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Building homes ***where nutrition matters!***

Enhancing
Nutrition to
Improve
**Maternal &
Child Health**
in Singida and
Shinyanga -
(ENRICH Project)

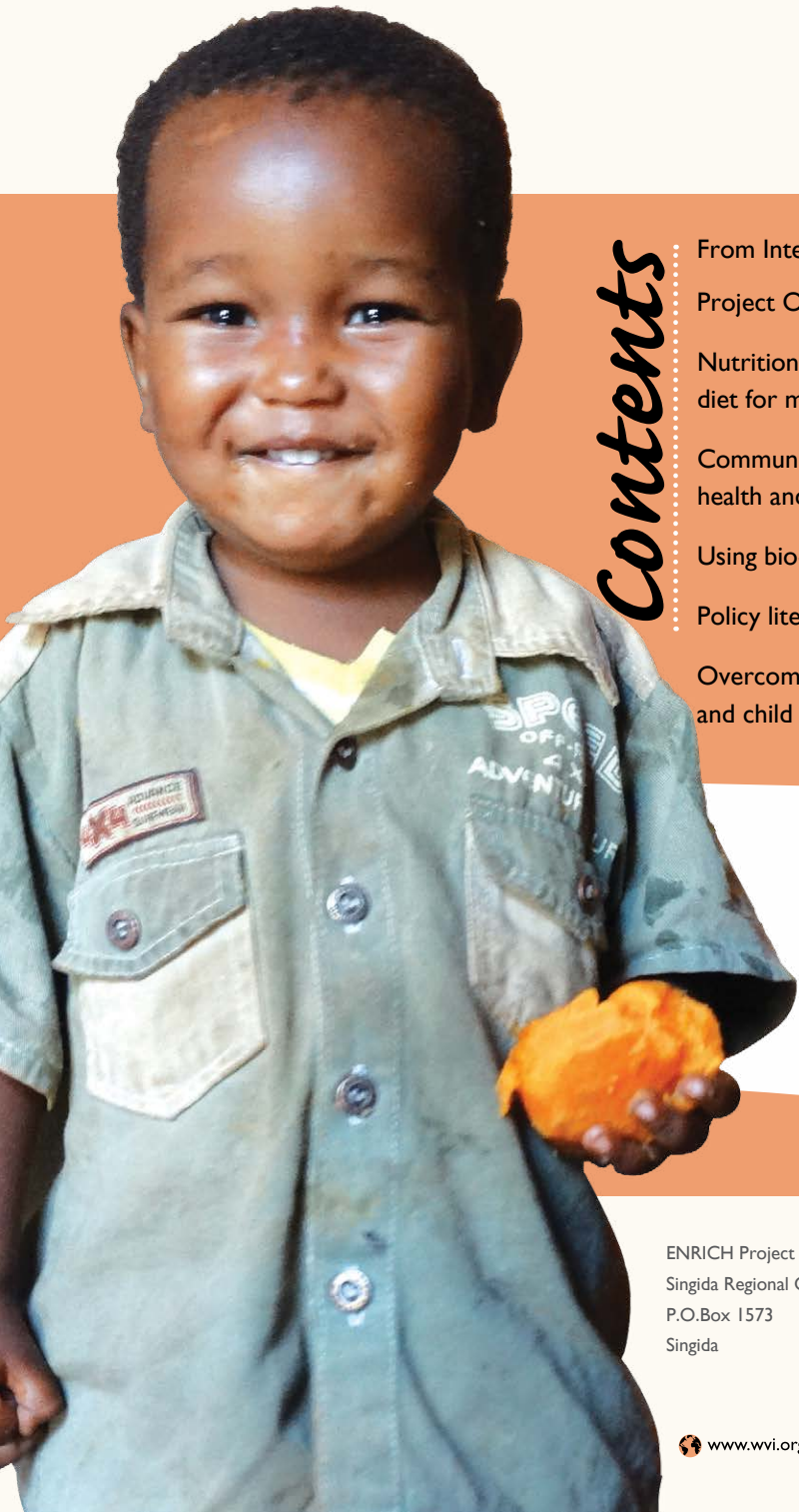


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Editorial Team;
Melkizedeck Karol - Communications Manager, World Vision Tanzania
Agness John - Communication Officer - ENRICH Project

