Report On The

Nutrition and Gender Initiative

As Implemented By The

International Center for Research on Women

September 2002—2005

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# Table of Contents

SUMMARY AND APPLICATION BY ICRW iv

EXECUTIVE SUMMARY 1

1. INTRODUCTION 6

2. METHODOLOGY AND STRUCTURE OF REPORT 7

3. BACKGROUND 9

3.1 NGI as conceived by the World Bank and ICRW 9
3.2 NGI in the context of the evolution of nutrition policies 10
3.3 NGI as a change agent through communications and advocacy 12
3.4 NGI as an innovative pilot project 14

4. NGI AS IMPLEMENTED IN GHANA, INDIA AND BANGLADESH 17

4.1 NGI in Ghana 17
4.1.1 GRA-NGI evolution and setup 17
4.1.2 Review and mid-course assessment 19
4.1.3 What is innovative in Ghana 25
4.1.4 ICRW’s role and involvement 26
4.1.5 Conclusion based on SWOT analysis 27

4.2 NGI in India and Bangladesh 29
4.2.1 NGI start-up activities and selected partners 29
4.2.2 Review and mid-course assessment 30
4.2.3 What is innovative in India and Bangladesh 34
4.2.4 ICRW’s role and involvement 35
4.2.5 Conclusions 35

5. STRATEGIC REVIEW AND RECOMMENDATIONS 37

5.1 Strategic Review and Recommendations 37
5.1.1 NGI evolution, approaches and innovation 37
5.1.2 Ghana 39
5.1.3 India and Bangladesh 41
5.1.4 ICRW 44

5.2 Recommendations 46
5.2.1 Ghana 46
5.2.2 India and Bangladesh 47
5.2.3 ICRW 47
ANNEXES

Annex 1  Key Informant Interviewees and Discussion Participants  48
Annex 2  Documents and articles reviewed  51
Annex 3  GRA-NGI Partners and Network Organizations  52
Annex 4  Indian and Bangladeshi Partners  53
Annex 5  ICRW Highlights of Outreach Activities  54
SUMMARY AND APPLICATION BY ICRW

The International Center for Research on Women (ICRW) has prepared the following summary for its audiences of the highlights and recommendations from the external evaluation conducted by Dr. Jane Kusin and Ms. Vicky Markell under the guidelines of support from the World Bank’s Development Grant Facility. In addition, we describe how the Nutrition and Gender Initiative (NGI) team at ICRW plans to apply the evaluation’s key recommendations.

Highlights of the NGI

Summarized from the external evaluation report:

- In a short time since its inception, the NGI has succeeded in establishing partnerships in several different country/regional settings
- The NGI has evolved quickly from concept to programs of work, formulated in partnership with local partners in Ghana, India and Bangladesh
- The NGI implementing partners that have been selected have a comparative advantage for action research and advocacy
- Early on the NGI recognized that various forms of research would be needed to answer key questions and inform future programmatic activities
- Similarly, the NGI also recognized the importance of incorporating public policy communications and advocacy into the core of its work
- In Ghana, given the resources and capacity constraints, the selection of a hub organization and a network of local partners was appropriate, moreover the mix of partners in the network includes a balanced representation of local nutrition and gender expertise
- The NGI in India and Bangladesh differs from NGI in Ghana in many aspects. To the credit of ICRW-NGI program team, it has chosen a greater number of partners than in Ghana for more discreet projects under NGI, which illustrates flexibility as well as a sound perception of the major constraints and the most likely areas or agents of change for nutrition and gender.
- The NGI has chosen its partners in India and Bangladesh extremely strategically for sustaining the NGI efforts post-ICRW. Partners not only have proven expertise in multiple forms of research and analysis, but in the policy communications and advocacy arena as well.
- Innovations are:
  - The NGI is a demand driven client-oriented initiative; the NGI operates on the premise that investment in nutrition and gender are an investment for achieving the MDGs with high returns;
  - The NGI operates on the premise that nutrition is a cross-cutting issue and that various development sectors are key players;
The NGI seeks to harness the potential of NGO-Gov’t partnership to facilitate scale-up of successful interventions; the NGI views the life-cycle approach as central to its work on the nexus of nutrition and gender;

The NGI views nutrition and gender as interconnected and interfacing with livelihoods and food security.

In addition to the highlights from the external evaluation, the NGI-Ghana partner, GrassRootsAfrica (GRA), has:

- Held several major forums to promote the NGI approach in Accra
- Had media coverage for the forums and in addition to them
- Carried out formative research on livelihoods and food security in the two main sites in northern Ghana, and built up their research skills
- Disseminated formative research results at local and district level
- Facilitated a change at district government level – resources allocated for women’s empowerment efforts
- Just begun intervention research to promote “Equal Partnership for Development” – mutual understanding and communication between spouses of HH and income generation roles and constraints. The intervention involves development theater productions every 3-4 months to initiate discussions about spousal roles and communication, and facilitation of change by community agents in between the performances.

In addition, in India and Bangladesh, the following have occurred:

- Two teams in India (IHMP, FRHS) and one in Bangladesh (ICDDR,B) have conducted qualitative research on low birthweight and maternal health (first drafts of papers written, and multi-site data analysis workshop in early October)
- Two other teams in India and Bangladesh have begun research and 3-4 more are in proposal development phase on the themes of right-to-food, governance, adolescent nutrition, child nutrition and mothers’ empowerment, and violence and nutrition.
- Save The Children, Bangladesh requested a gender analysis of their food security program, with subsequent training. Kavita Sethuraman (ICRW-DC), Nandini Prasad and Nandu Kannuri (ICRW-India) are currently doing this 6-month piece of work, with the understanding that NGI can monitor and evaluate future programs that emanate from ICRW’s recommendations on Save The Children’s programs in Bangladesh.

**Recommendations from the evaluators, and application planned by ICRW**

From the external evaluation report:

- ICRW should network the India projects, especially for communication and advocacy purposes.

*We had been thinking about this, and will move forward with this recommendation.*
ICRW should devote a full-time equivalent to the DC-based communication and advocacy strategy and coordination with Ghana and India. We agree that to get more traction, we will need to have more dedicated time of a communication expert. We considered different ways of responding to this – staff time or consultant time. The consultant option was chosen because there are already too many demands of the existing ICRW Communications staff. A search for a consultant is underway. We will begin with a half-time person, and monitor progress.

Additional recommendations that emerged from discussion with the evaluators:

- Suggest that improvements in food security/hunger can be the main outcome the NGI is trying to influence in Africa and improvements in nutritional status the main outcome in South Asia (instead of main outcomes for both being nutritional status, as we had envisioned at the beginning of the program)
  We were already headed to the same conclusion. It was good to have independent confirmation.

- Suggest that we talk sometimes in terms of traditional sectors/ministries, e.g., the research and comm & advocacy components we undertake on microfinance is a strategy under Poverty Alleviation; and Nutrition work is part of Health
  This recommendation provides a new way for us to focus, and we will make a roadmap of sub-projects per development sector, and identify implications for communications and advocacy, or any for the research.

- Think about different models in Africa and South Asia – In Ghana, let the communication and advocacy lead and the research support follow, while in India, do the opposite.
  One application of this is evident in the way the two project regions have started their work – both valuable and playing to their strengths. GRA started communication and advocacy based on existing literature before it produced NGI research findings of its own; while in India the research is being started first. We look forward to looking for and learning about further implications of the two different approaches.
EXECUTIVE SUMMARY

The Nutrition and Gender Initiative (NGI) was conceived by the World Bank who in 2002 selected the International Center for Research on Women (ICRW) to act as Secretariat and coordinating agency for this initiative. In turn, ICRW selected Ghana for the pilot project in West Africa and India and Bangladesh in South Asia.

The purpose of the Nutrition and Gender Initiative (NGI) is to add Nutrition and Gender objectives and programming into existing development programs in West Africa and South Asia. NGI supports an action research and communications program with the goal of improving nutrition outcomes throughout the lifecycle in developing countries, especially by determining how to enhance women’s roles and status, decision-making capabilities and control over resources.

Specific objectives of NGI are: to find feasible approaches at targeted points in the lifecycle of malnutrition, suitable for scaling up, to improve the nutritional status of adolescent girls, women, infants, and children in the context of efforts to improve gender equality at the community level; to develop a global network of institutions learning from, sharing, and advocating for nutrition and gender activities; and to enhance technical capacity of local and regional organizations in gender analysis, nutrition program design, evaluation and advocacy.

NGI is a relatively new program and is still being implemented; in fact, the South Asia site is just now beginning operations in India and Bangladesh. Therefore, this evaluation is rather a mid-course assessment to provide objective advice on strengthening NGI as it moves forward and to fine-tune existing plans or to revise plans that are judged not to be appropriate. To this end a review was done on what has occurred to date, namely the evolution process of NGI, the program’s overall design, implementation to date, and any early results.

ICRW-NGI in Washington DC has accomplished a great deal in a short time in different country (region) settings. First, even in its three years of operation, NGI has evolved from a vague concept to programs of work, jointly formulated by ICRW-NGI with its partners in Ghana and India. Second, in each country the partners have comparative advantage for action research and advocacy. Third, NGOs are the initiators of and catalysts for NGI but to leverage prior investments and to enhance continuity and sustainability NGI has emphasized services/programs of the public sectors and partner organizations in a genuine attempt to arrive at a NGO-public-private mix of accountability for nutrition in a gender perspective.

As the Secretariat for the Initiative, ICRW-NGI oversees all efforts, working with the NGI partners in Ghana (West Africa) and in India-Bangladesh (South Asia). Action
research and communications and advocacy activities at community and institutional levels is being or will be carried out by NGOs, community-based organizations, research institutions, universities and public agencies - with guidance, technical assistance from and in collaboration with the Secretariat, ICRW-NGI.

The focus in Ghana is program and research documentation on gender and nutrition (situation analysis), to be followed by qualitative research on gender-based constraints to achieving food and nutrition security in two districts. In India-Bangladesh currently three NGI partners are engaged in a multi-site formative research of low birth weight and its underlying causes, particularly the gender issues.

ICRW-NGI recognized that the primary research in West Africa and South Asia will answer numerous key questions and will inform future programming in specific ways, but will take a few more years to yield results. So, NGI-ICRW began analyzing existing Demographic and Health Surveys (DHS) data to yield relevant findings between nutrition outcomes and gender and empowerment processes.

From its inception the NGI recognized the importance of incorporating public policy communications through every stage of the program’s evolution and acknowledged the inherent value of developing a strategic plan for advocacy, communications and networking in order to change behaviors. Further, this process must be defined within each national or regional context—or applicable at the international level. ICRW-NGI recognizes this and is exploring and incorporating a variety of communication techniques in their efforts to influence the policy process.

In Ghana NGOs are generally modest in numbers and in critical mass of professional expertise, often recently established. The selection of a network of partners with hub organization was, therefore, the most appropriate. GrassRootAfrica (GRA) was selected, based of its credibility, experience at the grass root level and regional presence. The creation and composition of the NGI network reflects a balanced representation of local nutrition and gender expertise, of partners in the public sector and NGOs. A Nutrition Panel and a Gender Panel were established which provide a forum for developing messages for communication and advocacy activities and sharing of information.

Based in Accra, (GRA) was established mid-2004 by Rudolf Amenga-Etego. GRA’s President and his staff understand NGI concepts and are committed; they have a broad experience in advocacy skills, and individually have credibility in the NGO community in Ghana as well as in government circles.
The NGI-GRA Network consists of three program partners, namely: the Nutrition Unit of Ghana Health Service/MOH; the Bawku East Small Farmers Association (BESSFA) Rural Bank to assess the integration of nutrition into its micro finance work; and Savelugu-Nanton District Assembly, to assess the integration of nutrition interventions through district level governance processes, especially in relation to water and sanitation services. Other network partners are nutrition- or gender-related NGO’s or consortia and university-based groups.

Following the start-up activities of the first two years of the WB-DGF grant, the main activities in 2005 were finalizing reports from the Nutrition Panel and the Gender Panel; holding a workshop on Knowledge Sharing with NGI partners in Ghana, and conducting formative research on livelihood and food security of women and girls in the BESSFA catchment areas.

As far as GRA-NGI’s active involvement in action research is concerned, in view of the limited resources (money, manpower and materials) it is sensible and pragmatic to prioritize the topics in which GRA-NGI already has expertise and/or for which it wants to have credibility in the future. Further, it is advisable to draft conceptual or causal models for each specific study, which illustrates the Nutrition and Gender interface and at the same time serve as guideline for monitoring and evaluation of progress towards the ultimate expected outcomes.

One of the key elements of the NGI concept is the importance of translating research findings into messages for use in working with agenda setters at multiple levels. GRA has a proven track record in this arena as demonstrated by its success in media coverage (both print and radio) of recent workshops. Additionally, their direct advocacy efforts at the District level have already resulted in policy changes.

While GRA-NGI is only now developing an all encompassing strategy for their Communications, Advocacy and Networking plans, they are clearly proficient in both reacting to opportunities as they arise, and creating opportunities for implementing policy changes. During the evaluation team’s visit with the Savelugu-Nanton District Assembly members we learned that for the first time the S-N District Budget contains a line-item for addressing nutrition and gender issues. Granted, it is a miniscule amount, but it is there and GRA-NGI now plans to take this approach in other Districts as well.

