instruments.

2. Data Collection

In addition to a document review, data collection efforts included:

- Site visits to each of the four implementors;
- Field visits to five countries: Uganda, Kenya, Ecuador, Bolivia, and the Philippines; and
- Interviews with nearly 150 individuals in person, by phone or by fax.

The WIN Project Officer identified the countries to be included as site visits. Selection was based on the fact that each had been involved in at least two of the four project components and that they represented three different regions.

Interviews were conducted using interview guides developed by the team. The interviews were open-ended and produced qualitative data from a wide variety of sources including individuals from USAID/Washington, USAID Missions, other donors, project implementors, and project participants. A full listing of interviewees is supplied in Appendix C.

Each team member took the lead in evaluating one component of WIN. All team members joined efforts in analyzing WIN as an umbrella project.

3. Data Analysis

The team regrouped in November to share findings. The team reached consensus on major findings, conclusions, and recommendations. A first draft was submitted in November. The Office of Nutrition staff and four implementors reviewed a second draft, and the final draft was submitted in January 1994.

4. Methodology

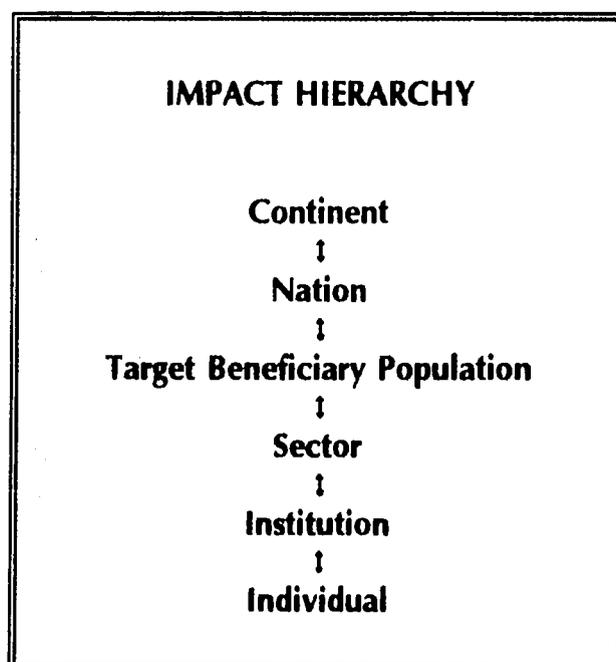
At the request of G/R&D/N, the team applied the impact methodology that CAII previously developed for the Africa Bureau's Office of New Initiatives. The framework requires an understanding of these key concepts:

- Development **impact** is the sum of the benefits that accrue to a target population as a result of development efforts. Impact is defined as an improvement in the quality of life for the designated beneficiaries. Impact refers to people-level changes, not to process indicators.

- Development **preconditions** are the sum of the changes — events, activities, effects — that must occur in order to achieve the desired impact.
- Impact **leverage** is the ability of a particular intervention to deliver impact; high leverage interventions are those that get maximum results for the least cost.
- Development **capacity** is the aggregate of the resources needed to create desired results. A project participant may have capacity in the way of knowledge, skills, and motivation. Institutions may have capacities in the form of skilled personnel, equipment, and effective procedures. Development capacity is a precondition for development performance.
- Development **performance** is the sum of actions taken to achieve a development precondition or impact. As individuals, institutions and social systems perform, they use their capacities to obtain results.

Training, for example, is only a precondition to impact, and the completion of training in itself does not constitute impact. In other words, increasing the capacities of individuals through training is not an indicator of impact; the improved performance of individuals and institutions must be measured. Performance is also only a precondition except in those cases where performance explicitly means the delivery of goods or services that will enhance the quality of life for a target group. Positive impact has occurred when the trainees' efforts result in improvements in the quality of life for the target beneficiaries.

Impact occurs on a variety of levels ranging from the individual to the nation, as depicted below. The impact hierarchy consists of six levels of intervention that must be integrated to leverage development resources.



In assessing WIN, the team considered the impact of project interventions, starting with the individual and moving up the hierarchy.

No single intervention can be credited fully with impact at any level. There are an infinite number of variables that contribute to and constrain development efforts. In assessing impact, the team attempted to:

- Measure or estimate the change induced by an intervention;
- Determine the extent to which the change was attributable to the intervention;
- Establish the extent to which the intervention was critical to change;
- Discover how and why the change occurred; and
- Assess the role of constraints and external factors in obtaining or reducing impact.

In evaluating WIN, the team assessed impact in terms of changes in performance on individual project participants, contributions to their employing institutions, and contributions to the nutrition sector. The team also considered the impact on the target beneficiaries. The participants were asked to link changes to the project intervention (training, research, information, technical assistance), assess how critical the intervention was, and describe the constraints they have experienced in affecting change.

The design and implementation of the four WIN components do not allow for equal application of this methodology. Lactation management education (LME) and technical assistance (TA) lend themselves best to the model, and research and information services the least.

The uneven application of the methodology can be explained by the fact that LME and TA are direct interventions, while research and information feed into these types of interventions. Research and information are enabling activities, that is they support intervention activities in affecting change in the target populations. They are assumed to increase the potential for impact of TA and training.

When measuring the effectiveness of research and information, it may be more useful to consider outputs and process benefits. For example, the main output of the operations research component is good quality research that people can trust. If the quality is solid, then program planners can confidently build programs based on the baseline results and policy makers can make decisions on development investments. The "impact" of research could then be based on the quantity of quality results. In fairness to the implementors, the evaluation includes information about outputs and process benefits as well as impact, as the methodology defines it.

Despite the limitations of the model, it was applied to all four components. In part, because of the pressure within USAID to measure the development impact of US-funded activities. Further, the use of the model reveals the importance of contexting research and information into practical application.

The lessons learned from this evaluation should assist policy makers and program planners as they move into the second phase of the WIN project.

C. Evaluation Team

The team was comprised of four members:

| | |
|-----------------------|--|
| Brenda Bryant | Impact Evaluation Specialist, Executive Vice-President, CAII |
| Janice Dodds | Nutritionist, Associate Professor of Nutrition, University of North Carolina, Chapel Hill |
| Melanie Sanders-Smith | Team Leader/Evaluation Specialist, Consultant |
| Susan Votaw | Impact Evaluation Specialist, Senior Associate, CAII |

The evaluation was managed by Derry Velardi, IQC manager for CAII, who was assisted by Lissette Handal.

D. Evaluation Document

This evaluation is organized as follows:

| | |
|-------------------|--|
| Executive Summary | |
| Chapter I | Introduction |
| Chapter II | WIN Project |
| Chapter III | Training/Technical Assistance: Wellstart |
| Chapter IV | Operations Research: ICRW |
| Chapter V | Information Clearinghouse: APHA |
| Chapter VI | Field Support/WINS: EDC |
| Appendices | |

For ease of reading, each chapter in this evaluation follows a standardized format. Within the overall WIN project and within each component discussion, Background is followed by Achievements, Issues, Conclusions and Recommendations. Issues are discussed as they relate to management and implementation, technical aspects, and impact.

To clarify what might be confusing terminology, the term "project" is used when discussing the WIN umbrella project; and "program" is used when discussing any of the four components of WIN. The Agency now recommends using the abbreviation "USAID" for both Washington and field-based offices. USAID/W refers specifically to Washington and USAID Missions refers to field offices.

III. WIN PROJECT

"Women's and Infant's Nutrition (WIN): A Family Focus" is a 10- year USAID project that was initiated in 1989 and is scheduled to be implemented in two phases, 1989-1994 and 1994-1999. The project is authorized to expend \$35 million, of which \$25 million is core funding and \$10 million represents anticipated buy-ins from headquarters, regional and Mission sources. The project incorporates four components, covering:

- professional education and training;
- operations research components;
- information dissemination; and
- technical assistance to the field.

A. Background and Project Design

The WIN Project follows a predecessor project, "The Improvement of the Maternal and Infant Diet," subsequently named the Maternal and Infant Nutrition (MIN) project, a 10-year project (1979-1989) with a budget just under \$20 million. The project was designed to reduce infant and child mortality and malnutrition by improving maternal nutrition and infant nutrition during the first years of life.

MIN was implemented in two phases. The first was primarily exploratory in nature and supported an information clearinghouse, studies on the role of infant formula, nutrition education, and training and coordination and consultation services.

Phase II of MIN was initiated in 1983 and shifted the project's

BASIC PROJECT IDENTIFICATION DATA

TITLE: Women's and Infant's Nutrition (WIN): A Family Focus Project

PROJECT NUMBER: 936-5117

PROJECT DATES:

Project Agreement Date: 1989

Final Obligation Date: 1999

PROJECT FUNDING:

AID core funds: \$25 million

Buy-Ins: \$10 million

Total: \$35 million

MODE OF IMPLEMENTATION: 3 Cooperative Agreements and 1 Contract

RESPONSIBLE OFFICERS:

USAID/G/R&D/N: Susan Anthony

APHA: Gayle Gibbons

EDC: Bibi Essama

ICRW: Kathleen M. Kurz

Wellstart: Audrey Naylor & Ruth Wester

emphasis to the mother. By improving the mother's nutritional status, infants would be stronger at birth and could be better nourished through breastfeeding. Five activities comprised Phase II of the project:

- the Lactation Management Education project;
- the Weaning Project;
- Dietary Management of Diarrhea;
- the Clearinghouse on Infant Feeding and Maternal Nutrition; and
- maternal nutrition research.

Evaluations conducted in 1986 and 1989 recommended continuation of the project's activities and singled out the clearinghouse, lactation management education and the weaning project for continued support. It encouraged increased field-based activity, improved evaluation and coordination and integration among project components.

The WIN Project was designed by the S&T/Nutrition Office and reviewed by the Nutrition Sector Council and a project design review team comprised of central and regional bureau representatives. Citing the widespread existence of undernourishment among women and their young children, the WIN project design documents the need for a concentrated effort to improve the nutritional status of these vulnerable groups. Pre-pregnancy nutrition, the nutrition and development of adolescent girls, the relationship between economic productivity of women and their nutrition status and the vulnerability of infants and very young children are the special problems that designers proposed to alleviate through WIN.

Lessons learned from MIN influenced WIN's design. The MIN project established the need to target women before pregnancy and between pregnancies. It advocated going beyond traditional health systems to reach women and focussing on prevention of mild and moderate malnutrition rather than severe malnutrition alone. Strengthening host countries research capacities was viewed as essential. MIN achievements in operations research, formative evaluation, sector assessment, social marketing, mass communications, information dissemination, collaborative field-based interventions, private sector initiatives, training of trainers and focussed research were carried forward into WIN.

WIN's design also reflected Agency policy priorities. The 1986 Strategy for Child Survival stressed support to immunization, oral rehydration, nutrition and child spacing. The 1987 Nutrition Strategy for Child Survival addressed breastfeeding promotion, growth monitoring, targeted supplementary feeding, maternal nutrition and provision of micronutrients as action priorities. Additionally, WIN was compatible with WHO and UNICEF nutrition goals.

The *goal* of the WIN project is to reduce hunger and malnutrition among women and children that are under three years of age. The *purpose* of the project is to provide an integrated package of infant feeding services and technical assistance in formulating and

implementing sustainable activities to improve infant and young child nutrition and to conduct operations research to develop new approaches to improving the nutritional status of adolescent and reproductive-age women.

WIN has three *objectives*:

- Improve the nutrition of children under three years of age and the feeding practices of their mothers and other caregivers;
- Improve the nutritional status of adolescent girls and reproductive age women prior to pregnancy; and
- Enhance and sustain these advances through leadership, coordination, policy determination and worldwide information exchange.

Project *outputs* include:

- five to seven operations research studies;
- eight to ten USAID projects that have better designs, management or monitoring related to women's and infants nutrition;
- training for 20-30 senior managers and 500-1000 health workers in lactation management, nutrition monitoring, weaning practices and the dietary management of diarrheal disease and operations research;
- training materials for use in three to four countries;
- two stronger regional training sites;
- a global information center;
- a newsletter;
- a nutrition activities database;
- indicators for progress monitoring; and
- donor coordination meetings;

The project's *logical framework* specified objectively verifiable indicators to be used to monitor the effect of WIN. First, through clinical records, population-based surveys, DHS and vital statistics, WIN implementors would assess reduction in the proportion of women and infants malnourished. Through the project's four components, the logical framework indicated that WIN would document increases in the amount and effectiveness of infant feeding and maternal and child nutrition activities, and improved understanding of women's nutrition and related intervention approaches among target audiences.

The WIN project has been the Agency's primary vehicle for responding to host country needs in developing and expanding women's and infants' nutrition programs. During the first year of the project, WIN provided bridge funding to activities that had been implemented under the predecessor project. A procurement was competed in 1990 and three cooperative agreements were sole sourced.

WIN was designed to be a central resource for quick response to field needs primarily in the design, implementation and evaluation of infant and young child nutrition activities using approaches developed and tested under MIN including lactation management, weaning practices improvement, and dietary management of diarrhea. WIN also was designed to provide operations research to develop intervention options to improve the nutritional status of women and to reach them at critical stages of their development cycle. WIN was designed to be global in scope — with eight to ten priority countries and a particular commitment was made to respond better to the needs of the Africa region through community-based approaches and increased French capabilities.

As an umbrella project, WIN's implementation included a variety of technical resources:

- Short-term technical assistance
- Long-term regional advisors
- Training, workshops and seminars
- Applied research
- Information dissemination
- Equipment and commodities

The WIN project addresses two distinct target audiences: children under three years of age and reproductive age women with a special emphasis on adolescent girls prior to their first pregnancy. The components of the project are as follows.

- ***Technical assistance and field support.*** TA and field support would be employed to increase rates of breastfeeding initiation, prolong the duration of breastfeeding, improve infant feeding practices and promote adequate feeding throughout childhood. This component includes both education in lactation management and an integrated infant feeding activity for older infants and young children.
- ***Operations research on adolescent and pre-pregnancy nutrition.*** Research would focus on ways to reach adolescent girls and would identify alternative mechanisms for reaching reproductive age women, especially working women.
- ***An information clearinghouse and dissemination.*** This activity builds on the existing clearinghouse and strengthens existing resource centers or sources of information.
- ***Coordination and technical oversight.***

The Office of Nutrition is responsible for managing USAID/Washington's nutrition strategy, programs and projects. Ten staff members are responsible for executing Office activities and for leadership in nutrition-relevant sector activities within the Agency. Staff members serve on external committees.

Primary technical and administrative responsibility for WIN resides with the designated Project Officer who is responsible for directing the project and for ensuring

coordination. The design calls for annual management reviews and USAID/W is to conduct semi-annual reviews of the intermediaries to assess budget allocations.

To ensure cohesiveness, complementarity and collaboration within USAID and among intermediaries funded by USAID and among other donors involved in women's and infants' nutrition, print and automated records are to be maintained. The project design calls for annual meetings of intermediaries, annual meetings with UN agency representatives and other international experts, three Technical Advisory Group (TAG) meetings, a tracking system and activity database and four project evaluations over the life of the project. Each of the project's two phases foresees an interim and final evaluation.

The Office of Nutrition has a broad mandate within A.I.D.

The Office of Nutrition is responsible for:

- managing A.I.D.'s nutrition strategy, programs and projects;
- developing approaches to addressing nutritional concerns in priority areas such as micronutrients, child survival, women's nutrition and food security;
- integrating nutrition considerations into agriculture, education, health, private sector and other development programs;
- improving food security by increasing the availability of, access to, and utilization of food to meet dietary needs for a productive and healthy life;
- assisting policy-makers in developing policies and programs that address the needs of vulnerable groups and strengthen the capacity of families to care for family members and to participate in the economic and political life of their communities; and
- managing five projects:
 - Women's and Infants' Nutrition (936-5117)
 - Food and Nutrition Monitoring and Support (936-5110)
 - Nutrition Education and Social Marketing Field Support (936-5113)
 - Vitamin A for Health (936-5116)
 - Food Technology and Enterprise for Development (936-5120).
 - Opportunities for Micronutrient Interventions (936-5122).

B. Achievements

The WIN Project began implementation in 1989 and subsequently awarded three cooperative agreements and one contract to manage the project components. The cooperators and contractors are as follows:

- Wellstart International in San Diego was awarded a cooperative agreement in 1989 to continue providing lactation management education (LME) to health professional teams from developing countries. The current agreement ends in 1994.

The primary accomplishments of Wellstart's LME program are the development of core teams of health professionals, the facilitation of national breastfeeding program development, and the expansion of the LME program into two new languages.

- The International Center for Research on Women (ICRW) was awarded a cooperative agreement in 1990 to conduct operations research on nutrition and adolescent girls. The project is currently scheduled to end in 1994.

ICRW's primary accomplishments will be the publication of peer reviewed research on the nutritional status of adolescent girls in countries around the world. The research is currently in progress.

- The American Public Health Association (APHA) was awarded a cooperative agreement in 1991 to continue operating a clearinghouse, including four databases and a newsletter, to conduct training in information management and support activities in the field. The current agreement terminates in 1996.

The primary achievements of the APHA Clearinghouse have been the production of a newsletter in three languages, the support of a data bank of information to field workers, responding to information request from around the world, and the implementation of workshops to develop an international information for action network.

- The Education Development Center, Inc. (EDC) was awarded the Women's and Infant's Support (WINS) contract in 1990 to implement 4-6 integrated, community-based projects, provide technical assistance to field Missions, and conduct collaborative inquiries into issues related to the nutrition of women and infants. Unlike the other three components, the WINS component was a new addition to the WIN umbrella project and would be expected to require a more extended investment in start-up than would other project components.

The most notable achievements of the project include: first, short-term technical assistance to the field that has resulted in project designs and in study findings of importance to the field. Second, the project has recently begun to offer long-term technical assistance to the West Africa region. Finally, WINS has developed 3 projects in Africa that show early signs of the potential for success.

C. Impact and Sustainability

Do project achievements translate into impact? To answer this question, it is necessary to return to the project's design and to review what level of impact the project was intended to accomplish.

The goal of the WIN project is to improve the nutritional status of women and children under the age of three years. The impact indicator established for WIN is a ***reduction in the proportion of women and infants who are malnourished***. The indicator is to be monitored through anthropometry and household consumption surveys.

The purpose of the WIN project is to contribute to the achievement of the goal by providing a package of infant feeding services to meet the continuum of needs from birth to three years and by developing new approaches for improvement in the nutritional status of women and adolescent girls. Using four strategies — training, operations research, information dissemination, and technical assistance — the purpose, according to plans, will be achieved. Said another way, the project's designers hypothesized that the strategic use of training, research, technical assistance, and information would lead to positive changes among women, infants and children.

However, WIN does not directly service the target population; rather, it aims to improve practice among persons and institutions that deliver the needed services directly to the women, infants and children intended for impact. Therefore, it is necessary to determine if the intermediaries reached by the project are able to produce the desired impact. The answers to four questions will help assess the impact of WIN and its potential for further impact.

It must be noted that the designs of the four components of the WIN project vary in their potential for impact, as defined in the methodology applied in this evaluation. The field services and training components lend themselves much better to the methodology, and the information dissemination and operations research components less so.

1. To what extent are target beneficiaries clearly defined?

The potential for impact to occur is improved when the target beneficiaries are well-defined along with measurements for changes that are expected to occur among the beneficiaries. The WIN project design and its implementation are very clear as to the target on infants and children to age three and the target on adolescent girls. The focus on women is very broad.

- WIN components vary in their ability to clearly define beneficiaries. The Wellstart program, although their efforts are quite removed from the target beneficiaries for WIN, has a clear understanding of the target population — mothers and infants served through the hospitals where staff have been trained.
- The operations research activities, by design, isolate a clear study population and have involved the population — adolescent girls — in the research process in several instances. ICRW is able to document impact at the beneficiary level by citing instances where the research process, used as a teaching/learning device, has led to reports from girls and families that their eating practices have changed.

This result is attributable to the collaborative nature of research designs employed in applied "action" settings.

- The APHA Clearinghouse has a broad target audience among the nutrition and health practitioner community. It is not a service that is designed to obtain target beneficiary level results. Rather, it aims to inform the practice of health and nutrition intermediaries. Although a direct linkage to target beneficiaries cannot be made, it is clear that recipients of Clearinghouse services value the information and report using it to affect program direction and service delivery.
- Activities supported under the WINS contract are careful to define their target audiences as well. The WINS activities presume a responsibility for demonstrating impact and have built into project designs appropriate indicators and tracking procedures. Implementation is just underway and it is not possible to demonstrate any results at the beneficiary level. The potential, however, does exist.

In summary, WIN has articulated its target audience well. The definition of "women" is broad and may benefit from further definition. Women as a group is assumed to include reproductive age women, pregnant women and lactating women, but the project may intend to go beyond these categories to reach other vulnerable women.

2. To what extent is the WIN project addressing critical policy intervention points in the nutrition sector, or in the health sector in general?

The nutrition sector, and specifically its attention to the nutritional needs of women, infants and children, is comprised of a complex array of institutional systems that influence health and nutrition practices. The sector is comprised of policy organizations at international and national levels that create the policy environment in which professional practice occurs.

- WIN addresses sector-level intervention points. Wellstart LME, targeting the formal medical, nursing and nutrition establishments, has solidly documented its impact on policy. Interviewees report that Wellstart played an important role in

Wellstart knows its audience and is able to demonstrate through careful measurements that:

- Breastfeeding is discussed during antenatal visits in 100 percent of participating hospitals.
- Breastfeeding is initiated on average two hours after delivery, down from eight hours.
- 76 percent of new mothers are taught how to breastfeed in participating hospitals.
- 81 percent of hospitals encourage breastfeeding on demand.
- Rooming-in is up 8 percent.
- There are significant improvements in the practice of exclusive breastfeeding.

Research using control groups shows that participating hospitals achieve significantly higher rates of appropriate breastfeeding practices among mothers than do non-participating hospitals.

seeing that breastfeeding was incorporated in the International Conference on Nutrition priorities and has influenced national policy in numerous countries. Fourteen "Wellstart countries" have either a functioning national program or center.

The three remaining WIN components report their impact on policy in a much more anecdotal fashion.

- ICRW operations research has informed policy as a result of the collaborative nature of its process, by distributing the results of research to appropriate audiences, and by working with the WHO Expert Committee on Adolescent Anthropometry.
- The APHA Clearinghouse contributes to policy or policy making institutions through developing Legislative Reports that inform policy makers and working with the World Alliance for Breastfeeding Action (WABA).
- WINS states that participants in the rapid assessment process have been so impressed by their learning that they have made changes in government policy.

While the WIN project is not intended primarily as a policy impact strategy, there is evidence that policy impact has occurred. It is best documented by Wellstart because of the activity's highly structured design that includes follow-on and support, because decision-makers are included in its interventions, and because its single-mission focus allows it to communicate definitely on the subject of breastfeeding.

3. To what extent are key institutions being strengthened by the WIN Project?

The institutional targets of impact under WIN — health and nutrition bureaucracies, the government agencies established to protect people and promote health — are institutions that deliver health and nutrition goods and services to the public. The institutional delivery system includes the formal medical establishment and its professional leadership, research facilities, the informal or traditional health care establishment and the community-based organizations, private and nongovernmental, that have access to women, infants and children and may be able to affect their nutrition practices. Strong institutions are needed if the appropriate services are to reach women, infants and children.

The WIN project must focus on institutions to achieve impact. All four components of the project are aimed at strengthening institutions and all of them can produce evidence of impact at the institutional level.

- Wellstart details the changes that have taken place in the hospitals that receive Wellstart support. Sixty-three percent of those hospitals have written breastfeeding policies. After participating in Wellstart, hospitals show a 44

percent increase in training of their health care personnel and 29 percent of the hospitals have organized breastfeeding support groups. Wellstart has been responsible for supporting the formation of ten lactation management education centers and has unquestionably made a contribution to impact at the institutional level.

- The operations research activities under ICRW are also able to cite capacity-building as part of their contribution under WIN. The research efforts have led to improved research capabilities at the country level thus contributing significantly to research sustainability.
- The APHA Clearinghouse aims to affect institutions by disseminating the newsletter through bulk distribution to networks of organizations participating in the same or similar professional arenas. Thus the newsletter, although in no way claiming to be an institutional impact strategy, does deliver information through institutional channels and encourages interaction and exchange of information in this way. The information for action workshops and collaborative work with organizations also have the potential to promote institutional change.

The WINS program aims at institutional change as well. That component targets the nongovernmental organizations and government agencies and provides training as well as a high level of involvement in implementation so that skills can be successfully transferred and sustained. There is a good potential for impact to result through WINS at the institutional level. A specific example is the Food for Work program in Bolivia where the results of a WINS assessment and workshop led to program changes in the execution of the Food for Work initiative.

The evaluation team is confident that institutional impact results from WIN. Evidence is both anecdotal and systematically reported. The WIN components have done an excellent job of documenting achievements and impact where they have been able to obtain data on institutional changes.

4. To what extent does WIN develop individual change agents through training and other support services, and to what extent are those individuals able to be influential in institutions and in the sector at the policy level?

WIN can be proud of its achievements of impact at the individual level. Individuals have been changed in a number of ways. They have acquired skills; they have changed their attitudes; they have taken on new advocacy roles as a result of WIN inputs.

- Wellstart has trained nearly 500 Associates. Those individuals have been active in their institutions and have influenced both policy and practice. They have gained skills and they have directly impacted on the nutrition status of women, infants and children.

- Impact on individuals through the operations research component is largely seen in the enhanced capabilities of the researchers involved in ICRW projects. ICRW has collected anecdotal information on changes at the level of the individual researchers to use new skills and methods in conducting research in an applied setting.
- The Clearinghouse's impact is best documented at the individual level. The Clearinghouse conducts training as well and participants in the two workshops have been favorable in their evaluations in terms of utility of information received. Interviewees who have solicited information from the Clearinghouse confirm the data's utility, also.
- Evidence of impact on individuals under the WINS program is not clear beyond the direct participation of a variety of individuals in the assessment, planning and implementation processes. The WINS component obtains high levels of motivation and commitment indicating that processes are effective in reaching individuals, but impact is not yet documented at the individual level.

Change at the individual level is derived largely as a result of training and related support. Wellstart has accomplished this level of impact most deliberately and most clearly, and all of the components can cite some important progress.

D. Issues

The WIN Project finds itself at a critical juncture as it completes its first phase of implementation and anticipates the inauguration of a second phase in 1994. Since the WIN project was designed in 1989, the world has experienced dramatic changes and the mission of development assistance has been called upon to redefine its role and justify the expenditure of the resources provided to it by the American people. At the same time, global changes have created demands for assistance from new sources in troubled regions of Europe and in the newly independent states of the former Soviet Union. The world's attention has shifted away from superpowers only to discover local crises characterized by national fragmentation, political unrest and social conflict.

Not surprisingly, the Agency is shaping its response to change and is in the process of rightsizing and reorganizing to address new priorities. "Focus" and "concentrate" are the watchwords of the day and are being accompanied by strategic planning, monitoring and impact evaluation. Nutrition will in all likelihood be joined with health and population for program management and implementation. USAID will invest its resources in encouraging broad-based economic growth, protecting the environment, stabilizing the world population and protecting human health and building democracy. The Agency will emphasize sustainable and participatory development, increased cooperation with PVOs and NGOs and integrated approaches and methods that minimize "stovepipe" activities in favor of efforts that operate in a larger context. In

addition, USAID will recognize its role in humanitarian assistance and will aid countries in a post-crisis transition to obtain stability, security and viable civil societies.

In December 1992, the International Conference on Nutrition (ICN) was convened by the international community and co-sponsored by WHO and FAO, to establish priorities. Countries pledged to address famine; starvation resulting from disasters; iodine, iron, and Vitamin A deficiencies; chronic hunger; undernutrition especially among women, children and the aged; diet-related disease; impediments to optimal breastfeeding; and sanitation and hygiene. USAID has made a commitment to support the ICN goals. The goals are clearly compatible with the directions indicated in USAID's newest strategies.

The WIN Project has been affected by global and local events. Furthermore, WIN has learned from its recent experience. As the WIN Project looks ahead to Phase II it must address the issues that are a product of its experience, that are a result of changes in development assistance priorities, that are a product of the recommendations of the international nutrition community and that are responsive to the realities of political transition.

The WIN project and its various components raise a number of issues relating to management, implementation, technical aspects, and the potential for and demonstration of impact. These issues are discussed below as they are raised for the overall WIN project. Management, technical and impact issues relating to the four discrete components are discussed below under each component's section.

