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**Women and Infant Nutrition Field Support Project (WINS)**

**The WINS Approach to  
Rapid Nutrition Situation,  
Program and Policy Analysis**

1992

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## **THE WINS APPROACH TO RAPID NUTRITION SITUATION, PROGRAM AND POLICY ANALYSIS**

### **I. STRATEGIC PLANNING FOR NUTRITION: NEED FOR RAPID RESPONSE**

The Women and Infant Nutrition Support Project (WINS) rapid assessment approach is designed to assist USAID missions and host country governments in strategic program planning which will safeguard the nutrition of women and young children. As funds become increasingly limited, there is a greater need to consolidate program resources and countries all over the world are cutting back on health, nutrition and social services. With the rapid changes taking place, responsive strategic planning is paramount. Decision makers and program planners need key information about program components and policies as they affect the target group's health and nutrition. They need this information fast and they need it on a continuous basis.

The WINS rapid assessment approach combines situation analysis with strategy development based on secondary and primary data, using low-cost, qualitative methods, and a combination of measurements and proxy indicators relevant to women and young children, obtained at the community, program and policy levels. The WINS approach is flexible, with the mix of indicators and methods tailored to client needs and the specific assignment. Indicators are selected using the WINS Rapid Assessment Framework (see Section V).

A WINS assessment can be completed in as little as two months, depending on the scope of work, the nature of the situation, the human resources available locally, and the accessibility of existing data. It is a three step process, including one to two weeks of pre-country background work, four to six weeks of in-country secondary data review, primary data collection, and training, and one to two weeks for synthesis and strategy development. The output is a strategy document which synthesizes multisectoral, multilevel information, critical to achieving maximum nutrition impact (see Section III).

#### **I. WHAT CAN A WINS RAPID ASSESSMENT DO?**

A WINS rapid assessment provides a review of in-country nutrition resources and services from the national to the community level, a profile of individual and community nutritional status, and an analysis of the nutrition effects of relevant national and institutional policies.

Specifically, as detailed in the framework in Section V, a WINS rapid assessment can:

- identify existing nutrition institutions, human resources, and capacity in country
- assess and enhance the integration of nutrition into existing health care delivery programs
- gauge the effectiveness of existing nutrition-related services at the community or district level
- identify the nutrition effects of relevant policies (employment, education, food and agriculture) on at-risk women and children and recommend appropriate policy changes at the macro level
- provide a profile of the nutrition situation of women and young children in the community and identify remedial measures.

The WINS Project offers a flexible menu of assessment options, tailored to the specific requirements and resources of the client. The WINS approach draws from an arsenal of low-cost, effective, community-based methods of data collection, simplified anthropometry, and indicator development.<sup>1</sup> WINS combines problem diagnosis at the program level, appraisal of the nutrition context, identification of key policy issues/constraints, and strategic planning to ensure that a coordinated program of services meets the needs of women and young children and that nutrition is effectively integrated into existing programs. The general model for a WINS assessment therefore focuses on three levels:

- community level
- program level
- policy level

The more elaborate the assessment, the longer it will take.<sup>2</sup> Depending on the purpose of the assignment, the assessment concentrates on one or two levels or may require knowledge derived from all three. An assignment to assess infant and young child nutrition activities in a country, for instance, focuses on the program and community levels and on institutional policies, within the context of the macro policy environment, while one designed to identify the nutrition impact

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<sup>1</sup>See Resource List for references detailing these data collection techniques. Rapid methods are best suited to situations where time is at a premium, when precision is less important than an overall impression, when complicated statistical analysis is not required, and when the results do not need to be generalized to a larger population.

<sup>2</sup>Rapid assessments generally provide an overview of the situation rather than an in-depth study of a problem. The WINS Project can also design and carry out a more detailed investigation using its assessment approach, but longer primary data collection period (Step 2 of assessment) will be required.

of a food aid program on women and children in food insecure households concentrates on the program's characteristics and household level indicators. The following section describes more specifically the focus of an assessment at each level.

A WINS community assessment provides an overview of the nutrition situation, a snapshot of trends in nutritional status among the target group, and reveals the causes of specific nutritional conditions. It is based, as appropriate, on indicators of individual nutrition status and food consumption, feeding practices (including identification of opportunities and constraints to modifying unhealthy behavior), and essential female and household characteristics related to the condition of women and children (household composition, women's employment, time-use, education, intrahousehold food allocation, decision making and income stream).

At the program level, the assessment focuses on the integration of nutrition in existing services and determines how current programs are coordinated and if they are running efficiently. It provides the basis for strategies to enhance resource mobilization and impact. The assessment identifies key institutions, associations and individuals involved in nutrition activities and research in country. It highlights factors related to implementing agencies, key personnel, coordination, and program coherence in existing services and program components. It also reveals duplication and gaps in current programming. Illustrative issues include personnel skills, program components, training needs, targeting and community participation, monitoring and evaluation systems, financial management and administration, human resource development, sustainability, and coordination with other programs and services. It also provides a profile of the beneficiaries.

A WINS policy assessment identifies nutrition-related policies and the effects of relevant development and economic policies on women and children's nutrition and health. The latter influence individual nutritional status through the household's ability to cope and its access to resources and relevant services, while agricultural policies have a more direct effect on household and individual consumption. Both macro-level (e.g., employment/labor, food and agriculture, trade and supply, and import/export policies) and institutional (e.g., workplace or hospital) policies are assessed. Key policy factors include: identification of relevant policies and legislation; enforcement of the policy and related legislation; content and key elements of the policy; strengths, weaknesses and loopholes in the policy; identification of the segment of the target group most affected; and impact on the target group.

## **INDICATOR SELECTION: KEY TO THE WINS RAPID ASSESSMENT**

The selection of indicators is tailored to the particular assessment. The information required and collected depends on the purpose of the assignment and the quality and existence of previously collected data and statistics. A range of indicators and proxies are presented in the WINS Rapid Assessment Framework for Indicator Selection in Section V. It lists illustrative domains of information to guide the assessment. These domains include in-country human and institutional

resources in nutrition (e.g., universities, nutrition schools, PVO's, government and private sector organizations and personnel), policies (e.g., employment/labor force, education and literacy, food and agriculture, and workplace policies), programs and services (e.g., a range of nutrition and health care programs for women, infants and children), and individual/community nutrition and food security (e.g., general and micronutrient status, household food security, intrahousehold food distribution, individual food consumption, infant and young child feeding practices, community and household food stocks, local market prices and availability of key food items). For each domain of information, a range of specific indicators is given along with their potential sources and use or significance. The framework also includes program/service domains related to beneficiaries, program characteristics, staff, and implementing agencies. This framework is a reference of indicator options, which are selected as appropriate by the WINS assessment team. The subset and mix of indicators selected is unique to each WINS assessment.