India and Bangladesh are blessed with an appreciable number of NGOs and research institutions with a long history of existence and professional reputation. ICRW-NGI at present collaborates with their partners separately. The choice for this operational structure was the outcome of a series of consultations, and guided by the facts that each partner works in a specific State, (by itself many times larger than Ghana in size and population); partners have their own interest, field of experience and local networks;
and last but not least many of these NGI partners have collaborated with ICRW in the past. They did, however, strongly endorse a network for dissemination lessons learned and creating a critical mass for advocacy at national levels.

NGI in India and Bangladesh differs from NGI in Ghana in many aspects. To the credit of ICRW-NGI and its partners this picture illustrates flexibility as well as a sound perception of the major constraints and the most likely areas or agents of change for nutrition and gender concerns. In addition, a synthesis of experiences in the two regions (West Africa and South Asia) will provide a rich spectrum of the linkages between nutrition and gender – hopefully in different poverty scenarios.

Currently the scope of work in South Asia is related to the main nutrition problem in the region, namely early malnutrition, starting from the fetal life – low birth weight having the highest prevalence globally. Three NGI partners are conducting formative research on low birth weight and maternal nutrition, e.g. the Foundation for Research in Health Systems (FRHS) in Bangalore, north India, the Institute for Health Management, Pachod (IHMP) in west India and ICDDR-B in Bangladesh.

Basically the results of the multi-site low birth weight studies are meant as an input for the action research, planned for the next phase. However, while they endorse the innovative perspective of linking two cross-cutting issues they admitted that the linkages between nutrition and gender have not yet been sufficiently envisaged. Through these entries NGI should be able to identify, articulate and strengthen the comparative advantages of each pilot study. To evaluate new approaches in interventions emerging from the above mentioned studies, progress toward benchmarks will have to be monitored. Monitoring and evaluation systems should be developed for each of the programmatic innovations to be tested, to avoid heterogeneous presentations and less comparable results across countries.

ICRW-NGI has chosen its partners in India and Bangladesh extremely well in that they not only have proven expertise in multiple forms of research and analysis, but in the policy communications and advocacy arena as well. Additionally, each partner understands the importance of implementing each NGI component in order to achieve its objectives. Translating research into policy action is a multi-step process including everything from problem identification and formulation of policy alternatives, increasing awareness and creating critical mass to adoption of policies and enforcement and evaluation. However, selecting a community or state in India and undertaking this process could provide the opportunity to actually implement the NGI in such a way as to be replicated and scaled up in a variety of countries.
In conclusion we note that Malnutrition is a serious problem around the globe. The Millennium Development Goals (MDGs) may change this picture, particularly as it is recently recognized that “nutrition needs to be repositioned as central to development” (World Bank, 2006). Malnutrition reduction is a public sector responsibility but broad participation of civil society, non-governmental organizations, and private sector are strategic directions promoted by international development agencies and development professionals in every sector.

The Nutrition and Gender Initiative’s objectives can contribute to achieving a number of the MDGs namely: eradication of poverty and hunger; achievement of universal primary education; reaching gender equality and empowerment of women; reduction of child mortality; improvement of maternal and reproductive health.

The launching of the Nutrition and Gender Initiative is very timely. NGI is innovative as it attempts to bring nutrition in a gender perspective on the radar screen of policy makers and program implementers. Similarly new is the building of ownership for demand-oriented interventions, and directly linking them to existing supply-driven interventions, often formulated at international levels. Being a joint effort of NGOs and the public sectors from the start reduces the potential feeling of threat or imposition of non-feasible ideas by service providers. NGI has not been done before – the concept is challenging and rewarding – there are powerful incentives to deliver the goods.

Specific recommendations are presented in Chapter 5
1. \hspace{1em} INTRODUCTION

The purpose of the Nutrition and Gender Initiative (NGI) is to add Nutrition and Gender objectives and programming into existing development programs in West Africa and South Asia. NGI supports an action research and communications program on how to enhance women’s roles and status, decision-making capabilities, and aims at improving nutritional status through addressing gender inequality.

The NGI was conceived by the World Bank who in 2002 selected the International Center for Research on Women (ICRW) to act as Secretariat and coordinating agency for this initiative. In turn, ICRW selected Ghana for the pilot project in West Africa and India and Bangladesh in South Asia.

It is a requirement of the chief funding agency, the World Bank’s Development Grant Facility (DGF), and the World Bank’s Health, Nutrition and Population (HNP) and Global Program and Partnerships (GPP) units that at the end of the first phase an external evaluation is conducted.

Funding is currently in hand through 2007 but ICRW-NGI intends for the program to continue much longer. However, while the field activities in Ghana started in 2003, in India and Bangladesh a few partners started in 2004 with formative research and analysis of existing data and others are currently in the stage of project formulation. Hence, it is too early for an evaluation in terms of outcomes or impact.

Therefore based on the Terms of Reference this evaluation includes two main elements:

- A formative-oriented evaluation with objective advice to fine-tune existing plans or revise plans judged not appropriate
- A summative-oriented evaluation that reviews the program’s overall design, implementation to date and any early results to provide informed guidance for the future

Additionally, the Terms of Reference for the External Evaluation seek answers to the following questions:

- How can NGI most effectively raise awareness among policy makers, development professionals, and relevant other key fields (e.g., microfinance, agriculture, reproductive health) about improving nutritional status by recognizing the important role of gender issues?
- Do NGI’s plans for formative and operations research and for capacity building effectively complement the awareness-raising efforts in a way that is geared toward desirable outcomes of policy influence?
2. METHODOLOGIES AND STRUCTURE OF REPORT

In February 2006, the evaluation team (Dr. Kusin and Ms. Markell) spent one week meeting with the ICRW-NGI staff at their headquarters in Washington DC for background briefings and discussions to understand ICRW’s concept, vision and mission of the Nutrition and Gender Initiative. During this time the team designed the evaluation including plans for a field visit to Ghana and telephone interviews with key informants in India-Bangladesh. The team also conducted key informant interviews with ICRW’s senior leadership and Milla McLaughlan and Leslie Elder, who in 2001-2002 formulated the World Bank NGI proposal. Additionally, the evaluation team met with Meera Skekar, the current Senior Nutrition Specialist at the World Bank.

The country visit to Ghana (GRA-NGI) took place in April 2006 and lasted twelve days. Several key informant interviews were conducted (for complete list see Annex 1 List of Key Informants) and the evaluation team held multiple brainstorming sessions with the GRA-NGI staff and network partners. Field visits were made to the partners in districts in the Northern and Upper-East regions the areas of predominant focus in Ghana. The telephone interviews of the Indian and Bangladeshi Partners took place in Washington, DC May 10-16, 2006 as well as additional key informant interviews with NGOs.

The main questions the Evaluation Team sought answers to include:

The NGI concept, purpose and objectives
- How are the NGI concept and program understood by the partners?
- Is the gender focus seen as important for improving nutrition as well as other development efforts?
- Does the NGI concept fit in the country’s development strategy and the partners’ vision and mission?
- What are the innovative features of NGI?

Partnership model, representation of disciplines and management aspects
- Are the partners chosen by ICRW for the NGI the right ones?
- What are the advantages of a model with a hub organization as in Ghana versus no central partner as in India and Bangladesh?
- Is the in-country representation of partners appropriate for the implementation of the NGI concept and program?
- What do the partners hope to gain from work with ICRW?
- Are these partnerships managed well?
- Do ICRW and all NGI partners understand their respective roles?
- Are other partnerships (development actors, public sectors) needed?
Communications and Advocacy

- How strategic are ICRW and NGI partners when developing their communications and advocacy plans?
- Do the plans segment multiple levels (community, district, national, international)?
- How effective are ICRW and NGI partners in the implementation of these plans?
- Are ICRW and NGI partners flexible enough to act when opportunities for communication and or advocacy occur?
- In India-Bangladesh does the concept of establishing a communications consortium have any appeal and if so to what extent?

Past and current strategies and activities

- What have been NGI’s evolving strategies at ICRW-NGI and in-country? Are they appropriate?
- Will the activities in place or planned contribute to the NGI goal to interconnect Gender and Nutrition?
- What have been ICRW-NGI and partners major successes to date?
- In what areas does ICRW-NGI and partners need to improve?
- What has been the major constraints in-country to date?
- What are the challenges for the future, and how ought NGI partners respond to them?

The Team’s summary of factual information from a review of project and technical documents and the responses from key informant interviews are discussed in the following sections, and are crystallized in its strategic review and recommendations.
3. BACKGROUND

3.1 NGI as conceived by the World Bank and ICRW.

The idea for a pilot project with an innovative approach to the reduction of malnutrition originated in the World Bank’s Health, Nutrition and Population (WB-HNP) unit, presumably to build evidence of how nutrition can get more prominence and visibility in PRSP and MDG strategies. In August 2002, the World Bank’s Development Grant Facility (DGF) launched this initiative and selected the International Center for Research on Women (ICRW) to refine the draft proposal, written by staff of WB-HNP and serve as the Secretariat.

ICRW developed the conceptual framework for a project to determine how and to what extent innovations with a strong gender-focus can mediate and enhance improvements in nutrition for Women, Infants and Children (Brochure 2004). The generic model was meant as a guide for the country and partner specific NGI project proposals, to be developed jointly by ICRW and NGI partners in Ghana, India and Bangladesh. The purpose, goals, specific objectives, hypotheses and components are quoted from the relevant documents:

The purpose of the Nutrition and Gender Initiative (NGI) is to add nutrition and gender objectives and programming into existing development programs in West Africa and South Asia, monitor progress and evaluate the results.

The goal of the NGI is to improve nutrition outcomes throughout the lifecycle in developing countries, especially by determining how to enhance women’s roles and status, decision-making capabilities and control over resources.

Specific objectives

- To find feasible approaches at targeted points in the lifecycle of malnutrition, suitable for scaling up, to improve the nutritional status of adolescent girls, women, infants, and children in the context of efforts to improve gender equality at the community level
- To develop a global network of institutions learning from, sharing, and advocating for nutrition and gender activities
- To enhance technical capacity of local and regional organizations in gender analysis, nutrition program design, evaluation and advocacy

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Hypotheses

- Enhancing women’s roles, decision-making capabilities, and control over resources can result in improvements in nutrition outcomes with regard to both individual nutritional status and family food security.
- Enhancing women’s roles, decision-making capabilities, and control over resources will also enable women to make better use of existing services, especially health, nutrition and food security.

Components

- Action Research
  1. formative research to learn how people describe nutrition and gender issues in their communities or institutions, and how they suggest solutions for these issues be sought;
  2. Developing, implementing and assessing innovations to existing programs or policy efforts to attempt a selected set of these solutions

- Technical Assistance and Capacity Building

- Communication and Advocacy

NGOs, community-based organizations, universities and public agencies, with guidance from and in collaboration with the ICRW-NGI Secretariat, will carry out the action research at community and institutional levels as well as communication and advocacy at all levels, based on results of the case studies.

3.2 NGI in the context of the evolution of nutrition policies

Malnutrition remains a challenge in the new millennium. If current trends continue the goal set at the World Food Summit (1996) to half the number of food insecure people and underweight children by 2015 will not be achieved\(^2\) and the Millennium Development Goals (MDG) of the United Nations to reduce extreme poverty and hunger faces the same prospect\(^3\).

To assess whether NGI is an innovative strategy to address the cross-cutting issue of nutrition (and gender); a brief chronological overview of the evolution of nutrition policies is given.

Since the 1990s major international commitments have been made to reduce malnutrition\(^4\). Each Conference and a number of policy documents by the UN family or

\(^3\) In fact the MGD for hunger and health are a reiteration of the Health for All Goals, endorsed at the Primary Health Care Conference in Alma Ata, 1978 (only met by Thailand, which never received donor funding!)
World Bank emphasized the need for a broader strategy, addressing the problem in a life cycle approach as well as in a socio-economic and socio-cultural context. The International Conference on Nutrition (ICN) took place in 1992 in Rome, and started the push for National Plan of Action for Nutrition (NPAN) in developing countries with the goals of keeping nutrition at the forefront of the development agenda. Perhaps the biggest influence from 1990s for the nutrition community has been the development of the conceptual framework of the causes and determinants of malnutrition by UNICEF and the triple AAA approach.

The 1990s have also been the decade in which technology, human rights, gender and governance became recognized as one of the main constraints to development. Women became more recognized as an active group, not as the vulnerable passive group in the earlier decades. Addressing these factors became major pillars to human development and much more attention was given to the policy dialogue and putting the government in the so-called driver’s seat. Aid to comprehensive sector programs rather than self-standing project support is one example of changes in strategies (Sector-Wide Approach = SWAp). Good governance, decentralization of power to local authorities and more attention to a bottom-up approach became part of the development agenda. The notion that governments were too large and inefficient led to implementation mechanisms for foreign-funded projects outside of the central government. Many of the international donors worked through NGOs to involve civil society.

However, the recent increased attention from international development partners for the public-NGO-private partnerships is the result of the recognition that the state (public sector) is accountable for poverty alleviation, the reduction of hunger and malnutrition, particularly in the context of the Sector-Wide Approach (SWAp) and the Poverty Reduction Strategy Papers (PRSP).

Development strategies have evolved over the years and goals have been added, rather than replacing old goals and objectives. All development assistance agencies focus now more than ever on a common goal: reaching the Millennium Development Goals.