Technical Team
Mwivano Malimbwi - Project Manager - ENRICH
Rester Boniface - Regional Project Coordinator - ENRICH

World Vision Tanzania
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World Vision Tanzania

ENRICH Project
Singida Regional Commissioner's Office Compound
P.O.Box 1573
Singida

Head Office
Radio Tanzania Road
Off-Njiro Road
Block C, Plot No. 181 Njiro
P.O.Box 6070
Arusha Tanzania
Tel:+255 27 254 9252 / 253/254

From Integrated Programs Director



Dear Readers

Sometimes you can visit community where there is plenty of food but you end up asking yourself why children are malnourished. At the same time, why maternal, newborn and child deaths. Of course there are several factors that contribute to this tragedies but most are preventable.

Over recent years,Tanzania has been making considerable progress towards ending all preventable maternal, newborn and child mortality. In supporting those efforts and as stipulated by one of our child wellbeing aspirations for children to “enjoy good health”, World Vision Tanzania is implementing ENRICH Project.

This is to a clear indication of our continued commitment towards improving the health and nutrition of women and children contributing to reduction of under-five and maternal mortality in Tanzania.

At World Vision Tanzania we believe that good health is the foundation of a child's life.We therefore aim to ensure mothers and children are well nourished, protected from infection and disease, and have good access to essential health services.With ENRICH Project, we are focusing on addressing malnutrition within the first 1000 days of a child. This is a critical time when a child to be fed healthy diet.

Although it has been a year since initiation, we have already witnessed significant changes and progress towards our aspirations for women and children. Through working with the Ministry of Health, Community Development, Gender, Elderly and Children, local government, Council and Regional Health Management Teams, communities as well as health service providers, ENRICH project has impacted 50 villages and 58 health facilities. This has a significant contribution to improved access to nutrition services for children, pregnant women, nursing mothers and community as a whole.

We at World Vision Tanzania commend the community members, Global Affairs Canada, World Vision Canada, implementing partners, local government at all levels and our technical staff especially ENRICH project staff for their tireless contribution to this milestone. We call on their continued support and commitment for this amazing work for children.

Enjoy your reading!

Devocatus Kamara

Project Overview and Major Achievements

In Tanzania under-nutrition contributes to more than one third of all child deaths 0-5.9months and malnutrition increases a child's risk of dying from many diseases, most prominently measles, diarrhea and pneumonia.