## **CAPACITY BUILDING THROUGH HANDS-ON TRAINING**

Participation in the assessment itself is a training exercise, strengthening local capacity in rapid approaches to analysis, planning, data collection, and strategy development, in addition to ensuring sustainability. Future needs therefore can be met locally, with minimal outside guidance. The in-country assessment team learns to:

- use an array of rapid qualitative methods drawn from anthropology and social marketing including interviews, focus groups, participant observations, and small household level surveys
- select measures and proxy indicators at the program, policy and individual/community levels
- identify and use secondary sources of data in problem diagnosis and strategy development
- assess the policy context: gauge the effects of specific policies on the target groups and identify relevant topics for policy dialogue and reform
- assess the program context: identify successful components, diagnose gaps, inefficiencies and duplications in service delivery and develop solutions
- assess the nutrition context: conduct a rapid assessment and analysis of the nutrition situation of the target group including use of simplified anthropometric measurements and selection of proxy indicators.

WINS clients and partners in rapid assessment include: USAID missions, host country governments, community-based non-governmental organizations (NGOs), and private sector groups working with women and children.

### **III. WINS RAPID ASSESSMENT AND STRATEGY DEVELOPMENT: IMPLEMENTATION STEPS**

The WINS rapid assessment provides the critical information needed to develop cost-effective and practical strategies in as little as two months. It is a three step process consisting of one to two weeks of pre-country background work, four to six weeks of in-country secondary data review, primary data collection, and training, and one to two weeks of synthesis and strategy development. The WINS assessment is designed and carried out collaboratively by a 4-5 member multidisciplinary team of local and outside experts. Members with expertise in policy, program/service delivery, household/community and individual level nutrition assessment are selected, as appropriate to the assignment. Team members are required to be familiar with qualitative methods of data collection and with rapid appraisal methods. Integral to the success of the WINS approach is the full participation of local consultants and counterparts in all stages of the assessment and strategy design. This is for sustainability since they are ultimately responsible for implementing recommendations.

The assessment is based on information obtained from secondary sources, key informant interviews, focus group discussions, direct observations and small household surveys. A judicious use of previously-collected data and selection of key proxy indicators, complemented by carefully targeted household or community-based data collection, keeps time and cost to a minimum. The in-country part of the assessment is expedited through careful planning, identification of counterparts and sources of data as well as preselection of indicators (to the extent possible) in advance of the actual assessment. An illustrative sequence of activities for a WINS rapid assessment follows.

#### **STEP I: Background Work (one to two weeks)**

Step one includes a background search for relevant information, team selection and preparation for a focused set of in-country activities. Based on the scope of work, data are obtained from secondary sources (e.g., the Demographic and Health Surveys, international and national statistics bulletins, project reports and research studies). The team makes a preliminary selection of indicators and focal areas for the assessment, using the WINS Rapid Assessment Framework (see Section V) and prepares a preliminary country profile for presentation to USAID mission staff and others at the initiation of country work (Step II).

## **STEP II: Field Data Collection (four weeks minimum)**

Step two focuses on training, reviewing documents, and field data collection. It includes meetings, location of information sources (i.e., documents, key informants and institutions) and site visits. Information is obtained rapidly in key informant interviews and from secondary sources on policy, institutions, households and communities as required. Activities include:

- Document review.
- Planning the assessment, reviewing/finalizing the protocol, and training interviewers.
- Visits to key ministries, implementing agencies and organizations.
- Field site visits and data collection using rapid methods and proxy indicators.

The preliminary country profile is presented and discussed in meetings with USAID mission, ministry and NGO personnel, country counterparts, and others, as necessary, or in a short workshop<sup>3</sup>. The workshop setting facilitates selection of indicators and design of the data collection framework. It provides a vehicle for team building and preparation for field visits.

Once team composition, indicator selection, and data collection protocols are finalized, the team splits up based on members' expertise. Some concentrate on national-level information, while others focus on assessing services or the community nutrition situation. Any information not already available is collected. Information from secondary sources (e.g., documents or key informant interviews) is verified locally. Data are obtained from district and community sources, as appropriate, on services and institutional policies and from individual households on relevant behavior.

Local technical resource persons are identified to participate in field activities to ensure community participation and sustainability. In regions/areas of focus, interviews with hospital/clinic personnel, village health workers, and traditional birth attendants, provide information on staffing, equipment, supplies, and their flow as well as services, permitting the team to begin zeroing in on the appropriateness, gaps and constraints in service delivery.

A range of qualitative data collection methods are used in the community. Talking to people individually and in groups (e.g., health care workers; women; primary school personnel) and direct observations of selected activities provide missing and key information. Small-scale, community-based data collection at household and individual level and at service delivery sites is usually required, including the use of simple anthropometric measurements (e.g., the Agescale

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<sup>3</sup> Note: Hosting a workshop in the beginning of field work (Step II) to bring together all the actors in the relevant sectors and agencies, and institutions, will ensure the process is participatory from the start. Training begins immediately and continues throughout. The objective of capacity building is integrated throughout the process. The rapid assessment is refined to fit the context of the country.

and Tallstick).<sup>4</sup> Proxy indicators are used when data are not easily available.

### **STEP III: Synthesis and Strategy Development (one to two weeks)**

The team regroups to combine findings and draft the WINS Rapid Assessment Report, which includes an analysis of the nutrition situation, the program/policy context, and strategy recommendations. This document is then presented to USAID, the counterpart institutions, and ministries as appropriate. A final workshop can be convened to discuss the strategy and develop a work plan for future activities based on the recommendations.

## **V. HOW TO REQUEST WINS RAPID ASSESSMENT AND STRATEGY DEVELOPMENT SERVICES**

More funding for the WINS Project is provided by the United States Agency for International Development (A.I.D.), Bureau for Research and Development, Office of Nutrition. Individual country assessments can be funded by USAID missions through the WINS buy-in contract DAN-117-Q-00-0016-00 between the A.I.D. Office of Nutrition and Education Development Center, Inc., prime contractor for the WINS Project.