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5 Ending Malnutrition by the year 2020; Fd Nutr Bull. 2000, vol. 21, supplement number 3;
6 The triple AAA approach begins with an Assessment of the nutrition situation, followed by an Analysis to determine local causes and determinants and subsequent programming of Actions are based on the first two AA. UNICEF (1990) Strategy for Improved Nutrition of Children and Women in Developing Countries. A UNICEF Policy Review. New York, UNICEF
7 Gender Equality & Millennium Development Goals (2003), World Bank, Gender and Development Group; Toolkit for Poverty Reduction Strategy Plans, Chapter Gender (2000), World Bank
10 Repositioning Nutrition as Central to Development. Directions in Development, the World Bank, Washington DC
(MDGs), formulated at the Millennium Summit in September 2000, where 191 nations reaffirmed their commitment to eradicating poverty and attaining sustainable development by 2015. Malnutrition reduction is one of the indicators to monitor the achievement of the first MDG goal\textsuperscript{11}. However, despite the commitment to MDG in public speeches, it appears often only rhetoric and no action. In addition, cross-cutting issues such as nutrition and gender are usually sidelined in the SWAp’s and PRSPs.

Nutrition professionals broadly agree on key interventions and on success factors for implementation, but these are not sufficiently reflected in large-scale programs and fewer still properly monitored and evaluated. Inadequate capacity at the country level to tackle malnutrition, the low per capita spending on nutrition and poor targeting are major factors, limiting progress toward MDG. Scaling-up successful approaches at the community-level that show what works, under which circumstances and that demonstrate what they cost and who pays fits squarely in the latest development policy thinking\textsuperscript{12}. However, they should be intrinsically supported by strong advocacy, communication and continued commitment because of the characteristics of cross-cutting issues (nutrition and gender), being everybody’s baby and nobody’s concern. The challenge is to build ownership and accountability for malnutrition reduction.

Although most recommendations in policy documents are directed to national governments, in many developing countries it is the donor-community that dominates the nutrition agenda. Donors continue to change policies too often and too quickly without giving programs a chance to be implemented, let alone evaluated. Donor coordination of nutrition policies and programs, although making some progress, are still not high on the agenda of donors. Thus, national governments (and decentralized authorities at state or province or district levels) are confronted with two challenges: first, including nutrition (and gender) in SWAp and PRSP with earmarked funds and second, harmonizing the donors around their needs-based\textsuperscript{13} development agenda of agreed upon goals and outcomes. Only if these challenges are overcome will national governments really be in the driver-seat, and not the taxi driver’s seat in which the donor directs the driver where to go.

3.3 NGI as a change agent through evidence-based advocacy and communications

ICRW’s selection as the Secretariat for the Nutrition and Gender Initiative was based in part on their expertise in multiple disciplines and their history of providing technical assistance for capacity building in a variety of geographical regions. ICRW is recognized internationally for their leadership in improving the lives of women in poverty through their research and evidence-based advocacy that advances equality and human rights and contributes to broader economic and social well-being. When

\textsuperscript{11} MDG 1: eradicate extreme poverty and hunger
\textsuperscript{13} civil society participating in decision-making processes
partnering with organizations their innovative approaches for integrating women’s needs and concerns into program design and implementation has lead to improved results and greater impacts in many development sectors.

Additionally, they have specific expertise in developing strategies for reducing hunger and malnutrition in Africa. ICRW’s *A Leadership Strategy for Reducing Hunger and malnutrition in Africa: The Agriculture-Nutrition Advantage* project, implemented over a three year period (2001-2004), was based on the premise that agriculture and nutrition communities are missing opportunities to reduce poverty, hunger and malnutrition by failing to combine their scarce resources and incorporate gender analysis throughout their work. This followed on many of their earlier projects and reports including: *Focusing on Women Works: Research on Improving Micronutrient Status through Food-based Interventions* (1999), *The Nutrition and Lives of Adolescents in Developing Countries* (1994); *Promoting Women in Development (PROWID)* (1995-1999).

ICRW has been working in countries in the South East Asia region for more than thirty years and current projects are extensive enough to warrant a regional office. This history provides them with unique insights across many development sectors as well as an understanding of the processes of governance and familiarity with both the policy makers and civil society.

The ICRW-NGI Secretariat recognizes the communication of key research findings to policy makers and agenda setters is critical if the NGI is to be successful. The fundamental goal of NGI’s advocacy, communications and networking strategy is to influence laws, policies, programs and their budgets directed at achieving gender equity and eventual realization of basic social and economic rights, particularly the right to food and nutrition.

Recent advances in communication technology now make it possible for nearly anyone to communicate a message to the world at large—or a single well-targeted audience—and perhaps even receive a response. What were once the tools of the media elite and wealthy bureaucracies and corporations are now available in one form or another to everyone. Many in the development community applaud these innovations, while others perhaps more pessimistically lament how it is harder than ever to be heard or seen in the already cluttered field of messages on any topic.

Regardless of your view of the technological revolution in the field of communications, some things have not changed and that is the inherent value of developing a strategic plan for advocacy, communications and networking in order to increase awareness and change behaviors at any and all levels.
The process of identifying multiple target audiences including various levels of government, developing appropriate messages and determining effective messengers requires a multi-tiered strategic plan. The ICRW-NGI secretariat recognizes this and will incorporate a variety of communication and advocacy tools in their efforts to influence the policy process in the project’s country settings as well as at the international level.

3.4 NGI as an innovative pilot project

Before the evaluation of NGI in Ghana, India and Bangladesh the two members of the evaluation team spent ample time at ICRW headquarters, Washington DC brainstorming whether NGI is reinventing the wheel or is indeed innovative. If so – what is new and how can evidence be provided that goals can be achieved.

The initiative recognizes that (a) nutritional improvements for women of reproductive age, including adolescent girls before their first pregnancy, will increase birth weights of newborn children (with low birth weight contributing heavily to poor nutritional status of young children 0-3 years); (b) there is an inherent relationship between women’s status and child nutrition; and (c) gender inequities contribute notably to the limited success of past nutrition programs aimed at improving child nutritional status.

The NGI generic conceptual model identifies malnutrition among vulnerable groups (women, young children, adolescents) as partly a reflection of the larger problem of gender inequity, prevailing in many developing countries. However, the operational definition of Nutrition and Gender or Gender and Nutrition remains vague and can give the impression that NGI advocates what is internationally already known and agreed upon as a policy or as programs.

The following “innovations” were identified (and in the discussions with the NGI Secretariat and partners in Ghana, India and Bangladesh acknowledged):

1. NGI and MDG:
Nutrition programs are always considered as the “consumptive” part of the equation in socio-economic development and malnourished people (women-

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14 While the term ‘sex’ refers to biological differences between men and women, gender refers to the social constructs that define men and women’s roles and how they are socialized.
15 Gender analysis is a process by which development programs and policy-makers can become sensitized to the issues of gender inequity in the many contexts in which they work. Gender analysis recognizes the fact that resource allocation is inequitable and often disfavors women. A wide range of conceptual frameworks exist that have been used for gender analysis. These frameworks have evolved, but most contain within them some common themes. Examples of the salient features among the different frameworks include men and women’s differential access to and control over resources; their gender roles; and division of labor.
children) as liabilities to socio-economic development. NGI can prove that they are an investment for achieving the Millennium Development Goals with high returns.

2. Nutrition is a cross-cutting issue.
   Nutrition commonly has its institution base at the Ministry of Health. A powerful set of case studies should be able to illustrate how nutrition (and gender) can be applied to multiple sectors and included in national and state/district level development plans (as well by the NGO themselves, examples micro-credit; Right-to-Food; CARE; SCF).

3. Public-NGO-private mix:
   Many of the NGO efforts, while innovative, usually remain small and scaling up of best practices can only be realized in partnership with the public sector and the communities concerned. NGOs are the key actors in NGI. Monitoring the process should identify the conducive and constraining factors for the partnership, the roles of each actor – thereby contributing to continuity and sustainability.

4. Nutrition and Gender interfaces in the life cycle
   The relation of low birth weight and maternal under-nutrition and the nutrition-related causes of maternal mortality are well-known (the 4 too’s = too young, too soon, too many, too old; the 3 P’s = Poor, Powerless, Pregnant). So far, the results of reproductive health programs and food-based programs for pregnant women are disappointing. NGI through formative research will seek to enhance nutritional outcomes by assessing the clients’ perceptions of needs (mothers and their husbands) and determining how to enhance women’s status, decision-making capabilities, and control over resources within income-categories\(^{16}\).

5. Nutrition and Gender interface in livelihood and food security
   Women are targets in agricultural programs and other economic activities to cover the basic needs of the family. They are seldom the beneficiaries. NGI through formative research will/should assess the obstacles to women’s right to food and their acceptance of this right.

Concluding remark

\(^{16}\) The importance of gender inequity for under nutrition should be adjusted for the poverty-related cause, which affects both men and women.
Unless existing nutrition policies and programs are modified to be needs and demand oriented rather than supply-based and provider-related, an unacceptably high proportion of people in developing countries will remain poor, undernourished and unhealthy at the MDG target date. NGI attempts to address these challenges.
4. NGI AS IMPLEMENTED IN GHANA, INDIA AND BANGLADESH

The World Bank—Development Grant Facility (WB-DGF) supported the NGI program for the period September 1, 2002 –November 30, 2005. In addition to the WB-DGF, funds for the NGI program were acquired from the Netherlands Directorate General for International Cooperation (DGIS) and from World Bank Institute (WBI) trust funds from CIDA. Hence, the program is fully funded through the end of 2007. Fundraising among other potential donors to expand NGI activities in the future are being pursued.

This section provides an overview of NGI country programs, as well as an assessment of NGI’s operations in the first phase (2002-2005). The Team’s first assessment of NGI range of work and its performance to date is derived from the Team’s review of NGI documents. A field visit was paid to the GrassRootsAfrica (GRA) the NGI partner in Ghana. In dialogue with the President and staff the GRA-NGI vision, mission and activities were appraised. Also key network partners were consulted. The interviews of NGI partners in India and Bangladesh were conducted via telephone, after initial submission of the Team’s questions via e-mail. Additionally, to have an understanding of the origin of NGI and the expectations of this pilot project the Team interviewed former World Bank and ICRW staff and relevant NGOs in Washington DC.

4.1 THE NUTRITION AND GENDER INITIATIVE IN GHANA

4.1.1 GRA-NGI Evolution and organizational set-up

In West Africa, the ICRW-NGI team chose Ghana as the country in which to initiate activities. The first months (January – August 2003) were devoted to the identification and selection of a lead NGO (Hub Organization) and potential Network partners as well as gaining insight in current relevant program activities in the various sectors (government, NGO, international organizations).

The selection criteria for a Hub Organization (as stated in the project document) were the ability to manage the partnerships within a NGI Network that would undertake the planned innovations; to conduct the action research, monitoring and evaluation, and in partnership with the ICRW-NGI Secretariat, disseminate the findings through a variety of communications and advocacy strategies. In view of the plans to scale up the NGI program in the region, the selected organization should have the credibility, interest and capacity to subsequently work regionally with partners.

17 Process evaluation, see part Introduction
The Integrated Social Development Centre (ISODEC) based in Accra, Ghana, a local NGO, founded in 1987 appeared to be the ideal lead NGO. This NGO has offices throughout Ghana, and they support two regional efforts (one in Burkina Faso, one in Nigeria). They had well-established relationships with donors, local and international NGO’s, they had the managerial skills for collaborative efforts, and they had long-standing experience in advocacy of human rights and gender. In August/September 2003, the Terms of Reference were drafted and the contract was signed by ISODEC.

In the first few months of operation ISODEC succeeded in establishing both a Nutrition Panel and a Gender Panel to review the existing research, programs, and literature on these subjects in Ghana. The members include Rosanna Agble (Chair Nutrition Panel), and researchers from, among others, Nguchi Memorial Medical Research Institute, Korlebu Teaching Hospital, University of Ghana, University of Development Studies (UDS), and the Development and Women’s Studies group (DAWS), a branch of the Institute for African Studies (IAS) of University of Ghana.

Both the Nutrition Panel and the Gender Panel, which convened conferences in 2004, continue to exist as a forum of key players in the fields of nutrition and gender to: advise and guide NGI-GRA on the NGI vision, mission and strategies; provide a broader bases for liaison with public sectors and international agencies; and to “market” NGI and its planned efforts in the region.

However, by the end of 2004 ISODEC faced internal management challenges and was undergoing organizational changes. As a result their administrative and financial management of the program turned out to be inadequate. Their initial contract with ICRW ended in November 2004 and early 2005 GrassRootsAfrica (GRA) was identified to succeed ISODEC.

Based in Accra, GRA was established mid-2004 by Rudolf Amenga-Etego. Fortunately the transition of the Hub Organization was smooth since Rudolph Amenga-Etego was one of the Directors in ISODEC at the time of NGI formulation and contract negotiations. GRA’s President and his staff understand NGI concepts and are committed; they have a broad experience in advocacy skills, and individually have credibility in the NGO community in Ghana as well as in government circles. Similarly - throughout the transition - the main Network partners remained with the NGI program. The key thematic areas of GRA include Human Rights and Governance; Trade and Economic Justice; Natural Resource Management, especially women’s access to land, water and household resources; Health, Nutrition and Gender18. A scope of work for GRA-NGI in Ghana was developed in April 2005, and is currently being implemented.