1. Design, Management and Implementation

The design, management and implementation of the WIN project constitute project operations. Joined with the project's technical capacity, its operational style and capacity strongly affect its ability to deliver — to accomplish the tasks set before it. The WIN project poses particular challenges to operations:

- WIN is comprised of four fairly distinct strategies, although they can be mutually reinforcing.
- WIN is centrally funded and serves USAID Missions, increasing the potential for the classic tension between field and headquarters — true of any organization virtually anywhere.
- WIN is being implemented in an environment of rapid change within and outside the Agency. Such a climate calls many things in question and necessitates a review of priorities, relevance of programs, and viability in addressing newly emerging needs.

Given the constraints under which the WIN project must be managed, G/R&D/N is to be congratulated. The management approach has fostered communication and

coordination while respecting the different purposes and priorities served by each project component. The Agency's management has been praised by the project implementors for being responsive and supportive.

Implementors, too, in general have proven to be responsible and responsive managers. Operating on time and within budget, they have, with few exceptions, delivered the services and products required under their agreements with USAID. They have been praised by beneficiaries for the quality of their work and can in many instances cite solid results and lasting impact.

Nonetheless, management issues arise. Evaluators asked throughout the course of the evaluation, "Is USAID getting out of WIN everything it can and should get? Is the operation effective? Is it efficient? Is it responsive to the Agency and to professional standards of practice? Is it a good investment given the demand for resources that are shrinking and decline of political support for development in general?" Following are the issues that arose during the evaluation.

Scope of the Project Target Audience. WIN is by design a comprehensive approach to women's, infants and children's nutrition. It serves a potentially large and complex set of audiences including policy makers, medical professionals, paraprofessionals, community workers, urban women and children, rural women and children, traditional leaders and health care providers, researchers and academics, donors and an array of practitioners in health, education and social services. No doubt, all audiences have some importance and none should be eliminated.

On the other hand, it is important for every activity under the WIN project to be clear about its target audience and to use strategies that reach those audiences effectively. There are a number of indications that WIN targets well and programs accordingly. The lactation management education (LME) component is especially clear on audience and related strategy and is quite specific and detailed. The Clearinghouse has defined its audience well, as has the operations research component. The process of building a constituency for intervention is part of the field support strategy under WINS.

Now it is time to ask if other audiences need to be incorporated into components that are effectively reaching the audiences already served. LME and other training are needed among paraprofessionals and in communities serving women without access to the formal health care system. Urbanization is creating new needs to address women's and infants nutrition.

Links Between Outputs and Results. While each of the project components for the most part has delivered the products and services required and has been able to demonstrate quality and effectiveness, the connection between those goods and services and improved nutritional status of women, infants and children is difficult to make.

Only Wellstart can clearly establish the connection in both design and measurement approaches. It is particularly difficult to manage for effectiveness and impact when the link between performance and results is not deliberately made. It would be worthwhile to establish for the Clearinghouse and for operations research some specific effects that they are to achieve along with a description of the intended impact of those results on women, infants and children.

Mutually Reinforcing Strategies. WIN was not designed with the intention that the four individual components of the project should be mutually reinforcing. They use different strategies to reach different audiences with different messages and different results. The unique advantage of being housed together is the potential that the capabilities of each could be effectively joined to obtain efficiencies, to reinforce the work of one another, to capitalize on opportunities created by one of the interventions and to ensure results.

There are benefits to be realized by using multiple strategies and in encouraging collaboration in implementation. Current examples include the newsletter as a forum to disseminate information on LME, on research, and on results of field support activities. LME and field support are beginning to work together. Much more can be done, however. Operations research, for example, can be tied to field support projects. Incentives to join forces are minimal, but they could be built into the project by more clearly defining expectations and specifying strategies.

Procurement Strategies. G/R&D/N has available to it a range of procurement strategies including, contracts, grants, cooperative agreements and other mechanisms. Contracts allow the Agency maximum control over implementation and allow for the Agency to be directive and require accountability within the contract parameters. Cooperative agreements and grants call for less Agency direction and oversight and recognize that the implementor, while serving a USAID agenda, has and will act in its own programmatic interest. Both cooperative agreements and contracts have served the Office well. Under WIN, the mix of three cooperative agreements and one contract has worked satisfactorily in most respects.

While the three cooperative agreements are currently meeting the terms of their agreements, the cooperative agreement mechanism has limited WIN's ability to encourage intra-project cooperation and to respond flexibly to the emerging needs of WIN. Contracting mechanisms would be more effective in the event that WIN chooses to undertake activities currently not a part of implementor priorities. For example, LME for traditional health providers may be provided better through a contract than through the current implementor providing the same services to other audiences.

Marketability. Any project managed by the central office needs to be sold to the field. Projects are sold on the basis of their relevance to the field, host country interest and support, the ease of access and administration and the clarity of the purpose that they serve. This is especially true when implementation depends on financial participation from Missions but is also true even when Mission support is limited to backstopping

assistance or other effort from staff. WIN has experienced some real successes in marketing itself. This is due to several factors:

- The project is relevant to field priorities. Missions are increasingly clear about their priorities and are able to assess their interest in WIN rather easily. When Mission interest is established, WIN has a good chance of selling itself.
- The project is known for delivering excellent training and Missions receive positive feedback from host country agencies regarding services such as the newsletter, information dissemination, and operations research.
- The project benefits from name recognition and product confidence. Wellstart, ICRW and APHA have created products and services in which people have confidence.

The marketability of WIN is diminished somewhat for several reasons:

- There is a perception that the focus of the project is unclear. Missions are not always sure what WIN represents and they are inclined to exercise caution until they are clear. The lack of clarity, they report, is due to the fact that a number of activities within USAID appear to be similar and Agency priorities become fuzzy to "buyers" of services.
- WIN is not always believed to be easy to access. Buy-ins can be cumbersome to implement; backstopping chores can appear daunting; negotiation processes (especially with WINS) can be extended too long or contain too many differences that need to be ironed out.
- Missions need more support for implementation and look to WIN to bring such support with it to the field. The potential for being able to deliver field support now exists in West Africa with the introduction, through WINS, of a regional advisor. Regional support may overcome some Missions' reluctance to participate in WIN.

Application of Technology. WIN presents the Office of Nutrition with opportunities to develop and test some contemporary technologies that may be effective in reducing the cost and expanding the audience reached by WIN activities. Database technologies are advancing rapidly and a number of clearinghouse functions, in addition to those already automated, may be convertible to automation. Components of training programs such as Wellstart may be packagable on video, laser discs or other media and disseminated electronically. Exchange among researchers and practitioners in the field who historically have had little access to one another can be facilitated through communication technologies. Even where the such technologies are not available at present, change is imminent. The Office of Nutrition could pioneer for USAID by

looking at strategies for implementing projects electronically using the latest in automation.

Cost Sharing. The WIN Project takes advantage of several cost-sharing mechanisms within USAID and outside of USAID. They include: intra-Agency mechanisms such as OYB transfers and buy-ins/add-ons; USAID participant training placement contractors support trainees in Wellstart; the newsletter and some of the APHA services are sold to institutions that can pay; international donors obtain materials and services from WIN; and some field activities, such as WINS in Uganda, are implemented with participation of several donors, thus effectively combining resources.

The current cost-sharing strategies should be continued, although resource constraints within USAID will mean that cost sharing will be more difficult. This further necessitates looking outside of USAID for funding, and good monitoring and evaluation systems to produce clear evidence for justifying expenditures on WIN.

Cost Savings. Throughout the evaluation, interviewees have suggested ways to reduce costs of WIN activities. Suggestions have included regionalizing more services such as training and information dissemination, packaging services such as training programs, consolidating clearinghouse functions with other similar services and modelling some of the cost effective techniques relied on by ICRW such as voluntary technical assistance, good use of low-cost communications strategies and careful resource management.

Opportunities for savings appear to exist. Any cost-savings changes in the project would have to be done after consideration of priorities and trade-offs.

Sustainability. Managing for sustainability means institutionalizing implementation strategies, identifying an ongoing resource base, and monitoring results to determine when momentum can begin to carry the Project's agenda forward. Each of these elements of sustainability is addressed below.

First, the WIN Project has produced some notable results in institutionalizing its efforts. The WINS field support strategy shows signs of adoption of improved nutrition practices at the local level with accompanying capacity to continue the work after funding is ended. Wellstart has built capacity to continue to conduct lactation management education and ICRW has improved indigenous research capabilities in some instances. APHA has begun to transfer some information dissemination to the field, but institutionalization of the capacity housed in Washington is not likely.

Second, WIN activities have in some cases developed their own resource base. Both WINS and Wellstart can point to instances where local initiatives are sponsoring activities begun under WIN. The clearinghouse and operations research are less likely to have the capability to generate and attract local resource support.

Third, momentum contributes to sustainability and momentum is developed by a project through creating a "critical mass" of support and by educating target audiences to commitment for a strategy. When results become evident, then momentum increases. There are signs that WIN has generated momentum along the way. Lactation management has a true following that will outlive its origins with WIN and Wellstart. The professional community in many locations has been sufficiently stimulated by education, information, communication, operations research and networking to expect that individuals and institutions will continue to pursue their investment and involvement in women's, infants' and children's nutrition without the same level of support experiences to date.

The encouraging signs, of course, are not universal. There is work left to be done, but there is evidence that the work will pay off in terms of lasting effects on families and communities.

2. Technical

The WIN project, through each of the four components, contributes either directly or indirectly to all nine of the ICN strategies. Lactation management education and field support are the most directly related to the ICN strategies, as shown in the following table.

| WIN SUPPORTS THE ICN STRATEGIES FOR NUTRITION | | | | |
|--|---------------------------------------|----------------------------|---------------------------------|----------------------|
| STRATEGY | LACTATION MANAGEMENT EDUCATION | OPERATIONS RESEARCH | INFORMATION CLEARINHOUSE | FIELD SUPPORT |
| 1. Incorporate nutritional considerations into policies and programs | D | D | D | D |
| 2. Improve household food security | I | I | I | D |
| 3. Protect consumers through food quality and safety | I | I | I | I |
| 4. Prevent and manage infectious diseases | D | I | I | D |
| 5. Promote breastfeeding | D | I | D | D |
| 6. Care for the socio-economically deprived and nutritionally vulnerable | D | D | I | D |
| 7. Prevent and control specific micronutrient deficiencies | D | I | I | D |
| 8. Promote appropriate diets and healthy lifestyles | D | D | D | D |
| 9. Assess, analyze, monitor nutrition situations | D | D | I | D |

Legend: D Directly addresses ICN strategy

I Indirectly addresses ICN strategy

The project is by design and intent responsive to gender considerations. Women's health and nutrition status is an Agency priority and it is one that the project addresses well. The Agency also is concerned more broadly about the role of women in development and about their economic productivity, social status, political participation and their human rights. The WIN project has the potential to address these larger issues by employing strategies that empower women; by educating them to making sound life choices; and by actively engaging them in efforts to solve health, nutrition, fertility and other problems they face as women. Interviewees were in agreement that the WIN project could go further to address women's issues in addition to a very solid focus on infants and children.

It is important, too, to recognize the power of the family and the community in contributing to the resolution of health and nutrition concerns as well as broader social concerns. WIN can reach out to men and women in its programming and appears to do so particularly in the WINS and ICRW components. The lactation management education and clearinghouse components are not particularly designed for dealing directly with the gender issue in the family and community context.

Women's nutrition and the health of their children provide an excellent forum for involving women in broader issues of development and in narrowing some of the gender gaps that result from the low status of women in many societies. WIN does make an effort in this regard where possible and is encouraged to actively seek additional means to enhancing the role of women in development.

The WIN project embodies the tension that must be held and not dissipated between the strategies for information, research, training, and technical assistance. It is necessary to continue to push the boundaries of our knowledge through research, but those boundaries must be firmly rooted in the issues of practice and be transferred to the field with speed. USAID cannot afford to do business as usual as they project and plan the changes that research beckons.

With the increase of war and displaced populations in crisis situations and post-crisis transition, the WIN project may have opportunities to define the role it plays in different ways, i.e., increase its role in USAID's emergency feeding, post-crisis transitions and food relief actions.

What special needs are there for women and children? For example, in Mozambique there are refugee camps that are 10 years old, which means there are children for whom this is the only home they have known. In the Newly Independent States (NIS), USAID emergency feeding programs include infant formula. In both cases there are serious nutritionally compromised situations that could benefit from the WIN project, from WINS and Wellstart in particular.

NIS present a new need for nutrition research and programming for USAID. These are populations who eat an excess of macronutrients, e.g., dietary fat. Little is known about the food habit and nutrition intakes of these populations. USAID needs to identify and

prioritize the subgroups to be assessed in order to identify the interventions, particularly with children, which might decrease the development of chronic disease that are closely associated with diet — heart disease, cancer, and stroke.

3. Impact

Designing for impact: project components need to begin by stating the indicators of their intended impact. Impact indicators, to be truly useful, must be reasonably easy and inexpensive to obtain. An indicator relying on extensive household surveys, for example, cannot be the sole yardstick for measuring impact, because of its high cost. It is perfectly acceptable to accompany the ambitious types of indicators and measurements, with simple "readings" taken frequently in the context of delivering services. Much can be gleaned from this approach.

USAID must invest in impact evaluation. It is clear that WIN has had impact at the individual, institutional and sectoral levels and it is possible to document impact at the level of the target beneficiary, i.e. women, infants and children. However, much of the data are "soft" data and efforts to measure impact have not been consistently adopted within the project's components. Impact measurement is worth the investment because it demonstrates change and provides feedback needed to improve programs. Needless to say, impact measurement is a cost of time and money and the pay off in terms of data needs to be weighed against cost.

While WIN contains the design elements that lead to impact, the elements of the project (its four components) are not fully integrated nor synergistic in their effects. As the four programs can even be competitive in nature and avoid one another in the field, the design is not able to fully realize its potential impact.

WIN needs to begin its activities by being clear about its audiences — its target beneficiaries and targets of impact. Target beneficiaries, meaning women, infants and children, are quite well understood. For many WIN activities the impact targets (sector policy agencies, institutions and individuals) are also well defined. In the operations research activities, for example, the research organizations and researchers are clear targets of change. Likewise, Wellstart sets its sights on very well-defined institutional and individual targets. The Clearinghouse and WINS, partly because of the nature of their work, have broader audiences, but may be well-served to establish impact priorities at the individual, institutional and/or sector levels to better focus the use of their resources.

There is a limit to how much data can be collected and reported. Wellstart does a remarkable job of tracking its effects, but it is unrealistic to expect all projects to do likewise. On the other hand much information, some anecdotal, is not reported and is lost to further use. All project activities should receive guidance and support to report impact in an affordable and useable fashion. The lessons being learned in WIN would be very helpful within USAID as the Agency looks for credible examples of impact on which to base its planning. The lessons are also worthy of communication beyond the nutrition community.

E. Conclusions and Recommendations

The conclusions and recommendations regarding the achievements and future directions for the WIN Project are made on the basis of document reviews, extensive interviews and an examination of the latest thinking in nutrition as well as the current realities of a changing development assistance strategy within USAID. The evaluation team has attempted to be thorough and appreciative of the WIN project's numerous accomplishments while recognizing the constraints that affect each program's continuation.

1. Conclusions

The WIN Project has made significant progress towards accomplishing its purposes.

- WIN has provided a package of infant feeding services to meet the needs of infants and children to age three, and has initiated new approaches for improving the nutritional status of women and adolescent girls.
- WIN has effectively reached a wide audience through operations research; technical assistance in the application of known and effective technologies, especially breastfeeding promotion; and information dissemination.

Objectively verifiable indicators are used as a means to establish the extent to which purposes are being achieved. Two indicators have been established for WIN at the purpose level of the logical framework. The first indicator — to improve understanding of women's nutrition and new intervention approaches — is difficult to verify. Both the WINS program and the operations research activities are beginning to produce results and it appears safe to conclude that WIN will lead to an improved understanding of women's nutrition and especially of adolescent girls' nutrition. WIN is placing a limited emphasis on women's nutrition in general. It is not clear that the project will discover new intervention approaches to women's nutrition as the indicator suggests it should.

The second indicator — to obtain higher coverage and more effective infant feeding and maternal/child nutrition activities — is objectively verifiable. The lactation management education program and virtually all WINS activities are contributing (or show promise to contribute) evidence that will verify achievement of the project's purpose.

As summarized earlier in this section, three out of four of the WIN project components are clearly on track. Operations research, information dissemination, and training in lactation management are fully meeting expectations. The implementation of field projects (WINS) is somewhat behind schedule and may need to be scaled back in scope to complete activities underway by the end of the project. A final set of outputs — nutrition activities database consolidated to track the nature and level of women and infants nutrition activities and the development and testing of indicators for monitoring progress — is not being produced under WIN. A nutrition activities database is planned

for the WCA region through the work of the regional advisor hired through the WINS program.

2. Recommendations

While it is evident that WIN is beginning to meet the purposes for which it was designed, it is less clear what role WIN will play in a reorganized USAID which may have new action priorities. The coinciding timing of the evaluation findings and the reorganization of USAID may provide a good opportunity to rethink the design of the WIN before it enters its second phase.

The following recommendations are offered for consideration, beginning with the most general recommendations and proceeding to the more specific.

1. ***The Office of Nutrition should cast women's, infants' and children's nutrition in a larger and integrated context for it to be used as a development strategy.*** Nutrition's place as a USAID-supported development strategy is being reconsidered and reshaped within USAID. Nutrition most certainly has a place within the focus on health and population. It will be necessary, however, to define the role of nutrition and the place of women, infants and children in the nutrition picture. It is recommended that the Office of Nutrition cast women's, infants' and children's nutrition in a larger and integrated context. It must be joined with other sectoral strategies as a supportive rather than a stand-alone development strategy. Specific approaches to integrated programming include the potential for linking women's, infants' and children's nutrition with:

- Family health and alleviation of the effects of poverty;
- Emergency feeding for those in nutritionally compromised situations;
- Post-crisis transitions and the health status of displaced families, refugees and other vulnerable groups;
- Women's initiatives; and
- Strengthening NGOs that provide integrated, community-based services.

2. ***WIN's design should be modified.*** For a variety of reasons, it may be necessary to retain the current WIN project as already designed and approved in order to avoid complex redesign. If this option is elected, it would appear necessary, nonetheless, to modify the Project Paper to achieve the following:

- ***Alignment with ICN and other policy guidance in nutrition.*** USAID should increase, for example, the priority given to adolescent girls, to working women, to women in general, to families, to other vulnerable populations and to integration with larger health issues.
- ***Clarification of project purpose.*** The current Project Paper has an inadequate statement of purpose; the statement essentially is the same as the outputs. The project would benefit from a clear statement of purpose against which

implementation can be held accountable and towards which components can be related and integrated.

- **Integration of project components.** The coordination element of the original Project Paper should be implemented if the WIN project is carried forward as is into Phase II. As new agreements are entered, there should be a stipulation for collaboration with other components.
 - **Increased cost sharing.** A modification of the current Project Paper would need to reconsider a realistic mix of core, buy-in funds, and external resources to achieve the project's purpose. Both resource and management constraints suggest that there will be increasingly limited Mission buy-ins and core funds, requiring more reliance on non-USAID sources.
 - **Improved design for impact.** The implementation of WIN activities would benefit from a clearer statement of impact indicators for the project and project components. Originally requested in the Project Paper, this task has not been undertaken and should proceed. It is especially difficult to assess impact for the Clearinghouse and for operations research when these activities were not designed for impact from the outset.
3. **The WIN Project Components should be reassessed.** Each of the four components of WIN must be reassessed in light of current needs and realities. Each has strengths that it can bring to a package of services; each has limitations in terms of the ability of the evaluation team to fully justify continued support.
- **Lactation Management Education.** An unquestioned success at doing what it does best, the evaluation team questions the continuation of core funding at the current high level and urges reconsideration of strategies to reach additional audiences.
 - **Operations Research.** The operations research activities provided under WIN are well-managed and efficiently implemented efforts that will produce useable findings. There is, however, a need for intervention research and dissemination to get good value for the investment. The questions being studied need to be high priority questions whose answers are tied to action.
 - **Information Dissemination.** Field-based practitioners suffer from a shortage of information that the Clearinghouse provides. There are numerous advocates on the side of retaining the services. On the other hand, impact is difficult to demonstrate; the service is highly dependent on USAID funding and recovers little of its costs. To be justified in coming years, the Clearinghouse would need to take on new activities, be restructured for a more scaled-down and efficient set of services, or be incorporated as a part of a larger information service. The

Office's information services would benefit from a study to rethink and assess the alternative uses of technology to provide the services now provided.

- **Field Support.** The field support component is credited with being able to deliver an integrated set of services at the community level where change, in the end, must result. At present, a number of constraints make it necessary to re-evaluate field support on the basis of cost, Mission interest, and effectiveness of delivery.

IV. TRAINING/TECHNICAL ASSISTANCE: WELLSTART INTERNATIONAL

Wellstart International's Lactation Management Education (LME) program is part of WIN's component for "service, technical assistance, and field support." LME is designed to address infant nutrition by increasing breastfeeding rates. LME contributes to this goal by providing education to teams of health professionals and in-country technical assistance to strengthen local capacity to influence informed and sustainable change.

A. Background

In 1977, the San Diego Lactation Program (SDLP) designed and implemented a series of formal educational programs in lactation management to medical and nursing students and residents at the University of California San Diego Medical Center. After much success, the International Nutrition Communication Service (INCS) asked SDLP to extend its services to developing countries.

In August 1983, SDLP received a subcontract from USAID through EDC's INCS project to implement a multi-component program for 15 nurse-physician teams from teaching hospitals in 10 developing countries. In 1985, SDLP became an independent, non-profit organization. Under the new name, Wellstart submitted a proposal for a grant from USAID's Office of Nutrition (No. DAN-1010-G-SS-5118-00). The grant was originally for 18 months, but was extended twice, with a final completion date of September 1989.

In 1989, G/R&D/N entered another agreement with Wellstart. As a component of Phase I of WIN, the period for this centrally-funded agreement is September 1989 to September 1994, with \$7 million in core funding. The agreement was amended in

BASIC PROJECT IDENTIFICATION DATA

TITLE: Continuation of Lactation Management Education Activities for Health Professionals from Developing Countries

AGREEMENT NUMBER:
DAN-5117-A-00-9099-00

PROJECT DATES:

Project Agreement Date: 9/29/89
Final Obligation Date: 9/29/94

PROJECT FUNDING:

USAID core funds: \$7 million
Est. Add-On: \$3 million
Original Total: \$10 million
Amendment: \$1.5 million
Amended Core Funds: \$8.5 million

MODE OF IMPLEMENTATION: Cooperative Agreement with Wellstart International

RESPONSIBLE OFFICERS:

USAID/G/R&D/N: Susan Anthony
Wellstart: Audrey Naylor, MD, FAAP
Ruth Wester, RN, CPNP

August 1993 to increase core funding to a total of \$8.5 million to include OYB transfers from the Africa and Latin America Bureaus, among others.

Rationale. The LME component focuses most heavily on the nutritional needs of infants, through the promotion of exclusive breastfeeding for the first 4 to 6 months, as well as nutritional status of lactating women. It is based on the well-documented link between breastmilk and nutrition and health protection for the infant, as well as the fact that breastfeeding reduces the chances of environmental contaminants, minimizes maternal postpartum hemorrhaging, and often delays the next conception.

Objectives. Wellstart's LME program provides a comprehensive program of education, technical assistance, field support, and material follow-up for multidisciplinary health professional teams from developing countries. Upon completing the initial course of study in San Diego, program participants join a growing network of Wellstart Associates who function as essential in-country resources of breastfeeding expertise in support of local, national, or regional efforts to promote, protect, and support breastfeeding. The changes that the Associates undertake contribute to WIN's goal of improving the nutritional status of infants and women, including working women. When Wellstart initiated its LME program in 1983, it established goals and objectives that continue to guide their program today.

WELLSTART GOALS

- To assist the promotion and protection of breastfeeding in developing countries by improving knowledge regarding the clinical management of lactation and breastfeeding of current and future perinatal health care providers.
- To ensure the success of LME participants in promoting and protecting breastfeeding by providing ongoing and appropriate support services.

WELLSTART OBJECTIVES

- To train multidisciplinary teams of perinatal health care professionals from teaching hospitals as specialists in lactation management, prepared to offer scientifically sound care for the breastfeeding mother-infant couple.
- To assist these teams in developing a model service and teaching program appropriate to their own setting.
- To assist in designing in-service and continuing education activities regarding lactation and breastfeeding for health care colleagues of participating teams.
- To assist the teams in selecting and/or developing appropriate teaching materials for their programs.

1. Program Management

The Lactation Management Education (LME) program is managed solely by Wellstart International, an independent, non-profit organization with headquarters in San Diego

and a satellite office in Washington, DC. The Washington office manages the "Expanded Promotion of Breastfeeding" (EPB) project funded by USAID's Office of Health.

Wellstart's cooperative agreement with G/R&D/N is co-directed by two health professionals, a pediatrician and a pediatric nurse practitioner. A total of 14 people work full-time and 5 work part-time on LME. The staffing roster for LME includes: President and CEO (30%), Vice President (50%), Associate Director (60%), Director of Professional Services (70%), Pediatrician, Technical Advisor for Program Development, Evaluation, and Research (90%), Family Nurse Practitioner, Perinatal Nutritionist, Perinatal Nutritionist, Pediatric Nurse Practitioner, Lactation Nurse Specialist/Clinic Manager, and seven educational support staff.

2. Financial Management

Financial aspects of LME are managed by the Director of Finance and Personnel, and contracting issues are handled by the Grants and Contracts Administrator. They are both well-trained professionals who understand USAID's rules and regulations. Likewise, USAID's contract office is responsive to Wellstart's needs and prompt in their payments.

Wellstart has a solid financial review system in place. They are independently audited by Price Waterhouse and have had "zero adjustment" audits for the past two years.

As of July 1993, 70 percent of the agreement's time had lapsed and 64 percent of the core funds had been dispersed. The recent OYB transfer from the Africa Bureau increased the core funding, which will be expended through delivery of the course in French.

Wellstart has engaged in cost-sharing efforts with a number of USAID Missions and Central Bureaus, USAID contractors, and international donors, as detailed on the following table.

**COST SHARING:
INCOME RECEIVED FROM OTHER SOURCES
10/1/89 - 9/30/93**

| Source | Tuition | Travel | Per Diem | Cons & Trng | Clinic | Misc ¹ | TOTAL |
|----------------------------|----------------|----------------|----------------|----------------|----------------|-------------------|------------------|
| USAID Mission | 44,000 | 17,112 | 41,678 | — | — | — | 102,790 |
| Local/Natl Govt | — | 3,862 | 9,000 | — | — | — | 12,862 |
| LAC Bureau ² | — | 134,745 | 106,472 | — | — | 68,783 | 310,000 |
| Africa Bureau ³ | — | — | — | 350,000 | — | — | 350,000 |
| PPTP (Pakistan) | 116,200 | 76,270 | 65,926 | — | — | 860 | 259,256 |
| UNICEF | 36,200 | 17,315 | 46,975 | — | — | 1,381 | 101,871 |
| PAHO | 12,000 | 7,376 | 27,474 | — | — | 171 | 47,021 |
| PIET ⁴ | 109,200 | 61,864 | 56,800 | — | — | 42,821 | 269,685 |
| Pop Council | — | 2,707 | 16,350 | — | — | 725 | 19,782 |
| SIDA | 18,500 | 10,359 | 8,385 | — | — | — | 37,244 |
| WHO | 3,000 | 1,911 | 2,820 | — | — | 303 | 8,034 |
| PRITECH | — | 46,157 | 40,891 | 4,440 | — | 2,433 | 93,921 |
| AED | — | — | — | 1,290 | — | — | 1,290 |
| Dev't Assoc | 20,000 | — | 1,433 | — | — | 567 | 22,000 |
| LASPAU | 31,200 | 8,580 | 12,600 | — | — | — | 52,380 |
| IIE | 3,600 | — | — | — | — | — | 3,600 |
| SEPPLAN | — | — | 6,210 | — | — | — | 6,210 |
| INCAP | 15,500 | 10,053 | 13,500 | — | — | — | 39,153 |
| World Bank | — | 10,000 | — | — | — | — | 10,000 |
| Other | — | 9,411 | 2,250 | 20,075 | 312,553 | 4,876 | 349,164 |
| TOTAL | 409,500 | 417,722 | 457,764 | 375,805 | 312,553 | 122,919 | 2,096,263 |

¹Health insurance, teaching materials, shipping, etc.