To request WINS services for nutrition analysis and strategy development, or for more information, please contact:

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These simplified anthropometric tools were developed and tested by Marian Zeitlin, PhD, of the Tufts University School of Nutrition (TUSN), and colleagues, under a five-year Positive Deviance in Nutrition Research project funded by the WHO-UNICEF Joint Nutrition Support Project, UNICEF, and the Italian Government. TUSN is a subcontractor to the WINS Project. For more information on these methods, see: *WINS Support Services for Community-Based Growth Monitoring and Promotion* and *WINS Catalog of Services*.

**V. WINS RAPID ASSESSMENT FRAMEWORK FOR INDICATOR SELECTION**

- 1. Country Nutrition Policy, Capacity and Resources**
- 2. Integration of Nutrition in Existing Services**
- 3. Food and Agriculture Policies and Systems**
- 4. Labor Force Participation and Employment Policies Affecting Child Nutrition and Care**
- 5. Education, Literacy and Training Policies and Programs**
- 6. Community Nutrition and Food Security Situation**

DOMAIN OF INFORMATION	INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
<p><b>1. Country Nutrition Policy, Capacity and Resources</b></p>	<p>Types of nutrition-related policies indicate national commitment to nutrition goals. In-country resources are essential to long-term sustainability and institution strengthening efforts. Identification of key programs, individuals and institutions is imperative for effective coordination and integration of nutrition activities because institutional and human resource capacity in nutrition is decentralized and multisectoral in nature.</p>		
<p><b>1.1 Nutrition Related Policies and Implementation</b></p>	<p>a) Types of Policies:</p> <ul style="list-style-type: none"> <li>- National Nutrition Policy: Is there one? What is it?</li> <li>- Breastfeeding Policy/ Norms: Is there one? What is it?</li> <li>- Marketing of Breastmilk Substitute Policy (International Code): Is there one? What is it?</li> <li>- Food Safety Policy: Is there one? For which foods? Is there an agency like the FDA?</li> </ul> <p>b) Policy Implementation Agencies:</p> <ul style="list-style-type: none"> <li>- list agencies; bodies responsible for each policy identified</li> <li>- identify individuals responsible</li> <li>- major players; advocacy groups (IBFAN, National Food Security Commissions, National Breastfeeding Coalition, La Leche League).</li> </ul> <p>c) Enforcement/loopholes of each policy.</p>	<p>Legislation. WHO/FAO documents. Legislators. Ministry level documents. Key informants.</p>	<ul style="list-style-type: none"> <li>- Identify potential for legislation or modification of legislation.</li> <li>- Identify gaps and loopholes.</li> <li>- Identify confusing or contradictory policy and legislation.</li> </ul>

WINS RAPID ASSESSMENT FRAMEWORK FOR FACILITATORS

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
<p><b>1.2 Institutional Capacity in Nutrition</b> (identify and describe programs)</p>	<p>a) Universities with nutrition programs and training courses:                      - What degree is offered?                      - Describe program.</p> <p>b) National Nutrition Associations.</p> <p>c) Research institutions working on nutritional issues and problems (links with outside universities).</p> <p>d) Government agencies and Ministries:                      - where is nutrition placed in those agencies? (Health and Human Services, Agriculture)                      - identify relevant nutrition programs and structure                      - what is place of nutrition in organization structure?                      - Nature of government activities in health, population, nutrition.</p> <p>e) Agriculture and Home Economics Activities.</p> <p>f) Is there a paraprofessional training program for nutritionists, home economists?</p>	<p>Telephone books.                      Information from clearing-houses and databases.                      Information from international nutrition societies.                      Interviews.</p>	<p>- Identify key institutions/agencies as focus for strengthening coordination efforts.</p> <p>- Forge new and strengthen existing links among key institutions and individuals.</p> <p>- Link up research and implementing agencies and programs as appropriate.</p> <p>- Identify potential for coordination.</p>

BEST AVAILABLE DOCUMENT

<p><b>1.2 Institutional Capacity in Nutrition</b> (identify and describe programs) (continued)</p>	<p>g) or Home Extension</p> <p>h) Nutrition Institutions: (e.g. INCAP, ORANA)</p> <ul style="list-style-type: none"> <li>- How do they relate to host country?</li> <li>- Do they provide technical assistance locally?</li> </ul> <p>i) Non Government and Donor Programs:</p> <ul style="list-style-type: none"> <li>- identify major players in women, children, infant nutrition and other food and nutrition related activities</li> <li>- identify and describe relevant programs.</li> </ul> <p>j) Advocay groups.</p> <p>k) Private sector programs and institutions.</p>		
<p><b>1.3 Human Resources in Nutrition</b></p>	<p>Identify key researchers, program personnel, private sector individuals, professionals and others in 1.2 above.</p>	<p>Telephone books. Information from clearing-houses and databases. Information from international nutrition societies. Interviews.</p>	<ul style="list-style-type: none"> <li>- Identification of key institutions/ agencies as focus of strengthening efforts.</li> <li>- Forge new and strengthen existing links among key institutions and individuals.</li> <li>- Link up research and implementing agencies and programs as appropriate.</li> <li>- Identify potential for coordination.</li> </ul>

DOMAIN OF INFORMATION	INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
1.4 Elements of Coordination	Existence of coordinating body related to infant feeding, nutrition, breast-feeding, or food security. What are its functions? - Regular meetings - Membership - Site effective - Community involvement.	Interviews with agency personnel, members. Observation at meetings.	- Indicator of coordination of programs, services, research. - Identify gaps and duplication. - Identify areas of mutual interest to all involved, beginning of coalition building and creating win-win situation.
2. Integration of Nutrition in Existing Services	This information is critical for integration of nutrition services into ongoing health care and child survival programs. Nutrition services are provided through multiple implementing agencies (NGO, national and private), many of which offer similar or duplicate service components. Redundancy and gaps in services are revealed.		
2.1 List of Available Programs	a) Programs for women: - prenatal medical services - maternity services - post-natal services for mother - family planning - supplementary feeding for mother. - adolescent girls b) Programs for infants: - breastfeeding promotion and lactation management - immunization - postpartum services	Background information from international, bi-lateral and NGO sources.  Ministry of Health, of Planning, other govt. and NGO's.  * N.B. Availability of services must be verified by direct observation. Background information obtained in the U.S.: international and bi-lateral and NGO sources.	- Identify opportunities for integration of services. - Target elements of intervention strategy. Potential need to modify or expand nutrition components. - Identify gaps in coverage. - Identify duplication of services. - Identify avenues for intervention needs. - Target elements of intervention strategy. - Potential need to modify or expand nutrition components.