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18 Summary profile of GrassrootsAfrica, GRA Headquarters, Accra, Ghana
GRA-NGI Network

During ICRW-NGI preparatory visits it became clear that from the government side the Nutrition Section within the Ghana Health Service, Ministry of Health (MOH) is the proper central partner to the Nutrition and Gender Initiative. Mrs. Rosanna Agble (former Head of the Nutrition Unit) and her staff played a pro-active role at various forums to ensure that nutrition is not forgotten in policy development, and in the subsequent policy documents, such as the Ghana Vision 2020\textsuperscript{19} and the Ghana Poverty Reduction Strategy Paper. The Nutrition Unit is able and accustomed to partnerships with local and international NGO’s and the current Head endorsed NGI.

The NGI-GRA Network consists of three program partners, namely (i) the Nutrition Unit of Ghana Health Service/MOH; (ii) Bawku East Small Farmers Association (BESSFA) Rural Bank to assess the integration of nutrition into its micro finance work and (iii) Savelugu-Nanton District Assembly, to assess the integration of nutrition interventions through district level governance processes, especially in relation to water and sanitation services. Other partners are nutrition- or gender-related NGO’s or consortia and university-based groups. Details and recent information about the Network partners and interested members (provided by GRA-NGI at the request of the evaluation team) are shown in Annex 3, GRA-NGI Network.

4.1.2 Review and mid-course assessment

GRA as Hub Organization

GrassRootsAfrica (GRA) is non-governmental organization with a special focus on human rights and well-being. GRA strives to improve the lives of the poor 60\% of Africans who live below the poverty line. GRA was founded in June 2004 and has a staff of ten persons, including those with administrative functions. As mentioned earlier, the President Rudolf Amenga-Etego was involved in the preparatory and start-up phase of NGI. The research coordinator (John Akaligaung) and the two staff for communication and advocacy (Rita Ansah and Rolanda Kapure Yennah) were recruited in March 2005. Yakubu Zakaria, renowned for his research of the informal sector in Nigeria (small enterprises), joined in January 2006 as Director Projects and Programs.

It goes beyond the scope of this mid-course assessment to judge GRA’s capabilities and expertise to serve as a Hub Organization. First, GRA is a young organization and GRA-NGI has just started operations; second, the ICRW-NGI has selected GRA judiciously. The impression is certainly positive. After a one day meeting with the President and the 12 days field visit, accompanied by his close collaborators, the Team was impressed by

\textsuperscript{19} Imagine Ghana free of malnutrition. A Concept Paper for Addressing Malnutrition in Ghana as a Development Problem, using Health as an Entry Point. Ghana Health Services. Accra 2005
their commitment, the cordial relations with and acceptance by the GRA-NGI partners and network members. All key informants in Ghana emphasized the high regard they have for the President and acknowledged his reputation as a compassionate grassroots worker, a charismatic leader and a seasoned manager. Dr. Marius de Jong, the First Secretary, Health and Gender at the Dutch Embassy, Accra also recognized Rudolph’s credibility in government circles and the international donor community. Further when asked they expressed high confidence in GRA’s ability to implement the Nutrition and Gender Initiative contingent on available funds for capacity building.

One of the key elements of the NGI concept is the importance of translating research findings into messages for use in working with agenda setters at multiple levels. GRA has a proven track record in this arena as demonstrated by its success in media coverage (both print and radio) of recent workshops. Additionally, their direct advocacy efforts at the District level have already resulted in policy changes (see “Activities Undertaken” for additional details).

While the current climate (in Ghana and international development thinking) is conducive for achieving the goals of GRA-NGI, there are some limitations to GRA as the leading organization of all components. The major limitation is that GRA does not have the critical mass in numbers and expertise to implement such an ambitious pilot project as NGI. Furthermore no in-house expertise in nutrition and gender exists. Hence, it is crucial that GRA arranges Memoranda of Agreement with detailed plans of action with its NGI Network partners, making full use of the available complementary expertise and logistics.

Composition of the GRA-NGI Network and roles of members

GRA and ICRW are commended for having arranged a Network for NGI, which appears to be all-inclusive as far as appropriate partnerships and disciplines are concerned. There is a balanced representation of local academic nutrition and gender expertise; the public sector at national (although with a dominance of Health) and district levels; leading gender advocacy NGOs (and consortia) and the private sector (rural bank BESSFA, micro credit foundation CFF) and through the latter a representation of civil society.

The genuine partnership with all actors from the inception of the NGI idea throughout the formulation of the project proposal for Ghana and the continuation of actors’ involvement at various levels, have led to a committed and active GRA-NGI Network. Illustrations for the latter are among others, the high attendance at GRA-NGI organized workshops, seminars, and conferences.
It is however noteworthy, that roles and responsibilities of Network Partners and consultative panel members are not--or only loosely-- defined. It is essential that GRA defines its role as the NGI hub organization, serve as NGI secretariat and manage NGI activities. Additionally, in order to have a coherent alliance, the roles of each Network Partner and Panel Member needs to be defined as well.

As far as GRA-NGI’s active involvement in action research is concerned, in view of the limited resources it is sensible and pragmatic to prioritize the topics in which GRA-NGI already has expertise and/or for which it wants to have credibility in the future. Other case studies can be subcontracted to the appropriate partners in the GRA-NGI Network with involvement of GRA-NGI staff as facilitator. It is also advisable to define the place of the Nutrition Panel and the Gender Panel in the organization’s structure as well as the explicit roles and tasks of the panels as a group or as individual members.

NGI concept as perceived by GRA and partners:

The Ghana-specific objectives for NGI are:

1. To promote knowledge-sharing on the interplay between nutrition and gender in all policy and service sectors of the development community
2. To carry out program and research documentation on gender and nutrition
3. To conduct primary qualitative research on women’s livelihood and food security in two districts
4. To track changes in livelihoods, food security, nutrition and access to health care and other services, resulting from water and credit interventions in two catchments
5. To investigate gender-based constraints to achieving food and nutrition security throughout Ghana
6. To carry out communications and education programs to advance behavior change with regard to nutrition at national and local levels
7. To carry out advocacy to promote policies that interweave gender and nutrition in a variety of national and local sectors.

It was evident from our interviews and observations that GRA-NGI and partners endorsed the NGI program’s rationale, hypotheses and objectives. They considered them highly relevant in the Ghanaian setting. It is less clear whether they fully realized that NGI attempts to investigate “the black hole”, namely (quote from 2003 Proposal) have an understanding how to empower women and enhance their capabilities to mediate improvements in nutrition outcome.

If “innovation” in NGI is taken to mean the identification of gender-related malnutrition at household and individual levels and testing of different approaches to

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20 3 M’s = money, manpower, materials
21 Nutrition and Gender Initiative in Ghana. Terms of Reference for GrassRootAfrica (GRA) with the International Center for Research on Women, May 1, 2005
alleviate malnutrition by addressing gender inequities then that interface of nutrition and gender has not yet surfaced from the current studies and Team’s interviews. GRA-NGI Network literature reviews on nutrition and gender dealt with the topics as separate problems. Current studies by BESSFA and Savelugu-Nanton Assembly are most likely formative research to identify gender inequalities rather than innovative approaches to unravel the link between Nutrition and Gender, using conceptual frameworks.

In a series of brainstorming sessions (probably reiterating what has been discussed in previous ICRW interactions) the presumed interface of nutrition and gender was discussed with GRA’s Director Projects and Programs and the research coordinator (who kept close contact with the President through almost daily updates). The discussions focused on an operational definition of NGI, derived from the generic conceptual framework for NGI in the program document. One of the Team members, Dr. Jane Kusin, proposed the following phrasing:

*The Nutrition and Gender Initiative attempts to improve nutrition of vulnerable groups through evidence-based advocacy and other interventions, which promote equal accountability of males and females for household food and nutrition security as well as equal rights to food and other basic needs for all household members.*

This definition covers the biological, socio-economic and socio-cultural vulnerable groups. Note that this concept of NGI is broader than that mentioned in the NGI program document, which explicitly mentions women, and in the life cycle, adolescents and children 0-3 years as vulnerable groups to focus on. The reason for a broader scope is that gender equity in nutrition should be reflected in a comparable nutritional status among males and females throughout the life cycle in a specific community and it may be poor for both sexes.

It is advisable to draft conceptual or causal models for each specific case study (action research), which illustrates the Nutrition and Gender interface and at the same time serve as guideline for monitoring and evaluation of progress towards the ultimate expected outcome (which not necessarily is the nutritional status of children)

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22 action research to provide quantified evidence
23 monitoring and evaluation, such as in UNICEF’s Triple A
24 to assess the integration of nutrition into its microfinance work
25 to assess the integration of nutrition interventions through district level governance processes, especially in relation to water and sanitation services
26 pregnant women, children 0-3 years
27 disaggregated by poverty levels
28 gender = women AND men, caste etc.
29 Community characteristics can be classified as (a) Urban-rural; (b) by geographic variables; (c) by occupational groups; (d) by socio-economic status indicators such as income quartiles or below versus above poverty line etc.
30 proxy indicators for success depend on the specific causal model
Activities undertaken

Following the start-up activities of the first two years of the WB-DGF grant, the main activities in 2005 were finalizing reports from the Nutrition Panel and the Gender Panel; holding a workshop on Knowledge Sharing with NGI partners in Ghana, and conducting formative research on livelihood and food security of women and girls in the BESSFA catchment areas.

Special Report of the Analysis of Existing Data in Ghana: Nutrition and Gender Panel Reports

In Ghana, malnutrition and gender inequality remain widespread but are most pronounced in the Northern, Upper West and Upper East regions. The constraints that women face providing food and nutrition security in Ghana remain significant. The legal framework is weakened by the plural legal system that operates in Ghana. Many of these laws discriminate against women in terms of women’s rights, tenure and access to land and control over productive resources. These so-called socio-cultural norms are assumed to be significant contributing factors to the high prevalence of malnutrition in Ghana (to be appraised in subsequent action research).

Formative Research on Livelihood and Food Security of Women and Girls in the BESSFA Rural Bank Catchment Areas

In October and November 2005 GRA conducted a qualitative study into the livelihood strategies and food security of women and girls living in the catchments of The BESSFA Rural Bank, in the Upper East Region. Findings, which are currently being analyzed, will be used to inform, design and implement the next set of NGI activities to be undertaken in partnership with BESSFA Rural Bank. In the next years action-research will to continue (1) to assess gender and livelihood constraints for women’s food security and nutrition; (2) to track effects of the savings, loans and support services; (3) to monitor and evaluate the effectiveness of the nutrition intervention in the BESSFA catchments. Expected outcome: feasible, credit sector based approaches for enhancing women’s empowerment and livelihoods, which also have positive impacts on women’s and children’s food security and nutritional status.

Research on a Water and Sanitation Program in Savelugu-Nanton District

The partnership in action research will continue. Starting in 2006 GRA with technical support from ICRW will (i) begin research on gender and livelihood constrains as they influence women’s food security and nutrition throughout the lifecycle among residents of the S-N District; (ii) continue to track effects of the recent safe water scheme in S-N District; (iii) along with all partners, including community, use research findings to inform, design and begin implementing an intervention to improve nutritional status of residents; (iv) conduct research to monitor and evaluate the effectiveness of the nutrition intervention in Savelugu-Nanton District.
Workshop on Knowledge Sharing in Ghana and Subsequent Knowledge Sharing and Advocacy Strategy for the NGI

The NGI teams from ICRW and GRA conducted a workshop with advisors, and with about 20 partner and potential partner organizations on how to incorporate principles, objectives and techniques of knowledge sharing within the NGI, especially in Ghana. The knowledge sharing component was included in the NGI with the expectation that the content of the work will be clearer and more complementary to other international development efforts and the audiences for the NGI research findings better identified and effectively reached. The specific objectives were: (i) to promote the group identity of the NGI; (ii) to encourage a culture of knowledge sharing in NGI partner institutions and thereby enhance complementary research and advocacy; (iii) to define and to structure appropriate information management strategies; (iv) to advance collaboration between partners. Since advocacy was confirmed as an important knowledge sharing technique, the strategy for follow-up prioritized (quoted from First Annual Report):

- Building GRA’s organizational capacity
- Using knowledge sharing principles to build and maintain a knowledge sharing and advocacy network for the NGI
- Advocating for gender equity and basic rights to food and nutrition, water, environmental health and health care.

Although the first phase covers the period 2002-5, some relevant activities in 2006 are worth mentioning.

In 2006 GRA-NGI continued their research analysis and outreach and advocacy activities through a variety of activities. In January they convened a two-day Appraisal Retreat in Navrongo that included senior staff members and outside consultants. Key objectives of the meeting were to discuss ways of ensuring successful implementation of the NGI program in Ghana and to solidify the entire team’s understanding in terms of the NGI conceptual framework and action plan.

In February 2006 members of the ICRW-NGI team visited Ghana and participated in the GRA-NGI Planning Retreat that included the GRA staff and outside consultants. During this session the assembled evaluated the NGI research efforts and discussed ways of improving the communications and network capabilities of the NGI. The meeting resulted in an extensive list of both research and outreach activities that is currently being refined by GRA under the leadership of ICRW-NGI. At the end of the Planning Retreat a Food Bazaar was held to showcase local foods and explain their nutritive value to the indigenous population attending the Food Bazaar.

In April 2006 GRA-NGI held a one day seminar “Current Status of Nutrition in Ghana: Challenges and Prospects” that received widespread print media attention and
included nation-wide radio broadcast of selected segments. Attendees included representatives from the Ministry of Health, Ministry of Food & Agriculture, National Security Council, UNICEF, DFID, the Hunger Project, and several media outlets. The presentations were then made available on the GRA-NGI website developed as part of their knowledge sharing activities.