²OYB Transfer for regional workshop

³Add-on for French course

⁴Funding for Russian course

3. Evaluation Strategy

Wellstart has an effective evaluation strategy for the LME program that is responsive to USAID's information needs and that informs LME management about ways to improve the program. It includes:

- **Course Evaluation** - LME gives a pre and post-test to all participants to assess training needs and to evaluate increases in knowledge from the education component. Individual session critiques and an overall course evaluation are also completed by each participant. Wellstart submits to USAID a summary of each course.
- **Institutional Level** - Using the WHO/UNICEF 10 Steps as a basis for organizing data, LME staff collect data before and since entry into the LME program to assess changes in hospital practices and policies.
- **Country Level** - LME staff collaborate with a key Associate in each country to compile and analyze data from the "Professional Involvement Questionnaires," which form the basis of the "Country Status Reports."

The evaluation component uses adequate indicators to assess progress, improvements, and accountability. While the system provides useful information on individual, institutional, and national level, it does not provide information on changes in breastfeeding indicators and related morbidity and mortality at the global level. Such a task is beyond the scope of their agreement.

4. Deliverables

Wellstart is required to submit a variety of standard reports to G/R&D/N and to others upon request. Their reports are thorough and submitted on a timely basis.

Included in the submission of their proposal, Wellstart outlined a workplan for the 5-year period. They have since submitted updated workplans, with the current workplan covering the period October 1, 1993 to September 30, 1994. It is designed to provide a brief overview of the LME program's achievements over the past year, ongoing activities, and a detailed plan of action for the coming year.

Progress reporting is done on a quarterly basis, with brief written reports to G/R&D/N. These reports describe the achievements in each of the six outcome areas listed in the cooperative agreement. Included in the reports are discussions of administrative issues. Wellstart also submits course reports upon the completion of each training course.

5. Implementation Strategy

The key elements of Wellstart's implementation are described in detail in their proposal and consist of the following elements.

Recruitment and Selection. Wellstart's recruitment strategy is to identify teams with individuals who: (a) work in the same institution or agency and can function as a team; (b) represent the full range of relevant disciplines so they can work effectively with all disciplines upon completion of the program; (c) are in senior administrative positions (at least a few); and (d) have the full support of their institutions so they can work effectively with all disciplines upon completion of the course. The original intent was to

focus on teaching hospitals, but other decision makers, leaders, and trainers have entered into the LME program.

Education and Motivation. The cooperative agreement with Wellstart requires implementation of four 4-week courses in San Diego each year. Four teams of four professionals can be accommodated in each course. Courses are provided in English

Spanish, French, and Russian. The

course addresses immunology, milk biochemistry, anatomy and physiology, the science of lactation, clinical lactation management, maternal and infant nutrition, promotional strategies, program planning, and other related topics. Course activities involve classroom instruction, small group seminars and discussions, hospital rounds, clinic sessions, nutrition counseling, observations, role play and field trips.

Four Advanced Study Fellowships are offered each year to Wellstart LME Associates who show promise as leaders and key participants in national-level breastfeeding program development. Each Fellow returns to San Diego for two months to serve as associate faculty, review a technical subject, visit other relevant organizations, and develop a program plan for a lactation program — often for a national program or national breastfeeding center.

Intervention Planning. Intervention planning is considered a critical aspect of the LME program. During the course, teams develop plans for teaching and service programs in their home institutions or at a national level. The teams are also expected to develop plans for evaluating their proposed programs. Wellstart administrative and technical staff are involved in this process.

Materials Support. A wide variety of teaching and promotional materials are provided to the LME program participants both during and after the LME course. Participants are given an extensive syllabus, text books, descriptive and promotional materials, and each team receives a set of 1,000 reprint articles, which are linked to each major topic covered in the course. Each team is given a budget of \$500 to purchase additional teaching materials (texts, videos, slides, etc.). Each Associate is sent, on a quarterly basis, 18 current reprint articles selected by LME faculty. Any other relevant materials, documents or pamphlets are also sent. These form the core of a library for any teaching and service activities that the Associates undertake.

Intervention Implementation. Wellstart assists teams in implementing their action plans through technical assistance, networking, and leadership development. Wellstart staff work with LME Associates, ministries of health, USAID Missions and other key

**KEY ELEMENTS OF WELLSTART'S
IMPLEMENTATION STRATEGY**

1. Recruitment and Selection
2. Education and Motivation
3. Intervention Planning
4. Materials Support
5. Intervention Implementation
6. Follow-Up
7. Expansion of Participant Activities

individuals and organizations to create the collaborative, joint venture approach needed for effective implementation.

Follow-up. As part of the program package, all teams are provided on-going technical support, continuing education, and motivation through in-country follow-up visits, a newsletter, and reprints from current literature. The focus is planned in response to the Associates needs. It may include co-teaching, curriculum design, training program development, further work on design and evaluation, development of research strategies, up-to-date knowledge and skills. Wellstart proposed two regional program planning workshops/continuing education "congresses." One was successfully implemented in Mexico for the LAC region, but Wellstart's proposal for an African Regional Congress has not yet been funded.

Expansion of Participant Activities. This component is under the direction of the Associates and has included in-country program expansion, development of programs and centers with national and regional impact, training of health professionals and paraprofessionals, modifying hospital policies and procedures, working jointly with poor rural and urban communities to identify infant nutrition problems and plan for their solution. In addition, Associates have carried out research, worked on code and legislation issues, and served as resources for IBFAN, UNICEF, and WHO/PAHO.

A major thrust of Wellstart is the development, strengthening and institutionalization of resources of expertise in lactation management that can provide training for professional and paraprofessional care givers, assist with breastfeeding promotion campaigns, and serve as referral centers for breastfeeding problems. The intent is to assist in developing the capacity of these institutions, programs, and centers to meet the need for education and training and to gradually assume many of Wellstart's responsibilities for these services.

B. Achievements

Wellstart has made substantial progress in achieving their own goals, and contributing to USAID and international strategies as shown in the following table. They have established themselves as the foremost authority on LME and have a unique capability to train health professionals from developing countries.

Wellstart Achievements
October 1989 - November 1993

| Objective | Planned Activities through October 1994 | Achievements through November 1993 |
|--|---|--|
| 1. Increase the number of health professionals and developing countries with lactation management expertise. | a) 200 people b) 60 teams c) 20 course d) 3 languages | a) 273 b) 92 c) 17 d) 4 |
| 2. Develop sustainable, in-country capability for lactation management education, service and delivery. | a) 12-15 CES visits b) CES visits to 4-5 countries/region c) 5 LME centers d) 15-20 Fellows | a) 37 b) 15 LAC, 11 AFR, 10 Asia, 1 ME c) 10 d) 16 |
| 3. Assure extension of the influence of health professionals to the community level. | a) Modify LME content and approach b) Encourage teams to organize 2 courses | a) modified b) teams average more than 2 |
| 4. Assure timely access to current information and teaching materials. | a) Send 6 reprints each month of current literature b) Communicate electronically with LME centers c) Support libraries at regional centers | a) 6/month on-going b) not yet c) not yet |
| 5. Develop a research and evaluation component for LME. | a) Develop ongoing system for evaluation b) Provide support for research c) Create file of resource information d) Facilitate presentation of 6-10 research papers | a) developed b) provided c) created d) 13+ |
| 6. Strengthen and maximize the contribution of breastfeeding to overall strategies for safe motherhood and child survival. | a) Identify potential links b) Coordinate a meeting to explore joint projects c) Initiate 1 joint project d) Provide TA, presentation, short courses to other projects | a) identified b) coordinated c) initiated d) completed at 72 meetings/courses |

1. Program Performance

Wellstart's progress can be discussed using the objectives in the six activity areas delineated in their cooperative agreement. With one year left in their cooperative agreement, they have already achieved virtually all the established targets.

Increase the number of health professionals from developing countries and the number of countries with lactation management expertise. From the inception in 1983 until signing the current cooperative agreement in 1989, Wellstart trained 199 health professionals from 21 developing countries. As of November 1993, the number had increased to 472 Associates in 43 countries. Physicians make up over half of the participants, with 78 obstetricians, 125 pediatricians, and 56 from other specialties. Nurses and nurse

midwives form the second largest discipline, with 156. There have also been 29 nutritionists who have participated, as well as 6 other types of health care professionals.

**COUNTRIES WITH
WELLSTART ASSOCIATES
Through 11/93**

| | |
|------------------|--|
| AFRICA | Cameroon, Kenya, Nigeria, Sierra Leone, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe |
| ASIA & NEAR EAST | China, Egypt, India, Indonesia, Malaysia, Myanmar, Philippines, Pakistan, Thailand |
| EUROPE | Poland, Russia, Kyrgyzstan, Kazakhstan, Uzbekistan, Tadjikistan, Turkmenistan |
| LATIN AMERICA | Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru |

Note: Funding was provided by UNICEF for China, Malaysia, Myanmar.

This has been achieved through completion of 35 courses — 17 during this cooperative agreement — in English, Spanish, Russian, and French.

Develop sustainable, in-country capability for lactation management education, service and delivery.

Wellstart's strategy for strengthening in-country education and training consists of the following components: (a) sensitization of decision makers and policy development, (b) development of a core of master trainers and resources of expertise, (c) establishment of model "mother and baby friendly" health services, (d) development and implementation of a national pre-service education and in-service training strategy.

Wellstart has implemented this strategy through a variety of activities:

- Education and support to multidisciplinary teams, and teams that include institutional and sectoral decision makers;
- Developing plans of action by each training team;
- Follow-up visits;
- Decision/policy maker workshops in Bolivia and Cameroon;
- Regional policy planning seminars and continuing education workshops for Asia and Latin America;
- Sponsoring Associates to attend international meetings and conferences;
- Sponsoring 16 Wellstart Advanced Study Fellows, who take the lead in program development and/or center development, serve as co-instructors in San Diego, and as international consultants and trainers;
- Collaborating in delivering continuing education courses in-country; and
- Sponsoring Fellows as guest faculty in courses provided by Associates in other countries.

Wellstart Associates have also strengthened the potential for sustainability by broadening their support base to include organizations such as:

- UNICEF
- WHO/PAHO
- IBFAN
- La Leche League
- Pediatric & OB/GYN, nursing, midwifery and nutrition societies

Assure extension of the influence of health professionals with lactation expertise to the community level.

Wellstart's approach is to educate those who are able to most cost-effectively extend their influence to the community level. LME teams are encouraged to incorporate the provision of lactation management training activities for primary and non-professional care givers into their program plans.

**EXAMPLES OF TRAINING BY WELLSTART ASSOCIATES OF
PARAPROFESSIONAL AND COMMUNITY WORKERS**

| | |
|-----------|---|
| EGYPT | More than 3,000 social workers and 350 midwives have been trained in lactation management by Associates. |
| HONDURAS | Country-wide community outreach is facilitated by training health promoters, lay midwives, community volunteers, organizations of rural women, community leaders, and youth health volunteers. Associates have assisted with the training of over 6,000 such paraprofessionals, and breastfeeding support groups have been formed in over 40 rural communities. |
| INDONESIA | Over 1,000 paraprofessionals have been trained in breastfeeding by Associates. Training has reached auxiliary nurses, health promoters, lay midwives, community health workers, social workers, labor inspectors, and women's organizations. |
| SWAZILAND | A program has been developed in which frontline community health workers are selected to serve as Rural Health Motivators, and work collaboratively with health clinics to provide community-based education and clinic referrals. Associates have trained members of Traditional Healers Associations and community-based extension workers. |
| THAILAND | Associates have provided training to over 5,000 paraprofessionals, including midwives, community health workers, NGO members, women factory workers, and mothers, in addition to student volunteers. |

An example of the anticipated "trickle down" or "multiplier effect" is found in a plan for one of the Thai teams that had 10 master trainers in the Wellstart program. These 10

were to develop curricula and provide training for 54 regional trainers from 9 Regional Health Promotion Centers. The regional trainers would, in turn, provide training to 360 provincial trainers from 72 provinces. The provincial trainers would then train 8,964 district and sub-district trainers in cooperation with regional trainers. The district and subdistrict trainers would provide training for other colleagues in their hospitals or health care centers throughout the country.

Although Wellstart does not directly train paraprofessionals, the LME program has led to many small and large-scale training programs for community-level health care workers and volunteers.

Assure timely access to current information and teaching materials. In addition to the texts and reprint articles provided during the course, each team is provided slides, videos, books, and other audio-visual and teaching aids. The teams are allowed \$500 each to spend as they wish on such materials.

Each month subsequent to their course experience in San Diego, Associates receive six articles from the current literature. These "Reprints of the Month" are now sent to the Associates on a quarterly basis. The reprints are selected each month by LME faculty. The reprint collection is managed with the help of PROCITE, the same software APHA uses. A vast majority of the articles are written in English, which is a limiting factor for the many Associates who do not read English.

Wellstart Associates receive Mothers and Children from APHA and have free access to the APHA databases.

Develop a research and evaluation component for the LME program. At the beginning of this cooperative agreement period, Wellstart created a position for an Assistant Director, Research and Development. The Technical Advisor for Program Development, Evaluation and Research, as the position is now named, provides LME participants with technical support to develop their hospital and country program plans while at Wellstart, and offers follow-up support to country teams developing national training programs and/or centers, and other field-based activities. The Technical Advisor also directs Wellstart evaluation efforts. Examples of research and evaluation activities include:

- Work with teams on developing evaluation strategies as part of their action plans;
- Organize in-country "mini workshops" on program planning and evaluation (the first was done in October 1993 in collaboration with Associates and Fellows in Bolivia);
- Distribute the "Professional Involvement Questionnaires" to all Associates, and work with Associate "report coordinators" to draft *Country Status Reports*;
- Track institutional progress through analysis of "Hospital Profile" data before each team entered Wellstart and again in mid-1992 using Epi-Info software;
- Collaborate with Wellstart Associates and Fellows on their research projects, i.e., Peruvian Fellow's study on issues related to storage of breastmilk;

- Research done in-house by Wellstart staff, i.e., "Vitamin A and Breastfeeding: A Comparison of Data from Developed and Developing Countries;" and
- Collaborate with other donors, i.e., with WHO's CDD program on studies of breastfeeding continuation rates.

Wellstart also has a variety of informal mechanisms for assessing effectiveness and impact of individual interventions and the program as a whole.

Strengthen and maximize the contribution of breastfeeding to the overall strategies for Safe Motherhood and Child Survival. Achievements in this area are numerous and varied. Examples of Wellstart's efforts to strengthen USAID's breastfeeding program include:

- Drafting statements for the Child Survival Report to Congress;
- Assisting USAID Missions globally with incorporation of breastfeeding and lactation management into their programs in child survival, nutrition, health, family planning, and food aid;
- Assisting USAID regional bureaus, i.e., Africa Bureau's Technical Advisory Group;
- Contributing to an audio-visual project for a Policy Makers' meeting in Florence;
- Coordinating efforts with other USAID projects, such as PRITECH and MotherCare. Most notable is the coordination with another Wellstart project, Expanded Promotion of Breastfeeding (EPB), in which they have developed a country backstopping system and a Corporate Coordinating Committee; and
- Participating in the USAID Breastfeeding Cluster.

Wellstart has contributed to UNICEF'S and WHO's strategies by:

- Contributing substantially to the model hospital policies and conceptual thinking that led to the development of the "10 Steps" and the Baby Friendly Hospital Initiative (BFHI);
- Developing the BFHI assessment tools and first draft of the 18-hour course for maternity care staff;
- Designing and implementing a workshop for the initial core of BFHI master trainers and assessors;
- Participating in WHO/UNICEF technical meetings;
- Collaborating with WHO on development of indicators for assessing health facility practices that affect breastfeeding; and
- Serving as a WHO Collaborating Center on Breastfeeding Promotion and Protection, with particular emphasis on LME.

Wellstart has also established linkages with other local and international organizations to strengthen the contribution of breastfeeding through:

- Developing a case study on the Philippines for the World Bank;
- Collaborating with numerous Ministries of Health and MCH care programs.
- Working with La Leche League on community outreach and counseling;

- Participating in meetings of the American Academy of Pediatrics, American Pediatric Society, American Public Health Association, IBFAN, Infant Feeding and Growth Conference, ICN, and NCIH, among others; and
- Sponsoring Wellstart Associates to present papers and serve as spokespersons at international meetings.

2. Management and Implementation

There are a number of strengths both in the implementation strategy and management of the Wellstart LME Program. The most noteworthy are:

ILLUSTRATIVE LIST OF WELLSTART ORGANIZATIONAL LINKAGES

Academy for Educational Development
 Ambulatory Pediatric Association
 American Academy of Pediatrics
 American Pediatric Society
 APHA Clearinghouse
 Center to Prevent Childhood Malnutrition
 Georgetown University
 Int'l Ctr for Research on Women
 Int'l Society for Research on Human Milk & Lactation
 Johns Hopkins University
 Manoff International
 Nat'l Council for Int'l Health
 Population Council
 Society for Pediatric Research
 U.S. Dep't of Health & Human Services

- **Staffing** - Wellstart's LME Program is directed and implemented by a well-trained, competent, and committed staff.
- **Recruitment and Selection** - Wellstart is rigorous in recruiting teams that are most likely to affect change and to train others. In addition to attracting participants to enroll in their English and Spanish courses, Wellstart has also enrolled trainees in recently designed courses in Russian and French.
- **Education and Motivation** - The course is based on compelling, scientifically sound information and employs a variety of effective adult learning strategies. Virtually all participants leave the course well-prepared and highly motivated to train others and affect change in their institutions and countries.
- **Program Planning** - LME is results-oriented and helps participants to design and implement breastfeeding programs, with a special emphasis on training others.

Much of Wellstart's focus and success is related to their relationship with other organizations. The most important linkage has been the one with WHO/UNICEF and their Baby Friendly Hospital Initiative. BFHI is a strategy that drives actions and has helped USAID to justify their program and has focused Wellstart's efforts. At the same time, Wellstart has contributed to BFHI. It is a strong and cost-effective linkage that is also mutually supportive and beneficial.

3. Technical

BREASTFEEDING FOR CHILD SURVIVAL

Specific objectives for achieving AID's breastfeeding goal are:

1. Significantly enhance and focus breastfeeding promotion and support within the context of child survival, health, populations and nutrition programs.
2. Increase countries' capacity to:
 - Analyze the situation;
 - Improve health professionals lactation management skills;
 - Inform leadership at all levels about the benefits of breastfeeding;
 - Develop a written breastfeeding policy;
 - Mobilize public and private sector support;
 - Cultivate a positive image for breastfeeding throughout society;
 - Incorporate breastfeeding into health education curricula in schools;
 - Improve practices in MCH and maternity services and hospitals;
 - Provide women with knowledge, skills, and support;
 - Improve maternal health and nutritional participation;
 - Encourage exclusive breastfeeding.

Contribution to USAID Goals and Strategies.

USAID's 1986 "Nutrition Strategy for Child Survival" identifies breastfeeding as one of two strategies for infant and child feeding. In a subsequent document, USAID more specifically articulates their "Breastfeeding for Child Survival Strategy." The strategy outlines the goals, specific objectives, implementation approaches, and key considerations. The goal, as defined in this May 1990 document, is to increase the percentage of infants who are:

- breastfed within one hour of delivery;
- exclusively breastfed through 4-6 months of age;
- fed appropriate complementary foods by the end of 6 months of age; and
- breastfed for one year or longer.

Protecting and promoting breastfeeding is a primary intervention that can be scientifically and programmatically linked to USAID's other child survival interventions: immunizations, ORT, nutrition, and birth spacing. The protection that breastmilk provides against diarrheal

disease, acute respiratory infection and other infectious diseases, are of critical importance since these are the main causes of infant mortality in the developing world.

Wellstart's LME program supports USAID's goals and strategies through its implementation approach to train hospital-based personnel in lactation management toward the goal of hospital policy reform and country breastfeeding programs, curriculum development, and policy dialogue. To a lesser degree, Wellstart contributes to training of health care providers outside of hospitals, outreach to women, improved weaning practices, and research.

Contribution to International Strategies. The content and approach of Wellstart's LME program is consistent with the 1992 International Conference on Nutrition (ICN) and contributes directly to the ICN's strategy on the promotion of breastfeeding (Strategy 5). Specifically, LME supports and encourages mothers to breastfeed; participates in UNICEF's BFHI; promotes mother support groups; actively supports the International Code on the Marketing of Breastmilk Substitutes; provides high quality training in breastfeeding issues, using updated training material; provides information that is current with scientific knowledge; and carefully considers the link with HIV. Additionally, the course content and technical assistance of Wellstart contribute directly to six and indirectly to the other two "Strategies and Actions" of ICN (see page 22).

Gender. The LME component includes women as project participants and as ultimate beneficiaries. A majority of Wellstart participants are women: 75 percent of Associates and 79 percent of Fellows. Data on secondary and tertiary trainees cannot be disaggregated by gender, but it is likely that a majority are women. Likewise, the data on mother-infant pairs cannot be gender disaggregated, but there is no evidence that any gender discrimination exists. It must be noted that the participation of and impact on women is related more to the project's focus on breastfeeding, nutrition, and maternal and child health rather than any deliberate efforts by USAID or Wellstart to address gender considerations.

C. Impact and Sustainability

Wellstart's LME program was designed and is implemented for high impact. Their strategy is to educate teams that are able and willing to train others using the knowledge and skills in lactation management, training, and program planning that they receive while in San Diego. Wellstart also makes great efforts to measure, analyze, and report impact data on the individual, institutional, and target beneficiary levels.

The first level of beneficiary is the health care professional who participates in the San Diego portion of LME program. This is the target group that Wellstart is directly responsible for and they are the main focus of Wellstart's efforts. Education at this level is considered a necessary, but not sufficient, pre-condition for impact.

The second level includes individuals and teams that receive training from the Wellstart Associates, and the third level are those who are trained by the secondary trainees. These trainees benefit from the multiplier effect of the LME program.

The target beneficiaries for LME are the mothers and infants who benefit from improved skills and knowledge from their health care providers. It is anticipated that this will result in more mothers initiating and exclusively breastfeeding for 4 to 6 months and continuing well into the second year of life. In the end, the program should result in improved nutritional status of mothers and infants.

1. Impact on Individuals

The *Country Status Reports* contain a considerable amount of qualitative data on the progress that individuals have made as a result of their experience with Wellstart. All Associates were asked to complete a "Professional Involvement Questionnaire." These were analyzed and draft reports written by a key Associate in each country. Wellstart LME then finalized and distributed the reports. Personal interviews and focus groups with Associates substantiated and supplement the written reports.

The data emphasize achievements by Wellstart Associates, in training and other breastfeeding promotion efforts. The data capture the number of "secondary" trainees that Associates have reached, but not how much training the secondary trainees have done nor precisely how many mother-infant pairs have been affected.

The Associates report significant changes in their understanding and attitudes toward breastfeeding. With their increased skills and confidence, they have worked to:

- Design and implement education and training programs.
- Make changes in hospital policy and practice.
- Conduct research projects.
- Establish mother support groups and conduct meetings in their homes on evenings and weekends.
- Advocate breastfeeding at local, national, and international meetings, as well as serving on committees and advisory boards.
- Participate in other USAID-funded projects, i.e., MotherCare breastfeeding assessment, PRITECH KAP survey.

Several Associates have risen to national and international prominence where they are able to have significant influence over breastfeeding policies and programs. A Bolivian participant, for example, has recently been appointed the President of the Bolivian Social Security System. Since taking this position, he has established a national breastfeeding committee and appointed one of his fellow Wellstart colleagues to head the committee. An example at the international level is Dr. Marina Ferreira Rea, a 1985 Associate from Brazil who, until recently was working on the CDD program for WHO in Geneva and is now a consultant to WHO. Although these promotions cannot be attributed directly to Wellstart, it was a factor. More interestingly, these individuals now are more likely to affect change.

2. Impact on Institutions

In respect to the project design, the primary indicators of institutional impact are the development of national training plans and establishment of national training programs or centers. There has been remarkable progress in this area. To date, national breastfeeding promotion plans have been developed and implemented with Wellstart assistance in 9 countries. Wellstart Associates have also been responsible for supporting

5 national LME centers and 2 regional LME centers.

Another indication of institutional impact is the degree to which participating hospitals have made changes in their policies and practices as a result of Wellstart's training and technical assistance. The most appropriate benchmarks for assessing these changes are the 10 Steps of the WHO/UNICEF Baby Friendly Hospital Initiative.

Wellstart, with the assistance of the Associates, has collected data from participating hospitals. Wellstart compiled the information and produced the "Analysis of Results from Hospital Profiles Before and Since Participation of Hospital Teams in the Wellstart LME Program." Although the data is self-reported by Associates and lacks the objectivity of an external evaluator, they serve as useful indicators of institutional impact.

| <i>Contributing to Sustainability</i> | |
|--|-----------|
| National Breastfeeding Promotion Programs : | |
| Cameroon | Chile |
| Indonesia | Pakistan |
| Peru | Poland |
| Thailand | Uganda |
| Zimbabwe | |
| National LME Centers: | |
| Bolivia | Brazil |
| Honduras | Kenya |
| Mexico | |
| LME Centers Active on Regional Basis: | |
| Philippines | Swaziland |

WELLSTART'S IMPACT ON 71* PARTICIPATING HOSPITALS

| 10 Steps of the Baby Friendly Hospital Initiative | Before Wellstart LME | After Wellstart LME |
|---|---|----------------------------|
| 1. Have a written breastfeeding policy. | no data | 63% |
| 2. Train all health care staff in skills necessary to implement this policy. | 31% | 75.6% |
| 3. Inform all pregnant women about the benefits and management of breastfeeding. | 79% | 100% |
| 4. Help mothers initiate breastfeeding within a half-hour of birth. | 8.2 hours after birth | 2 hours after birth |
| 5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants. | no data | 67% |
| 6. Give newborn infants no food or drink other than breastmilk, unless medically indicated. | 72% vaginal delivery 58% cesarean delivery | 80% 70% |
| 7. Practice rooming-in — allow mothers & infants to remain together. | 83% | 91% |
| 8. Encourage breastfeeding on demand. | no data | 81% |
| 9. Give no artificial teats or pacifiers to breastfeeding infants. | 88% | 98% |
| 10. Foster the establishment of breastfeeding support groups. | no data | 29% |

* Number of reports out of a total of 120 hospitals that have sent participants to the LME course since 1983.

Each of the "10 Steps" has additional, more specific, indicators that are included in the report. The data have been analyzed both at the global level and by region. The regional variations are, in some cases, quite striking, with Asian countries reporting the greatest progress, and Latin American and Africa following. Wellstart recognizes the importance of these data for identifying future programming needs.

The "Country Status Reports" also include data on institutional impact. In addition to reporting on impact realized by sponsoring institutions, the reports contain information about institutions that have been developed as a result of Wellstart's LME, i.e., clinic and training centers established by the Associates.

"Country Status Reports" and field visits by the evaluation team offer additional information and rich examples of institutional impact in 7 key areas:

Education and Training
Curriculum Development
Hospital Practices
Clinical Services
Outreach to Women
Applied Research and Evaluation
Policy Dialogue

3. Impact on Target Population

Wellstart's approach does not include direct contact with target beneficiaries. However, their strategy is to train multi-disciplinary, hospital-based (preferably teaching hospitals) teams that are expected to reach the target populations. Wellstart's multiplier effect is pronounced and impressive.

PROJECTED MULTIPLIER EFFECT 1983-1993

450 Associates in 111 Teaching Hospitals from 39 Countries

402,682 Secondary and Tertiary Trainees by 1993

65,092,732 Mother-Infant Pairs Affected by 1993

Data on annual deliveries and secondary, tertiary and residents trained by participating teams were provided by the teams themselves in response to a Wellstart survey in 1989. For teams entering the program after 1989, delivery figures were taken from the hospital profiles. Projections through 1993 are based on these actual figures (at same levels,

multiplied by the number of years since training until 1993) or on projections provided by the teams themselves. Assumptions are:

- Annual deliveries (643,482 for 111 teaching hospitals) at current levels multiplied by the number of years from training through 1993.
- Each secondary and tertiary trainee will affect two mother/infant pairs per week, times 48 weeks/year.
- Each resident (obstetricians, pediatricians, Family Medicine) will affect five mother/infant pairs per week, times 48 weeks/year.