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
2.1 List of Available Programs (continued)	<p>c) Programs for children:</p> <p>Preventive</p> <ul style="list-style-type: none"> <li>- "well child"</li> <li>- immunization</li> <li>- growth monitoring</li> </ul> <p>Curative Care including:</p> <ul style="list-style-type: none"> <li>- diarrheal disease programs (CDD)</li> <li>- ARI</li> <li>- nutrition rehabilitation.</li> </ul>	<p>Ministry of Health, of Planning, other govt. and NGO's.</p> <p>* J.B. Availability of services must be verified by direct observation.</p>	<ul style="list-style-type: none"> <li>- Identify gaps in coverage.</li> <li>- Identify duplication of services.</li> </ul>
2.2 Characteristics of beneficiaries: - women - infants - children	<p>a) Age groups reached.</p> <p>b) Urban-rural and geographic distribution</p> <p>c) Socioeconomic class.</p> <p>d) Ethnic distribution.</p>	<p>Statistics maintained at local level; record review.</p> <p>Key informants - local level.</p> <p>Direct observation of service facilities.</p> <p>Interviews with staff and beneficiaries.</p>	<ul style="list-style-type: none"> <li>- Identify gaps in coverage.</li> <li>- Design more effective outreach.</li> <li>- Identify opportunities to make service delivery more effective.</li> </ul>
2.3 Characteristics of Program  (collect for each program identified as relevant from 2.1)	<p>a) Distance from target group and transportation available.</p> <p>b) Size of service area.</p> <p>c) Timing of services.</p> <p>d) Geographic location.</p> <p>e) Availability of supplies; reliable, adequate.</p> <p>f) Charges for services/ health insurance.</p> <p>g) Outreach and transportation for staff.</p>	<p>Direct observation of sites.</p> <p>Interviews with staff and with beneficiaries.</p> <p>Interviews with household members in villages (those not using services can indicate barriers).</p>	<ul style="list-style-type: none"> <li>- Possible barriers to participation.</li> <li>- Identify opportunities to enhance nutrition content of programs and integration of nutrition into services.</li> <li>- Possible opportunities to improve comprehensiveness of coverage, or target interventions.</li> <li>- Indicate potential to minimize duplication and maximize effectiveness.</li> </ul>

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
<p>2.3 Characteristics of Program (continued) (collect for each program identified as relevant from 2.1)</p>	<p>h) Detailed content of services and education:</p> <ul style="list-style-type: none"> <li>- content of educational materials</li> <li>- availability of food supplements (quality, composition, and reliability)</li> <li>- nutrition counseling</li> <li>- growth monitoring</li> <li>- nutrition rehabilitation</li> <li>- diarrheal disease control</li> <li>- child survival activities including oral rehydration and immunization services</li> <li>- family planning</li> <li>- breastfeeding instruction and child feeding information.</li> </ul>		
<p>2.4 Characteristics of Program Staff</p>	<p>a) Level of training. b) Full or part-time. c) Paid or volunteer. d) Length of service. e) Staffing pattern: members of staff by function, in relation to size of target group. f) Ethnicity, language if relevant</p>	<p>Key informants in facilities. Individual and group interviews with staff at every level service. Documentation of staffing. Individual and group interviews with beneficiary and non-beneficiary households.</p>	<ul style="list-style-type: none"> <li>- Indicate need for further training, and possible content of such training.</li> <li>- Indicate degree of commitment of staff.</li> <li>- Indicate whether staff availability is a constraint to service delivery/use.</li> <li>- Indicate availability and training level of community-based workers.</li> </ul>

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
2.4 Characteristics of Program Staff (continued)	g) Apparent rapport of staff with client groups. h) Community-level workers, outreach		
2.5 Characteristic of Implementing Agencies	a) Government, private, NGO, and agency b) Size - number of facilities. Staff - size of budget for these services. c) Community-based programs d) International, national, local. e) Relative importance of these services within the mission of the agency.	Direct observation. Key informant interviews with agency personnel at planning and senior administrative level. Budget and planning documents if available.	- Indicator of reliability of funding, service delivery.  - Indicator of potential for expansion by region, target population, type of service.  - Indicator of community-based programs and outreach.
2.6 Elements of Coordination	Existence of coordinating body related to infant feeding, nutrition, breast-feeding, or food security. What are its functions? - Regular meetings - Membership - Site effective - Community involvement. - Site effective - Community involvement.	Interviews with agency personnel, members. Observation at meetings.	- Indicator of coordination of programs, services.  - Identify gaps and duplication.  - Identify areas of mutual interest to all involved, beginning of coalition building and creating win-win situation.