While GRA-NGI is only now developing an all encompassing strategy for their Communications, Advocacy and Networking plans, they are clearly proficient in both reacting to opportunities as they arise, and creating opportunities for implementing policy changes. During the evaluation team’s visit with the Savelugu-Nanton District Assembly members we learned that for the first time the S-N District Budget contains a line-item for addressing nutrition and gender issues. Granted, it is a miniscule amount, but it is there and GRA-NGI now plans to take this approach in other Districts as well.

4.1.3 What is innovative in GRA-NGI

The NGI include the long- and short-term routes to better nutrition within a context of current development policies31. The principles to reduce the prevalence of malnutrition are not new but there are a number of to-be-tested strategies in GRA-NGI that offers the opportunity to show HOW to put general (international) recommendations into practice with potentially better results.

1. In a Nutrition-Gender perspective the so-called liabilities (particularly poor, powerless and pregnant malnourished women) to achieving the Millennium Development Goals are empowered to become contributors to successful socio-economic development. It is expected that the identification of gender-related obstacles to nutrition improvement (action research) and programs adapted to local situations and opportunities (Triple A) will turn out to be investments with a high return.

2. Good governance is assumed to play an important role, through providing an enabling environment in which public accountability for malnutrition can be built by mainstreaming Nutrition in PRSP and SWAp. GRA-NGI has the Nutrition Unit of the Ministry of Health as partner in its Network (pragmatically as nutrition is part of the MOH portfolio) but – in agreement with the decentralization of development planning – prioritizes collaboration with various levels of government.

3. Nutrition and Gender, being cross-cutting issues, do not have an institutional base. Instead of attempting to build multisectoral institutional arrangements for

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31 Repositioning Nutrition as Central to Development. A Strategy for Large-Scale Action, Washington DC, the World Bank; Directions in Development 2006.
malnutrition (which failed in the past) GRA-NGI attempts to insert nutrition and gender related objectives in the relevant sectors at the national level, as well as in successful local programs, such as micro-credits through rural banks and the water and sanitation project in Savelugu-Nanton District.

4. In the GRA-NGI program NGOs are the lead agencies in the public-private-civil society partnership. The case studies and the process evaluation of the whole NGO program will illustrate the value and margins of the bottom-up approach (quantified evidence base).

5. The bias for external funding for nutrition exacerbates the ownership problems. Externally funded programs tend to use time-limited resources to focus on problems that may not be a priority to the community itself. Building ownership is expected to be one of the important outcomes of the demand-oriented interventions, generated by the case studies in contrast to the beggar’s mentality created by supply-driven interventions, often formulated at international levels.

6. Basically action research should answer the following questions: what works, under which circumstances, at what costs and is it sustainable? GRA-NGI (or NGO in general) should be able to address the first two questions.

4.1.4 ICRW’s role and involvement

In the first years with guidance of ICRW-NGI the Hub Organization was selected and in collaboration with this the Hub Organization (ISODEC, followed by GRA) a GRA-NGI Network was established. Technical assistance was provided, as needed, primarily in the areas of nutrition, gender, monitoring and evaluation, program design, advocacy, and program management. On-going technical support is provided in the subsequent workshops and drafting of reports.

At all levels ICRW-NGI is highly regarded as a genuine partner, with a close and collegial working relationship as a result. ICRW-NGI’s involvement to date has led to a well-defined approach—a noteworthy accomplishment in a very short time. Tools for action research have been developed and are being tested.

The ICRW-NGI Secretariat field visits are vital to future progress as the GRA-NGI team develop various strategic plans for both research and outreach. The frequent contacts by telephone and email facilitate timely discussion of project issues, including determination of strategic directions and hiring of new staff, and also serve as a useful vehicle for early resolution of any problems. However, ICRW-NGI needs to consider

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32 Ministries of Health, Agriculture, Education – to name the main entry points
the point at which “responsive” becomes “solely “reactive” - that is, what is lost in terms of additional vision or leadership.

4.1.5 Conclusions based on SWOT analysis

If overall this mid-course appraisal is thought of as a sort of SWOT Analysis (Strengths, Weakness, Opportunities, Threats)33 of GRA-NGI, the preceding sections can be seen as having presented the history and evolution of the program in the context of the dynamics of international policy for Nutrition i.e., its past and present, but also its strengths and weaknesses. This section represents the Team’s “best guess” about the future, i.e., the opportunities and threats that await GRA-NGI.

**Strengths**

- Strong leadership and commitment at GRA-NGI
- Cohesive GRA-NGI Network and balanced representation of disciplines
- Generally adequately managed
- Maintains high productivity despite having a very thin staff, both at headquarters and in the field
- Combination of Bottom-up and top-down approaches in action research
- Relevant Case Studies that are demand-oriented
- ICRW has a longstanding reputation in the nutrition and gender fields, technically – operationally in action research and is used to managing collaborative networks.

**Weaknesses**

- Network partners’ roles and responsibilities loosely defined – free floating
- GRA-NGI staff thin in numbers, technical expertise as well as research experience
- Topic- or program-specific conceptual framework lacking
- No guidelines are available for uniform or at least comparable (across studies and countries) data gathering, aggregation, synthesis, documentation of secondary data and disseminating programmatic results and experiences (best practices, lessons learnt) in a way most conducive to informing other interested parties and other country programs of relevance, feasibility and effectiveness of NGI approach.

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33 Strengths and Weaknesses relate to the system itself (GRA-NGI Network) while Opportunities and Threats apply to internal and external influences and events some of which are not within the control of GRA-NGI and or ICRW-NGI.
• Lack of defined benchmarks for monitoring and evaluation progress toward achieving results (which depends on specific conceptual framework): indicators and time frames

Opportunities
• The relatively recent consensus among development strategists towards the “Ending Malnutrition by the year 2020” (UN-SCN 2000) and “Repositioning Nutrition as Central to Development” (WB 2006) both quoted earlier.
• Ghana underscores the MDG’s and has a PRSP. GRA-NGI through partnership with government sectors - has the potential to put nutrition and gender on the development agenda and harmonize the donors around this agenda thus building ownership
• Ghana has rules of governance in place and is eligible for international funding
• Scaling-up successful approaches that demonstrate results at the community-level fits squarely in the latest development policy thinking.

Threats
• No culture of transparency and accountability
• Donors continue changing policies too often and too quickly without giving programs a chance to be implemented, let alone evaluated
• The current GRA-NGI Network lacks important partners in the public sector, notably Agriculture and Education
• The enormous resource gap (human, financial and material) requires long-term international solidarity. Agreed upon modalities for realistic phasing out of external support may turn dependency into a positive investment in good governance.
4.2. **NGI IN INDIA AND BANGLADESH**

The appraisal of the NGI program in India and Bangladesh was based on a review of project and technical documents, and phone interviews with the Directors or representatives of collaborating NGOs and/or institutions and potential partners. The interviews were preceded by an e-mail introduction of the purpose of the mid-course evaluation and the members of the evaluation team. The about one-hour interviews were open-ended, following the list of guiding questions listed in the chapter Introduction.

4.2.1. **NGI Start-up activities and selected partners**

In South Asia the ICRW-NGI team chose India as the main country for the NGI program while in Bangladesh a more modest scope of work was planned. Several reasons were stated for the main choice: the prevalence of child malnutrition and low birth weight are one of the highest globally and there is a significant lack of women’s empowerment, an ideal situation for exploring the interface between malnutrition and women’s empowerment. Furthermore, many local NGOs have experience in testing pilot programs and innovations, often in close collaboration with the State Health Directorates which enhances the chances that successful ones will be scaled up or replicated. Last but not least, India was chosen because the ICRW-NGI team has longstanding contacts and extensive experience in India.

The process of participative development of a new initiative

Early 2004 explorative trips to India were made by the ICRW-NGI team (Drs. Sethuraman, Duvvury and Kurz). Reaching a consensus on the concept of Nutrition and Gender in India was a process on its own, among others due to India being a sub-continent rather than a country but foremost because nutrition and gender are vertically structured. As common in most developing countries nutrition is predominantly the domain of the health sector and social welfare while the issues of gender inequality are viewed in relation to socio-cultural change and socio-economic development. Efforts to address both problems are not yet seen to be connected.

A local consultant, Dr. Shubhada Kanani, was hired to continue gathering information from June to October 2004. The report and recommendations (late 2004) were discussed with colleagues from the fields of nutrition and gender during the follow-up visit of Dr. Kurz in January 2005. Based on the suggestions given in this consultation, a strategy for

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35 Gender Equality and the Millennium Development Goals. Gender and Development Group, World Bank, April 2003

*ICRW External Evaluation + ICRW Summ & Appl, June 2006.doc*
initiating a set of partnerships with ICRW-NGI was developed. Several key partners and prioritized theme areas were identified. In a follow-up visit in September 2005 Drs. Kurz and Sethuraman met with potential partners to discuss specific scopes of work. Case studies for the NGI that will provide evidence of the linkages between Nutrition and Gender identified in the conceptual framework are being developed with each partner.

The NGI partners

From the consultations a consensus emerged that to establish a presence in the region, the NGI should seek to work with a number of key partners in various development sectors. As a mechanism to engage the partners further in the over-arching efforts of the NGI, the ICRW-NGI team considered establishing a network with the present and future partners as a way to build technical capacity in certain areas in support of the communication and advocacy efforts. It is anticipated that a network of this type could serve as a platform for knowledge sharing among partners and could promote NGI as an integral part of the advocacy strategy for the Nutrition and Gender in India. During the process of determining how to establish the NGI in India, broad goals and objectives for NGI-India have also been identified.

Initially, three partners were interested in conducting qualitative research on low birth weight and maternal nutrition, e.g., the Foundation for Research in Health Systems (FRHS) in Bangalore, north India, the Institute for Health Management, Pachod (IHMP) in west India and ICDDR-B in Bangladesh. Since then, Thinksoft/Yugantar (action research within a Right-to-Food movement in the same State) has become a partner and Save the Children USA and its Bangladeshi partner invited ICRW-NGI to undertake a gender analysis of their food security program and to propose subsequent monitoring and evaluation and a contract was signed for the first phase.

Two potential partners in India have submitted proposals to ICRW-NGI, namely Andhra Pradesh Mahila Samatha Society (pilot project with adolescents) and ICRW-NGI approached Care-India Andhra Pradesh to develop a concept note for research with a nutrition and gender perspective to improve their program. Local ICRW staff living in Hyderabad work closely with ICRW-NGI in Washington DC to develop new and up-coming partnerships in India and Bangladesh.

4.2.2. Review and mid-course assessment

NGI in India and Bangladesh is barely operational. In fact with guidance and technical input from ICRW-NGI the Indian and Bangladeshi partners are still in the process of formulating NGI vision and mission in their own project’s context. The initial activities
formative research to serve as a basis for subsequent studies. Hence, the interviews were meant to get an impression of how they think about NGI – what they want to do – and why. Specifically, our questions related to their perception of NGI, its relevance for the region (vision), organizational structure for ICRW-NGI partners in the two countries; public-NGO-partnership (continuity, sustainability, scaling up); the direction action research has to take to meet the goals (mission), indicators of achievements; strategy and efforts for communication and advocacy.

NGI concept in the South East Asia Region

The qualitative studies aim to understand:

1. The perceptions, attitudes and practices related to girls’ and young women’s health and nutrition (age 10-25 years) and the perceived linkages of these to low birth weight
2. The perceptions, attitudes and practices related to girls’ and young women’s social status, empowerment, gender roles and the perceived linkages of these to low birth weight
3. The perceived ways in which girls’ and young women’s health and nutrition could improve, especially through women’s empowerment and improved social status

From the interviews and a brief review of their past work, it was evident that the current and potential partners for the NGI program in the two countries have well-trained and committed staff with a long experience in qualitative research in NGI related fields. Additionally, each of the partners has experience in communications and advocacy at the local and or state level and each participates in coalitions within their states.

How is the NGI concept understood and perceived?
The current and potential partners were unanimously excited about the innovative perspective of linking two cross-cutting issues but admitted that the linkages between nutrition and gender has not yet been sufficiently envisaged. For example, it is generally true that women are disadvantaged socio-culturally and socio-economically and that they often (35-50%) give birth to low birth weight babies, but are the two causally related and how to generate plausible evidence? As in the Ghana case (GRA-NGI) it will help the “maturation” process of NGI in India and Bangladesh, if the general conceptual framework is remodeled into a topic-specific conceptual framework to elucidate the inter-related variables at the direct, intermediate and more distant levels.

Is NGI relevant for the region?
The themes selected jointly (consultative meetings and workshops, mentioned in previous paragraph) for NGI (specific objectives) in the South Asia region illustrate the group’s assessment of the problems and the potential solutions, which are in agreement
with the conclusions\textsuperscript{36} in a recent Discussion Paper of the World Bank\textsuperscript{37} and the international shift in policy focus towards a life cycle approach\textsuperscript{38}. Even more relevant, NGI is supposed to go beyond the narrow scope of nutrition and health, in which girls and women are considered the vulnerable groups on the demand-side. Although not explicitly worded as such, the interviewees expect to provide the ways (action research – communication - advocacy) to cut the chain of gender inequality as major constraint to better nutrition for all family members – an entitlement to food as well as to appropriate services.