It must be noted that the data are all self-reported and no external evaluator has verified the numbers. Nevertheless, it is an illustration of the potential multiplier effect of Wellstart's LME program.

There have been a number of studies of impact at the institutional and national level of breastfeeding promotion programs. Unfortunately, there have not yet been any global or large-scale national studies to assess the impact of Wellstart education on the initiation and duration of breastfeeding. However, one could assume with a great degree of confidence, that the following studies are representative.

Data from Hospitals with Wellstart Associates on the Impact of Breastfeeding Promotion

| Source of Data | Type of Data |
|---|--|
| "The Impact of a Hospital and Clinic-based BF Promotion Program in a Middle-Class Urban Environment," by Veronica Valdes, et. al. <i>Journal of Tropical Medicine</i> , 1993. | A prospective intervention study with a control group in which a health system-based BF promotion program increased duration of full BF at 6 months and amenorrhoea at 180 days. |
| "An Evaluation of a National BF Promotion Programme in Honduras," by B. Popkin, C.J. Bailey, C. O'Gara, <i>Journal of Biosocial Science</i> , 1991. | Results show a significant increase in initiation and duration of BF from 1981 to 1987, indicating that the PROALMA program had a profound effect on BF behavior. |
| "A Controlled Trial to Extend Duration of Exclusive Breastfeeding Among Low Income Women in Lima, Peru," by L.C. Altobelli, Final Report, 1991. | Data from control study showing substantial improvements in BF knowledge, attitudes and practices for health workers and mothers in 2 hospitals where in-service education took place. |
| "A Large Scale Rooming-in Program in a Developing Country: The Dr. Jose Fabella Memorial Hospital Experience," by R. Gonzalez, <i>IJGO</i> , 1990. | Reduction in length of stay following delivery, reduction in number of diarrhea cases, and substantial space and cost savings because of BF promotion and rooming-in. |
| "The Advantages of Rooming-in," by Soetjningsih and Sudaryat Suraatmaja, <i>Paediatrica Indonesiana</i> , 1986. | Reduction in various indicators of morbidity and mortality for newborns at Sanglah Hospital after instituting rooming-in. |

USAID's Bureau for Latin America and the Caribbean is supporting a study that provides evidence of the impact of breastfeeding promotion on the target beneficiaries. The study is being conducted collaboratively with the Health and Nutrition Sustainability Project and seven Wellstart Associate teams from hospitals in Brazil, Honduras, and Mexico. They are assessing the costs and effectiveness of breastfeeding promotion in hospitals that have been influenced by Wellstart's LME program. In Brazil they have the benefit of being able to compare a hospital that has Wellstart Associates with a hospital with no Associates, and collect data on post-discharge breastfeeding practices.

Although the study will not be completed until February 1994, the preliminary data from Brazil show significant differences between the "program hospital" and the control hospital. For example, the percentage of mothers exclusively breastfeeding at one month was 53 percent for the program hospital and 38.6 percent for the control ($p < 0.005$). At three months, the percentage of mothers exclusively breastfeeding was 43.4 percent for the program hospital and 19.9 percent for the control ($p < 0.001$). "After controlling for all potential confounding variables, the median duration of exclusive breastfeeding was 54 days longer in the program hospital than in the control hospital." The researchers conclude that the large differences can be attributed to breastfeeding promotion programs at the time of delivery at the program hospital. Wellstart activities complement the hospitals longstanding breastfeeding promotion program, and therefore can be credited, in part, with the impact.

In Mexico no control hospital is involved in the study. However, data verify that a vast majority of improvements in the hospital's breastfeeding policies and practices were a direct result of the team's experience with Wellstart. In Honduras the attribution is less clear because the hospital was making some changes before the team participated in Wellstart's LME program.

4. Impact on the Nutrition Sector

Wellstart has been a major player in the international effort to protect and promote breastfeeding. Wellstart is a pioneer in lactation management education programs for health care professionals from developing countries. In addition, they have collaborated with other USAID projects, formed linkages with other international and domestic organizations, and served as an advocate in international forums. The most notable linkage is the one with WHO and UNICEF in designing and implementing BFHI.

The impact of Wellstart's LME program has undoubtedly had a significant impact on the nutrition sector and the larger development community.

D. Issues

The issues discussed below are those that were listed in the evaluation scope of work or were a result of our investigation. They are divided into three categories: management and implementation, technical, and impact.

1. Design, Management and Implementation

Cultural Sensitivity. Among interviewees who have participated in and observed LME, there is the belief that, while sensitive to the health care community, LME lacks sensitivity to different cultural practices and to different learning styles. Interviewees in the field and U.S. maintain that the content and approach to the course could be more flexible and responsive to the varied cultures involved in the program.

From Wellstart's perspective, it is a challenge to adapt the course content and approach to meet the needs of over 470 participants from 42 countries, numerous religions, and several different social and political systems.

Cost Effectiveness. There is no question that the current cooperative agreement has been highly effective and produced outstanding results. The issue is one of cost and whether USAID, in a time of shrinking resources, can continue funding a LME program that averages \$17,000 per Wellstart Associate. (It should be noted that if one divides the total cost of the program by the number of mother-infant pair affected, the cost is about \$0.07 per end beneficiary.)

MAJOR ISSUES

MANAGEMENT AND IMPLEMENTATION:

Cultural Sensitivity
Cost Effectiveness
Regionalization
Clinical Component
Cost Sharing
Packaging Services

TECHNICAL:

Participation of Paraprofessionals
Gaps

IMPACT:

Attribution
Sustainability

Consideration must be given to two sub-issues in discussing issues of cost. First, could the same results be obtained at a reduced cost? A number of interviewees, including those who are very supportive of the work of Wellstart, suggest one or more of the following strategies:

- Regionalize services, especially training and follow-on.
- Eliminate or reduce expenses associated with the operation of the San Diego-based clinic by moving the laboratory experience to the field or some similar strategy.
- Increase cost sharing by securing non-USAID revenue sources to support Wellstart training, its materials development, its research, or other activities.
- Package some of the training using media and reduce costs associated with repetition of all course sessions during each offering.

Second, how much of the Wellstart budget should be borne by USAID? The Agency's R&D offices have been established primarily to develop and test program strategies. Wellstart's interventions have been well-tested and have demonstrated that they can contribute to impact. It is time for USAID to reduce its contribution to the operating costs of the institution.

These sub-issues warrant additional discussion:

Regionalization. Whether it be called a field-based approach or community-based or country-based, the message expressed by the evaluation informants is that a next phase

of the project should focus more on assisting Associates with the implementation and evaluation of their program plans.

Given the large number of Wellstart Associates throughout Latin America, Asia, the Near East, and Africa, regionalization is a logical next phase. These regions have large numbers of well-trained and committed Associates capable of managing national or regional programs, but need additional support from their U.S. counterparts or from other Associates and Fellows. Until regional programs are well-established, they need external participation and endorsement.

Although no exact costs were calculated, a regional or field-based approach may be less expensive and allow for greater coverage than one that focuses so heavily on U.S. training. A regional LME program would lend itself better to accommodating the cultural, language, and technological differences among regions. It could utilize service and training centers that would serve as more appropriate models than U.S. models. The greatest advantage of regionalization is that it has a much greater chance of being sustainable.

On the other hand, there is still a demand for the 4-week course that Wellstart provides in San Diego. Wellstart has recently designed and implemented courses in Russian and French and is able to train other teams in those regions, providing that funds are available. The issue is what the balance should be between funds devoted for the U.S. component of LME and the field-based components, such as follow-up or in-country training.

Clinical Component. There is a lot of concern about the cost-effectiveness of the clinical component in the program, both among Associates and U.S. interviewees. One issue is that the clinical experience lacks relevancy because of the vast differences in clinical approaches between the United States and other regions.

There is also the issue that Wellstart's clinic sets a very high standard for clinical facilities and services that Associates are unable to replicate because of lack of funds and high volumes of clients. Their frustration and disappointment is an unintended side-effect.

One could make a case for the importance of balancing the theoretical and classroom components with the need for practical, real-life experience and for keeping the teaching staff current. However, it appears that the costs of maintaining such a component exceed the benefits, and that there may be less costly approaches to achieving the same results. Human and financial resources now devoted to the clinic may be used more effectively elsewhere, i.e., for follow-up support to the field.

Cost Sharing. Even though cost sharing and add-ons (a.k.a. buy-ins) were not a part of the original agreement between USAID and Wellstart, this is an issue worthy of

consideration in designing future cooperative agreements. At this point, a vast majority of the budget for LME comes from core funds.

Mission funds available for buying into centrally funded project are decreasing as many Missions throughout the world are being closed and others are facing massive budget cuts. Priorities have changed for the Agency, and nutrition and child survival programs are being dropped. There is also a challenge in coordinating efforts with Missions where child survival is not a priority, even if central funds are used. Some Mission staff are reluctant to spend their time managing activities that do not contribute to Mission priorities.

It will become increasingly important for USAID and Wellstart to increase the approach and intensity of marketing LME to USAID Missions and other donors, linking LME to current priorities.

Packaging Services. Interviewees suggested that a number of the presentations given in San Diego could be recorded on video, laser discs or other media. While costly in the short-term, it could result in considerable cost savings over the long-term. When selecting the sessions to be packaged, care should be taken to maintain live sessions that provide colleague-to-colleague interchange and that cover topics that may need to be updated frequently.

2. Technical

Participation of Paraprofessionals. Development professionals from donor organizations express an opinion that more should be done to reach the health care providers outside hospitals (midwives, traditional birth attendants) and family members who deliver a majority of infants in developing countries. (In some countries, as many as 80 percent of babies are delivered outside of hospitals.)

Wellstart's approach of training teams of health professionals from teaching hospitals is based on the premise that the Associates can more cost-effectively reach the rural and urban paraprofessionals through in-country training.

Gaps. Wellstart Associates and other informants in the field believe that more emphasis should be placed on the needs of working women; affecting hospital, workplace and national breastfeeding legislation, policies and practices; promoting women's groups and other support systems for parents who chose to breastfeed their infants; and improving the transition from breastmilk to the family diet.

Wellstart Associates are prepared to take upon themselves the responsibility to train paraprofessionals and to address the other pressing needs in their countries. They recognize, however, their need for additional technical assistance in lactation management and funding to implement appropriate interventions. These are efforts that could be implemented most cost-effectively in-country or on a regional basis. A greater

move toward decentralization would also address expressed concerns about language and cultural practices, responsiveness to field needs, and sustainability in lactation management education.

Many of these "gaps" are being addressed through USAID's EPB project, which is also implemented through Wellstart International. EPB is designed to build upon and expand the impact of the LME program. However, since interviewees were unaware of the services offered through EPB, USAID and Wellstart need to better inform the field Missions and Associates of EPB.

3. Impact and Sustainability

Attributing Impact to the LME Intervention. As with any type of project, it is difficult to attribute impact to a single intervention. There are many factors that contribute to and constrain impact. The LME interventions may increase the likelihood of impact, but other conditions must be present for it to be effective. Well-trained and highly motivated teams are an important ingredient to impact, but if they do not have support from their institutions, government, or international donors, they may not be able to affect change. Informants did not hesitate, however, assigning significant credit to LME interventions.

There is also the issue of timing. There are situations in which a significant amount of progress in breastfeeding promotion had taken place before the LME intervention. Again, the USAID-funded intervention was one of several interventions. Even in these cases, Associates and donors are quick to credit Wellstart training with quickening the pace and strengthening the efforts of the trainees.

Sustainability. An important aspect of impact is whether it is sustainable. A primary objective of the training and technical assistance components is to develop a sustainable in-country capacity for training and services. Wellstart focuses great attention to this objective by transferring training skills to their trainees. The Advanced Fellowship program strengthens this effort by increasing the capacity of the Associates with the greatest potential — technical and managerial — for managing a lactation management program.

A great deal of the LME program is devoted to helping teams to develop program plans that include institutional and country training and service programs. Wellstart also gives considerable attention to supporting the teams, in the form of follow-up assistance, that are most committed to implementing their program plans.

At this point, regional and national training centers are further advanced in Asia and Latin America, which translates into greater sustainability. This progress may be due to longer LME participation. Some teams from these regions entered the program during the first cooperative agreement have also had the benefit of regional congresses. The

majority of African participants began during the current cooperative agreement and funding for a regional congress has not been approved.

As discussed above, the foundation for sustainability has been laid by training nearly 500 individuals in LME, and a number of countries have taken the next step by establishing their own training programs. The issue for future planning is where to focus attention: laying the foundation in other regions, i.e., francophone Africa and NIS by training new teams, or providing additional support to regions and countries that are most likely to establish fully sustainable programs. In the latter case, one must be careful that the support does not contribute to dependency and interfere with sustainability.

E. Conclusions and Recommendations

Wellstart continues to be a renowned "Center of Excellence" for lactation management education. They are internationally recognized for the major role they play in the promotion of breastfeeding.

The technical aspects and implementation approach of Wellstart have contributed significantly to USAID's and ICN's goals for nutrition and child survival. Ten years of USAID funding of an LME program has resulted in a large number of Associates in targeted countries, and there is strong consensus that Wellstart is highly successful at affecting change among Associates and their institutions. There is also evidence of a multiplier effect that reaches many other health care professionals (doctors, nurses, nutritionists) and paraprofessional health care workers (midwives, TBAs, health promoters).

The relationship between USAID and Wellstart has been healthy and mutually beneficial.

Nevertheless, there are several recommendations for improving the current cooperative agreement or any follow-on project.

1. Design, Management and Implementation

Cost Effectiveness. Despite its success, it is becoming increasingly difficult for USAID to justify continued financial support at the current high level (\$8.5 for 5 years) given (a) the current government-wide budget cuts, and (b) that Wellstart has had the benefit of over ten years of USAID funding to develop and test their program. With the excellent reputation and demand for Wellstart services, it should be able to attract additional sources of funds and find cost-cutting measures that will continue to get results.

Recommendation: USAID should work with Wellstart to consider cost reductions, with an eye toward maintaining or increasing effectiveness.

2. Technical

Participation of Paraprofessionals. Wellstart has proven the validity of the premise that training health professionals from teaching hospitals will, in the end, result in greater coverage due to a multiplier effect. There is a need and demand to provide greater follow-up assistance that will help primary trainees more effectively reach the paraprofessionals who are the secondary and tertiary trainees, and the mothers and infants who are the ultimate beneficiaries of this intervention.

Gaps. Wellstart has developed a very comprehensive program that covers breastfeeding and related issues, and is consistent with USAID and international strategies. There are a few areas that deserve more attention, either in the 4-week course or the extended LME program: working women; hospital, workplace and national legislation, policies and practices; women's groups and other support systems; and weaning. Many of these areas are covered through Wellstart's EPB project.

Recommendation: *USAID should continue to work with Wellstart to determine ways to coordinate and better market to the field (USAID Missions and Associates) the capability of EPB in addressing perceived gaps.*

3. Impact and Sustainability

Attribution. Wellstart has been collecting data on impact, although it is difficult to attribute impact to a single intervention. To determine the effectiveness of USAID's investment in LME, impact data must continue to be collected and analyzed.

Recommendation: *Wellstart should continue placing emphasis on assessing the impact of their efforts, and should provide their Associates with the tools and skills necessary to do the same.*

Sustainability. The LME component was clearly designed for sustainable impact. However, to date, the balance among program components has favored the U.S.-based educational experience, with unmet demand for in-country support.

Recommendation: *LME should increase emphasis on provision of in-country technical support that is necessary as Associates progress in the development of sustainable programs.*

4. Future Programming

As the agreement approaches its expiration date, USAID must make critical decisions about future funding for lactation management education in general, and Wellstart in particular. To do this, USAID must be clear about its nutrition objectives and determine the role that breastfeeding will play. If breastfeeding is to have a role (and there is a strong case for it), USAID must then decide what intervention or combination of interventions will help them reach their objectives most cost-effectively.

If USAID wishes to continue to strengthen and develop a core of health professionals in lactation management who can serve as resources of expertise, then USAID should enter another agreement similar to the current agreement with Wellstart. The general strategy should remain the same, and should target francophone Africa and NIS, where only a few teams have been trained so far.

Wellstart would be an obvious preference because of their unique capabilities and proven record. There is every reason to believe that Wellstart is capable of maintaining a high quality of training and increasing the impact.

There is sufficient evidence, however, to suggest that it is time to move to another phase of a breastfeeding strategy. The next stage should build on the strengths and successes of LME and use a multi-component strategy, but shift the emphasis from educating new teams in the United States to a more field-based approach. This stage would provide in-country support of training (with more emphasis on rural and paraprofessional health workers) and implementing community outreach programs that empower working women and their families to breastfeed their infants.

In an attempt to be responsive to evolving needs in the field and USAID/Washington, future programming should place more emphasis on:

- A demand-driven approach, which requires on-going assessments of the needs of USAID Missions, Wellstart Associates, and community health workers;
- Field-based follow-up and technical assistance;
- Issues related to working mothers and workplace policies, coordinating with EPB;
- An integrated, balanced approach that includes lactation management education and field support;
- Training paraprofessionals and rural professionals; and
- Countries with the greatest potential for impact.

This shift in emphases will require a corresponding shift in resources. To fund the additional travel to the field and possible financial assistance to regional and national programs, USAID should consider reducing or eliminating funding for the least cost-effective components.

Regardless of which option is chosen, the following strategies should be part of any future contracts or cooperative agreements:

- Strong linkages with USAID strategies in health, food security and emergency feeding, and population, and collaboration with other breastfeeding-related interventions, i.e., EPB, MotherCare, NCP, APHA Clearinghouse;
- Strong linkages with UNICEF, WHO, PAHO, and the World Bank;
- Collaboration with health professionals in the target countries; and
- Outreach and marketing to Missions that have a potential for impact.

V. OPERATIONS RESEARCH: INTERNATIONAL CENTER FOR RESEARCH ON WOMEN (ICRW)

The International Center for Research on Women (ICRW) is dedicated to promoting development with women's full participation. ICRW works in collaboration with policy makers, practitioners, and researchers throughout Africa, Asia, Latin America, and the Caribbean in formulating policy and actions in a number of areas including health and nutrition — the relationship of women's health and nutritional status to their roles as economic producers, nurturers, and health care providers for their families.

Much of ICRW's research is conducted through grants competitions aimed at supporting research capacity in developing countries.

A. Background

The research component of the WIN Project followed from the MIN Project, specifically the Research on Maternal Nutrition and Health Care Program also conducted by ICRW. The latter research component led to a life-cycle approach toward women's health and nutrition. Attention to adolescence emerged from this approach and identified a gap in the literature regarding the health and specifically the nutritional status of adolescent girls, particularly prior to pregnancy.

This comes at a time when the focus of women's reproductive health is shifting to their health prior to pregnancy, not only during pregnancy. The health status of adolescents to adequately support a pregnancy is questionable. Studies in developed countries consistently demonstrate that adolescents' pregnancies are more likely to result in a low birth weight baby and premature delivery.

BASIC PROJECT IDENTIFICATION DATA

TITLE: Adolescent Girls: Nutritional Risks and Opportunities for Intervention

AGREEMENT NUMBER:
DAN-5117-A-00-0087-00

PROJECT DATES:

Project Agreement Date: 9/28/90
Final Obligation Date: 9/28/93
Amended Obligation Date: 9/28/94

PROJECT FUNDING:

AID core funds: \$1,944,707
Buy-ins: Not authorized
Amendments: \$500,000
Amended Total: \$2,444,707

MODE OF IMPLEMENTATION: Cooperative Agreement with ICRW

RESPONSIBLE OFFICERS:

USAID/G/R&D/N: Susan Anthony
ICRW: Kathleen M. Kurz

The final evaluation of the MIN project emphasized the need to fill the information gap about adolescent girls in developing countries. The WIN Project Paper further develops the rationale and scope of this research component. In 1990 USAID selected ICRW for a cooperative agreement No. DAN-5117-A-00-0087-00 entitled "Adolescent Girls: Nutritional Risks and Opportunities for Intervention." It began on September 28, 1990, with an amended completion date of June 30, 1994.

Rationale. Improving nutritional status during adolescence is particularly important for girls in preparation for the nutritional stresses from their impending cycles of pregnancy and lactation. The poorer the nutritional status of women and girls (small stature, low weight, anemia) as they begin their reproductive cycles, the greater are their risks for poor obstetric outcomes. Improving nutritional status during adolescence is also important for girls in preparation for the nutritional demands that will be imposed by their productive roles during adulthood. Typically, in developing countries, because of their multiple roles and responsibilities both within and outside the home, women bear heavy workloads and work long hours. Thus adolescence may be an opportune time to improve nutritional status and promote behavioral patterns that will benefit their health and social status in adulthood. Improvements in the nutritional status of adolescent girls are expected to last into adulthood, reducing reproductive risks and increasing productive capacity.

Unfortunately, little is known about physical growth patterns during puberty in developing countries, particularly when interventions should be targeted and how effective they could be, or about the factors influencing nutritional status during adolescence. This research program seeks to begin to fill the gaps in knowledge and contribute information useful in the design of effective interventions to improve the nutritional status of adolescent girls.

The program designed by ICRW has four components:

- A research grants program that supports eleven research projects: five in Latin America and the Caribbean, four in Asia, and two in Africa;
- Technical support to research teams for developing proposals, collecting and analyzing data, and interpreting results for policy and program formulation;
- Synthesis and dissemination of the research findings through publication of papers, conferences, and other mechanisms;
- A technical advisory group of nine experts that provides guidance on all aspects of the program.

Goals and Objectives. The project was initiated with a literature review entitled "Nutrition of Adolescent Girls in Developing Countries, Research Agenda." The goals of the research program were to:

- Develop innovative nutrition interventions for adolescent girls; and
- Contribute to the knowledge about nutrition interventions for adolescent girls.

In order to achieve these broader goals it was necessary to seek information about:

- The nutritional status of adolescent girls in developing countries; and
- Gender differences in nutritional deficits;
- Physiological and socio-cultural determinants of nutritional status;
- Adolescent girls' use of health and nutrition services and the supply and demand factors that determine their use.

In addition to contributing to knowledge about adolescent girls' nutritional status in developing countries, the project was to encourage the use of innovative methodologies and increase the research capacity of institutions in developing countries.

Deliverables. The deliverables will be the results of eleven research projects which achieve the above. They are being conducted by research institutions and investigators from throughout the developing world. Other investigators and research institutions are primary audiences for these projects as well as those who make decisions about adolescent health and nutrition in the countries of the research and in the regions. The Information Bulletins, Guidebook, policy brief, and policy conference and workshops will reach these audiences. Adolescents will in turn be beneficiaries of the results of these projects if they are converted into programs and interventions.

Implementation Strategy. ICRW proposed an implementation strategy composed of a review of the literature, establishment of a Technical Advisory Group (TAG), and targeted distribution of a request for proposals (RFP). Projects were selected based on quality of responses, to the extent possible, and then balanced to

ICRW research projects cover a range of topics worldwide

- A Multisectoral Study of Nutritional Status of Adolescent Filipinas
- Role of Domestic Workload, Intra-Family Environment and Attitudes on Nutritional Status of Urban Adolescent Girls (India)
- Factors Influencing Nutritional Status of Adolescent Girls (Nepal)
- Understanding Gender-Differentiated Constraints for Farm Household Investment in Adolescents: Implications for Nutritional Status (Philippines)
- Study of the Factors that Influence the Nutritional Status of Adolescent Girls in Cameroon
- The Influence of the Social Status of Women on the Nutritional Status of Adolescent Girls in Benin
- Nutritional and Health Determinants of School Failure and Dropout in Adolescent Girls in Jamaica
- Response of Endogenous Growth Factors to Exercise and Food Supplementation in Stunted Pubertal Girls (Guatemala)
- Early Nutrition and the Physical and Mental Development of Rural Adolescent Girls (Mexico)
- Nutrition, Health, and Growth in Guatemalan Adolescents
- Improving Nutritional Practices of Ecuadorian Adolescents

make sure that there were at least two from each of the three developing regions. The strategy also includes active technical support to the investigators and a summative policy conference.

The literature review and research goals were examined at the first TAG meeting on February 7, 1991. The product of this meeting was the development of a RFP which was distributed to over 200 locations in April 1991. The focus of the research agenda and the RFP was the identification of "socio-cultural, economic, psychological and biological factors in the lives of adolescent girls that influence their nutrition status." Descriptive studies and intervention studies were named as eligible for funds.

Sixty-two proposals were evaluated in preparation for the TAG proposal review meeting. Twenty-eight proposals came from Latin America/Caribbean, twenty in Asia, and fourteen in Africa. Of these, twenty-seven were reviewed by the TAG. Eight criteria were used to evaluate the proposals:

- **Research Question:** clarity, yield new information, justified by literature review;
- **Study Design:** relation to question, feasible, within funding limit (\$75,000), target population, sample selection and size, variables proposed, analytic or descriptive, comparison groups, intervention;
- **Data Collection Methodology:** techniques described, appropriate for variables, feasible, culturally appropriate and ethical, subjects protected;
- **Data Analysis Methodology:** described adequately, appropriate to question;
- **Relevant to Policy and Decision-Making and to Region, Country or Institution;**
- **Dissemination and Utilization of Research Findings:** plans, funds budgeted, history of same;
- **Research Team and Facilities:** multi-disciplinary, roles clear, investigators qualified, facilities satisfactory; and
- **Budget:** reasonable, adequately justified.

A summary of strengths and weaknesses was compiled and a funding recommendation was made, including modifications. Ten independent research projects and one

The WIN Technical Advisory Group (TAG) members were chosen to represent a variety of countries, ethnic backgrounds, and disciplines with experience relevant to adolescent girls.

Bibi Essama
Educational Development Center,
Washington

Sreelakshmi Gururaja
UNICEF, New York

Jane Kusin
Royal Tropical Institute,
Netherlands

Joanne Leslie
UCLA, California

Homero Martinez
Nat'l Institute of Nutrition, Mexico

Carlos Serrano
PAHO, Washington

Mary Story
University of Minnesota

Ruby Takanishi
Carnegie Council on Adolescent
Development, Washington

Olivia Yambi
UNICEF, India

collaborative project (Cameroon) were selected with 89.7 percent of the funding provided to developing country institutions.

Management. The ICRW management team includes a nutritionist, hired in September 1990, who serves as project manager. She developed and is directing the program with the support of the Director of Research, Research Assistant, and a Public Health Specialist.

This team provides strong support to the projects through technical assistance, information distribution, networking, and regular communication. During the project there were eight technical assistance visits to Cameroon, Mexico, Jamaica, Benin, Ecuador, India, and the Philippines. The Ecuador, India, and the Philippines TA visits were done by TAG members. ICRW makes at least sixty contacts overall per month by phone or fax.

B. Achievements

ICRW is in compliance with their cooperative agreement. Further, this agreement with USAID continues ICRW's record of quality research through systematic research protocol in the development phase, tested methods in the use of the TAG, and careful, supportive monitoring of projects in the field. Their main achievement is good quality research results that people can trust, that programmers can confidently use to build pilot programs, and that policy makers can use to make decisions about how to invest resources.

To date, the research projects were reported in two ICRW bulletins with a wide distribution. In the spring of 1994 the investigators will convene in Washington to share their results and insights with each other and in a policy forum with the wider community. A guidebook that suggests interventions to improve girls' nutrition will be prepared for the meeting. This method is one that ICRW has used effectively with previous research programs.

The teams of investigators have achieved cost sharing. Examples include:

- In Jamaica the salary of the three principal investigators was contributed to the study.
- In the Guatemala studies salary was leveraged for the two principals in one study, and for four principals in the second study.
- In the Philippines the research project leveraged the salary for the IFPRI principal.

ICRW met the peer review criteria through the TAG which actively participated in the RFP development, evaluation of proposals, and technical assistance to projects both through the project staff and on selected site visits. ICRW and the projects are becoming linked with other adolescent programs such as the Subcommittee on

Adolescents of the WHO Expert Committee on Anthropometry, the WHO Adolescent Health Programme, and the UNICEF Girl Child Programme.

The WIN operations research component is responsive both to USAID priorities and to the ICN Plan of Action (see page 22).

- This research program is directly carrying out Strategies 1, 6, 8 and 9 of the ICN Plan of Action: assessing and analyzing nutrition situations, as well as diet and lifestyles.
- It is also indirectly affecting Strategies 2, 3, 4, 5, and 7.
- This program is also contributing to USAID's Child Survival Strategy through the impact this work will ultimately have on maternal nutrition.