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
<p><b>2.7 Specific Factors Related to Infant Feeding Practices</b></p> <p>(use WHO indicators (1991) and WHO/UNICEF "10 Steps" (1989); coordinate with breastfeeding assessment tool developed by other Projects)</p> <p>(midwives, traditional birth attendants, obstetricians, nurses, other)</p>	<p><b>a) Factors Related to Delivery Site:</b></p> <ul style="list-style-type: none"> <li>- Approximate percent of births in hospitals, clinics, and at home.</li> <li>- Rooming-in (interval from childbirth to first contact, to first breast feeding).</li> <li>- Availability and marketing of breast-milk substitutes.</li> <li>- Assistance in lactation management.</li> <li>- Percent of women breast feeding on hospital discharge.</li> <li>- compliance with WHO 10 Steps</li> </ul> <p><b>b) Factors Related to Birth Attendants:</b></p> <ul style="list-style-type: none"> <li>- Training level</li> <li>- Lactation management.</li> </ul> <p><b>c) Factors Related to Community Outreach:</b></p> <ul style="list-style-type: none"> <li>- community based services</li> <li>- personnel - TBA's</li> <li>- home births <ul style="list-style-type: none"> <li>- attendant</li> <li>- family</li> </ul> </li> <li>- knowledge of breast-feeding/child</li> <li>- stimulation</li> <li>- mothers groups</li> <li>- breastfeeding</li> <li>- support</li> <li>- cooperatives.</li> </ul>	<p>Health statistics, international and national.</p> <p>Key informants.</p> <p>Interviews.</p> <p>Direct observations.</p> <p>Record review.</p> <p>Interviews and focus groups with care providers and with mothers.</p> <p>Interviews.</p> <p>Direct observations.</p> <p>Community meetings.</p>	<ul style="list-style-type: none"> <li>- Information collected at delivery sites is critical to the initiation of breast-feeding and the establishment of healthy feeding practices.</li> <li>- Assess relevance of hospital and clinic policies as avenues of change, and role model</li> <li>- Indicators of access to target group through formal medical channels.</li> <li>- Determine availability and possible bias of birth weight data.</li> <li>- Assess needs; inform project intervention design.</li> <li>- Assess needs.</li> <li>- Assess coverage.</li> <li>- Assess needs; inform project design.</li> <li>- Identify community participation, adequacy of personnel, training needs, key actors.</li> <li>- Identify knowledge base, sources of information and gaps.</li> </ul>

DOMAIN OF INFORMATION	INDICATORS	SOURCES	USES/SIGNIFICANCE OF INFORMATION
<b>3. Food and Agriculture Policies and Systems</b>	Macro level policies are important because of their effect at household level (access, availability, distribution of resources) and specifically on women and children in vulnerable households. The agricultural system provides a framework within which rural households adjust. It determines women's constraints and possibilities for achieving household food security.		
<b>3.1 Macro Level Agricultural Policies</b>	As relevant: <ul style="list-style-type: none"> <li>- cash vs. subsistence crops</li> <li>- import/export balance of food commodities</li> <li>- food aid policies</li> <li>- food subsidies (production; consumer)</li> <li>- interest rates/credit policies</li> <li>- other.</li> </ul>	Background information, description of country and its economy. Key informants. Regional information.	<ul style="list-style-type: none"> <li>- General understanding of the relevance of particular issues to the project's target group.</li> <li>- Detail necessary only if relevance is determined.</li> </ul>
<b>3.2 Food Aid Policies and Programs</b>	a) Presence of food aid program: <ul style="list-style-type: none"> <li>- U.S.A.I.D. (Title I, II, III)</li> <li>- World Food Program</li> <li>- other donor programs.</li> </ul> b) Nature of program: <ul style="list-style-type: none"> <li>- direct distribution; location</li> <li>- supplemental feeding in conjunction with MCH or other health project</li> <li>- emergency/humanitarian aid</li> <li>- Food for Work; description of projects; urban, rural</li> <li>- food subsidies: food stamps, ration shops.</li> </ul>	Background information. Documents from donors, cooperating sponsors, MYOPs. Project documents, evaluations. Key informants. Visits to project site. Record review at distribution site. Visits to ration shops. Interviews with beneficiaries.	<ul style="list-style-type: none"> <li>- Food aid programs have nutritional and income transfer relevance to the direct beneficiary and his/her household.</li> <li>- Project information reveals opportunities to enhance nutrition and food security impact.</li> <li>- Mix of food aid programs and coordination among donors provides profile of donor response to country needs. Is the response meeting needs?</li> </ul>

DOMAIN OF INFORMATION	INDICATORS	POSSIBLE SOURCES	NATURE OF INFORMATION
<p>3.2 Food Aid Policies and Programs (continued)</p>	<p>c) Ration:                      - composition                      - quality control.</p> <p>d) Beneficiaries:                      - men, women, children                      - targeting criteria                      - discharge criteria.</p> <p>e) Monetization (U.S.A.I.D. Programs):                      - Title I, III                      - Nutrition/food security goals?                      - Infrastructure, environment or other goals.</p> <p>f) Cooperating sponsors:                      - implementation                      - coordination.</p> <p>g) Food security or nutrition indicators:                      - What are they?                      - Are they consistent across all cooperating sponsors?                      - Are they consistent with other donor programs?                      - Are they integrated into national or agency-level nutrition surveillance system?</p>	<p>Nutritional assessment of rations.</p>	<ul style="list-style-type: none"> <li>- Adequate to compensate for additional expenditure in food for work programs.</li> <li>- Assess project design in relation to participation, goals and beneficiary needs.</li> <li>- Reveals opportunities to improve nutrition impact of non-food distribution development efforts.</li> <li>- Identify possibilities for integrating nutrition into other development goals.</li> <li>- Identify areas for coordination or improving effectiveness and consistency of sponsors' efforts.</li> <li>- Indicates commitment to integration of nutrition in food aid goals.</li> <li>- Reveals coordination and consistency across donors and at national level.</li> </ul>
<p>3.3 Agricultural System</p>	<p>a) Rate of women's participation in agriculture (See 1.1.d), cash crops vs. subsistence, food processing, marketing.</p>	<p>See Domain 4.1</p>	<ul style="list-style-type: none"> <li>- Indicates general nature of target group activities and role in household food security.</li> <li>- Detail only if relevant.</li> </ul>

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
3.3 Agricultural System (continued)	<p>b) Characteristics of Agriculture as it relates to women:</p> <ul style="list-style-type: none"> <li>- specific women's crops</li> <li>- women's labor obligations on other crops</li> <li>- access to land/credit/extension services.</li> <li>- degree of control over agricultural output for consumption, sale</li> <li>- involvement in marketing and sales.</li> </ul> <p>c) - Household food availability:</p> <ul style="list-style-type: none"> <li>- Intrahousehold food allocation</li> <li>- Nutrition status of: <ul style="list-style-type: none"> <li>- women</li> <li>- children.</li> </ul> </li> </ul>	<p>Published and unpublished agriculture economic, anthropologic, social science reports. Women's regional centers (e.g., INSTRAW) Centers for documentation of research on women.</p> <p>Key informants possibly in:</p> <ul style="list-style-type: none"> <li>- Ministry of Agriculture</li> <li>- Agricultural Extension Agencies</li> <li>- Women's advocacy groups</li> <li>- Universities: U.S., foreign, local.</li> <li>- Community leaders.</li> </ul> <p>Small household surveys, if necessary.</p>	<ul style="list-style-type: none"> <li>- Indicators of time and childcare constraints on women.</li> <li>- Indicators of women's control over resources and spending - relates to design of education, child welfare, women's income earning and micro-enterprise projects.</li> <li>- Identify at-risk households.</li> <li>- Important information on nutritional risk of women and children.</li> </ul>