**Potential for continuity, sustainability, scaling up**
In contrast to Ghana (having an enormous resource gap), the interviewees mentioned that NGI pilot projects would allow a re-alignment of budgets in existing programs to strengthen nutrition efforts with a gender scope. In the systems approach of Tanahashi’s 4 A’s the major constraints are not availability and affordability, but rather the accessibility (coverage of vulnerable groups, empowerment of women to utilize services), the acceptability (perception of needs, accountability of men and women for food and nutrition security; women’s self esteem\textsuperscript{39}). As NGI partners work in close collaboration with the relevant State sectors – also in past research activities – the action research is an example of a promising public-NGO mix, which ultimately ensures continuity, sustainability and expansion. The collaboration with CARE and Safe the Children particularly provide windows of opportunity.

**Organizational structure**
The consultations leading to NGI in India and Bangladesh have advised to sign contracts with individual partners, for pragmatic reasons: the size of States, the diversity of populations across States, the corporate identity of each NGO, to name a few. During the interviews the key informants were more reticent regarding establishing a formal hub or network. The majority considers a network with a hub organization for management a redundant bureaucracy, as direct communication with ICRW-NGI and other NGOs exists anyway. However, a network or coalition to create a critical mass to advance NGI at the national policy level and as a forum to exchange experiences and research results (cross fertilization) was highly recommended.

Civil Society and NGOs in India have a long history of activism resulting in positive policy and program changes. More than one informant cited the advantage of working

\textsuperscript{36} highest prevalence of low birth weight, under-two malnutrition in the world; the need for improving the quality of the Integrated Child Development Services, among others.

\textsuperscript{37} Gragnolati M et al. India’s Undernourished Children. A Call for Reform. World Bank HNP Discussion Paper, August 2005

\textsuperscript{38} Ending Malnutrition by 2020: Final report to the ACC/SN by the Commission on the Nutrition Challenges of the 21\textsuperscript{st} Century. In Fd Nutr Bull. vol 21, No 3 supplement, September 2000

\textsuperscript{39} Women do not consider themselves as “worthy” of an equal share of food and other basic needs, their karma is to provide – not knowing that by being healthy and well-nourished they contribute to household livelihood and food security – as well as to overall development.
together in advocacy efforts and became very animated at the prospect of having representation in Delhi to work with a variety of Ministries at the National Level. Further there was a clear recognition that if the results of their research would be the basis for developing policy recommendations that then the new information needed to be conveyed to the policy-makers in New Delhi.

Activities undertaken

In progress:
The three organizations exploring perceptions about low birth weight, maternal nutrition and gender issues at multiple sites are:

1. Foundation for Research in Health Systems (FRHS) in Bangalore in north India Qualitative studies
2. Institute for Health Management, Pachod (IHMP) in West India
3. ICDDR-B, Dhaka, Bangladesh

In addition three partners work on specific topics:

4. Thinksoft/Yugantar, Hyderabad, India. Improving community nutritional status through meso-micro collaboration. How to implement the right-to-food for communities by involving local government (Panchayats) and Self-Help groups. (Right-to-Food movement)
5. Save the Children, Bangladesh. NGI participation invited for the Development Assistance Program 2005-09 Food Security components in three districts of Barisal Division
6. ICDDR-B, Dhaka, Bangladesh How does violence against women and workload during pregnancy affect pregnancy outcome? Existing data analysis MINIMat study in Matlab.

Projects in preparation

1. Institute of Health Management, Pachod, West India. Policy initiative for preventing under-nutrition in children in Maharashtra through the NGO sector.
2. Andhra Pradesh Mahila Samantha Society: Project HEAL: Youth as the Nerve Centre with Mahila Samatha Society document and identify experiences that have led to changes in food security and norms such as age of marriage that can have an impact on nutrition outcomes over time
3. CARE India: Early Learning Phase of INHP II (Implementing an Integrated Package of Nutrition and Health Interventions)

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40 Mahila Samatha, an national NGO with affiliates in every state whose mandate is to support women’s groups (sanghas) throughout India,
The three studies on low birth weight and its underlying causes, particularly the underlying gender issues were planned for 18-month duration, September 2004 through February 2006 but were extended to end of June 2006. Data analysis is still in progress and will be completed in 2006. The teams are fortunate to have as short-term consultant, Dr. Bert Pelto, a renowned expert on qualitative studies and a resident of India, throughout the studies. ICRW-NGI will lead a consolidate analysis of data from the 3 sites, and plan its documentation and dissemination for 2007.

In combination with the topics of the projects in preparation or under consideration, the action research program in its totality covers the different routes in linkages of nutrition and gender. One can thus expect that the outcomes of the action research will be provide comprehensive as well as specific inputs for communication and advocacy (the essential purpose of NGI).

4.2.3. What is innovative in NGI in India and Bangladesh

The South Asia region is in dire need of programs to achieve the MDG for Health, Hunger and Poverty. Even accelerating the relative reduction of child malnutrition and Low birth weight at a double rate of what has been observed in the past decades; (albeit short of MDG targets) would be a landslide feat. What is the enigma of the region’s lagging behind in performance, compared to countries with far slower economic growth and poorer provision of public services? In the region there is no lack of nutrition policies and programs, resources are not a major constraint, NGOs are active in many nutrition and gender related fields, and particularly India can claim a large pool of local expertise. Yet, donor-supported nutrition programs report disappointing results.

In the climate of urgency to meet the MDG it is thus essential to identify windows of opportunity and test new (or modified) avenues for nutrition improvement. It appears obvious that gender plays a pivotal role but bridging the two disciplines nutrition and gender requires an appreciation of each other’s way of thinking. The observation that almost a year of discussions, consultations and workshops were needed to arrive at a common understanding of what NGI means for the region, shows that NGI is new – in concept and approach. The other side of the coin is the laudable outcome of a partnership for NGI with an appreciable number of research institutions and local and international NGO’s in such a short time. New is the recognition of nutrition and gender as connected development issues, and the need for concerted efforts to make the voice of the malnourished and powerless to be heard in SWAp, PRSP and existing programs of different sectors.
Another innovation hinges on the conceptual framework for monitoring and evaluation, and a definition of ultimate output or outcome or impact. It is not merely semantics as it relates to judgment of success (or failure for that matter). Given the different topics for qualitative research a topic-specific model, based on the generic one, should guide the choice of ultimate goals and indicators in the process leading to these goals. The ultimate indicator of success does need to be nutritional status. Good governance (accountability, allocation of funds, etc.), women’s status, roles and entitlements in the household (decision-making, intra-family distribution of food, utilization of services etc.) are a few of the intermediate variables in a process evaluation which, if going in the right direction, can be regarded as plausibly leading to nutrition improvement and food security.

4.2.4 ICRW role and involvement

ICRW-NGI work in the field primarily involves provision of technical assistance. Its inputs include technical guidance on counterpart country program design and content, on case study design and implementation and advocacy, program promotion. ICRW-NGI also facilitates and contributes to building technical capacity. ICRW has such a presence in the region it works with so many partners that it has a branch in Hyderabad, India. As in Ghana, the NGI partners greatly appreciate the collaboration on an equal footing, each complementing each other.

4.2.5 Conclusions

NGI in India and Bangladesh has evolved from the design stage through its first two years of implementation and has arrived at the stage of formulating case studies to generate messages, relevant for an integration of gender lens in nutrition and other development policies and programs.

ICRW-NGI has chosen its partners in India and Bangladesh extremely well in that they not only have proven expertise in multiple forms of research and analysis, but in the policy advocacy arena as well. Additionally, each partner understands the importance of implementing each NGI component in order to achieve its objectives. Translating research into policy action is a multi-step process including everything from problem identification and formulation of policy alternatives through increasing awareness and creating critical mass to adoption of policies and enforcement and evaluation. However, selecting a community or state in India and undertaking this process could provide the opportunity to actually implement the NGI in such a way as to be replicated and scaled up in a variety of countries.
ICRW-NGI and its partners have accomplished a great deal in a short time, in an environment of different country and partner program settings. An aspect of its strategic evolution was NGI’s concentrating first on accruing an array of existing knowledge at the partner/institution program level. Probably due to time pressure the impression is that NGI partners have not (yet) sufficiently drawn on documented experiences and best practices in the region. Failure to address this (presumed) gap threatens NGI’s potential for scaling up. It is anticipated that the planned synthesis of the multi-site qualitative research on nutrition and gender issues will provide messages, which can be applied region-wide (input to national policy) and which is are more location- or community-specific (input to State – district or NGO policy).

The NGI partners (NGO’s and research institutions) are expected to provide quantified evidence of what works as input for advocacy and redirections of programs. They serve as catalysts for the NGI approach. However, to scale up positive results in pilot projects it is not only important to get NGI on the radar screen of decision-makers but also to present do-able activities for nutrition and women’s empowerment.

In real life situations the feasibility, continuity and sustainability of new approaches depend heavily on human factors: enlightened and committed civil servants. The mobility of staff in the public sector is huge, which requires almost continuous training and backstopping of new policy makers and program implementers.

Research for the sake of merely gathering of knowledge without disseminating it, is a luxury poor countries can ill afford. The potential for scaling up in the NGI partners’ catchment areas is great. They operate in collaboration with government sectors, implementing NGO’s, and civil society (such as women’s and micro-credit groups).

NGI is a new concept. Capacity building as a continuous process in triple A cycles, in fact learning while doing, will bring NGI to maturity and supports the efforts to incorporate nutrition and gender in policy and programs.

There is a great potential for scaling up best practices in the region. NGI would bring it a huge step forward, if tested partnership of public sectors, NGO’s and civil society can be presented.
5. STRATEGIC REVIEW AND RECOMMENDATIONS

Malnutrition is a serious problem around the globe. The Millennium Development Goals (MDGs) may change this picture, particularly as it is recently recognized that “nutrition needs to be repositioned as central to development” (World Bank, 2006). Malnutrition reduction is a public sector responsibility but broad participation of civil society, non-governmental organizations, and private sector are strategic directions promoted by international development agencies and development professionals in every sector.

NGI’s objectives are consistent with the international donor community’s goals in sustainable poverty reduction and gender equality and can contribute to achieving a number of the MDGs namely: eradication of poverty and hunger; achievement of universal primary education; reaching gender equality and empowerment of women; reduction of child mortality; improvement of maternal and reproductive health. The Millennium Development Goals are unattainable if malnutrition persists.

It appears obvious that gender plays a pivotal role in household food security and the intergenerational cycle of malnutrition, starting in the womb. Yet, to date nutrition and gender remain two separate disciplines and domains of attention.

5.1 STRATEGIC REVIEW

The purpose of the Nutrition & Gender Initiative (NGI) is to bridge the two disciplines. Recognizing the linkages between child nutrition and women’s status, self-esteem, roles, and constraints, NGI and its case studies will seek to determine how to enhance women’s status, decision-making capabilities, and control over resources and thereby boost nutrition outcomes. This initiative includes programmatic, and policy communication objectives and activities. As the Secretariat for the Initiative, ICRW-NGI oversees all efforts, working with the NGI partners in Ghana (West Africa) and in India-Bangladesh (South Asia). Action research and communications and advocacy activities at community and institutional levels is being or will be carried out by NGOs, community-based organizations, universities and public agencies - with guidance, technical assistance from and in collaboration with the Secretariat, ICRW-NGI.

5.1.1 NGI evolution, approaches and innovations

NGI is a relatively new program and is still being implemented; in fact, the South Asia site is just now beginning operations in India. Therefore, this evaluation is rather a mid-course assessment to provide objective advice on strengthening NGI as it moves forward and to fine-tune existing plans or to revise plans that are judged not to be
appropriate. To this end a review was done on what has occurred to date, namely the evolution process of NGI, the program’s overall design, implementation to date, and any early results.

ICRW-NGI in Washington DC has accomplished a great deal in a short time in different country (region) settings. First, even in its three years of operation, NGI has evolved from a vague concept to programs of work, jointly formulated by ICRW-NGI with its partners in Ghana, India, and Bangladesh. Second, in each country the partners have comparative advantage for action research and advocacy. The strategy has relied more on a “target-of-opportunity” approach and much less on a grand vision of an overall research of the generic conceptual model. However, the diverse topics on the agenda will allow a synthesis of “best practices” and “lessons learned” which has a general relevance, while others are more location or program-specific. Third, NGOs are the initiators of and catalysts for NGI but to leverage prior investments and to enhance continuity and sustainability NGI has emphasized services/programs of the public sectors and partner organizations in a genuine attempt to arrive at a NGO-public-private mix of accountability for nutrition in a gender perspective.

The launching of the Nutrition and Gender Initiative is very timely. Nutrition as such is not mentioned in the MDG nor is it addressed in SWAp and only marginally in PRSP. NGI is innovative as it attempts to bring nutrition in a gender perspective on the radar screen of policy makers and program implementers. This fits squarely in the latest development policy thinking. Similarly new is the building of ownership for demand-oriented interventions, and directly linking them to existing supply-driven interventions, often formulated at international levels. Being a joint effort of NGOs and the public sectors from the start reduces the potential feeling of threat or imposition of non-feasible ideas by service providers. NGI has not been done before – the concept is challenging and rewarding – there are powerful incentives to deliver the goods.

From its inception the NGI recognized the importance of incorporating public policy communications through every stage of the program’s evolution and acknowledged the inherent value of developing a strategic plan for advocacy, communications and networking in order to change behaviors. Advocacy efforts usually include an IEC component to raise the awareness of the general public as well as key audiences, but advocacy does not stop with raising awareness. The advocacy process is complete when a policymaker implements the prescribed policy action.