The ICRW program is contributing to the nutrition agenda, specifically by providing information about the effect of stunting in childhood on adolescent nutritional status, the nutritional status of adolescents, and the effect of specific factors on nutritional status in adolescence. Innovative methodologies to measure psycho-social factors were developed for some of the studies. A more comprehensive overview of the technical content and factors measured by each of study team are presented on the following page.

FACTORS MEASURED BY EACH STUDY TEAM

| TEAM/ FACTOR | Philippines (Roldan) | Philippines (Bouis) | India | Nepal | Cameroon | Benin | Jamaica | Guatemala (Torun) | Guatemala (Martorell) | Mexico | Ecuador |
|-----------------------|-------------------------|------------------------|-------|-------|----------|-------|---------|----------------------|--------------------------|--------|---------|
| DIET | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| ANTHRO- POMETRY | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| HEALTH | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| SERUM | | | ✓ | ✓ | ✓ | | ✓ | ✓ | | | ✓ |
| WORKLOAD/ ACTIVITY | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ |
| RURAL | ✓ | ✓ | | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ |
| URBAN | ✓ | | ✓ | | ✓ | | ✓ | ✓ | | | ✓ |
| PSYCHO- SOCIAL | ✓ | | ✓ | | ✓ | ✓ | | | | ✓ | ✓ |
| SES | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| GIRLS & BOYS | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ |
| SCHOOLING | | ✓ | ✓ | | | ✓ | ✓ | | | | |
| PUBERTAL SIGNS | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| CATCH-UP GROWTH | | ✓ | | | | | | ✓ | ✓ | ✓ | |

C. Impact and Sustainability

As mentioned in the introduction of the report, it was difficult to demonstrate the impact of research using CAII's impact methodology. Theoretically, the research component of WIN feeds information into the training, technical assistance, and field support interventions of the project, increasing their potential for impact. Research can demonstrate outputs and process benefits, but little impact as defined by the methodology applied in this evaluation.

Despite the constraints of the methodology, it is useful to test its application on any and all interventions funded by USAID, including operations research. It reveals the importance — especially to programmers and policy makers — of perpetually contexting research into its application and the program hypothesis it is testing.

1. Impact on Individuals

The WIN research component has a direct impact on the individual researchers involved in ICRW projects by enhancing their experience in developing research methodologies and in conducting research. For instance, in the Philippines project sponsored by IFPRI and the Department of Economics at the University of the Philippines, the majority of the funds went to the Philippines which led to the inclusion of an anthropologist and nutritionist for additional data collection. This team had not worked together before and they found the experience fruitful and anticipate future collaborations if not with each other at least counterparts in their disciplines.

In Cameroon, Dr. Ngo Som had not had the opportunity to lead a research study. Collaboration with Dr. Kurz at ICRW brought new stature to her position at the Centre de Nutrition and an opportunity to participate in a 6-month fellowship at Florida State University. There she learned to analyze dietary data and took a computer back to Cameroon complete with dietary analysis software including indigenous foods and recipes.

2. Impact on Institutions

Although the greatest number of very strong applications were submitted from Central America, viable proposals were selected from a range of countries around the world. For several of the service delivery organizations, this represented a first time to conduct research. With assistance from ICRW and TAG members, and teams from India, Cameroon, Nepal, and Benin successfully completed their projects and are using the results in their program development, a primary objective for applied research projects.

The technical assistance and funding that were provided to organizations put them in a position to assist others in their country and region who are conducting or who desire to conduct applied research. This in effect inaugurates a "fledgling" research network. This network will stabilize and flourish according to the extent to which communication is

fostered and members are asked to assist other institutions. This would constitute sustainability for this component of WIN.

The research program is an active participant in the deliberative work of the WHO Expert Committee on Anthropometry. It is making a significant contribution to this prestigious group. It also effects the USAID nutrition and child survival strategy through the USAID Project Officer.

3. Impact on the Nutrition Sector

In 1989 when the project was developed there was little information about the non-pregnant adolescent girl in developing countries. The focus was on children (child survival) and there was some initial interest in the health of women, particularly during pregnancy. The girl child focus at UNICEF is opening understanding about the unique issues of females 0-19 years old. According to a 1993 UNICEF report, it draws its rationale from:

...both the Convention on the Elimination of all Forms of Discrimination Against Women and the Convention on the Rights of Girls, which place emphasis on the needs of the girl child. The conventions afford girls and women the right to receive the best health care possible, which is often reserved for boys; the right to attend the same schools and nurture the same educational aspirations as boys; the right to family planning information and maternal care that can mean the difference between a productive life and a premature death; and freedom from all forms of physical and mental abuse, including harmful traditional practices, prostitution and exploitation.

USAID is now developing programming in reproductive health and adolescents. This is a timely point to begin interdisciplinary discussions and program development.

On September 25 to October 1, 1993, the International Union of Nutrition Scientists sponsored its XV Quadrennial International Congress on Nutrition in Adelaide, Australia. Over 240 research projects were reported with women and children as their subject. Of these 11 (5 percent) were about adolescents in contrast to 110 or almost half on children. The eleven projects in this program could be the beginning of an international network of adolescent nutrition.

Follow-on work is possible within USAID through the developing program in population with reproductive health of adolescents and in the same area of work at WHO/Geneva. Both USAID and WHO are developing strategies around safe motherhood and regulating fertility.

At USAID follow-on planning can be accomplished through the nutrition goals and child survival goals of the Agency.

D. Issues

1. Design, Management and Implementation

Staffing. The 3-person team at ICRW, the Project Manager, Public Health Specialist, and Research Assistant, with the continued support of the Director of Research and other ICRW staff, are working effectively. The full complement of personnel was brought on slowly so that the start up of the individual research projects moved more slowly than planned.

Linkages. Linkages with the nutrition community and maternal and child health programs could be strengthened and expanded. Information on the program could be filed in nutrition databases such as: the APHA Clearinghouse and PAHO/WHO library system; the USDA Agricultural Library, Food and Nutrition Library Data Base; adolescent health networks such as the Adolescent Health Clinics; MCH networks such as the National Center for Education in Maternal and Child Health based at Georgetown University; school-based clinic networks available through each state health department; the State and Territorial Public Health Nutrition Directors based in each state health department; and the faculty of training programs for nutrition and maternal and child health workers in schools of public health, medical schools and nutrition departments.

Cost Sharing. Cost sharing is not expected for the research projects and no information is systematically collected. ICRW staff note that at four locations the investigators received little or no salary recovery for the time they spent on their project, representing cost sharing.

Extensive Use of Experts. The Roldan team in the Philippines seemed to make extensive use of experts. They corresponded with US academics for sample questions for their questionnaires. Two physicians performed the clinical exams without charging the project. Other experts developed the food models for the diet assessment and other consultants advised on other aspects of the project.

TAG Involvement. The India team had a TAG which met at key phases during the project to advise on the plans for that phase. They met to discuss the design of the project, to assist with the training of the field workers, and during data collection to alleviate problems.

Services and funds from other sources expanded the design of some projects and extended the impact of their results. For example, in Ecuador funds from UNICEF will support a final conference in Quito and in Jamaica the Ministries of Health and Education funded workshops among teachers. In Ecuador they received in kind hematocrit analyses, and in the Philippines the University of Philippines, School of Economics, covered various costs. Dr. Torun in Guatemala is getting hormone analysis

donated by GENENTECH in Berkeley. This was facilitated by the research collaboration with UC Berkeley from the beginning.

Sustainability. The extent to which this work or the applied results will be carried on without USAID funding is not clear. There are some encouraging signs at this point. For example, in countries where the research was closely connected to program organizations, information is already being used. In Jamaica there has been a workshop with school personnel to share results regarding violence that was discovered in the course of the study.

Project Communication. USAID's internal communication can be improved, particularly between the Office of Nutrition and the Health Office. The PP describes a communication and monitoring set of activities that were not funded. These could have enhanced exchange within USAID and with organizations outside.

2. Technical

Balanced Approach. It is important to continue to press for the connections between research and interventions. Less research is needed on describing situations and more on what works or doesn't and why. In one informant's words, "don't research common sense but what to do."

Leveraging Resources. The grants were small in size which limits the scope of a research project. It is important to use the funds to leverage other resources but when those resources are not available in the country or area, the grant may need to be larger.

Linkage. It is important to make the link between adolescent girls to women to children visible and clear. It should not be assumed that people clearly see how close an adolescent is to being an adult with family responsibilities.

3. Impact and Sustainability

Timing. The length of time to do research was longer than the original agreement stipulated by nine months. The original schedule assumed immediate start-up which does not allow time for proposal revision, USAID mission concurrence, and USAID Contracts approval. Although staffing may have played a part, carrying out worldwide projects requires more time than a set of projects in one region. A second extension of 6 months was approved to add an eleventh project in Ecuador as well as an End-of-Project conference.

Donor Coordination. The effect that these nutrition results will have on maternal and child health programs depends on the extent to which USAID, UNICEF, and WHO representatives are included in the policy meeting and the advocacy that the TAG members exercise.

Increasing Impact. There are three areas where follow-on work could be productive:

- Developing and evaluating interventions in adolescent service programs focusing on training and information dissemination;
- Strengthening the research establishment through network development which might include more research; and
- Conducting national policy research — development and impact.

The workshops in Jamaica and Ecuador are examples of policy development. The research questions are: What are the implications of these findings, e.g., adolescents are unanticipated victim of violence? How many do we project there are? Can it be prevented? What strategies could be used and what would be the costs — time in school, leisure time, personnel time needed to implement strategy? In trying to answer these questions, more questions will be raised. Some will be worth investigating further. Some only require a judgment call; no amount of information would be useful or worth the effort it would take to get it.

Policy impact is to follow a decision and monitor the consequences — both intended and unintended. A fundamental constraint in the WIN project is that investigators are not funded to follow through on their findings. The application of findings through policy decisions or pilot programs should be a part of the research institution's responsibility and funds should follow to carry it out. This lively interchange is needed to keep research vital and programs changing and improving.

Investigators should be responsible for thinking through the consequences of various actions. Perhaps the policy meeting planned by ICRW in the spring of 1994 should make this its focus. What are the programmatic implications from each study? What other questions must be answered before a policy could actually be implemented? Answering these questions will keep investigators rooted in practice.

Strategies. The project can have more impact depending on how it carries through on:

- Information dissemination such as through the Clearinghouse and journal publications;
- Technical assistance through the conference and the use of workshops, or subsequent agency visits to train personnel in basic research and evaluation techniques.

Evaluation. Evaluation is not specifically built into the research program. The policy briefing will provide the opportunity for some evaluation.

E. Conclusions and Recommendations

The project successfully raised the general awareness of adolescent girls as a population to consider in development planning. This is being recognized by governmental organizations and NGOs. The geographic spread of the projects is extending that awareness widely. The range of topics and factors that were addressed is stimulating concern about a number of issues which is expanding the audience beyond nutrition professionals to other disciplines such as psychologists, anthropologists, political scientists, economists, nurses, social workers, physicians, and educators. These connections are leading to changes in local policy such as in education in Ecuador and Jamaica.

Intervention Research. The work done to date was needed in order to describe the needs of the population and to locate and test institutions where interventions might be located such as schools, health facilities, homes, and communities. Now we need to know what works with adolescents to improve their nutritional status and ultimately increase their productive contribution to society.

Recommendation: Intervention research needs to be the next phase, as proposed in the initial development of the project.

Donor Coordination. The links that are emerging between the girl child program at UNICEF and the WHO adolescent health program should be encouraged and strengthened. The current adolescent population will soon be the productive workers countries will be dependent on. Investment in their health and well-being is to everyone's advantage.

Recommendation: USAID should coordinate with UNICEF and WHO on subsequent activities for adolescents.

Internal Linkages. Links within USAID need to be fostered and strengthened. In particular, these would be with maternal and child programs, population, health, and nutrition.

Recommendation: Foster and strengthen linkages within USAID's other sectors.

External Networks. These eleven studies have put a nutrition research network in place. In the past there have been collaborative relationships between two institutions but seldom have 11 been linked together and certainly not in nutrition. Everyone concurs that the research capacity in developing countries needs to continue to grow. This network provides an excellent foundation to do this.

Recommendation: The network of researchers should be fostered as partners or collaborators.

Global Planning. The ICRW Conference in May 1994 provides an excellent opportunity to address new themes. These include the connection between research and

program/policy, ideas for building research capacity, the future agenda for intervention research, follow-on studies that replicate protocol from some of these and expansion of the sample to draw stronger associations between factors. ICRW's agenda, presenters, and invitees have enormous potential for future national policy, service delivery programs, and continued research.

Recommendation: USAID should take advantage of the ICRW Conference in May 1994 to carry forward a number of these themes.

Extension into NIS. During the course of this project the Cold War ended and in its wake there are a number of new independent states (NIS). Initial information indicates that their dietary problems are more like those of the US, Europe and other developed countries — those of excess. Many of their diets are based on meat which leads to a high intake of dietary fat. The agricultural sector dedicates little land to fruits and vegetables. Many of these countries have heart disease mortality rates that are 50-60 percent of total deaths. From the extensive research conducted by the developed countries we know the strong association that dietary fat has with atherosclerosis and subsequent cardiovascular disease. For the reasons mentioned previously, the adolescent population is relevant to reach.

Recommendation: The next round of research could focus on the subgroups of adolescents in NIS.

VI. INFORMATION CLEARINGHOUSE: AMERICAN PUBLIC HEALTH ASSOCIATION (APHA)

The WIN project's third component is an information clearinghouse on women's and children's nutrition. Clearinghouse activities primarily reach an audience of field-based practitioners who work in community-based settings with women and children.

Clearinghouse activities also reach donor organizations, USAID bureaus and consultants, researchers and others interested in the gamut of topics covered by the Clearinghouse.

Topics covered by Clearinghouse activities and materials encompass a range of nutrition-related disciplines, from breastfeeding and micronutrients to primary health care, women's health, and nutrition.

Specific questions raised in the evaluation scope of work are covered throughout this analysis of APHA activities. Those topics that have already been accomplished are discussed below under Achievements. The points that raise issues for the remainder of APHA's cooperative agreement are covered under Issues, Conclusions and Recommendations.

A. Background

The Clearinghouse component in WIN is calculated to meet the third objective spelled out in the WIN Project Paper: "to enhance and sustain (these) advances through leadership, coordination, policy determination, and worldwide information exchange."

The Clearinghouse offers WIN three basic products to support this objective:

- a *newsletter* on nutrition distributed to a field audience in English, French and Spanish;

BASIC PROJECT IDENTIFICATION DATA

TITLE: Clearinghouse on Infant Feeding and Maternal Nutrition

AGREEMENT NUMBER:
DAN-5117-A-00-1087-00

PROJECT DATES:
Project Agreement Date: 9/24/91
Final Obligation Date: 9/30/96

PROJECT FUNDING:
AID core funds: \$3,414,005
Buy-Ins: Not authorized
Original Total: \$3,414,005
OYB Transfers: Not authorized
Amended Total: \$3,414,005

MODE OF IMPLEMENTATION: Cooperative Agreement with the American Public Health Association (APHA)

RESPONSIBLE OFFICERS:
USAID/G/R&D/N: Susan Anthony
APHA: Gayle Gibbons

- a set of *databases* providing information on organizations, educational materials, and publications; and
- a program of *information for action workshops*.

Rationale. According to the Project Paper, the Clearinghouse was intended as a continuation of the MIN information dissemination function. WIN's clearinghouse component renewed emphasis on developing in-country information dissemination capacity by providing information to "program planners and policy makers in the field while strengthening institutions in host countries." APHA was awarded two consecutive competitively won contracts with the Office of Nutrition prior to WIN.

Objectives. APHA's current cooperative agreement was finalized in September 1991, two years after the PP, in response to a proposal APHA submitted in June 1991 entitled "Proposal for a Clearinghouse/Information Dissemination Component of the Women's and Infants' Nutrition: A Family Focus (WIN) Project." The cooperative agreement mandated two specific objectives:

- to develop and maintain an international center for information and materials on maternal and child nutrition and related issues in development countries;
- to publish a newsletter on these topics three times a year in English, French and Spanish.

To these APHA proposed two additional activities:

- to expand the Clearinghouse's scope to include information on women throughout the life cycle;
- to strengthen activities in developing countries to meet information needs through the development of an international information for action network.

Deliverables. APHA intended to expand its document catalogue and the outreach of its information services. The Clearinghouse also planned to continue production of its newsletter and to extend its field-based activities to strengthen local information dissemination activities. According to the APHA proposal, specific expected outputs were:

- a database of 20,000 documents archived on PROCITE software;
- information services responding to 3,000 requests annually;
- annual updates of lists of education materials;
- establishment of information for action activities in at least six countries and including regional representation;
- production of Mothers and Children three times a year in English, French and Spanish, during each of the five years of the cooperative agreement; and
- publication of an annual calendar to accompany one issue of the newsletter.

Implementation strategy. APHA proposed an implementation strategy that combined collaboration, expanded outreach and increased field activities to implement this WIN component.

APHA houses a library of published and unpublished materials relating to topics surrounding women's and infants' nutritional status. These documents are catalogued in a database that was developed under the prior contract and expanded under WIN.

This data bank has several uses under WIN. It serves as the Clearinghouse's key resource to respond to requests for information from a wide audience, from field practitioners to policy-makers to donor organizations and USAID consultants.

Clearinghouse databases are also the basis for ideas and articles for the newsletter. Lastly, the data bank serves as the model for the information for action workshop program.

In addition to expanding the Clearinghouse document collection and database, APHA intended to contribute to developing an information for action network. This component was calculated to "strengthen local capability to produce and use information." Through a series of workshops, the information for action network expected to:

- empower local groups through accessible information; and
- establish collaborative relationships through the APHA clearinghouse — library and database — outreach, new technologies, and through regional activities.

Management. The Clearinghouse was to be implemented by a six-person team comprised of a Project Director, Deputy Director, Documentalist and Information Specialist, Staff

APHA proposed a ten-part strategy to implement the WIN information clearinghouse component to:

- broaden the Clearinghouse database focus by expanding the collection of materials in the databases;
- expand collaboration with international groups in order to collect and translate key documents into French and Spanish to add to the database and to disseminate in the field;
- strengthen the capability of collaborating organizations in the field to respond to requests for information;
- develop partnerships with other institutions in all regions in the field;
- publish synthesis papers in French and Spanish;
- collaborate with WINS contractors to produce practical print and non-print program materials;
- organize training and exchange visits for managers and staff of resource centers that are part of the information for action network;
- increase the technical assistance provided to field organizations;
- provide seed money to field organizations through sub-agreements; and
- diversify the financial base of support for Clearinghouse activities.

Associate, Administrative Assistant, and Library Assistant, plus consultants for specific jobs.

Evaluation. APHA proposed that its staff regularly evaluate the document collection from the PROCITE databases; the user profiles from the tracking system developed to monitor the requests for information, supplemented by a User Survey; and information about the users and uses of the information from letters, feedback from consultants traveling to the field, and from reprints and references to articles from Mothers and Children.

The quantitative data collected daily is transferred to dBase and summarized quarterly. The mailing lists for Mothers and Children includes other information, such as region and type of organization, to allow APHA to disaggregate the data by these variables. This also allows them to track the increases in the number of subscribers to Mothers and Children as well as describe the type of readers.

B. Achievements

By all accounts, the APHA Clearinghouse has achieved a high level of technical expertise, both in the areas of nutrition and of information itself. The Clearinghouse has adopted a *multi-sectoral strategy* to support WIN objectives and efficiently executes the many labor-intensive tasks required to develop and manage a global clearinghouse.

The principal Clearinghouse materials and products include maintaining a data bank, answering information requests, disseminating information, writing and distributing a newsletter, and implementing an information for action program. These incorporate a range of topics relating to women's and infants' nutrition, from breastfeeding and weaning to micronutrients, primary health care, women's health and nutrition, agriculture,

The APHA Clearinghouse shows significant achievements in the first half of its cooperative agreement.

- Newsletter circulation has risen by 29 percent to over 46,000 copies, which are routinely passed on to other readers.
- The Clearinghouse has brought the number of entries in its databases to close to 17,000, an increase of 23 percent.
- Two information for action workshops have been held, one in Spanish, and one in English.
- The Clearinghouse employs a multi-sectoral strategy for meeting WIN objectives: publications and educational materials are available on topics ranging from breastfeeding, weaning and micronutrients to growth monitoring, education, women's health and nutrition, primary health care, agriculture, and nutrition.
- The Clearinghouse is multi-lingual: Clearinghouse products — data, newsletter and workshops — are routinely available in Spanish and French.
- Clearinghouse management is routinely judged effective.
- Clearinghouse products serve a niche of community-based field practitioners that are not the focus of other information dissemination projects.

communications and training. In one respondent's words, the Clearinghouse brings an "integrated vision: the technical topics of nutrition are well-covered, but they are enriched by a perspective that places nutrition within people's everyday lives."

The Clearinghouse successfully employs a *multi-lingual approach*, necessary for a global audience that does not necessarily speak English. Clearinghouse databases incorporate a wide range of periodicals, educational materials, and unpublished materials in French, Spanish, Portuguese, and Arabic. The newsletter is always produced in English, French and Spanish. Contributors to the newsletter write articles in their native language. Information for action workshops have been conducted entirely in Spanish as well as in English.

Clearinghouse *management* is routinely judged effective. The staff brings many years of experience in nutrition, information management, library science, educational media, and the social management of technology. Staff members are fluent in French and Spanish.

The APHA Clearinghouse's *newsletter*, Mothers and Children, is an eight-page document produced 3 times a year. It is intended to serve an audience of field practitioners and accordingly requires a ninth grade literacy level. To better benefit its field readership, APHA produces each issue of the newsletter in English (43 percent of distribution), Spanish (38 percent) and French (19 percent).

Each issue of Mothers and Children averages three articles. At least one of these deals with technical issues, and at least one with program implementation experience in the field. Each issue includes a page on resources which provides readers with sources for further information.

Mothers and Children uses three sources for its articles. Some are provided from the field. In-house staff and consultants are a second resource, compiling original articles from the Clearinghouse databases. Finally, the Clearinghouse commissions specific articles from authors in the US or in the field.

The Clearinghouse has implemented a major thrust to encourage the submission of articles from the field. The majority of articles in the last four issues of Mothers and Children were authored by citizens of developing countries, increasing the newsletter's utility and value to its field readership.

The Clearinghouse newsletter:

- has seen circulation increase to over 46,000 during the first two years of APHA's cooperative agreement, representing a 29 percent rise in distribution;
- targets a community-based field audience of nutritionists, women in development specialists, the breastfeeding community, community development workers, and a variety of professionals interested in improving the local nutritional status;
- requires a ninth grade literacy level;
- aims to motivate field practitioners, provide them with useful information, and explain how to request further information;
- has published articles written in Washington and in the field covering topics ranging from community-based materials development and quantitative research techniques to community gardening and breastfeeding and working women between 1991 and 1993;
- relies primarily on bulk distribution to field organizations, which accounts for 70 percent of all distribution;
- offers instructions to potential writers in English, French and Spanish;
- is highly valued by its field readership; and
- is clearly identified by its field audience as a USAID product and boosts USAID's presence in nutrition worldwide.

The Clearinghouse "data bank" is in fact four separate databases: a primary database, a database of educational materials, a database of organizations, and a database of periodicals.

The Clearinghouse data bank is maintained to serve as the source for newsletter contents and from which bibliographies can be generated to respond to specific requests for information. Their most critical service is document delivery. Documents from the data bank are reproduced and provided to those requesting information so that they may initiate action. These databases include educational materials, periodicals, organizations, reports about programs, journal and newsletter reprints, research findings, and unpublished documents.

The Clearinghouse responds annually to over 4,000 requests from a worldwide audience in government, the international and local NGO communities, educational institutions, intergovernment agencies, the private sector, and USAID.

The Clearinghouse uses database management features to monitor and evaluate its products and distribution through:

- database analysis
- tracking of information requests
- mailing lists analysis
- direct feedback from users
- user surveys
- focus group discussions
- direct evidence that information is being used

Clearinghouse's *databases*:

- incorporate over 16,000 entries on organizations, periodicals, unpublished studies, and educational materials;
- have seen a 23 percent increase in entries since 1991 (entries totaled 16,691 in October 1993, up from 13,569 in 1991);
- incorporate materials in English (77 percent of collection), Spanish (15 percent), French (6 percent) and Portuguese (3 percent);
- offer services to an audience of mid-level practitioners and technical officers in the field;
- can be queried on a wide and up-to-date variety of key words or phrases to generate tailor-made bibliographies in response to specific requests for information;
- consolidate reports, reprints from journals and newsletters, research findings, unpublished documents, grey literature and information about information;
- are used by government agencies (38 percent of inquiries in early 1993), NGOs (25 percent of inquiries: 13 percent from international NGOs, and 12 percent from local NGOs), educational institutions (12 percent), the private sector (9 percent), and USAID contractors and consultants worldwide (8 percent);
- respond to a worldwide demand for information: North America (28 percent of inquiries in early 1993), Africa (20 percent), South America (16 percent), Asia (13 percent), Europe (8 percent), Central America (8 percent), Oceania (3 percent), the Middle East (3 percent) and the Caribbean (1 percent);
- are portrayed as a "principal source of secondary data for policy papers" and for country-specific documents for consultants; users say they "rely heavily" on Clearinghouse services and output;
- are described as "enormous help, especially in rural areas;" and
- are summarized as furnishing "up-to-date, solid information in technical areas," which for this respondent were "breastfeeding, young child feeding, and nutrition during pregnancy."

Technical Focus. The Clearinghouse's substantial collection in the library and databases provides an invaluable information foundation for the ICN Strategies. It contains clearly identifiable access to information on ICN Strategies: household food security under agriculture, appropriate technology, food security (2), food quality and safety found in food preparation production, storage (3), infectious disease in diarrhea, AIDS, nutrition and infection, ORT (4), breastfeeding (5), socio-economically deprived and nutritionally vulnerable (6), micronutrient deficiencies under Vitamin A, iodine, and iron (7), appropriate diets and healthy lifestyles (8), and assessing, analyzing, and monitoring nutritional situations through anthropometry, birth weight, nutrition status, and nutrition surveillance (9). Their activities directly increase awareness among program planners (1), and promote breastfeeding (5) and appropriate diets and healthy lifestyles (8).

The Clearinghouse is currently exploring methods to make its databases accessible to other organizations. The first step will be to download parts of the database onto

diskette and send it to selected institutions with a copy PROCITE. (This will be a "read-only" version that allows the data to be queried without altering its contents.)

The Clearinghouse is considering ways to make this service available at a nominal charge to large agencies, PVOs, NGOs, and USAID, focussing on institutions who are interested in sharing and disseminating information. This might include establishing linkages with USAID field Missions, a suggestion from the evaluation of the predecessor contract that is not part of the APHA cooperative agreement. Establishing such linkages with field Missions or with G/R&D/N would of course have hardware and software implications, and users would still require that documents from the databases be reproduced and delivered.

The *information for action* program supplements APHA's gamut of information resources. The objective of this outreach effort is to establish a network of information activities that apply core, local and other resources to appropriate, creative uses of information. The goal of the network is to empower local groups to strengthen the nutrition, health, and overall development of families.

The first step in the strategy was to identify local groups to collaborate in the network. To develop and fortify their information management skills, the Clearinghouse is organizing 3-week workshops held at APHA headquarters in Washington. The workshops are intended to initiate a long-term information development process in participating organizations.

Workshop topics cover a range of topics required to develop and implement an in-country clearinghouse, centering on database collection and operations, publication production, distribution of information, proposal preparation, funding sources and networking.

Group meetings, presentations, site visits and roundtable discussions are supplemented by individual activities so that participants can tailor their workshop activities to meet their organization's specific needs.

Each participant develops a strategy and plan of action for his or her institution as an integral part of the workshop. These plans of action are often comprehensive and discuss organizational issues, networking requirements, the need for advocacy, resource allocation, the policy climate, information delivery systems, and the procedures, mechanisms and process that will be required to implement the strategy back home.