DOMAIN OF INFORMATION	SPECIFIC TOPICS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
4. Labor Force Participation and Employment Policies Affecting Child Nutrition and Care	Women's employment and labor force participation have important effects on women's nutrition and children's nutrition and care. Specific focus is on those workplace policies, characteristics and conditions which affect early return to work and continuation of breastfeeding after work resumption. Both workplace policies and characteristics of informal sector work provide indications of work-family compatibility.		
4.1 Characteristics of Women's Labor Force Participation and Work Type (macro and micro level)	<p>a) Percent of women employed for pay.</p> <p>b) Breakdown of female employment by sector:</p> <ul style="list-style-type: none"> <li>- rural, urban, regional</li> <li>- formal, informal sector</li> <li>- industry, marketing, service, agriculture</li> </ul>	<p>I.L.O. statistics, Min. of Labor statistics</p> <p>Ministry of Labor, Ministry of Planning, Provincial Labor Office Statistics.</p> <p>Ministry of Agriculture. Special studies at schools of economics.</p> <p>Key informants in community/workplace.</p> <p>Academic informants. Special studies, if available.</p> <p>Community/workplace interviews.</p>	<ul style="list-style-type: none"> <li>- Determine magnitude of women's labor force participation.</li> <li>- Determine location to identify target population and access points.</li> <li>- Anticipate relative importance of rural vs. urban feeding and child care practices and constraints.</li> <li>- Determine relevance and outreach of wage and labor policies enforced in formal sector.</li> <li>- Assess potential for using (formal sector) workplace policies to affect women and infant/child nutrition.</li> <li>- Identify location and entry points for services to women employed in informal sector.</li> <li>- Identify needs of informal sector women for child care.</li> <li>- Identify access points for women.</li> </ul>

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
4.1 Characteristics of Women's Labor Force Participation and Work Type (macro and micro level) (continued)	- Seasonality by sector		<ul style="list-style-type: none"> <li>- Identify women at risk due to physical demands and occupational hazards of work.</li> <li>- Identify seasonal needs and constraints (e.g., nutrition, income, time) of women, for program improvement.</li> </ul>
4.2 Household level Information	<p>a) Employment and income status of all household members:</p> <ul style="list-style-type: none"> <li>- hours worked</li> <li>- type of job</li> <li>- income earned by each.</li> </ul> <p>b) Physical and time demands of labor for women:</p> <ul style="list-style-type: none"> <li>- paid work</li> <li>- household labor</li> </ul>	<p>Primary data collection. Small household surveys.</p> <p>Key informants. Direct observation.</p>	<ul style="list-style-type: none"> <li>- Determine relative importance of women's employment and income for household welfare and children's well being; extent of "extended family" network for child care and feeding.</li> <li>- Assess women's work as contribution to elevated calorie needs and physical stress. Identify potential for intervention.</li> <li>- Time demands of household labor and paid employment affect time and energy devoted to child care and feeding.</li> <li>- Especially important for evaluating impact of food for work programs.</li> </ul>
4.3 Work Characteristics Affecting Nutrition and Care of Children (micro level)	<p>a) Interval between child birth and mother's work resumption. (See section 4).</p> <p>b) Possibility for bringing children to work site. Work schedule, flexibility, breaks, conditions, environment (See section 4).</p>	<p>Focus groups. Interviews with mothers. Interviews with employers.</p> <p>Interviews. Direct observation.</p>	<ul style="list-style-type: none"> <li>- Assess issues related to mother's health and breastfeeding initiation and establishment of feeding patterns.</li> <li>- Identify workplace constraints to breastfeeding and childcare and possible use of services.</li> <li>- Assess safety risk for children.</li> </ul>

<p><b>4.3 Work Characteristics Affecting Nutrition and Care of Children (micro level) (continued)</b></p>	<p>c) Distance and travel time to work.</p> <p>d) Workplace facilities and conditions: Availability of on-site child care, privacy, refrigeration available for breastmilk storage, breast pumps.</p>	<p>Interviews with employees and employers. Direct observation.</p>	<ul style="list-style-type: none"> <li>- Identify role models and model employment settings (formal and informal sector).</li> <li>- Identify possible access points for services to children.</li> <li>- Proximity to baby important for feeding practices.</li> <li>- Assess importance of women's labor force participation as a time constraint on infant feeding, child care, and use of services.</li> <li>- Source of possible project volunteers, role models, model worksites.</li> <li>- Identify key elements for change, expansion.</li> </ul>
<p><b>4.4 Formal Sector Workplace Policies Affecting Child Care/Nutrition</b></p> <p>(Relevance of such policies to target group, determined by degree of formal-sector participation and nature of employment)</p>	<p>a) - Existence of policy and benefits:</p> <ul style="list-style-type: none"> <li>- Relevant legislation</li> <li>- Components of policy/benefits package</li> <li>- Enforcement of policy</li> <li>- Loopholes in policy.</li> </ul>	<p>Ministry of Labor; Ministry of Planning. Provincial Labor Office Statistics. Ministry of Agriculture. Special studies at schools of economics. Key informants in community/workplace.</p>	<ul style="list-style-type: none"> <li>- Detail only if relevant.</li> <li>- Formal sector policies and employer provided child care policies/practices can be role models in educational materials and for non-formal sector employment settings.</li> </ul>

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
<p><b>4.4 Formal Sector Workplace Policies Affecting Child Care/Nutrition</b></p> <p>(Relevance of such policies to target group, determined by degree of formal-sector participation and nature of employment) (continued)</p>	<p>b) Factors associated with: maternity leave, child care, flexible work hours, breastfeeding breaks, work at home, work schedule, shift work, intervals between shifts, flexible break times.</p>	<p>Review labor legislation (international and national sources). Union contract stipulation (key informants). Interviews with employees, employer representatives.</p>	<ul style="list-style-type: none"> <li>- Diagnosis of possible barriers to breastfeeding.</li> <li>- Compatibility of work-household roles.</li> <li>- Indicator of possible activities for project.</li> <li>- Identify successful policies promoting breastfeeding-work compatibility.</li> <li>- Identify factors associated with enhanced compatibility of breastfeeding/child rearing with employment.</li> </ul>