The process of identifying multiple target audiences including various levels of government, developing appropriate messages and determining effective messengers requires a multi-tiered strategic plan. Further, this process must be defined within each national or regional context—and/or applicable at the international level. The ICRW-
NGI Secretariat recognizes this and will incorporate a variety of communication and advocacy tools in their efforts to influence the policy process.

In agreement with the results of the ICRW-NGI fact-finding missions the theme areas were identified and the specific objectives formulated. It is self-evident that they were different for Ghana and India-Bangladesh but highly relevant for each country setting. The focus in Ghana was program and research documentation on gender and nutrition (situation analysis), to be followed by qualitative research on gender-based constraints to achieving food and nutrition security in two districts. In India-Bangladesh currently three NGI partners are engaged in a multi-site study of low birth weight and its underlying causes, particularly the gender issues.

While the initial achievement is commendable, NGI needs more focus in the second phase of the program. In the following overview of NGI in the three countries, the salient observations are presented and directions for the future recommended.

5.1.2 Ghana

NGI organizational structure and partners

In Ghana NGOs are generally modest in numbers and in critical mass of professional expertise, often recently established. The selection of a network of partners with hub organization was, therefore, the most appropriate. GrassRootAfrica (GRA) was selected, based of its credibility, experience at the grass root level and regional presence. The creation and composition of the NGI network reflects a balanced representation of local nutrition and gender expertise, of partners in the public sector and NGOs. A Nutrition Panel and a Gender Panel were established which provide a forum for developing messages for communication and advocacy activities and sharing of information. However, the roles and responsibilities of the partners were not or loosely defined. Furthermore, of the three major public sectors where gender and nutrition perspectives would have a high return of investment, namely the Ministries of Health, Agriculture and Education, only MOH-Nutrition Unit is actively involved. This limitation is probably counterbalanced at the regional and district levels, where GRA-NGI works with the District Assembly (in prioritized north-east region).

A significant aspect of GRA-NGI structure and staffing is how thin it is, in both the hub organization and with its partners, relative to its mandate and breadth of current activity. Adequacy of GRA-NGI staff is here judged according to numbers (critical mass) and skills required, as well as according to the balance of time to be allocated to management, technical assistance to network partners and to leadership for communication and advocacy at the national and district level. The challenge for GRA-
NGI is to find the right balance between Network management and implementation of program components (action research and communication-advocacy) as a shared responsibility. (Recommendations 5.2.1, # 1-4)

NGI objectives and understanding of concepts
GRA-NGI and the Network partners understood the generic conceptual framework illustrating the relation between gender and nutrition. It was less clear how the selected case studies would identify potentially causal relations between gender inequities and malnutrition at household and individual levels. These are the expected inputs for advocacy and for modifications of existing programs to alleviate malnutrition with a gender perspective. Topic or program specific conceptual models would identify the pathways of relations between the boxes in the model (variables). (Recommendation 5.2.1, # 5-7).

Action research: implementation, monitoring and evaluation
The ultimate credibility of NGI in general and GRA-NGI specifically in the international nutrition community, and development agencies as well as national level policy makers and program implementers will clearly be determined by topic relevant research and well-documented (preferably quantified) and widely-disseminated evidence of NGI’s experiences and impact.

Some 3-5 case studies or pilot projects will be conducted in the second phase – covering a range of entry points (micro-credit; water supply) and topics (still to be determined). They are meant to serve the purpose of advocacy and capture NGI’s varied programmatic experience in the form of results, lessons learned, best practices, and so on. As mentioned above it is therefore essential to have an operational model for the right questions to be answered for the selected outcome or impact variables. These outcomes will not necessarily be uniform for all test cases, e.g. nutritional status. Having chosen qualitative research (in contrast to biomedical, quantitative trials) for fact-finding it is most likely that outcomes are in the domain of behaviors. Monitoring and evaluation according to UNICEF’s Triple A approach requires intermediate and more distant indicators of success. Failure to focus research on well-conceived models with realistic targets would represent a major loss to the identification of programmatic enhancing factors as well as limitations. (Recommendation 5.2.1, # 5-7)

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41 Examples: women empowerment leads to access to food in granaries, and this in turn to better food availability for children and mothers; equal sharing of work among men and women leads to more food produced by women and/or higher income of women, and this in turn reduces the period of the hunger season; inclusion of nutrition and gender perspectives in water supply projects may reduce women’s workload and thereby her energy expenditure at the same time increasing time available for child care.
Communications and Advocacy

The GRA-NGI senior staff has a reputation for outstanding communications and advocacy skills which weighed heavily in GRA’s favor when ICRW selected them to be the hub organization. Further, since assuming this role they have consistently demonstrated this skill in a variety of situations. During the evaluation team’s discussion with the staff we learned of plans for community dramas, their creative ideas for posters and advertising and the importance they place on interacting with a broad array of networks across multiple disciplines. It is clear they need to develop a comprehensive communications and advocacy strategic plan that is applicable at the community, district, regional, national and international levels in order to prioritize these efforts. (Recommendations 5.2.1 # 8-11)

5.1.3 India – Bangladesh

India and Bangladesh are blessed with an appreciable number of NGOs and research institutions with a long history of existence and professional reputation. ICRW-NGI at present collaborates with their partners separately. The choice for this operational structure was the outcome of a series of consultations, and guided by the facts that each partner works in a specific State, (by itself many times larger than Ghana in size and population); partners have their own interest, field of experience and local networks; and last but not least many of these NGI partners have collaborated with ICRW in the past. They did, however, strongly endorse a network for dissemination lessons learned and creating a critical mass for advocacy at national levels (Recommendation 5.2.2, # 1).

As NGI in this region has only started. The review is consequently brief, based on impressions after the telephone interviews, rather than discussions and observations.

NGI in India and Bangladesh differs from NGI in Ghana in many aspects. To the credit of ICRW-NGI and its partners this picture illustrates flexibility as well as a sound perception of the major constraints and the most likely areas or agents of change for nutrition and gender concerns. In addition, a synthesis of experiences in the two regions (West Africa and South Asia) will provide a rich spectrum of the linkages between nutrition and gender – hopefully in different poverty scenarios42.

42 There is a close relation between poverty and malnutrition or food insecurity as much as between gender and food deprivation; what is the weight of gender in this triangle in the abjectly poor; marginally poor, middle income quartile and upper income quartile
Currently the scope of work is related to the main nutrition problem in the region, and the nutritionally vulnerable population groups.

NGI organizational structure and (potential) partners

There are three categories (a) research institutions of established reputation; (b) “activist” NGOs or civil society (Thinksoft – Right-to-Food; women’s groups) and (c) international NGOs (CARE India, Safe the Children USA-Bangladesh). Through these three entries NGI should be able to identify, articulate and strengthen the comparative advantages of each pilot study. More explicit than in Ghana the NGI partners represent the public-NGO and private mix. Apart from the international NGOs43 also the research institutions mentioned that they work in collaboration with State government sectors. However, the research institutions (in this program regarded as NGO) will not be involved in the implementation of the recommendations, generated by their action research. It is not considered their mandate and government programs have the funds to absorb the modifications suggested. It is doubtful that scaling up of positive experiences is feasible in a public setting without continued support of the research institutions - be it in capacity building or technical support. A salient innovation would be a tested public-research institution partnership to make the potential for expansion a reality. Basically it means a re-definition of NGI partners’ roles beyond the first triple A cycle, as partners in development as long as needed (Recommendation 5.2.2. #2).

NGI objectives and understanding of concepts

Three NGI partners are engaged in the low birth weight formative research – the results of which will be an input for the action research, planned for the next phase. They did endorse the innovative perspective of linking two cross-cutting issues but admitted that the linkages between nutrition and gender have not yet been sufficiently envisaged. The potential NGI partners expect that a gender perspective will improve the outcome of their programs. However, NGI action research goes beyond mere ethnographies and qualitative research without a conceptual framework for the nutrition-gender interface. For example, it is generally true that woman are disadvantaged socio-culturally and socio-economically and that they often give birth to low birth weight babies, but are the two causally related and how to generate plausible evidence? (Recommendation 5.2.2 #3).

Action research: implementation, monitoring and evaluation

Basically action research is expected to answer at least two questions: what works and under what circumstances. To evaluate new approaches in interventions emerging from

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43 CARE and Safe the Children have 5-year plans and contracts with the government
formative research and/or situation analysis, progress toward benchmarks will have to be monitored. Action research of modified existing programs such as CARE and Safe the Children will most likely require two avenues of monitoring and evaluation. One, which is related to the gender constraints in the causal model and one related to the delivery system (Tanahashi’s 4 A44). Careful and thorough planning of M&E is required “to dig the golden nuggets in the hay stack”. Lack of a well-defined M&E system is likely to be detrimental to attempts to capture NGI-wide experience at the end of the project, and may be impeding staff’s sharing of lessons learned and best practices across country programs and regions.
(Recommendation 5.2.2 #4)

Communications and Advocacy
ICRW-NGI has selected partners in India and Bangladesh with varying degrees of expertise in the communications and advocacy fields but each has some experience particularly at the district and state level. Each partner recognized the value in creating a larger network to share information and learn best practices specific to developing policy recommendations applicable to government programs.

One partner opined that they hoped to take their know-how in working with the reproductive health sector in the Ministry of Health and apply that experience to the nutrition sector within the same ministry. This demonstrates an understanding of the process and eagerness to be part of the communication and advocacy program within the NGI concept. Even the partners who are working with their district and state governments expressed an interest in being part of a coalition or network that can represent them with various Ministries at the national level. (Recommendation 5.2.2#1 and #5)

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44 availability, accessibility, acceptability and affordability
5.1.4 ICRW-NGI

As Secretariat, ICRW-NGI’s first priorities were to identify staff for the secretariat, refine the preliminary proposal and develop the conceptual framework. The initial team included Dr. Kathleen Kurz as Project Director, Dr. Kavita Sethuraman and Nata Duvvury. During the course of the project the team has expanded and now also includes Dr. Katharine Coon, Saranga Jain and Sandra Bunch. Additional support is provided by ICRW’s financial and legal team who oversees and administers all financial and contractual arrangements.

ICRW’s work load expanded rapidly as they researched and established criteria for country eligibility and selected the countries while concurrently developing research projects and collecting and analyzing primary and existing data and developing a communications and advocacy outline for the project itself. Further, they identified organizations in the selected countries with the institutional capabilities required, developed proposal guidelines and executed contracts.

ICRW-NGI recognized that the primary research in West Africa and South Asia will answer numerous key questions and will inform future programming in specific ways, but will take a few more years to yield results. So, NGI-ICRW began analyzing existing Demographic and Health Surveys (DHS) data to yield relevant findings between nutrition outcomes and gender and empowerment processes. Understanding linkages between nutrition and gender through this analysis will provide better insight on how to enhance women’s roles and status, decision-making and control over resources so that they experience improved nutritional outcomes.

As a part of this process, NGI-ICRW has identified a subset of datasets which include, in addition to anthropometry, domestic violence and women’s status. Only a limited number of DHS surveys collect this data. Domestic violence data is available for 14 countries, and women’s status data is available for 10 countries. NGI-ICRW is in the process of conducting a background analysis of these datasets, followed by regression analysis of the relationships between maternal and child nutrition and measures of women’s empowerment and status.

Managing a program such as NGI that combines programmatic, research and communications objectives while operating mainly in three countries is complicated and presents multiple challenges most of which ICRW has met. In working with multiple partners with such diverse capabilities in many situations ICRW needs to display more leadership by keeping the country partners focused on both immediate goals and long-term objectives and encouraging them to be more strategic when undertaking activities. (Recommendation 5.2.3 #1)
As part of a larger communications and advocacy strategy for the NGI to raise awareness about integrating gender and nutrition objectives into other development sectors, the ICRW-NGI team reached out to existing initiatives. They began working with the UN Standing Committee on Nutrition and have made presentations in each of the past four years. They also targeted various groups within the safe motherhood movement and the agriculture and hunger networks and began engaging them in dialogues. ICRW-NGI provided nutrition-gender related advice and materials to the Millennium Task for on Hunger. As one of the leaders on the Millennium Gender Task Force ICRW introduced nutrition to the gender material as a ‘capability’ necessary for women to reach their full potential and advanced the idea that gender-nutrition linkages improve outcomes in all areas of development. Additionally, ICRW-NGI has held numerous consultations and explored opportunities to communicate the goals of the overall NGI and network with colleagues. (See Annex 5 for a representative sampling of outreach activities).

Since its inception ICRW-NGI has considered communications and advocacy to be a key component of this project recognizing that evidence-based advocacy is the most effective approach to actually achieving policy and programmatic changes. To date their communications and outreach efforts have been reasonably successful considering the percentage of time and resources devoted to this component versus the planning, research and management function. They are in the process of developing a formal strategic communications and advocacy plan which will help them, among other things, prioritize their efforts. (Recommendation 5.2.3. #2 & 3)

As ICRW-NGI moves forward they need to narrow their action research focus to around three development sectors by determining which sectors have the highest probability of receptivity to the programmatic changes they are recommending and concentrate their efforts on those sectors. This will in turn inform the communications and advocacy component. (Recommendation 5.2.3. #4)

ICRW was selected as the secretariat for the NGI program in September 2002 and at that time it was hoped that NGI would move very rapidly from a concept to fully operational pilot projects in one country in both West Africa and South Asia replicable throughout both of those regions within the initial grant period. In hindsight, this time frame was unrealistic given the magnitude of the program and the evaluation team thinks the progress made to date by ICRW-NGI is outstanding and warrants commendation.
5.2 RECOMMENDATIONS (Areas for Potential Improvement)

5.2.1 Ghana

1. GRA-NGI will benefit from network partners’ resources and expertise if partners are involved according to defined roles and responsibilities and/or by subcontracting case studies to the most suitable partner.