The Clearinghouse information for action program:

- has held two workshops, one in Spanish (1992) and one in English (1993);
- provides workshop participants with techniques, tools and sample forms;
- includes a forum for participants to develop information strategies and action plans for their organizations;

- is intended to strengthen the field-based capacity to produce and use information while fostering a network of interlinked organizations that use information purposefully, creatively and strategically;
- is described as "an opportunity to see information that is used, not just stored;"
- incorporates modules on information theory, management, dissemination, monitoring, and evaluation as well as a module on networking;
- is valued by participants for the opportunity to see model clearinghouses, for the access to new contacts, for exposure to new technologies, and for the high level of personal attention from APHA staff; and
- allows APHA to maintain contact with workshop alumni, providing "updates on technical and programmatic issues related to maternal and child health."

C. Impact and Sustainability

The changes caused by access to information can be difficult to document or to attribute to APHA Clearinghouse activities. The activities are intermediate steps that sensitize and mobilize people and that support other interventions. One interviewee described the information component of WIN as "enabling, that is, [one that] allows other types of activities to have their intended effect."

Impact, as defined in this evaluation, of Clearinghouse activities is also limited by the scope and budget of the cooperative agreement. So, for example, since few resources are devoted to working with institutions, less institutional impact can be expected.

Despite the constraints of applying CAI's impact methodology to an information activity, it is nevertheless clear that Clearinghouse products and services have produced change at various levels. Clearinghouse activities impact directly on database users and newsletter readers. The information for action strategy has the potential to impact institutions involved in information dissemination. Indirect beneficiaries include the population of women and infants worldwide that are targeted under the WIN project.

1. Impact on Individuals

The impact of Mothers and Children on individual readers is largely anecdotal, and clearly points to recipients placing high value on the newsletter for its information and explanations on how to obtain further information. Readers also feel part of a larger community of nutrition workers and report interest in "what other countries are doing."

A readership survey and anecdotal evidence show that the distribution of the newsletter does not reflect actual readership. The newsletter is routinely read by more than one person, and is often stored in libraries for ongoing access by a larger audience than the individual subscriber. Articles and pictures from the newsletter and calendar are reprinted and redistributed in other publications.

The Clearinghouse conducted a readership survey in 1991 that corroborates the impact its services have. 51 percent of the 294 users responded, providing information from 59 countries, with 84 percent of these responses from developing countries. 93 percent said that the information was important for their own professional development. Almost half said that they use the information for training, developing teaching materials, in community education, for research, and for their libraries or research centers.

Requests for more newsletters, the increase in bulk distribution and numerous examples of reprinting and adaptation of newsletter articles and graphics corroborate the value its readers place on the newsletter.

The impact of the information for action workshops on participants includes improved motivation and inspiration, new ways of thinking about information, new perception of information and information centers, and, in one alumnus' words, "a better sense of how to organize information at home and at work."

APHA can also claim a synergistic effect on individuals when Clearinghouse information activities reinforce other WIN interventions. For instance, APHA publishes articles by and about Wellstart Associates, and the Associates receive Mothers and Children.

2. Impact on Institutions

The impact of Clearinghouse activities on the institutions providing services to support WIN objectives is difficult to document.

The newsletter has had an impact on field institutions as shown again through anecdotal evidence. For instance, a group of practitioners in Thailand saw an article about a WHO training survey as well as instructions on how to obtain further information. They wrote APHA, were directed to write WHO for the survey, and were able to conduct the survey in six Thai hospitals.

Results from the Clearinghouse's 1991 readership survey indicate that individual users routinely share the information the Clearinghouse provides through training sessions, educational materials, information exchange, and sharing at meetings. Specific examples of how information the Clearinghouse provided were used to effect institutional change were not part of the readership survey.

Some information for action workshop alumni report initiating information strategies or expanded services in their organizations. Several others have generated a multiplier effect by organizing similar workshops in their own country. Other examples of outcomes of the workshops include:

- securing support for 10 women to an African women and health conference;
- hiring additional staff;
- redesigning an acquisitions list;

- publishing an annotated bibliography on breastfeeding and family planning; and
- developing an institutional information management plan.

Constraints to strengthening local information clearinghouses as a result of the information for action workshop include limited space to store documents, local hardware and software shortcomings and adaptability, and a lack of institutional support for clearinghouse activities. The Clearinghouse's limited budget for technical assistance for follow-up and the relatively short time elapsed since the workshops should also be noted.

3. Impact on Target Populations

The impact of Clearinghouse activities on the WIN target populations is impossible to document. Information is a necessary and enabling vehicle, required to support the achievement of any objective, but alone is not sufficient to meet the objectives of WIN.

According to the Project Paper for the WIN project, the intended impact on WIN target populations was to be achieved by addressing the gap in host country and USAID abilities to conduct needed analyses, design projects, manage, and monitor. Clearly information — through the Clearinghouse component — is required to meet this objective, for practitioners and policy-makers, both local and among the donor community. It is, however, difficult to isolate its impact on the target beneficiaries.

D. Issues

The APHA Clearinghouse's core activities clearly support both USAID's and the ICN nutrition and child survival goals. Information is a key requirement for both planners and practitioners to design, implement and assess actions to support virtually all ICN objectives and strategies. However, there are constraints to the implementation and intended impact of Clearinghouse activities, as discussed below.

1. Design, Management and Implementation

This evaluation's scope of work requested that APHA's activities be assessed in terms of their responsiveness to recommendations made in the 1989 evaluation of MIN, WIN's predecessor project. Although the MIN evaluation was not shared with Clearinghouse management, most of the recommendations were included in the design of the new cooperative agreement.

- ***APHA has made changes in its mechanisms for distributing the newsletter.*** Bulk distribution has been greatly expanded, reducing newsletter distribution costs. The Clearinghouse has conducted a bulk readership survey and regularly reviews its mailing list in an attempt to discern what audience the newsletter is reaching and how this might be adapted. At the same time, logistical obstacles and the

Clearinghouse's limited travel budget have made it difficult to conduct focus groups to supplement these information-gathering mechanisms.

- ***The Clearinghouse has begun to implement a strategy to strengthen information organizations.*** APHA has developed a strategy for an information for action network, implemented two workshops, and is collaborating with local and regional organizations. The Clearinghouse has also initiated discussions about other language versions (Urdu, Portuguese, Arabic) of Mothers and Children to be produced and disseminated in the field.
- ***Resources available for technical assistance have been limited.*** APHA's current strategy for an information network discusses Clearinghouse plans to use technical assistance as a "principal form" of support, and outlines plans for on-site and electronic technical assistance during the remainder of the cooperative agreement. However, the budget allocated for travel (\$67,800) accounts for less than 2 percent of APHA's cooperative agreement. The Clearinghouse is overcoming this constraint by piggy-backing trips, using field-based consultants, and communicating by e-mail wherever possible.
- ***Service marketing is not aggressive, yet the number of information requests and subscriptions is increasing.*** The number of information requests has increased a minimum of 20 percent per year during the last two years to nearly 4,000 requests. This has been accomplished without an aggressive marketing strategy. Aggressive marketing would most likely generate a volume of requests for information that the current Clearinghouse staffing pattern would have difficulty handling, jeopardizing their credibility. One of their major focuses has been to look at opportunities for greater dissemination of information without a tremendous increase in staff resources. In 1994, the newsletter and selected information from the databases will be available electronically via HealthNet and the World Bank's PHN Link. As previously mentioned, the Clearinghouse will also be downloading portions of the databases, making it available to selected organizations.
- ***APHA has attempted to collect as much material as possible from the field.*** The Clearinghouse solicits information and encourages organizations to send materials they produce. Participants in the information for action workshop routinely provide up-to-date materials that are incorporated into the Clearinghouse data bank. Other people send things to be reviewed and included in the newsletter and education insert. Donor organizations, consultants and USAID Missions need educating in the importance of bringing information to APHA for inclusion in the Clearinghouse.
- ***Linkages with G/R&D/N need further improvement.*** At this point, there are no electronic linkages with G/R&D/N, though this need would be obviated by transferring the data itself to G/R&D/N through the "read only" version of the Clearinghouse database described previously. Based on a number of constraints, the idea to

make the database accessible via modem to G/R&D/N was rejected. APHA has been ready for electronic mail with G/R&D/N since February 1993; G/R&D/N only became accessible through INTERNET in October 1993. Collaboration on the newsletter's content and format have improved since the MIN evaluation: the Clearinghouse conceptualizes each three-issue annual volume and solicits G/R&D/N input and approval prior to implementation.

- ***Networking is part and parcel of key Clearinghouse activities.*** APHA exchanges materials and information with all G/R&D/N projects. The Clearinghouse provides materials and newsletters to Wellstart alumni. In general, APHA plays a brokering role under WIN in light of the Clearinghouse's limited travel budget and WIN's distinct field support component which should be tapped both for networking and to obtain field materials for the Clearinghouse collection.
- ***The Clearinghouse has made efforts to recover costs.*** Efforts include charging North American Clearinghouse users a nominal charge for photocopying; using numerous institutions from around the world for bulk distribution of the newsletter; and soliciting funds from other organizations to pay for workshop participants. In fact, 11 out of 13 of the workshop participants were funded by USAID Mission, USAID Africa Bureau, or private organizations. Cost sharing has been explored, but most fee-for-services options would not produce a net income and the main audience cannot afford to pay. There may be, however, other funding sources that could be tapped outside of USAID.

The following emerged as additional issues confronting APHA in its management and implementation of the WIN Clearinghouse.

- ***The Clearinghouse's internal evaluation mechanisms capture information on the nature of Clearinghouse users,*** the value they place on Clearinghouse information, and how they use the information. It does not, however, collect data on their services' impact — the changes in the institutions and populations targeted by the project. The design of APHA's cooperative agreement does not include direct interventions with the target population, and thus limits the Clearinghouse's ability to produce and measure impact as defined in this evaluation report. The Clearinghouse does plan, however, to evaluate the impact of the workshops to capture institutional level effects.

2. Technical

Technical issues in implementing the APHA Clearinghouse center around the relationship between the Clearinghouse clientele and their relationship to implementing the ICN strategies as well as around the technology APHA uses for this WIN component.

- ***Both the newsletter and information activities are aimed at a community-based field audience of practitioners and technical officers.*** The information dissemination angle in the ICN

strategies would suggest targeting policy-makers and planners. The Clearinghouse aims to "support policy change from the bottom up" to contribute to sustainable and democratic field programs. The Clearinghouse supports this approach based on the assumptions that policy makers generally have access to the information they need and that there is more than one way to reach policy makers, including the effects of strong programs in the field.

3. Impact and Sustainability

Issues affecting the Clearinghouse's impact on the individuals and institutions using its services and on the WIN target populations center around the following.

- *The cooperative agreement was not specifically designed for impact*, as defined by the methodology applied in this evaluation. Accordingly, APHA's implementation strategy does not include direct interventions for the target population. Likewise, evaluation data elements do not track impact or change in the individuals, institutions and target populations.
- *The selection process for training provided under the information for action component may inhibit the degree of institutional impact*. Many of the participants are not decision-makers in their organizations, and therefore are not empowered to make the changes required to implement their plans of action or to leverage necessary resources. Another factor is the selection of individuals as opposed to work groups. This diminishes alumni ability to effectuate change in their organizations' information activities because they are isolated upon return. These are two critical factors in increasing the impact of training.
- *Clearinghouse activities are based mostly in the United States*. Increasing field-based activities could be more empowering, cost-effective and sustainable.
- By all accounts, the field audience targeted both by the newsletter and by Clearinghouse information services highly value Clearinghouse services and information. Furthermore, the Clearinghouse serves a community-based field practitioner niche that is not addressed by other projects or organizations. However, *it is not so clear that Mission staff value or want Clearinghouse information*. As Missions move more and more towards focussed projects, the role of information and the importance of committing resources to information dissemination become less clear, especially when information dissemination or nutrition are not specified in a Mission's strategic objectives. USAID Missions are not, however, the Clearinghouse's primary audience.

E. Conclusions and Recommendations

The issues discussed above lead to conclusions about APHA's newsletter, information for action network, and overall funding.

The newsletter meets the field-based audience's needs and reaches an audience that is not always served by other information dissemination activities. This is the field-based practitioner, often rural, often with poor access to information or recent developments in the field. The newsletter uses appropriate language and covers a range of suitable topics for this audience.

At the same time, there are a number of newsletters produced through G/R&D projects, with little coordination among projects. This means there is likely to be redundancy among the various USAID-produced newsletters. G/R&D has not examined this possible redundancy and has not taken steps to evaluate which project(s) should publish newsletters and which existing publications should be combined with or eliminated.

Recommendations:

- ***USAID should review its information strategy*** and possibly consolidate all information activities and newsletters. This would require studying the various G/R&D/N projects, determining which encompass information dissemination activities, examining each activity's audience, and determining which activities to retain, which to combine, and which to eliminate.
- ***USAID and APHA should review the newsletter audience and determine whether it should include the broader ICN goals.*** Mothers and Children was conceptualized in part to respond to USAID's child survival strategy, but now that the emphasis is on the ICN strategy, the strategy should be reviewed.

While less than two years have passed since the first workshop, it appears that there is only limited potential for institutional impact. Alumni report difficulty implementing strategies for information in their organizations, for several reasons. The workshop is for individuals who are often low- or mid-level staff. Information may not be high priority in these institutions, and without decision-makers attending the workshops, lower level staff cannot garner the institutional support necessary to make change and devote resources to developing information dissemination capabilities. Selecting individuals rather than targeting institutions and selecting teams within those organizations may also limit the institutional impact of the training.

Recommendations:

- ***USAID and APHA should review the recruitment and selection strategy for the workshops.*** This should include a review of similar training programs that have achieved institutional impact.

- ***APHA should take steps to regionalize the information for action network.*** The Clearinghouse should identify one or two key institutions in a country and work closely with them rather than spread its activities across institutions and thereby minimize the impact of the information for action network activities. This may also include implementing local or regional workshops in targeted in-country institutions.

Clearinghouse activities reach a field-based audience that cannot afford to pay for its services, yet without USAID funding, all Clearinghouse activities are in jeopardy. Furthermore, the Clearinghouse has relied almost totally on USAID funding since 1979.

Recommendation:

- ***Continued funding for Clearinghouse activities should be contingent upon attracting financial resources other than from WIN, and exploring and implementing additional cost recovery mechanisms.***

VII. FIELD SUPPORT/WINS: EDUCATIONAL DEVELOPMENT CENTER (EDC)

WINS is the Women and Infant Nutrition Support program, the fourth part of WIN, which is intended to provide technical assistance to the field through integrated, community-based strategies. Originally titled the Infant Feeding Field Support Component, WINS is designed to be flexible and responsive to needs for nutrition programming in the countries served by USAID.

A. Background

The WINS contract is managed by the Education Development Center, Inc. (EDC), a firm that has supported USAID's nutrition strategy for nearly fifteen years. In 1979 EDC was awarded a contract to establish the International Nutrition Communications Service (INCS). The consortium included Manoff International and Save the Children Federation.

Under INCS, EDC provided lactation management training for health professionals through the San Diego Lactation Program. It assisted in the improvement of hospital practices, promoted breastfeeding policies and regulations, strengthened community-based support groups for breastfeeding mothers, and completed technical assistance missions in twelve countries as part of an effort to develop a conceptual model of breastfeeding promotion.

BASIC PROJECT IDENTIFICATION DATA

TITLE: The Women and Infant Nutrition Support Project

AGREEMENT NUMBER:

DAN-5117-Q-00-0015-00 (core)

DAN-5117-Q-00-0016-00 (buy-in)

PROJECT DATES:

Project Agreement Date: 9/30/90

Final Obligation Date: 8/29/95

PROJECT FUNDING:

AID core funds: \$2,899,087

OYB transfers: \$275,000

Buy-Ins to date: \$913,278

Current Total: \$3,087,365

MODE OF IMPLEMENTATION: Cost Reimbursable Contract and IQC with Education Development Center

RESPONSIBLE OFFICERS:

USAID/G/R&D/N: Susan Anthony

EDC: Bibi Essama

The Maternal and Infant Nutrition (MIN) project that preceded the WIN project and ended in 1989 included the Weaning Project that was implemented by the Manoff Group. The Weaning Project used a social marketing approach to conduct formative research, training, strategy formulation, implementation and evaluation. The project worked in Ecuador, Indonesia, Cameroon, Swaziland and Ghana. The project's successes were attributed in the final evaluation of MIN to its ability to institutionalize

local capacity and to achieve sustainability by working in close collaboration with in-country organizations. EDC was a subcontractor on the project to provide technical assistance.

The WIN Project Paper proposes an integrated infant feeding activity that would consolidate efforts in child nutrition. The paper stressed the importance of moving from the provision of individual, disparate programs addressing only one aspect of infant feeding to an integrated set of reinforcing messages and services. Four to five countries were to be targeted for projects. In addition, WINS was to make technical experts available for field assignments to support the work of USAID.

Rationale. The reduction of chronic and severe malnutrition among young children has been a recognized need in the developing world for years. Both the 1992 International Conference on Nutrition and USAID strategies target children and women as vulnerable groups at risk of suffering from malnutrition.

The nutrition strategy for child survival, prepared by USAID in 1986, focused on the nutritional status of children and designated infant and child feeding as a number one priority for action. Both the need and the policy priority established within USAID generated field interest in women's and infants' nutrition. The demand from field Missions for technical assistance services was documented in the final evaluation of the MIN project. The evaluation recommends an expansion of field support. Further, the WINS contract scope of work states that "USAID experience has demonstrated the need for a centrally-funded initiative for field support of activities related to improving infant and young child nutrition and feeding." USAID Missions, the contract states, do not have the technical expertise to assist host country governments and private voluntary organizations in developing low-cost, sustainable approaches to improving infant and young child nutrition and feeding.

After USAID's ten years of experience in breastfeeding, weaning and dietary management of diarrhea, WIN was the opportunity to consolidate prior activities into a cohesive program. The project is designed to fill the gap in USAID women's and infants' nutrition, specifically by providing a mechanism through which Missions could obtain technical assistance in breastfeeding programming as part of the infant/young child feeding continuum.

Objectives. The objective of the Women and Infant Feeding Field Support Component of the WIN project is to support the expansion of effective children's nutrition programs in developing countries through (a) an integrated package of infant and young child feeding (including breastfeeding) activities, and (b) technical assistance related to formulating, developing, implementing, monitoring and evaluating sustainable activities to improve nutrition of women and children through three years of age, built upon and intended to strengthen other related activities. The program outputs are expected to include better designs, management and monitoring of women's and infants' nutrition components in countries using the services of WINS.

1. Implementation Strategy

The technical scope of work contains three elements. The first, performed largely as part of the core contract, is the implementation of at least four infant/young child nutrition projects. These projects are designed to increase the awareness and capacity of professionals and institutions throughout the world. The projects are expected to be operated in decentralized settings and to emphasize a community-based approach. The projects would focus on:

- ***Improving breastfeeding initiation at birth.*** The focus of breastfeeding under WINS is women in urban and peri-urban areas where breastfeeding has declined in recent years. WINS is expected to reinforce and extend the work of Wellstart and to target women delivering their babies within the institutional structure of the formal health care system.
- ***Better nutrition for infants 0-6 months of age.*** WINS is to strengthen community behavior in support of breastfeeding and the introduction of complementary foods. The special needs of working women are to be addressed.
- ***Better nutrition for young children 6-12 months of age.*** For this age group WINS is expected to support continued breastfeeding and the healthy introduction of locally-available complementary foods, to promote and develop strategies for hygienic preparation and storage of complementary foods and to promote activities that would speed the recovery of children from illness.
- ***Better nutrition for children 12-36 months of age.*** WINS is designed to address and improve weaning practices, to improve general nutrition and feeding practices and to improve feeding during illness and diarrhea.
- ***Better nutrition for women prior to and during pregnancy and lactation.*** Every WINS activity is intended to educate women, family and community members on women's nutrition and the importance of nutrition during pregnancy and lactation.

The second element of the WINS program scope of work is technical assistance. Provided largely under the buy-in component of the contract, WINS provides technical and professional services in:

- Problem and resources diagnosis - infant/young child feeding assessments including diagnosis of feeding practices and situation assessments and program or policy assessments at the national, regional or community levels;
- Project design, implementation, monitoring and evaluation;

- Specific techniques and strategies such as information, education and communication; growth monitoring coupled with nutrition education; anthropometric assessments; survey methods and ethnographic methods;
- Training workshops including at least one workshop per year each year of the contract, collaboration on conferences and the development and dissemination of prototype training materials on key topics.

The third element of the scope of work, funded primarily through buy-ins, is collaborative inquiries to test innovative ways of increasing the effectiveness, coverage and sustainability of infant/young child feeding activities in enhancing child survival and development.

2. Deliverables

Deliverables under the contracts include semi-annual substantive reports, semi-annual administrative reports, a project implementation plan with critical path indicators, annual workplans, periodic status reports, quarterly progress reports, training reports, financial reports, annual activity reports and trip reports. For buy-ins, WINS is required to submit summary reports, semi-annual consultant reports, level of effort reports, subcontract reports and a final report. Other deliverables that may result from the contract include curriculum materials and training materials, journal articles and publication manuscripts, information sheets and occasional papers.

The WINS program is worldwide in scope. The four demonstration projects planned for implementation are expected to be distributed in the geographic regions with one activity in Latin America and Asia and one in anglophone and one in francophone Africa. While the ultimate beneficiaries of the program are women and infants/young children, WINS aims to affect the performance of community-based organizations that impact on infant feeding practices.

3. Management

WINS is to be implemented through two complementary contracts. A core contract is to fund at least four integrated projects. The buy-in mechanism is intended to support Mission-generated initiatives. WINS is managed by a Project Director and is staffed by a Deputy Project Director, an administrative assistant and a secretary. Two subcontractors are responsible for a variety of implementation activities. The Tufts University School of Nutrition is slated to implement at least two of the field projects and has taken the lead in Nigeria. ICRW is expected to implement one field project and to support operational research activities. Both subcontractors have initiated work under the project although the activities are, in some cases, a departure from the original plan. A collaborating institution, Pragma, has joined the program as a subcontractor and has had substantive involvement in the program in the field and in Washington.

4. Evaluation

Evaluation is incorporated into the WINS program. Each project contains a monitoring and measurement function and the evaluations are expected to be implemented collaboratively.

B. Achievements

The WINS program is entering its fourth year. Constraints within the program and within USAID limited the accomplishments of the program in the first two years. In many ways year three is producing the results that a start-up year would have been expected to produce had constraints not existed. Achievements are described in terms of field implementation and other core funded technical assistance, collaborative inquiries and technical assistance in response to Mission buy-ins.

Field Project Implementation. From the outset, WINS initiated efforts to develop at least four field demonstration projects as mandated in the WINS contract. For a variety of reasons, including lack of nutrition expertise in some Missions, lack of a nutrition priority in other Missions and some internal tensions within the program, WINS found it difficult to market its broad-based agenda in a resource constrained environment. The program's third year began to see results in these locations:

- *Burkina Faso.* WINS Project Support to Private Voluntary Organizations Working to Improve Maternal, Infant and Young Child Nutrition.

WINS plans a technical assistance program to strengthen the capacity of three PVOs to address constraints to optimal infant and child nutrition. The target beneficiaries are mothers, infants and children under three years of age in Sapone (Bazega province) and fourteen villages in Ganzourgou Province. The impact indicators include an increase in the proportion of mothers who feed colostrum, an increase in the proportion of mothers who feed their infants and young children according to practices recommended to optimize infants' and young children's nutrition and improved nutritional status of mothers, infants and children under age three. In addition to technical assistance, the plans call for training and research activities and for the integration of the activities into ongoing community health programs. WINS developed a workplan, designed research protocols and an implementation plan, and recruited a local health development specialist to staff the project. The project was funded through a buy-in from the Africa Bureau for a two-year intervention.

- *Nigeria.* The WINS program in Nigeria addresses the need for a better weaning food to improve the nutritional status of weaning-age children. Technical assistance is to be provided through WINS to the Temitope Biscuit Company, a private manufacturer, to make and distribute the food. The project started in

January 1993 and was suspended in June of the same year due to political instability following the recent elections.

- *Togo.* The WINS Project's Collaboration with ATGN and Selected Public Institutions to Control Hypovitaminosis A, Anemia and Iodine Deficiency.

In Togo the WINS program planned to support the efforts of a local NGO and relevant ministries to control Vitamin A and iodine deficiencies and to reduce anemia in women and preschool age children (under five years). The project aimed to promote optimal maternal dietary practices at the household level and to build institutional capacity for effective integration of micronutrient interventions into ongoing health programs and women's income generation programs. Impact indicators for tracking progress are the reduced prevalence of anemia, iodine deficiency and vitamin A deficiency in the target population. WINS planned to provide technical assistance to government agencies, the University of Benin and nongovernmental organizations; provide short-term training to professionals in qualitative research, epidemiology, management, nutrition communication and education and design and monitoring of community-based strategies as well as other technical subjects; and work with the community to develop an integrated information, education and communication strategy. The activity was cancelled due to reduction and reorganization with USAID, and to the Mission's frustrations in getting the activity off the ground.

- *Uganda.* WINS Project's Support to Maternal and Young Child Nutrition Programs.

Currently underway in Uganda is an activity to support the implementation of the National Child Nutrition/Growth Promotion Action Plan in Rukungiri and Iganga Districts experiencing the highest rates of chronic child undernutrition in the country. The aims of the project are (a) to strengthen the capacity of the Uganda MOH to support district level planning, implementation and evaluation of maternal nutrition and child nutrition/ growth promotion activities and their integration into decentralized primary health care programs; and, (b) to build the capacities of communities and districts to assess and analyze nutritional problems of women, infants and young children and to develop sustainable and effective strategies to address the problems. The target beneficiaries are reproductive age women and their children under age five, and impact indicators include improvements in the prevalence of stunting and improvements in the nutritional status of pregnant women. WINS is working cooperatively with the Nutrition Division of the Ministry of Health, the Child Health and Development Center at Makerere University and, district and community level agencies. The activity is funded through a buy-in from the Africa Bureau for a 2-year intervention.

Viable long-term projects have been established in three countries: Uganda, Burkina Faso and Nigeria. Other African countries show potential, perhaps Senegal and Zambia.

The project proposals produced to date are very thorough and complete documents that show careful planning and attention to field-based collaboration. The projects are exemplary in that they are:

- Responsive to well-documented needs;
- Integrated thoroughly into existing programs and delivery systems;
- Highly collaborative involving public and private institutions, local and international NGOs and donor organizations;
- Clear about outcomes and measures of progress and impact;
- Well-planned with definitive implementation strategies.

Project activities in Uganda and Burkina Faso appear to be headed for success, although close monitoring will, of course, be necessary. The early signs of potential for success stem from several observations:

- There is Mission support for the nutrition intervention and the Mission is taking an appropriate leadership role.
- The initiatives are compatible with and reinforcing of other donor activities.
- There is an infrastructure within which to build the projects and they are not dependent upon USAID initiative or external motivation.
- There is institutional and political support for the activities within the country.
- There is a need that has been recognized and documented and programming to alleviate identified problems is welcomed by key agencies.
- The Mission has a strategic objective to which nutrition activities can be linked.

Uganda, Burkina Faso and possibly Nigeria are viable WINS projects. Other potential projects also exist in Africa. Projects are unlikely to develop soon in other regions of the world. A six-country review of the status of nutrition programming in India, Nepal, the Philippines, Bangladesh, Thailand and Namibia produced limited interest in further nutrition activities in these countries from the Missions. Even though the project was offering to expend core funds to conduct a site visit, the Missions declined due to overtaxed management and the lower priority assigned to nutrition.

Collaborative Inquiries. Collaborative inquiries were envisioned in the design of the project as operations research initiatives that would be instigated by host country agencies through the USAID Mission. According to WINS program staff, Missions have not been responsive to the opportunity to conduct collaborative inquiries and none have taken place. However, the comprehensive field projects have built in evaluations that are collaborative in nature. The rapid assessments have provided the chance to conduct practical research in a cooperative fashion and the Uganda project plans a research component to monitor and learn from its experience. Much of the spirit of collaborative inquiry has been captured in the project, but independent studies funded through buy-ins have not materialized. Nor, has there been a particular emphasis on fostering innovation as the contract states.