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5. Education, Literacy and Training Policies and Programs.	Education is	determinant of women's opportunities and income earning potential and is significant for women's nutrition and welfare. Female education is a measure of national investment in women and household investment in girl children. School curriculum is an important vehicle for institutionalizing nutrition education.	Sources of Information
5.1. Primary Education	<p>a) Current rate of school attendance by:</p> <ul style="list-style-type: none"> <li>- sex</li> <li>- age/grade level</li> <li>- location: urban/rural, geographic</li> <li>- income class.</li> </ul> <p>b) Presence of in-school or take-home feeding program:</p> <ul style="list-style-type: none"> <li>- target group characteristics</li> <li>- coverage</li> <li>- type, composition and quantity of ration provided</li> <li>- implementing agency.</li> </ul> <p>c) Presence and content of curriculum related to nutrition and child care; is it correct, up-to-date, relevant to target group needs?</p>	<p>International Statistical Bulletins (census, UN, A.I.D., World Bank, etc.)</p> <p>Ministry of Education; other ministries; Provincial Education Department Statistics.</p> <p>Special studies at universities if available. Ministry of Education.</p> <p>Implementing agencies (NGO's, government and private sector).</p> <p>Ministry of Education.</p> <p>Teachers' colleges, curriculum development centers.</p>	<ul style="list-style-type: none"> <li>- Indicator of access for early nutrition/education.</li> <li>- Assess education opportunities for, and investment in girls.</li> <li>- Indicator of future nutritional risk, because of links between women's early education and later health of their children.</li> <li>- Possible base for further activities affecting nutrition/health.</li> <li>- Assess links of education system with supplementary feeding programs.</li> <li>- Indicator of access to one segment of target group.</li> <li>- Indicator of institutionalization of nutrition in school curriculum, commitment to long-term change in KAP related to nutrition and parenting.</li> <li>- Indicator of locus of future input into curriculum design.</li> </ul>

V ASSESS FRAMEWORK FOR INDICATORS

DOMAIN OF INFORMATION	INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
5.2. Adult Literacy	a) Rate of literacy by: <ul style="list-style-type: none"> <li>- age</li> <li>- sex</li> <li>- location.</li> </ul> b) Rates of earlier school attendance of adult population.	International and National Statistical Bulletins.  Special studies.  International and National Statistical Bulletins.  Special studies.	- Inform design of educational materials and programs.   - Indicator of nutritional risk due to association of maternal literacy with child nutrition/health.
5.3. Job Training Programs for Women	a) Availability of job training and/or adult literacy: <ul style="list-style-type: none"> <li>- implementing agencies</li> <li>- nature of program</li> <li>- characteristics of participants.</li> </ul> b) Content of Program: <ul style="list-style-type: none"> <li>- is training appropriate for job opportunities available?</li> <li>- other.</li> </ul>	Ministry of Education; Labor; Provincial Department of Education; Labor. Multi- and bilateral aid agencies.  - Key informants. - Direct observation. Direct observation. Key informants.	- Indicator of access for nutritional education program if appropriate.  - Indicator of income opportunities for women.  - Possible base for further activities.  - Reveal discrepancy between training and opportunities; indicator of inappropriate investment.

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DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
6. Community Nutrition and Food Security Situation	Community and household level information on nutritional status and food security provide an overview of the community situation. Individual data on food consumption and nutrition status identify the at risk individuals in vulnerable households. Knowing the nutrition situation at the community level provides contextual information which can be related to service and policy level information derived from the previous sections.		
6.1 Community Nutrition Status	<p>a) Direct Nutrition Status Indicators</p> <ul style="list-style-type: none"> <li>- general nutrition adequacy (calorie and protein nutrition)</li> <li>- anthropometric indicators               <ul style="list-style-type: none"> <li>- birth weights</li> <li>- weight/age (W/A)</li> <li>- height/age (H/A)</li> <li>- weight/height (W/H)</li> </ul> </li> <li>- women:               <ul style="list-style-type: none"> <li>- weight gain in pregnancy</li> <li>- postpartum weight</li> <li>- height</li> </ul> </li> </ul>	<p>Survey data: WHO, UNICEF, DHS</p> <p>Use previously collected from nutrition/health surveillance system or growth monitoring/promotion (GMP) programs, growth cards; MCH programs.</p> <p>Data compiled in national statistics bulletins, project level reports, records.</p> <p>Ministry, NGO, PVO, private clinic-based projects with child survival or GMP components: records.</p> <p>Research data from University, Food and Nutrition institutes, Nutrition/Home Economics programs.</p> <p>Records from food distribution programs; hospitals.</p> <p>Primary data collection using simplified anthropometric assessment methods: The Tallstick (H/A) and the Agescale (W/A) developed by WINS subcontractor Tufts University School of Nutrition (TUSN).</p>	<ul style="list-style-type: none"> <li>- Diagnose general nutrition condition of in community, e.g. stunting (low H/A), wasting (low W/A) combination.</li> <li>- Prepregnancy weight and height are indicators of risk for childbirth.</li> <li>- Weight gain in pregnancy and low birth weights are risk factors for childhood malnutrition.</li> </ul>