2. The Nutrition and Gender Panels may continue to exist side by side but modalities should be found that the two panels can merge the NGI concept, covering the two disciplines.

3. Possibilities for a leadership role for MOH to introduce GRA-NGI in the development policy arena (SWAp-PRSP) and donor consortia meetings should be vigorously nurtured.

4. Attempts should be made to get other public sectors, particularly agriculture and education, on board. A pragmatic entry point is the Ghana School feeding Program, an activity within the Task Force for reducing hunger and extreme poverty, in which the Ministries of Agriculture and Education participate.

5. The case studies are expected to generate results, which show whether and how empowerment of women could enhance food security and nutrition at household and individual levels. Topic or program specific conceptual models should be developed to identify the pathways of relations between the boxes in the model (variables).

6. It is strongly recommended to define monitoring and evaluation systems, dedicated to identifying indicators for performance, as a guide for analyzing, and synthesizing best practices and lessons learned - and documenting and disseminating GRA-NGI’s programmatic experience (tentative final program achievement).

7. GRA-NGI needs to consider engaging an experienced research partner with a solid record of credible results such as the Navrongo Health Research Centre.

8. To accelerate capacity building for GRA-NGI and Network it is advisable for ICRW-NGI to continue to play a proactive role in providing technical support.

9. GRA-NGI needs to develop a multi-tiered strategic plan for their Communications and Advocacy program activities.

10. GRA-NGI needs mentoring in the practice of obtaining literature and reports from the broader international development community in order to adopt best practices and cross-fertilize their efforts in multiple disciplines.

11. ICRW-NGI should plan and execute a training session for GRA-NGI and network partners in communication skills and the process of developing advocacy messages suitable for multiple audiences.

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45 Multiple national partnerships – a joint enterprise of WFP and the private sectors (national and international). Start-up funding from the Dutch Government for the first three years is secured, with the possibility of an extension.
5.2.2 India – Bangladesh

1. For pragmatic reasons the India-NGI partners have chosen for a bilateral relation with ICRW-NGI. The suggestion to have a network for visibility at national level should be initiated in the near future.

2. Renowned research institutions as partners in NGI can play an important role in development. It is recommended to review their mandate with an outward look in the context of a triple function (as for universities in for instance Indonesia and the Philippines, Thailand), namely research, teaching and extension services.

3. Specific conceptual frameworks should continue to be formulated for each subsequent partner activity.

4. Monitoring and evaluation systems should be developed for each of the programmatic innovations to be tested, to avoid heterogeneous presentations and less comparable results across countries.

5. Design and implement a knowledge sharing and communications/advocacy (at community, state and national level) strategy for India-NGI

5.2.3 ICRW

1. Moving forward, ICRW needs to show more leadership when providing technical assistance and capacity building particularly in Ghana.

2. Increase the dedicated staff resources for the communications and advocacy component by adding the equivalent of a full-time person.

3. Complete the development of the strategic plan for communications and advocacy and begin the process of targeting audiences and message development for key sectors.

4. Concentrate their efforts by focusing on a selected number of themes and or development sectors guided by anticipated outcomes (strategic plan for action research and capacity building).
Annex 1  Key Informant Interviewees and Discussion Participants

ICRW Staff

Geeta Rao Gupta, President (February 2006 Interview)
Kathleen Barnett, Vice President of Programs (February 2006 Interview)
Kathleen Kurz, Director, Reproductive Health and Nutrition Program and Director of the Nutrition and Gender Initiative (February and May 2006 Meetings)
Nata Duvvury, Director, Gender, Violence & Rights (February and May 2006 Meetings)
Katharine Coon, Nutritionist (February 2006 Meeting)
Saranga Jain, Research Associate (February and May 2006 Meetings)
Kavita Sethuraman, Nutritionist (February and May 2006 Meetings)
Sandra Bunch, Communications Manager (February & May 2006 Meetings)
James Odimegwu, Accounting Manager (May 2006 Interview)
Nandini Prasad, Gender and Development Specialist, ICRW-India (Telephone Interview, May 2006)
Nanda Kishore Kannuri, Program Associate, ICRW-India (May 2006 Telephone Interview)

World Bank

Meera Shekar, Senior Nutrition Specialist (Interview, February 2006)
Milla McLaughlan, former World Bank Senior Nutrition Adviser, (Interview, February 2006)
Leslie Elder, former World Bank Nutrition Specialist, (Interview, February 2006)
Other Stakeholders

Caren Grown, former ICRW Economist (Telephone Interview, May 2006)

Cheryl Morden, former ICRW communications director, currently IFAD-WDC
(Interview, May 2006)

Ghana: GRA-NGI

Rudolf Amega-Etego, Founder & Director (Interview and Meeting, April 2006)

Yabuku Zakaria, Director of Projects & Programs (Multiple Meetings & Interviews,
April 2006).

John Akaligaung, Research Co-Ordinator, (Multiple Meetings & Interviews, April
2006)

Rolanda Kapure Yennah, Theatre for Development (Meetings and Interview, April
2006)

Rita Ansah, Information Officer, (Meetings and Interview, April 2006)

Francis Ngula, Financial Manager (Meetings, April 2006)

GRA-NGI Partners & Network

Kareem Daari, research consultant formerly with Ghana Health Service Nutrition
Unit, (Interview and Meeting, April 2006)

Dennis Chirewura, research consultant and lecturer UDS (Interview, April 2006)

Patricia Akweongo, research consultant and NJRC (Casual meeting, April 2006)

Rossana Agble, communications consultant former MOH, Nutrition Unit (Interview
April 2006)

Patrick Apoya, Health Care Financing, Director of Community Partnership for
Health and Development (Interview, April 2006)

Shuaibu Mohammed Abdulai, Research Coordinator, Savelugu-Nanton District
Assembly (Meeting-Interview, April 2006)
Solomon Awini, Managing Director, BESSFA Bank (Meeting, April 2006)

Mohammed Yelkambe, BESSFA Credit Officer, Bawku Branch (Meeting, April 2006)

Samuel Asuud, BESSFA Credit Officer, Garu Branch (Meeting, April 2006)

Government of the Netherlands

Marius W. deJong, First Secretary Health & Gender, Dutch Embassy (April Interview)

India and Bangladesh-NGI

Dr. Alka Barua, Executive Director, Foundation for Research in Health Services (Telephone Interview, May 2006)

Dr. Ashok Dyalchand, Director, Institute for Health Management, Pachod (Telephone Interview, May 2006)

Nandita Kapadia-Kundu, Institute for Health Management, Pachod (Telephone Interview, May 2006)

Ruchira T. Naved, Gender and Reproductive Health Specialist, ICDDR,B, Bangladesh (Telephone Interview, May 2006)

Dr. K. Lalita, Director, Thinksoft/Yugantar (Telephone Interview, May 2006)

Shashi Kumar, Treasurer, Thinksoft/Yugantar (Telephone Interview, May 2006)

Ms. N. V. Nalini, CARE-India (Telephone Interview, May 2006)

Anu Harinarayanan, Deputy Country Director, Save the Children USA-Bangladesh (Telephone Interview, May 2006)
Annex 2  Documents and Articles Reviewed

- World Bank Nutrition and Gender GPPs/PATS document dated August 1, 2002
- ICRW Special Report to the World Bank on the Advisory Group/Workshop on Knowledge Sharing in Ghana, December 2005
- ICRW Special Report to the World Bank of the Analysis of Existing Data in Ghana: Nutrition and Gender Panel Reports, December 2005
- ICRW Special Report to the World Bank on Formative Data Collected in Ghana: Qualitative Study into Livelihood and Food Security of Women and Girls in BESSFA Rural Bank Catchment Areas, December 2005
- ICRW proposal to the Government of the Netherlands to provide support for the NGI, February 2003
- ICRW-GRA Terms of Reference, May 2005
- ICRW 2004 Scope of Work for potential Indian and Bangladeshi partners for Multi-Site Qualitative Study for the Nutrition and Gender Initiative for the Qualitative Research
- ICRW Meeting Summary for Indian Consultation Attendees August 2005
- Repositioning Nutrition as Central to Development. Directions in Development, the World Bank, Washington DC 2006
Annex 3   GRA-NGI Partner and Network Organizations

Bawku East Small Scale Farmers Association Rural Bank (BESSFA)

Nutrition Division of the Ghana Health Service, MOH

Savelugu District Assembly: Water & Sanitation Division

Cedi Finance Foundation (CFF)

Community Partnerships for Health and Development (CPHD)

Family Reproductive Health Project, Save the Children’s (UK)

Netright (consortium of 75 organizations supporting women’s rights in Ghana)

Abantu for Development is a leading gender advocacy NGO

DAWS (The Development and Women’s Studies group), a branch of the Institute for African Studies (IAS) of University of Ghana (UoG)

The Nutrition Panel, former Chief Nutrition Unit, MOH + researchers at Nguchi Memorial Medical Research Institute, Korlebu Teaching Hospital, University of Ghana and University of Development Studies

CARE International

Ghana Journalists Association (GJA)

IBIS-Ghana - Africa Desk in Denmark: IBIS supports 30 NGOs and CBOs in Ghana.
Annex 4    ICRW Indian and Bangladeshi Partners

  Foundation for Research in Health Systems (FRHS), India
  Institute for Health Management, Pachod (IMHP), India
  ICDDR-B, Bangladesh
  Thinksoft/Yugantar, India
  Save the Children USA, Bangladesh

Additional NGOs with contracts under negotiation

  CARE-India
  Mihila Samatha Society- Andhra Pradesh, India
Annex 5  ICRW-NGI Highlights of Outreach Activities

- ICRW-“Insight and Action Seminar, April 2003 NGI team presented the concept of NGI and evidence for the initiative.
- ICRW Presentation on the concept of NGI at the UN Standing Committee on Nutrition annual meeting by Dr. Kurz in Chennai March 2003.
- Nutrition and Gender Initiative Poster Presentation in to Focal Points conference by Dr. Sethuraman in Conakry, Guinea, September 2003
- Special Meeting at ICRW in Washington, DC to seek advice on issues to be investigated the Qualitative Studies in India and Bangladesh by Drs. Kurz and Sethuraman, July 2004
- Consultation in New Delhi, India held by Dr. Kurz to help determine direction for the NGI in India, January 2005
- Presentation by Dr. Kurz at the American Association for the Advancement of Science in Washington, DC in February 2005: “Focus on Women Vital to Eliminating Hunger and Malnutrition”
- Presentation on gender considerations in approaches to hunger by Dr. Kurz at the Global Philanthropy Forum’s 4th Conf on Borderless Giving, panel on Combating Hunger Panel in Palo Alto, California in March 2005
- Presentation on the motivation, objectives and methods for the qualitative studies in South Asia on low birth weight and maternal nutrition by Dr. Kurz at the annual UN Standing Committee on Nutrition in Brasilia, Brazil in March 2005.
- Presentation on agriculture-nutrition-gender linkages in Africa by Dr. Kurz at the annual UN Standing Committee on Nutrition in Brasilia, Brazil in March 2005.
- Knowledge Sharing Workshop, Accra, Ghana, Drs. Kurz, Duvvury and Coon and Ms. Stacia Burnham, ICRW’s Information Specialist.
- Substantial input to the Millennium Project including providing matrixes showing a full set of proven interventions to improve nutritional status to the Hunger Task Force, the Gender Task Force and the Maternal and Child Health Task Force, 2003-2005.
- Presentation in a Georgetown University course by Dr. Sethuraman: “Food Insecurity and the Role of Gender in Developing Countries”, October 2005.
- Presentation to the training program initiating the new set of the Congressional Hunger Fellows by Dr. Kurz in Washington, DC in June 2005 on “Nutrition, Gender, Agriculture and HIV/AIDS”.
- Presentation by Rosanna Agble, former head of the nutrition unit within the Ghana Health Service, Ministry of Health and NGI-Ghana partner at the International Union of Nutrition Scientists meeting (IUNS) in Durban, South Africa in September 2005: “A Leadership Strategy to Promote Agriculture-Nutrition Collaboration”. The presentation won the Wimpfheimer-Guggenheim Fund for International Exchange in Nutrition, Dietetics and Management from the American Dietetic Association Foundation. The award is given for presentations that highlight innovative strategies to improve nutritional health, require little money to implement, and be practical, so that it can be easily duplicated.
• Input provided nutrition-agriculture-gender linkages by the ICRW-NGI (Dr. Coon drafting a box and Ms. Bunch and the team reviewing several chapters) to the 2005 Hunger Report of Bread for the World, an NGO in Washington, DC in October 2005.
• Input provided by the ICRW-NGI team in November 2005 on enhancing the gender perspective in a World Economic Forum draft report on the role of the private sector in reducing hunger to be presented at the Forum’s annual meeting in January 2006
• Participation by Dr. Sethuraman at a United Nations University/World Institute for Development Economics Research Workshop/Brainstorming on “Food Security and Gender: What is the Link, What is at Stake?” in November 2005
• Presentations by Drs. Coon and Kurz at the AIARD-IFDC Workshop and Consultation on “Agriculture and HIV/AIDS in Africa” in December 2005