Technical Assistance. Missions have the opportunity under WINS to buy into the contract to secure technical assistance. The program has obtained \$275,000 in OYB transfers and \$913,278 in buy-ins for a total of \$1,188,278. The activities supported by buy-ins, in addition to long-term activities in Burkina Faso and Uganda, are described below:

- **Bolivia.** A core activity and two buy-ins were completed for Bolivia to examine the Mission's Food for Work initiative. WINS conducted a reconnaissance visit to assess the nutrition situation in Bolivia. The visit was followed by a "Study of the Consequences of Income, Food Security and Nutrition in the Food for Work Program," and by a workshop on improving the food security effect of Food for Work.
- **Niger.** WINS conducted a nutrition assessment and a workshop in collaboration with the Ministry of Health and USAID to identify the Mission's nutrition priorities and to plan interventions. The participants in the workshop concluded that the Ministry should focus on protein energy malnutrition and iron deficiency anemia during the next five years. The activities were funded through Mission buy-ins.
- **Senegal.** The WINS program is collaborating with USAID, SANAS and Wellstart to develop the nutrition component of the Senegal Child Survival/Family Planning Project. The focus is on the development of an integrated nutrition strategy that will address maternal and child undernutrition and constraints to breastfeeding and child feeding during illness and convalescence. An assessment was completed in October 1993 under an Africa Bureau buy-in.
- **Regional Support for West and Central Africa.** WINS is providing a regional nutrition advisor to be based in Abidjan. The advisor will develop a regional nutrition support strategy, provide TA to USAID Missions in the region, disseminate information, conduct training and conduct research.
- **Nutrition Assessment for West and Central Africa.** Early in 1994 the WINS program will conduct an assessment of the status of nutrition in the West and Central African region. REDSO completed a buy-in to WINS for this assistance.

The greatest resource support for the WINS program has come from the Africa Bureau and from the West and Central African region. Due to a variety of factors that include the Agency's declining support for the buy-in mechanism, overburdened Mission management systems and difficulties encountered in working with WINS, future buy-ins can be expected to be limited.

Deliverables. In addition to the activities described above and the routine required reporting, the WINS program has undertaken to produce two deliverables. The first is a manual for conducting rapid assessments of the nutrition situation in a country with a special emphasis on women's, infants' and children's nutrition. The second is a paper

on child care options for working mothers in the developing world and the related effects on nutritional status of children.

Technical Focus of WINS. The purpose of the WIN project is to produce integrated women's and infants' nutrition programs that are responsive to the needs of the field and are built collaboratively. The focus of the project is maternal nutrition and significant attention is being paid to maternal anemia, protein energy malnutrition and, in the Sahel, Vitamin A deficiencies. Anemia is a complex and difficult problem to address and this fact alone is a barrier to responding effectively to the needs of women in African communities. All of the activities in the WIN portfolio deal with infant feeding and most of them have a maternal nutrition component. Below is a chart that summarizes the technical scope of WINS' most comprehensive activities.

Interviewees stated that they would like to see WINS have the capacity to address more complex issues such as maternal anemia and to work across sectors to deliver community-based collaborative programs that are institutionalized through existing structures. Vertical programming within USAID does constrain the broad-based approach to development.

Additionally, interviewees feel that the program could emphasize women and specifically mothers more than it does. The mandate to serve women, incorporated into the WIN project, has not been fully realized through WINS, although it is clear that women have been included in three out of the four projects described above. Working women, another important target for WINS, has not been particularly singled out by the program, but is incorporated as part of one initiative. The result of the Food for Work assessment in Bolivia was a notable contribution to issues related to working women.

Finally, WINS staff would like to ensure that activities such as research are more indigenous. Local capacity depends on training and training that is applied and delivered on-the-job is much needed. Access to information is a key. Local professionals must be linked to research and must be able to direct and manage their own research. Technologies are currently available to bring automated information systems to African professionals and this could be a significant contribution of USAID. There could be a demonstrable impact on policy.

TECHNICAL FOCUS OF WINS ACTIVITIES

| Technical Focus | Togo | Burkina Faso | Nigeria | Uganda |
|--------------------------|------|--------------|---------|--------|
| Breastfeeding | | ✓ | | ✓ |
| Weaning/infant feeding | ✓ | ✓ | ✓ | ✓ |
| Feeding children | ✓ | ✓ | ✓ | ✓ |
| Maternal diet | ✓ | | | ✓ |
| Working women | | | | ✓ |
| Vitamin A | ✓ | | | ✓ |
| Iodine/micronutrients | ✓ | | | ✓ |
| Anemia | ✓ | | | ✓ |
| Growth promo/monitoring | | ✓ | ✓ | ✓ |
| Diarrhea/other illness | ✓ | | | ✓ |
| Immunization | | | | ✓ |
| Water/sanitation | | | | ✓ |
| Food production | ✓ | | ✓ | |
| Food preparation/storage | ✓ | | | ✓ |
| Technical assistance | ✓ | ✓ | ✓ | ✓ |
| Operations research | ✓ | ✓ | ✓ | |
| Training | ✓ | ✓ | | ✓ |
| Information/education | ✓ | ✓ | | ✓ |
| Family planning | | | | ✓ |
| Income generation | ✓ | | | ✓ |

Contribution to USAID Goals and Strategies. Clearly, the WINS approach to development programming is one that is comprehensive and integrated. Local needs are addressed in context and nutritional problems are viewed in a broad and practical context thus increasing the potential for relevant and practical solutions to emerge.

The general strategy, however, does not preclude the potential for responding effectively to specific mandates of the Agency's child survival and breastfeeding strategies. WINS

activities comply with the Nutrition for Child Survival Strategy by improving infant and child feeding with emphases on breastfeeding and weaning, by incorporating growth promotion or growth monitoring practices, and by promoting vitamin A and iron supplementation.

WINS has demonstrated support of the Breastfeeding for Child Survival Strategy by designing activities that increase countries' capacities to inform leadership at all levels about the benefits of breastfeeding, to mobilize public and private sector support, to improve professional practice, and to strengthen skills in analyzing the local situation regarding breastfeeding and developing appropriate policy responses. WINS uses the full array of methods advocated by Agency policy including training of professionals, information dissemination, communication and social marketing, outreach to women, research, and policy dialogue. By addressing "real" constraints to maternal and child nutrition, WINS ensures financial, institutional and managerial sustainability of efforts initiated with project support.

Contribution to International Strategies. WINS programming also is responsive to the International Conference on Nutrition (ICN) and has demonstrated the capacity to develop multi-dimensional strategies. The WINS program directly addresses eight of the nine ICN strategies: incorporating nutritional considerations into programs (1), improving household food security (2), preventing and managing infectious diseases (4), promoting breastfeeding (5), caring for the socio-economically deprived and nutritionally vulnerable (6), preventing and controlling iodine and vitamin A deficiencies (7), promoting appropriate diets and healthy lifestyles (8), and assessing, analyzing, and monitoring nutrition situations (9). The projects will need to be tracked as they are implemented to determine how the strategies work out in practice.

Gender Considerations. WINS' approach to programming responds effectively to gender considerations by targeting its services to vulnerable women, infants and children and by using an implementation process that emphasizes participation and empowerment. WINS incorporates efforts to address the issues of women's, infants and children's nutrition by focusing on the needs of families and communities thus expanding the potential of the project to involve both men and women in appropriate ways.

The design of WINS clearly analyzes and addresses the situation of women in development and views nutritional needs in the health context and in the socio-political context. The designs of activities under WINS are highly sensitive to gender issues and related cultural, economic and social constraints to improving nutritional practices. By virtue of the gender-specific nature of the target population, some project data will be disaggregated by gender. Project data will adequately reflect gender considerations.

Management and Implementation. The WINS program has been staffed as designed by a Director, Deputy Director, an administrative assistance and a secretary. The Director holds an advanced degree in public health and sociology, has extensive experience in USAID and has been with the program from its inception. The original Deputy Director

left the program in the spring of 1993 and was replaced by the individual currently holding the position. She has a doctorate in nutrition and field experience.

Strains that were exacerbated by the early staffing decisions contributed to what is perceived as a slow start for the WINS program and contributed to some criticisms of the program from the field and from Missions. The difficulties arising out of the original staffing decisions have been resolved. Perceptions remain in the field and among contractors that it is difficult to work with the WINS program.

Administrative barriers to the program's achievements of its intended goals and schedule have been attributed to several factors. One is the cumbersome nature of the USAID procurement process which involves a number of players and transactions needed to bring an action to conclusion. The unwieldy process seems to be aggravated by lack of agreement within USAID as to priorities in health and nutrition programming leading to a more protracted procurement process. The contractor's administrative apparatus is viewed by USAID staff as unnecessarily complicated. Subcontractors are critical of slow processing, attributing problems to USAID and contractor systems. They observe that buy-in opportunities have been lost due to failure to respond to the field in a timely way and lack of capacity to plan and act with long-term vision.

An additional observation concerning program management is the apparent mismatch between the implementation plan and attendant realities in the field. The WINS resources are tied up in the permanent staff of the prime and subcontractors. The lack of consultant personnel means that field work must be done by the available organization employees and the staff may not be available in a timely fashion or may not have all the needed technical or language skills to do the job. The burden has fallen heavily on a few shoulders and opportunities may have been missed.

Another concern examines program start-up. WINS, according to interviewees, did not start off with an aggressive position of leadership and direction in order to stimulate interest and generate response. The focus of the program, by definition a field response initiative, was not clear. Coupled with staffing tensions, the start-up was slow and gave the appearance of management difficulty. The program's primary strength has proven to be its technical expertise and ability to deliver programming in complex field settings according to observers; its weaknesses have been direction-setting and building collaborative relationships at the headquarters level and among several key players in the program implementation process. WINS is viewed as a very effective delivery model that would benefit from efforts to improve relationships with the field. The project is to be recognized for instigating actions to strengthen ties with USAID Missions.

Another explanation for the lengthy program development cycle for WINS lies in the program's design. There is broad agreement that the program is underfunded at the core level and that it would take more resources to "sell" Missions on improved nutrition programming. The design rests on the premise that buy-ins will be generated to support much of the field work and that assumption has not fully materialized. This period of

"focus and concentrate" has proved to be an inopportune time to introduce innovative activities to Missions.

It must be said that implementation has been affected by external constraints. The Gulf War suspended travel in early 1991, political unrest in Nigeria and the potential closing of the Togo Mission have been circumstances beyond WINS' control. In choosing Africa as a region of focus, the program also acquires a considerable amount of challenge and instability. Some speculate that the program can overcome these barriers; others feel that it cannot.

C. Impact and Sustainability

It is far too early in the implementation of the WINS program to expect results or to report measures of progress. It is possible, however, to determine the likelihood of impact occurring at a later stage by focusing on elements of design and implementation that are already in place. The WINS program, and its field components in particular, are designed for impact. This observation is based on a number of aspects of the program's performance.

First, the field project designs have begun with clear statements of impact expectations and they delineate the impact indicators to be monitored during project implementation. The baseline data appears to exist and the organizational capacity to collect needed data are established.

Second, the field project designs have been careful to take into account the institutional arrangements that will need to be affected if implementation and sustainability are to be achieved. The projects show a high degree of participation at all levels of the country. They show solid evidence of collaboration with key agencies of government and the private sector and they build in mechanisms to foster cooperation in management and delivery.

Third, the field projects attend effectively to social and cultural factors as well as to technical factors in preparing for implementation. The projects, generally, include information and communications activities; they involve community-based organizations, and they allow for local variation in approach. The WINS program offers a mix of support to field projects including training, capacity building, technical assistance, operations research and social marketing. The mix of inputs is designed to respond to the context.

Fourth, each field project has an evaluation component that contains both process and impact assessment. With the focus on impact, the implementation process builds in the opportunity for periodic self-correction.

The proof of the design, of course, remains to be seen. The potential to get and to prove impact is good and may be demonstrated in the following ways.

1. Impact on Individuals

The WINS program often includes training as part of its implementation strategy. The program documents the results of training, and at least in Burkina Faso, has plans to measure the multiplier effects achieved through the training. In addition to training, individuals are effected directly through collaborative participation in program implementation. In Uganda, for example, data collectors and consultants report that they have acquired new knowledge and skills as program participants and they are able to use the knowledge and skills on their jobs. Too, they acquire a renewed sense of professionalism and career motivation.

2. Impact on Institutions

Participants in WINS field activities are positive in their assessment of impact on institutions. Examples of institutional impact include effects within USAID, within Ministries of Health and other government agencies and within community-based organizations. Participants have identified changes in two Missions in Africa where nutrition was not recognized as a relevant or necessary program component until the WINS program collected and reported information and suggested program strategies. In Bolivia the Mission reported that on the basis of WINS' work, it reconsidered the role of nutrition in food security programs and has acted on recommendations made by the program's field team.

3. Impact on Target Populations

While projects are designed to obtain measurable results among specific populations of women, infants and children, it is too soon to determine if those impacts can or will be realized. Baseline data are available and appropriate plans for measuring progress have been established.

4. Impact on the Nutrition Sector

While WINS is not designed to impact nutrition policy on an international scale, it does have the potential to alter policies and priorities at the country and Mission levels. There is some evidence that WINS activities have had this type of influence. The use of the rapid appraisal methods has effectively engaged national leaders in discussions of nutrition and staff at two USAID Mission acknowledge that the presence of WINS has influenced their thinking and actions in nutrition programming.

5. Sustainability

WINS holds good potential for impact and for sustainability as well. Because the activities do not introduce too much new infrastructure (they rely on available institutional and individual resources), their resource base is realistic. Too, because the

activities build local capacity and are integrated into available delivery systems, they are highly likely to have a lasting effect and ongoing support.

Government and nongovernmental agencies have reported that involvement in assessment teams has increased organizational commitment to nutrition programs and there is evidence that local resources have been invested in nutrition as a result (at least in part) of working in WINS teams to address local problems. Institutions, too, have reported benefitting from information provided to them in the assessment process, from collaboration with researchers and from technical assistance and training.

D. Issues

The WINS program has established a capacity to deliver technical support to the field and has developed activities that are comprehensive and integrated in design. Lessons have been learned from the experience so far. Following is a discussion of the issues that arise from the WINS experience. It encompasses design, management and implementation issues; technical issues; and issues arising from the program's potential to achieve impact.

1. Design, Management and Implementation

- The design of the WINS program is not thoroughly grounded in the field context.
- The program's purpose is general leading to lack of clarity and to difficulty in determining the implementation priorities.
- The contract lacks the flexibility to be sufficiently responsive to demand.
- Program management style, procedures and staffing have seriously constrained the program's potential to work effectively in the field.
- For a variety of reasons the program has not been fully implemented and may require modification.

2. Technical

- The program is technically sound but is perceived as having an insufficient focus on women and working women specifically.

While WINS, through the practice of conducting workshops following assessments, achieves good communication and dissemination at the local level, WINS is not well known to others and has not communicated its accomplishments.

- The vertical nature of USAID programming limits the extent to which programs can be fully integrated into the local context. A need such as anemia is difficult to address effectively without multisectoral programming.
- The child survival and child feeding emphases of the MIN program did not transfer entirely to the WINS program. In particular the foci on weaning, oral rehydration and feeding in illness, a part of the WINS predecessor, are not prominent foci in WINS and, therefore, have been lost in the WIN project in general.
- WINS emphasis on capacity-building requires that training occur; however, training funds in the program budget are very limited.

3. **Impact and Sustainability**

- The design of WINS activities, assuming they are fully implemented, is likely to achieve impact. However, the time remaining in the program limits what can be done from this point forward.

E. **Conclusions and Recommendations**

The following conclusions and recommendations are derived from the issues listed above. They cover design, management and implementation; technical performance; and program impact.

1. **Design, Management and Implementation**

The structures and operational practices of a program have a great deal to do with its effectiveness. These are derived from the program's design, its management strategy and the realities of the implementation process.

Design. The WINS program has been unable to realize its full potential due to a variety of constraints. The initial constraints reside within the program design. They included the limited nature of the analysis of the demand for WINS and the reliance on buy-ins.

Limited Analysis of Demand for Field Support. While the Project Paper makes the observation that Missions want and need technical support, the Paper does not analyze the Missions' receptivity to long-term, field-based projects of the type defined in the WINS design. It would appear that there was little field involvement in the project design and that it might have been possible to predict the need to create a "market" for the WINS idea. The design process might have served to generate interest and to do the initial development work, allowing the program to start up with potential activities already identified.

Reliance on Buy-Ins. The technical assistance and collaborative inquiries planned for WINS depend on Mission buy-ins for the most part. The interest in WINS has not been forthcoming to the extent expected and the Project Paper does not build a solid case for this set of activities. The Paper does not contain documentation of needs for field support. In addition, both USAID and the implementation contractor cite the other for cumbersome administration associated with buy-ins making the mechanism less attractive and less "sellable."

Unclear Purpose. Interviewees report some confusion regarding the nature of the WINS component. While confusion may result from a variety of factors, it does signal a need to address the program's purpose for scope and focus. The WINS program could be viewed as an R&D effort, i.e., a program that looks for and finds opportunities to learn how to improve practice in the field in women's and infants' nutrition.

The program could be viewed essentially as a capacity-building initiative, i.e., a program that develops local or regional expertise for sustainable nutrition programming.

WINS also could be viewed as a development assistance/humanitarian assistance strategy aimed at maximizing impact on target populations by supporting existing infrastructure to increase the volume of its service delivery.

Finally, WINS could be seen as a social marketing effort — an effort to disseminate tested and reliable women's and infants' nutrition strategies to new audiences. These purposes are not mutually exclusive and they could be achieved simultaneously. Indeed, WINS activities are typically multipurpose. Whether USAID places priority on one or more of these purposes is unclear. Perhaps, the answer is that the purpose is what the Mission wants it to be. However, current funding levels are modest given the comprehensive nature of the WINS mandate, and this suggests that the program may be trying to do too much with the resources available.

Recommendation: While continuing to make technical assistance services available to the field, the WINS program should be prepared to continue functioning without substantial buy-ins.

WINS should define its focus, and concentrate on its focus and purpose for the remainder of Phase I. EDC has recently agreed to review the RFP and the original proposal and to strengthen the focus on community based programs as a common theme for the WINS program and to develop a written strategy statement on the theme. The evaluation team supports this initiative.

The evaluation team discourages new program starts.

Proposed Plan. The WINS contract contains limitations. Lack of adequate funding for consultants and tight programming of funds reduced the ability of the program to respond to the specific needs of the field.

Resource Allocation. The allocation of resources in the WINS contract has served to constrain the implementation process. Personnel resources have been devoted to employees rather than to consultants and this has meant that field work must be done by staff. Their availability, expertise and language capabilities may not match the needs.

Programming of Funds. The WINS proposal and EDC's agreements with subcontractors spell out responsibilities that are based on projected roles without having the benefit of needs assessments. Therefore, the assignment of tasks and resources has not matched the actual implementation requirements leaving some subcontractors less than satisfied with their roles. Also, the prime contractor has been constrained by limitations on its flexibility to change resource allocations to fit arising needs. WINS, G/R&D/N, and the USAID Contracts Office met in February 1993 to address this issue. Contracts is willing and is awaiting a proposal to make an amendment.

Recommendation: Reevaluate the current distribution of funds to determine if modifications need to be made in initial agreements.

Management. The field-based integrated nature of the WINS program makes special demands on implementors. Unlike programs that are responsible for producing a technical product (a document or a service), the WINS program must build a constituency, form collaborative arrangements and facilitate implementation processes. The nature of the management task is highly interactive requiring solid negotiations and interpersonal skills. Technical capability follows therefrom.

Management Style. The WINS program has been most valued for the quality of its technical performance and for its ability to work effectively in the field. The capacity to manage differences and to build alliances in atmospheres requiring negotiation and strong interpersonal communications skill has fallen short of the program's need. While it may well be necessary to defend an approach or opinion, it has been counterproductive when viewed as adversarial rather than productive. The style of the program's leadership jeopardizes its continuing ability to be effective in the field.

Staff. Due to problems associated with staffing and personnel assignments, the program started without a staff team that was focused on the needs of the program. Staffing changes were necessary and the burden of responsibility fell to one professional staff member. The flow of work was quite naturally constrained by staff limitations. Current staffing is technically solid, and program personnel agree on the need for an additional professional staff member to handle current and projected workloads.

Administration. USAID Missions describe the contractor's administrative operation as cumbersome. They report that administrative complexity has reduced their interest in the project and even led to termination of the relationship with WINS. Some users of the WINS services have been critical of costing approaches. Missions advise the program to respond clearly to the established level of effort for the activity so that budget negotiations do not unnecessarily delay implementation.

Recommendations: *Review the responsibilities of the contract management and staff to ensure that personnel have assignments appropriate to their skills and interests and to ensure that they have the necessary support to do their jobs effectively. Capitalize on the strengths of the Project Director and provide corporate support where needed. USAID must work with the contractor to set and achieve standards and procedures for communication, cooperation and information sharing. Improvements in the current situation will enhance the image and credibility of the program among its various constituencies.*

Additional staffing is not recommended until a workplan for the final two years of the project is carefully evaluated.

It is imperative that the WINS program develop strategies for being field responsive and "user friendly." This type of project is significantly dependent on relationships and its ability to support Missions that have severe limitations on their time and other resources.

Implementation. WINS has been successful in assessments and in project development in the Africa region. The three viable field activities prepared by WINS are located in the Africa region in anglophone and francophone countries. The program has been especially effective at responding to the MIN evaluation regarding the need for improved capability in serving the nutrition needs of the francophone countries. Long-term activities in other regions are not forthcoming and there is a limited demand for collaborative inquiries.

Recommendation: *The WINS program should be modified to concentrate its effort on the Africa region and resources should be directed to implementing activities already underway. Building on the current successes should take priority over creating new opportunities.*

It should be noted that during the course of this evaluation, EDC has been working hard to modify and enhance WINS management style and approach. Recently, leadership has clarified responsibilities, increased intra-program communications, and strengthened WINS' technical focus. The changes are positive indications of increasingly strong program performance.

2. Technical

The WINS program is fully in line with the ICN priorities and is responsive to the policy guidance contained in the "Breastfeeding for Child Survival Strategy" and in the "Nutrition Strategy for Child Survival." The program's approach characterized by integration, comprehensive programming, reliance on local expertise, community-based action and capacity-building, is a model of the type of programming that is valued by the current Agency administration. It is a results-oriented approach. Any technical issues for WINS are related to refinements or enhancements to WINS in order that the program may be more responsive to current Agency direction.

Ensuring a Focus on Women. The emphasis on women and maternal nutrition is one that is valued in the field and encouraged among professionals interviewed. WINS attention to

women is not well understood and may need to be more clearly addressed in program designs. There also is a perception that working women are receiving insufficient emphasis and should be a priority especially in urbanizing areas of Africa.

Disseminating Findings. The WINS program occasionally is criticized for failing to publish and disseminate its learnings to the professional and practitioner communities. The program needs to "get the word out" and to build an image that reflects the program's many achievements. Currently, little is known about WINS or people are confused about its purpose and feel that it duplicates and competes with other programs. WINS would be well served by informing the professional community.

Integrated Strategies. WINS is lauded for its integrated design and has the potential to employ strategies that achieve more extensive integration with health, water, income generation and other types of activities. The design of WINS results in competition with more vertically designed activities such as breastfeeding or vitamin A initiatives. Further, sectoral structuring reduces potential for full multisectoral collaboration.

Training for Capacity-Building. WINS implementors have discovered that success in building institutional capacity relies significantly on training. The original budget allocated \$20,000 for training which was insufficient to meet the need. The budget is currently being reconfigured to respond to the need.

Role of Weaning, Oral Rehydration and Feeding in Illness. The reduced emphasis (from MIN to WIN) on weaning, oral rehydration and feeding during illness would be perceived as a technical weakness if, in fact, the child survival strategy remains the primary guidance for health programming. All three technical areas are compatible with ICN priorities and may be adequately covered by programs other than WIN.

Recommendations: *WINS should evaluate its current activities to strengthen opportunities to concentrate on the nutritional needs of women. WINS should reevaluate the importance of using WINS to link to activities in health (ORT, feeding during illness) and giving greater attention to weaning. The program should build information dissemination into its workplan for the remaining years of the program.*

As WINS reconfigures its budget to incorporate more training, the program also should explore the appropriate role for HRDA and ATLAS (umbrella training contracts, Africa Bureau) in helping to meet the training needs of Missions.

USAID, under the current administration, appears to be examining viable strategies for fostering multisectoral programs. The evaluation team recommends support for this effort and particularly for efforts on the part of the Office of Nutrition to collaborate with a variety of other programs in the USAID portfolio.

3. Impact and Sustainability

The integrated community-based nature of WINS activities holds the potential for achieving impact and for becoming sustainable over the long term. At the same time, the activities must be supported for sufficient time to obtain the results that are anticipated. WINS activities typically are two to three years in duration.

Duration of Investments in WINS Activities. Because the WINS program has less than two years remaining, it is not advisable to develop and implement new long term activities, i.e., integrated field projects. Four options are offered:

- Invest remaining funds in current WINS activities or in support of existing donor initiatives already underway and showing promise.
- Extend the current contract to allow sufficient time to initiate new actions.
- Design and compete a WINS follow-on program prior to the anticipated 1995 date in order to create a project that is responsive to the emerging directions in USAID and reflective of the needs in the field.
- Integrate WINS into a field technical support program that also contains field activities currently implemented under other cooperative agreements or contracts so that there is more cohesiveness in the health and nutrition field support initiative.

Recommendation: *The evaluation team supports the first as the best near term option and encourages WINS to make notable successes out of current efforts. In the long-term, evaluators support options three and/or four as providing the most flexibility to the Agency while respecting the accomplishments of the current WINS program. Under these options the WINS approach would be incorporated into a new project design, either a free standing project or an umbrella project addressing field support.*

APPENDIX A: LIST OF ACRONYMS

| | |
|---------|---|
| APHA | American Public Health Association |
| BFHI | Baby Friendly Hospital Initiative |
| CAII | Creative Associates International, Inc. |
| CDD | Control of Diarrheal Diseases |
| CES | Continuing Education and Support |
| DHS | Demographic and Health Survey |
| EDC | Education Development Center, Inc. |
| EPB | Expanded Promotion of Breastfeeding |
| G/R&D/N | USAID's Global Bureau, Research and Development, Office of Nutrition |
| HPN | Health, Population and Nutrition |
| ICN | International Conference on Nutrition |
| ICRW | International Center for Research on Women |
| IEC | Information, Education, Communication |
| INCS | International Nutrition Communication Service |
| IQC | Indefinite Quantity Contract |
| KAP | Knowledge, Attitude, Practice |
| LAC | Latin America and the Caribbean |
| LME | Lactation Management Education |
| MCH | Maternal and Child Health |
| MIN | Maternal and Infant Nutrition Project |

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| NCIH | Nation Council for International Health |
| NCP | Nutrition Communications Project |
| NGO | Non-governmental Organization |
| NIS | Newly Independent States |
| ORT | Oral Rehydration Therapy |
| OYB | Operating Year Budget |
| PAHO | Pan American Health Organization |
| PP | Project Paper |
| PVO | Private Voluntary Organization |
| REDSO | Regional Economic Development and Services Office |
| RFP | Request for Proposal |
| TAG | Technical Advisory Group |
| TBA | Traditional Birth Attendant |
| UNICEF | United Nations Children and Education Foundation |
| USAID | United States Agency for International Development |
| WCA | West and Central Africa |
| WID | Women in Development |
| WIN | Women and Infant Nutrition Project |
| WINS | Women and Infant Nutrition Support Program |
| WHO | World Health Organization |

APPENDIX B: EVALUATION SCOPE OF WORK

PROJECT EVALUATION

ARTICLE I- Project Title

Women and Infants' Nutrition: A Family Focus (WIN), 936-5117

Contractors:

| | |
|---------------------------------------|-----------------------|
| Wellstart/San Diego Lactation Program | DAN-5117-A-00-9099-00 |
| Int'l Center for Research on Women | DAN-5117-A-00-0087-00 |
| American Public Health Association | DAN-5117-A-00-0087-00 |
| Education Development Center | DAN-5117-C-00-0015-00 |

ARTICLE II- Background

- A. The Women and Infants' Nutrition: A Family Focus Project (WIN) is the Agency's central technical resource for reducing infant and childhood mortality and morbidity by improving the nutritional status of women and infants in developing countries. It is a follow-on to the ten year project, "Nutrition: Improvement of the Maternal and Infant Diet" (931-1010). Based on the experience of the predecessor project, which ended on December 31, 1989, the WIN project was designed to meet the Agency's child survival and hunger/malnutrition program needs that are not available through other sources. The project was also designed to address the largely overlooked nutrition requirements of adolescent girls and the special needs of working women. WIN began October 1, 1989 and is a ten year project.