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
6.1 Community Nutrition Status (continued)	<ul style="list-style-type: none"> <li>- micronutrient status of women, children (0-3 years) in vulnerable households</li> <li>- iron deficiency/anemia</li> <li>- Vitamin A</li> <li>- Folic acid (pregnancy only)</li> <li>- Iodine (as relevant).</li> <li>- Vitamin supplementation during pregnancy</li> </ul> <p>Percentage of pregnant women getting supplementation.</p> <p>Biochemical, clinical functional indicators.</p> <p>b) Food Consumption Indicators</p> <p>Direct assessment:</p> <ul style="list-style-type: none"> <li>- Dietary recall</li> <li>- Food frequency, inventory of key food items.</li> </ul>	<p>Same as above plus:</p> <p>Simplified techniques for micronutrient assessment (see WHO, INACG, INACG documents)</p> <p>Clinical signs.</p> <p>Functional tests.</p> <p>Biochemical analyses.</p> <p>Food frequency data.</p> <p>Dietary recall.</p> <p>Same as above for secondary data.</p> <p>Small household surveys.</p> <p>Rapid ethnographic techniques (see RAP, Scrimshaw and Hurtado 1990).</p>	<ul style="list-style-type: none"> <li>- Micronutrient status indicates adequacy of diet. Low status of women and/or children of vulnerable households.</li> <li>- Micronutrient deficiency is reversible with early detection and supplementation.</li> <li>- Low iron status and anemia in women negatively affects their productivity, income earning potential and ability to fulfill household and child care responsibilities.</li> <li>- Low Vitamin A status in infants and young children puts them at risk for nutritional blindness and a life of impaired function.</li> <li>- Low iodine status in women produces goitre which interferes with productivity and mental function. Low status in infants and young children can cause cretinism and low mental function.</li> <li>- Folic acid supplementation in pregnancy prevents birth defects.</li> <li>- Food consumption patterns indicate adequacy of diet, dietary practices, food taboos, etc.</li> <li>- Identify areas for improvement of diet of vulnerable groups.</li> </ul>

**WINS RAPID ASSESSMENT FRAMEWORK FOR INDICATOR SELECTION**

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
<p>6.1 Community Nutrition Status (continued)</p>	<ul style="list-style-type: none"> <li>- Observations.</li> <li>Indirect assessment:</li> <li>- mothers' knowledge, attitudes, practices (KAP) regarding feeding of children 0-3 years, and their own nutrition.</li> </ul>	<p>Interviews; focus groups. Household food consumption/ budget studies.</p>	<ul style="list-style-type: none"> <li>- Focus on diet of women and young children to identify at risk households.</li> </ul>
<p>6.2 Food Security</p>	<p>a) At community and household level:</p> <ul style="list-style-type: none"> <li>- presence of community, household garden:                             <ul style="list-style-type: none"> <li>- produce type</li> <li>- quality</li> <li>- size</li> <li>- use: eaten or sold.</li> </ul> </li> <li>- presence of livestock                             <ul style="list-style-type: none"> <li>- type</li> <li>- health</li> <li>- use: eaten or sold</li> <li>- sanitation conditions</li> <li>- location of animals in relation to children.</li> </ul> </li> <li>- household food stocks:                             <ul style="list-style-type: none"> <li>- inventory of key staples and food items in household.</li> </ul> </li> <li>- community food stocks:                             <ul style="list-style-type: none"> <li>- size in relation to population</li> <li>- % full</li> <li>- other.</li> </ul> </li> </ul>	<p>Observations, RAP method (see above). Household food consumption studies.</p> <p>Observations; key informant interviews.</p> <p>Interviews with network of market women surveys of market prices; observations.</p>	<ul style="list-style-type: none"> <li>- Indicators of foods grown for own consumption or for income purposes.</li> <li>- Sanitation conditions indicate possible morbidity and diarrhea risk for children and infants.</li> <li>- Indicator of consumption buffer for community and household in lean season.</li> </ul>

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WINS RAPID ASSESSMENT FRAMEWORK FOR INDICATOR 5

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
<p>6.2 Food Security (continued)</p>	<ul style="list-style-type: none"> <li>- food aid programs:                             <ul style="list-style-type: none"> <li>- ration adequacy</li> <li>- cash transfer.</li> </ul> </li>   <li>- market prices of key food items.</li>   <li>- purchasing power.</li> <li>- home produced vs. purchased food ratio.</li> <li>- percent of produced food which is sold for cash or bartered.</li>   <li>- household expenditures; food purchases as percent of household expenditures.</li> <li>- hygiene and food preparation.</li> <li>b) Intrahousehold food distribution, focus on adequacy of consumption of women and children 0-3 years (markers for at-risk households):                             <ul style="list-style-type: none"> <li>- household composition</li> <li>- adult:child ratio</li> <li>- male:female ratio                                     <ul style="list-style-type: none"> <li>- adult</li> <li>- child</li> </ul> </li> <li>- food distribution</li> <li>- caloric adequacy</li> </ul> </li> </ul>	<p>Interview project staff and beneficiaries. Review reports.</p> <p>Income, expenditure surveys; studies from economics departments of Universities, etc.</p> <p>Consumer price index, household surveys, interviews. Home observations. RAP method (above).</p>	<ul style="list-style-type: none"> <li>- Food ration can be eaten or sold. Indicates whether food aid is used to boost consumption or to spare income for other purposes.</li>   <li>- Indicates affordability of basic diet for household, and at risk women and children.</li>   <li>- Adequacy of diet for women and young children (including feeding practices) is indicator of risk for household and individuals.</li> </ul>

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**WINS RAPID ASSESSMENT FRAMEWORK FOR INDICATOR SELECTION**

DOMAIN OF INFORMATION	SPECIFIC INDICATORS	POSSIBLE SOURCES	USES/SIGNIFICANCE OF INFORMATION
<p>6.2 Food Security (continued)</p>	<p>c) Infant and young child feeding practices:</p> <ul style="list-style-type: none"> <li>- exclusive breast-feeding</li> <li>- weaning practices</li> <li>- transition to family diet                             <ul style="list-style-type: none"> <li>- when complete?</li> <li>- how long?</li> </ul> </li> <li>- hygiene, food preparation.</li> </ul> <p>Use indicators developed by WHO, where possible. e.g. percentage of infants less than four months who are:</p> <ul style="list-style-type: none"> <li>- exclusively breastfed</li> <li>- predominantly breastfed</li> </ul> <p>Percentage of 6-9 month olds receiving breastmilk and complementary foods. Percentage of 12-15 month olds who are breastfeeding. Percentage of 20-23 month olds who are breastfeeding. Percentage of infants less than 12 months receiving any food or drink from bottle.</p>	<p>Information from DHS surveys, national statistics bulletins, research and other surveys. Focus group and household interviews. Direct observations.</p> <p>See WHO, 1991. See also 2.7.</p>	<ul style="list-style-type: none"> <li>- Identify areas of potential behavior modification, nutrition and health education messages, possible program elements.</li> <li>- Link information with surveys done by others.</li> <li>- Identify possible area for breastfeeding promotion, link with section 4 on working women and feeding.</li> </ul>

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## VI. RESOURCE LIST

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