The project was designed with four components:

1. A service/technical assistance/field support component to address the continuum of infant and young child nutrition which includes: a) lactation management education in hospital and in the community to increase breastfeeding rates and b) and integrated package of services such as nutrition education to prolong breastfeeding duration, promote the timely introduction of complementary foods, and the development of nutritious weaning foods.
2. An operations research component on the nutritional needs of adolescent girls and reproductive age women.
3. A clearinghouse on women's and children's nutrition

4. A coordination component to be implemented through workshops, conferences, information dissemination, and the production of state of the art volumes on key topics.
- B. This project provides lactation management education and technical assistance to teams of health professionals in 30 countries. Eleven adolescent girls nutrition research studies in nine countries have been funded. Technical assistance in the development of infant foods (weaning foods), growth monitoring, nutrition planning for women and children, food security of food aid programs has been provided to USAID Missions and their counterparts. A training program in information management and dissemination of nutrition information to field workers worldwide has been achieved. Progress has been made in decentralizing training and technical assistance activities to support in country capacity building and sustainability.
- C. The most recent external review was the final evaluation of the predecessor project (Maternal and Infant Nutrition 931-1010) and took place in 1989. Recommendations of the 1989 Final Evaluation of the Maternal and Infant Nutrition Project were incorporated into the new project 936-5117. The report included recommendations in the following areas: operations, research, and information.
1. Operations (service delivery and training)
 - a. A major effort should be considered to expand upon the success of the two most effective and operational project-developed interventions, lactation management and weaning.
 - b. The new project should include a buy-in provision, while providing enough core funds (possibly 60% of the total) to help promote infant and child feeding activities.
 - c. The new project should provide technical assistance to the missions, especially in the form of needs assessment and project identification and design, and emphasize regionalization to help develop local capabilities and spread expertise in the areas of breastfeeding and weaning strategies.
 - d. French language capability should be developed to further infant/child feeding interventions in West Africa.
 - e. Studies of the economic impact of infant/child feeding efforts would be done to generate support for the approaches.

- f. The nutritional impact of new project activities should be tracked more closely.

2. Research

- a. More research using innovative methodologies and focusing on family nutritional patterns and practices is encouraged.
- b. The capability of Third World research institutions should be developed.
- c. Technical assistance should be provided as part of the research component of the follow-on project.

3. Information

- a. An information collection and dissemination component is useful for a follow-on project.
- b. Additional ways to increase the cost-effectiveness of the newsletter distribution, including regionalization, should be explored.
- c. Technical assistance should be included to facilitate capacity building in information collection and dissemination in the developing world.
- d. More should be done to collect/publish field-generated materials.
- e. Income generation for the information collection and dissemination component should be explored in any new project to make the operation more self-sufficient.

ARTICLE III- Objectives

The objective of this contract is to evaluate the Women and Infants' Nutrition: A Family Focus (WIN) Project (936-5117).

Recommendations from this evaluation will be used to design follow-on activities for the remaining six years of the project and amend project paper if necessary.

- A. The contractor shall evaluate the procedures and achievements completed or underway through contractual agreements between R&D/N (Office of Nutrition, Bureau for Research and Development) and its cooperators (implementors) listed in Article I.

- B. The contractor shall determine the project's effectiveness, efficiency, relevancy, sustainability, and potential to advance nutrition programs in USAID countries.
- C. The contractor shall assess the suitability of the current project design and make recommendations regarding any needed project modifications considering the current effort within A.I.D. to focus and concentrate.
- D. The contractor shall make recommendations on future directions for the project such as modifications to improve effectiveness and sustainability, to expand or narrow the project activities, and on field based evaluations for projects of this design.

ARTICLE IV- Statement of Work

A. Statement of Work

The evaluation will be conducted according to the Agency Guidance dated January 17, 1991 and Research and Development Bureau (R&D) procedures. The evaluation will also address the R&D Cross Cutting Evaluation Themes as appropriate.

The evaluation will examine the four major components of the project: training, field support, research and information collection and dissemination which are implemented by the four organizations listed in Article I. Although each of the projects' current four implementors has a strong specialty in either training, research, field support or information dissemination, in fact, all implementors contribute to each of those functional areas.

Task 1. Assess the effectiveness and efficiency of each activity under the WIN Project based on the following general evaluation components:

- a. compliance with the contract or cooperative agreement objectives and specific terms,
- b. project progress and accomplishments to date: training, research, field support, and information collection and dissemination,
- c. effectiveness and efficiency of the technical assistance process from mission request to action
- d. gaps in project activity,
- e. impact of technical assistance, training, research, and access to information on host country programs and institutions (e.g. sustainability) and the advancement of USAID nutrition programs,
- f. gender considerations in project implementation
- g. linkages with other NGOs/PVOs, other USAID projects, other international donors, and host government ministries

- h. linkages of nutrition interventions with other related sectors such as health, population, education, and agriculture.

Task 2. Develop assessment tools specific to evaluate each of the four implementors under the WIN umbrella, including stated program objectives and the following implementor specific questions:

a. Wellstart/San Diego Lactation Program

- Development of sustainable, in-country capability for lactation management education service and research; status of national or regional centers, advanced study fellowships, post course site visits. Is the level of post-training technical assistance (TA) provided by Wellstart staff sufficient for the number of participants in the program? Do the needs for technical assistance that the Missions and participants have match the kind of TA provided by Wellstart? Could TA be improved? If so, how?
- What is the impact of this training program on institutions, institutional practices, country programs, and breastfeeding practices in developing countries?
- Status of participant recruitment; mix of professional groups, country distribution, and development of French language course.
- How is the training itself evaluated both at the time of the course and at the country level? Are the evaluation methods used adequate indicators for assessing curriculum content as well as in-country institution and program impact?
- Does Wellstart have a program evaluation component in place that provides ongoing feedback for program progress, improvements, and accountability? If so, is the mechanism adequate to provide program impact data on a worldwide basis?
- Given that Wellstart has now worked with teams from 30 countries, is it appropriate to continue to bring teams to San Diego or should more training be done in country? Has Wellstart met its goal of training that reaches beyond the health professional to para-professionals?
- Does the Wellstart Program contribute to A.I.D.'s Nutrition, Child Survival and Population goals?

- b. Education Development Center - Women and Infants' Nutrition Field Support Program (WINS)
- Has the WINS program met the goal of establishing comprehensive infant/young child feeding projects in four countries? What have been the factors for success? What have been impediments to achieving comprehensive programs?
 - How do the collaborative inquiries stated in the contract relate to the comprehensive country programs? Make recommendations for expanding the collaborative inquiries component.
 - What kind of activities have been designed specifically to meet the nutritional needs of women? Has WINS developed programs specifically to address the constraints working women have in meeting family nutritional needs?
 - Has the management and staffing pattern of the program been conducive to efficient work with the Missions? Based on Mission response, make recommendations for changes in focus.
 - Does the WINS program have an evaluation component in place that provides ongoing feedback for program progress, improvements, and accountability?
 - Does WINS advance nutrition programming in USAID missions? What are promoters or constraints to this process?
- c. American Public Health Association - Clearinghouse on Infant Feeding and Maternal Nutrition
- Are the core activities of the Clearinghouse, the newsletter and access of information to the field, still appropriate priorities? Do these activities support the Agency Nutrition and Child Survival goals?
 - Has the Clearinghouse been responsive to the 1989 Project 1010 final evaluation recommendations listed in Article II C 3?
 - How effective is the Clearinghouse's effort to decentralize services and support an international network of information centers? Will the annual workshops help achieve this goal? Are there other methods that would be more effective?

- How important is access to information to health workers in developing countries?
- How do Mission staff perceive the importance of access to nutrition and health information for their country counterparts?
- Who are the beneficiaries of the Clearinghouse programs? Are the current beneficiaries those targeted in the cooperative agreement?
- What is the status of the Clearinghouse effort to diversify funding sources? Make recommendations for improvements or expansion.
- Does the Clearinghouse have a program evaluation component in place that provides ongoing feedback for program progress, improvements, and accountability?

d. International Center for Research on Women

- Given the goals of the research program, how well does the distribution of research topics meet these goals?
- What is the relevance of this research topic to Maternal and Child Health and education programs and does it warrant follow-on work?
- Does the adolescent girls research program advance A.I.D.'s nutrition and child survival goals?
- What are the linkages of this research program with other international adolescent nutrition and health programs? Could there be improvements? Is there a broader audience than A.I.D. for the use of the research results?
- Does ICRW have a program evaluation component in place that provides ongoing feedback for program progress, improvements, and accountability?
- Does ICRW have a peer review plan in place? Are peer review mechanisms documented?

B. Evaluation Methods and Procedures

1. The Women and Infants' Nutrition: A Family Focus Project CTO (R&D/N Project Officer) will serve as control officer for the evaluation and will facilitate travel and identify people for

interviews as necessary. The R&D Bureau evaluation officer will be available as a resource person.

2. The evaluation will be done through interviews, 3-4 country site visits, and review of key documents. The review team will meet in person or interview by phone the R&D/N Office director and other relevant members of the Research and Development Bureau, other central bureaus, regional bureaus, Mission health/population/nutrition officers in at least 12 countries, sub-contractors, other A.I.D. project implementors, collaborating organizations and recipient organizations, and program participants.
3. Communications with individuals at host country project sites will take place by phone, site visit or through written correspondence.
4. The team will visit each of the four implementor sites to interview project staff and review documents (3 in Washington D.C. and 1 in San Diego, California).

C. Evaluation Team Composition

Three to four consultants will be contracted by Creative Associates for this evaluation through the R&D/IQC PCD-5832-I-00-0095-00. Qualifications of consultants include graduate degree and considerable experience in field support program management and evaluation; organizational development; evaluation of training programs design and impact; evaluation of information collection and dissemination methods; academic and professional experience in public health maternal and child nutrition; women and development; knowledge of A.I.D. funded nutrition programs; and Spanish language fluency equivalent to A.I.D. FS level 3 (1 team member).

ARTICLE VI- Reports and Deliverables

- A. Within one month of completing the last project site visit, the evaluation team will complete the first draft of the evaluation report and submit ten copies to R&D/N project officer Susan Anthony. The draft will include a two-three page summary of the key findings and lessons learned as part of the draft.
- B. Within two weeks after receipt of the first draft report, R&D/N will return the first draft report with comments and or recommendations.
- C. Within two weeks of receipt of R&D/N's comments, the contractor will submit five copies of the second draft report to R&D/N.

- D. Within two weeks after receipt of the second draft report, R&D/N will return the second draft report with final comments and or recommendations.
- E. A briefing meeting for R&D/N staff will be scheduled by the R&D/N project officer.
- F. The evaluation team will complete the abstract on Section H on page 2 and Summary-Part II on page 3, Section J, of the A.I. D. evaluation form.
- G. Twelve bound copies and one unbound copy of the final evaluation report will be submitted to the Office of Nutrition project officer within two weeks after receiving final comments on the second draft. In addition to the hard copies, the executive summary, final report, and project evaluation summary will be submitted on either 5 1/4" or 3 1/2" diskette to R&D/N.

ARTICLE VII- Relationships and Responsibilities

The consultants will work under the general supervision of Susan Anthony, R&D/N Project Officer.

ARTICLE VIII- Performance Period

A maximum of 120 days beginning on/about July 15, 1993 and to be completed by on/about November 15, 1993.

ARTICLE IX- Schedule of Activities

Within one week of the execution of the contract for this evaluation, the contractor will submit a detailed schedule of activities to the A.I.D. project officer for approval. R&D/N staff will meet with the evaluation team to reaffirm scheduled activities. The schedule will include:

- A. Review of relevant project documents
- B. Interviews/or focus groups with relevant personnel in AID/W, A.I.D. field missions, project staff including sub-contractors, U.S. and overseas based private and governmental institutions which have been funded under the project, or which have substantially been involved in other ways.
- C. Field visits to project sites both domestic and international.
- D. Preparation of evaluation report that covers the areas listed above in the scope of work including first and second drafts and final report. Draft will be reviewed for comment by AID/W and the four program components.

- E Consultations with the A.I.D. project officer (a) in advance of major stages (e.g. initial contacts with other A.I.D. units in Washington or in the field, travel, evaluation staff recruitment, drafting of interim and final reports, etc.) and (b) following major phases (e.g. travel, submissions of interim and final reports, etc.).
- F Briefings on the intermediate and final results of interviews and site visits.

ARTICLE X. Work Days Ordered

A six day work week is authorized in the field (with no premium pay) and a five day work week in Washington, D.C. All consultants will spend 7-8 working days in Washington, D.C. Two consultants will spend 4-5 days in San Diego, California and two consultants will spend 5-7 days in each of 3-4 countries. (Tentative sites Ecuador, Bolivia, Philippines, Kenya).

APPENDIX C: PERSONS CONSULTED**UNITED STATES****U.S. Agency for International Development**

| | |
|-------------------|--|
| Mary Ann Anderson | Project Officer, R/R&D/Health |
| Susan Anthony | WIN Project Officer, G/R&D/N |
| Eunyong Chung | Project Officer, G/R&D/N |
| Carol Dabbs | Project Officer, LAC |
| Frances Davidson | Deputy Director, G/R&D/N |
| Francesca Nelson | Head Economist, Bureau for Food and Humanitarian Assistance |
| Bonnie Pederson | G/R&D/Population |
| Richard Seifman | Director, G/R&D/N |
| Julia Terry | Project Manager, EUR |

American Public Health Association (APHA)/Clearinghouse on Infant Feeding and Maternal Nutrition

| | |
|-----------------|------------------|
| Nicole Cheetham | Staff Associate |
| Gayle Gibbons | Project Director |
| Liz Nugent | Staff Associate |
| Virginia Yee | Deputy Director |

Education Development Center, Inc. (EDC)/Women and Infant Nutrition Field Support (WINS)

| | |
|-----------------|---|
| Bibi Essama | Project Director |
| Ron Israel | Vice President for International Programs |
| Judith A. Ricci | Deputy Director |

**International Center for Research on Women (ICRW)/Adolescent Girls
Nutrition Research Program**

| | |
|-------------------------|--------------------------|
| Cynthia Johnson | Public Health Specialist |
| Charlotte Johnson-Welch | Public Health Specialist |
| Kathleen Kurz | Project Manager |
| Michael Paolisso | Director of Research |
| Nancy Peplinsky | Research Assistant |

Wellstart

| | |
|--------------------|--|
| Ann Brownlee | Field Services and Evaluation Coordinator |
| Lori Buchsbaum | Program Associate |
| A. Elizabeth Creer | Family Nurse Practitioner |
| Lisa Daigle | Director, Finance and Personnel |
| Patricia Faucher | Director, Administrative Services |
| Monica King | Education Materials Coordinator |
| Audrey J. Naylor | Co-Director, Wellstart International |
| Vicky Newman | Perinatal Nutritionist |
| Chloe O'Gara | Director, Expanded Promotion of Breastfeeding (EPB) Program |
| Nancy G. Power | Director, Professional Services |
| Destry Ramey | Pediatric Nurse Practitioner |
| Janine Schooley | Associate Director |
| Lois Scott | Lactation Nurse Specialist, Clinic Manager |
| Tim Truitt | Grants and Contracts Administrator |
| Ruth A. Westler | Co-Director, Wellstart International |

Other Organizations

| | |
|------------------------|--|
| Howarth Bouis | International Food Policy Research Institute; Investigator, ICRW Philippines research team |
| Herb Friedman | Adolescent Health Program, WHO, Geneva, Switzerland |
| Stanley Gershoff | Director, WINS sub-contract, Tufts University |
| Sreelakshmi Gururaja | Girl Child Program, UNICEF, New York |
| Elizabet Helsing | WHO, Copenhagen, Denmark |
| Julienne Ngo Som | Professor, Centre de Nutrition, Institut de Recherches Médicales et d'Etudes des Plantes Médicinales, Yaounde, Cameroon; Investigator, ICRW Cameroon research team |
| Peggy Parlatto | Project Director, Nutrition Education and Social Marketing Field Support, Academy for Educational Development |
| Suzanne Pricer-Jones | Project Director, Support for Analysis and Research in Africa, Academy for Educational Development |
| Jill Randell | U.S. Department of Agriculture |
| Charles Teller | Director of Nutrition, The Pragma Corporation |
| Benjamin Torun | Instituto de Nutricion de Centro America y Panama, Guatemala City, Guatemala; Investigator, ICRW Guatemala research team |
| Susan P. Walker | University of the West Indies, Tropical Metabolism Research Unit, Mona, Jamaica; Investigator, ICRW research team |
| <u>BOLIVIA</u> | |
| Ana María Aguilar | Chief of Health Unit, PRITECH; 1988 Wellstart Associate |
| José Antonio Del Barco | National Breastfeeding Coordinator, MOH |
| Andrés Bartos | Co-Director, COTALMA; 1986 Wellstart Associate; 1991 Wellstart Fellow |
| Nora Blanco | Social Worker; 1992 APHA Workshop Participant |
| Carmen Casanovas | Co-Director, COTALMA; 1988 Wellstart Associate; 1992 Wellstart Fellow |
| Paul Ehmer | Deputy Director, HHR, USAID/La Paz |

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| Melvy Flores | Librarian, UNDAPE; 1992 APHA Workshop Participant |
| Luís Benedicto Montaña | Pediatrician, San Gabriel Hospital; 1988 Wellstart Associate |
| Gloria Peñaranda | Chief Nurse, Hospital del Niño; 1988 Wellstart Associate |
| Salvatore Pinzino | Project Manager, ARD, USAID/La Paz |
| Jeanett Rivero | Information Resource Manager, CENDOP; 1992 APHA Workshop Participant |
| Carlos Salamanca | Director, Maternity Center, MPSSP; 1988 Wellstart Associate |
| Oscar Sandoval | Neonatologist, University of San Andres, 1988 Wellstart Associate |
| Roxana Saunero | Pediatrician, Hospital del Niño; 1986 Wellstart Associate |
| Juana Sinani | Nurse, National Public Health School; 1988 Wellstart Associate |
| Jonathan Sleeper | Deputy Director, ARD, USAID/La Paz |
| Magaly de Yale | Breastfeeding Coordinator, UNICEF |
| Ana María Young | Public Health Physician, MOH; 1988 Wellstart Associate |

COTE D'IVOIRE

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|-------------------|--|
| Kate Jones-Patron | Regional Health Advisor, USAID/REDSO/WCA |
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ECUADOR

| | |
|------------------------|--|
| María Elena Acosta | Doctor, CEISAN; ICRW research team |
| Rosa Aguinaga | Pediatrician, Central University; 1989 Wellstart Associate |
| Edison Aillon | OB/GYN, Enrique Garces Hospital; 1992 Wellstart Associate |
| Anibal Arias | Pediatrician, Isidro Ayora Maternity; 1989 Wellstart Associate |
| Carlos Avila | OB/GYN, Social Security Institute; 1989 Wellstart Associate |
| Fabiola Chico Barragán | Nurse, Isidro Ayora Maternity; 1989 Wellstart Associate |
| Ivan Grijalva | Systems Engineer, CEISAN; ICRW research team |
| Jaime Grijalva | Medical Intern, CEISAN; ICRW research team |

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|---------------------|---|
| Yolanda de Grijalva | Director, CEISAN; ICRW research |
| Víctor Hugo Lozada | Neonatologist, Enrique Garces Hospital; 1992 Wellstart Associate |
| Ana María Merchán | Executive Secretary, CEISAN; ICRW research team |
| Eva Marie Perez | Midwife, Enrique Garces Hospital; 1992 Wellstart Associate |
| Susana Romero | Pediatrician, Hospital de Niños; 1989 Wellstart Associate |
| Alicia Silva | Nurse, CEISAN; ICRW research team |
| Henry Silva | General Assistant, CEISAN; ICRW research team |
| Teresa de Tapia | National Breastfeeding Coordinator, MOH; 1992 Wellstart Associate |
| Ken Yamashita | Director, Health and Family Planning, USAID/Quito |
| Rosa Zurita | Nutritionist, Enrique Garces Hospital; 1992 Wellstart Associate |

EL SALVADOR

Paul Hartenberger Chief, HPN, USAID

KENYA

| | |
|------------------|--|
| Grace Kibua | Nutritionist and Breastfeeding Coordinator, Kenyatta National Hospital; 1989 Wellstart Associate, 1991 Wellstart Fellow |
| Joan Larosa | Regional Health/Population Officer, USAID/REDSO/ESA |
| Gary E. Leinen | Deputy Chief, Population/Health, USAID/Nairobi |
| Pam Malebe | National Breastfeeding Coordinator, Division of Family Health, Ministry of Health; 1987 Wellstart Associate |
| Isabel Mbugua | Head, Information Division, AMREF/Kenya; 1993 APHA graduate |
| Waithira Mirie | Nutrition Lecturer, University of Nairobi; 1991 Wellstart Associate |
| Rachel N. Musoke | Professor of Pediatrics, University of Nairobi; member of Breastfeeding Information Group; Director, Neonatal Unit, Kenyatta National Hospital; member, LME Team |
| Nellie Mwanzia | Program Management Specialist, USAID/Nairobi |

PERU

Susan K. Brems Deputy Chief, HPN, USAID

THE PHILIPPINES

Juanita Basilio National Coordinator, Breast-Feeding Program, Department of Health; 1991 Wellstart Associate

Emily Bernardo Chief, Family Planning Division, José Fabella Memorial Hospital

Remedios David Pediatrician, José Fabella Memorial Hospital; 1992 Wellstart Associate

Amelia Fernandez Pediatrician; President, Philippines Pediatric Society; former Chairman, University of the Philippines Department of Pediatrics

Margarita Galón Chief, Hospital Operations and Management Service, Department of Health; 1991 Wellstart Associate

Azucena B. Limbo Executive Director, Nutrition Foundation of the Philippines, Inc.; member, ICRW research team

Amelia Medina Midwife, José Fabella Memorial Hospital; 1991 Wellstart Associate

Patricia Moser Chief, Health Population, and Nutrition, USAID

Marilou Palabrica-Costello Coordinator, The Population Council, Family Planning and Operations Research and Training Program (FPORT), Department of Health/Philippines Population Association; ICRW research team

Estelita Papa Division Chief, Combatting Diarrheal Diseases and Breastfeeding Division, MCH Service, Department of Health; Program Manager, National Breast-Feeding Program; Pediatrician, San Lazaro Hospital

Cameron Pippitt Program Development Officer, Office of Project Management and Implementation Support, USAID

Rebecca Ramos Director, José Fabella Memorial Hospital; 1991 Wellstart Associate

Aurorita Roldan Secretary, College of Home Economics, University of the Philippines; ICRW research Team Leader

María Paz de Segun Program Assistant, Health, Population and Nutrition Office (HPN), USAID/Manila

Marieta Siongco Chief, Medical Staff, José Fabella Memorial Hospital; 1992 Wellstart Associate

Fátima Versoza Women in Development Officer, Office of Project Management and Implementation Support, USAID/Manila

Rachel Villanueva Nutritionist and Research Assistant, ICRW research team
25 participants San Lazaro Hospital Lactation Management program

TOGO

Sarah Clark Mission Representative, USAID

UGANDA

Doreen Gihanga Community Health Medical Officer, Save the Children; 1988 Wellstart Associate
Jessica Jitta Director, Child Health and Development Centre; EDC team
Josephine Kasolo Director, Safe Motherhood Initiative; 1993 APHA Workshop Participant
Denis Lwamafa Head, Nutrition Division, Ministry of Health
Gelasius Mukasa Senior Lecturer, Makerere Medical School; 1988 Wellstart Associate; 1991 Wellstart Associate
Rose Mary Muwawu Nurse, ULMET Clinic; Health Visitor, Child Health Development Centre; 1991 Wellstart Associate
Edith Nshimye Nursing Officer/Clinical Instructor, Mulago School of Nursing and Midwifery; 1991 Wellstart Associate
Helen Proscovia Senior Health Visitor, Department of Pediatrics, Makerere University; Community Coordinator, Child Health Development Centre; 1988 Wellstart Associate
David M. Puckett Technical Advisory for Child Survival, USAID/Kampala
Ivone Rizzo Health Project Officer, UNICEF
Louise Serunjogi Nutritionist/Dietician, Child Health Development Centre; EDC team

121

APPENDIX D: DOCUMENTS CONSULTED

- 1) APHA Clearinghouse on Infant Feeding and Maternal Nutrition: **1993 Information for Action Workshop: Agenda and List of Participants**, June 1993.
- 2) _____: **Financial Reports, January-June 1993**.
- 3) _____: **Information for Action Packet**, September 1993.
- 4) _____: **Information for Action: Strategy for a Network of Nutrition Information Clearinghouses**, 1993.
- 5) _____: **Legislation and Policies to Support Maternal and Child Nutrition, Report No. 6**, May 1993 update.
- 6) _____: **Mothers and Children: Bulletin on Infant Feeding and Maternal Nutrition**, Multiple issues.
- 7) _____: **Report on the First Workshop of the Information for Action Network**, July 1993.
- 8) _____: **Sources of Information on Breastfeeding**, March 1993.
- 9) Baumslad, Naomi, ed.: **Breastfeeding: The Passport to Life**, Proceedings of December 1988 Meeting at UNICEF.
- 10) Comite Interinstitucional de Lactancia Materna: **Manual de Normas de Lactancia Materna y Alojamiento Conjunto**, October 1991.
- 11) COTALMA: **Technical Report, Continuing Education Workshop**, September 1993.
- 12) _____: **Technical Report, Decision Makers Workshop**, September 1993.
- 13) _____: **Technical Report, Train the Trainer Course**, August 1993.
- 14) Creative Associates International, Inc.: **Nutrition Communications Project Evaluation Summary**, September 1993.
- 15) Education Development Center, Inc.: **Proposal for the WINS Project's Collaboration with the ATGN and Selected Public Institutions to Control Hypovitaminosis A, Anemia and Iodine Deficiency in Togo**, September 1993.
- 16) _____: **Proposal for the WINS Project's Support to Maternal and Young Child Nutrition Programs in Uganda**, September 1993.

- 17) _____: **Proposal for the WINS Project's Support to Private Voluntary Organizations Working to Improve Maternal, Infant and Young Child Nutrition in Burkina Faso**, September 1993.
- 18) _____: **A Rapid Assessment of Infant Growth Faltering and the Capacity for Community-Based Responses in Uganda**, WINS Project, December 1992.
- 19) _____: **Reconnaissance Visit: Assessment of Opportunities in Bolivia**, Trip Report (Nina Schlossman and James Pines), August 1991.
- 20) _____: **Study of the Consequences in Income, Food Security and Nutrition in the Food for Work Program in Urban Bolivia** (James Pines, Nina Schlossman and Janet Lowenthal), August 1992.
- 21) _____: **Women and Infant Nutrition Field Support (WINS) Project: FY93 African Country Status Reports**, September 1993.
- 22) Enrique Garces Hospital, Quito: **Activity Report for LME Program**, October 1993.
- 23) Greiner, Ted, International Child Health Unit, Department of Pediatrics, Uppsala University: **Response to Margaret Kyenkya-Isabirye and Helen Armstrong of UNICEF Regarding Current Issues in Breastfeeding Promotion**, September 1992.
- 24) ICRW: **Abstracts**, XV International Nutrition Congress, Adelaide, Australia, August 1993.
- 25) _____: **Announcement of Grants Competition for Research on Nutrition of Adolescent Girls**, May 1991.
- 26) _____: **Ideas for Indicators to Assess Effects of Research**, September 1993.
- 27) _____: **Information Bulletin: The Nutrition of Adolescent Girls Research Program**, February 1992, July 1993.
- 28) _____: **Quarterly Technical Report #10 and #11: Adolescent Girls: Nutritional Risks and Opportunities for Intervention**, April and July 1993.
- 29) _____: **Research Agenda: Nutrition of Adolescent Girls in Developing Countries (Draft)**, January 1991.
- 30) International Conference on Nutrition: **World Declaration and Plan of Action for Nutrition**, December 1992.
- 31) Kenyatta National Hospital: **Lactation Management Training Curriculum**, February 1993.

- 32) _____: **Lactation Management Needs Assessments for Mothers and for Hospital Workers**, February 1993.
- 33) Lutter, C.K., R. Perez-Escamilla, A. Segall, T. Sanghvi, Teruya, C. Wickham: **Effectiveness of Hospital-Based Breastfeeding Promotion Program on Exclusive Breastfeeding** (preliminary draft), October 1993.
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