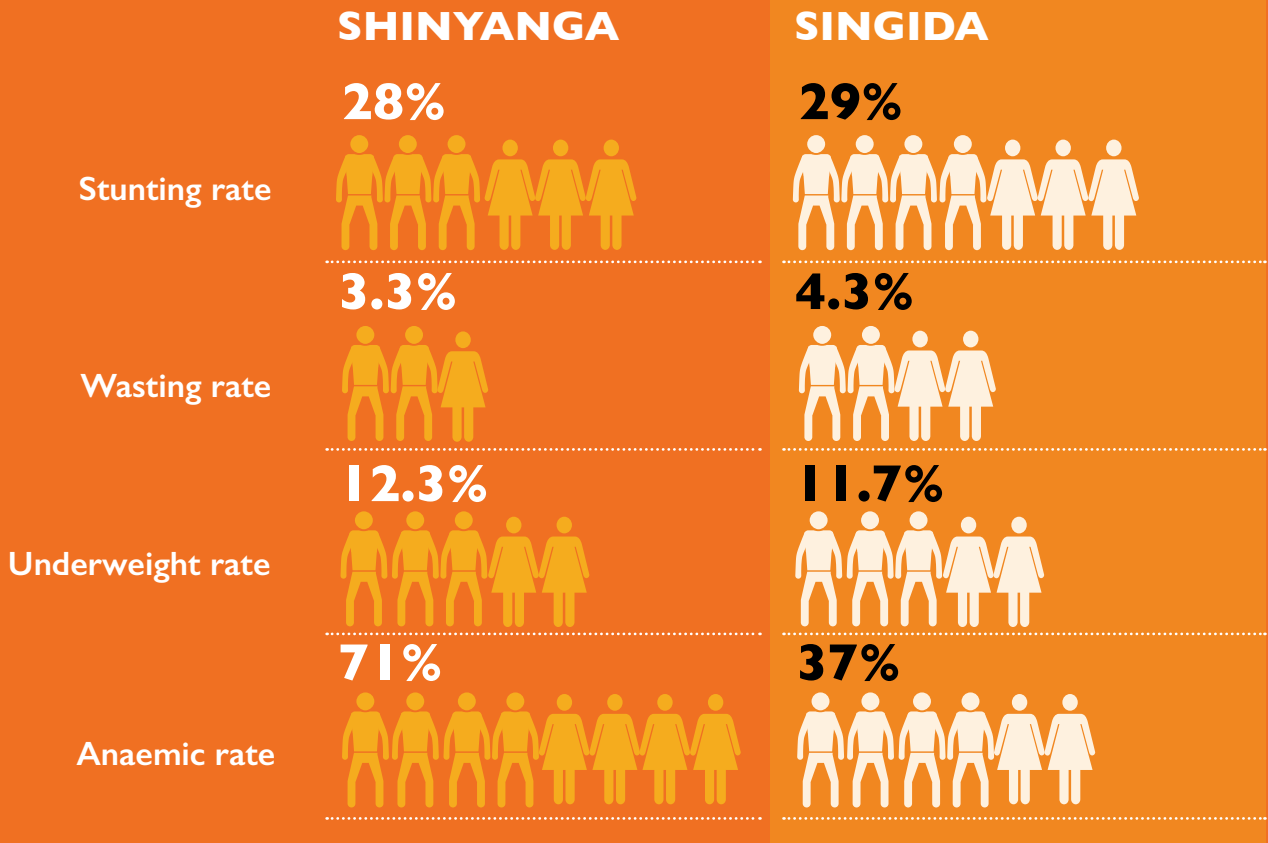
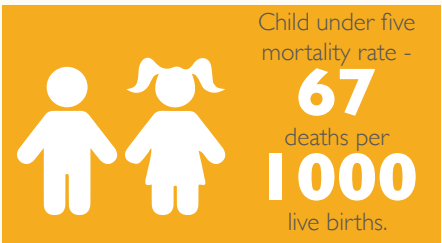
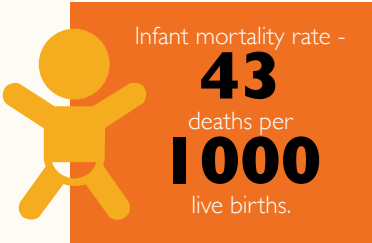
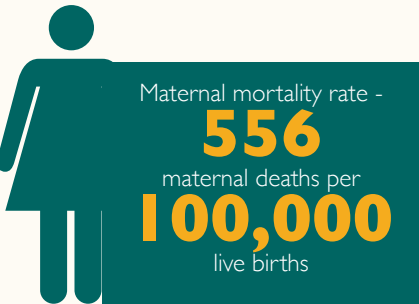
ENRICH Project is fully aligned with the national Maternal, Newborn and Child Health Strategy which aims at directly addressing malnutrition in the first 1000days of child's life. The overall goal of the project is to contribute to reduction of maternal and child mortality and morbidity that is attributed by nutrition related causes through addressing issues critical to the health of mothers, newborns and children under the age of two.

Funded by Global Affairs Canada and World Vision Canada, the project is implemented in partnership with the Government of Tanzania, Nutrition International, Harvest Plus, Canadian Society for International Health and University of Toronto. The five year Maternal, Newborn and Child Health and Nutrition(MNCHN) project is implemented in Singida region (Ikungi and Manyoni districts) and Shinyanga region (Kahama Township, as well as in Shinyanga and Kishapu districts) since March 2016 and is to end in September 2020.

ENRICH project achieves its objectives through the use of a two-pronged approach as:

Strengthening health systems through training and equipping community health providers, Regional Health Management Teams and Council (District) Health Management Teams to promote and provide basic nutrition services, as well as informing and increasing community participation in policy dialogue with governments on MNCHN issues through Citizen Voice and Action (CVA).

Improving nutrition services through raising awareness and promoting knowledge on recommended nutrition needs for mothers, newborn and children under two. This include: micronutrient supplements intake, better feeding practices for infants and young children and intake of nutrients dense food. As well as training and supporting in the development of home gardens and promoting bio-fortified crops through training community nutrition support groups, farmers groups, community health workers, community social services committees, community leaders, faith leaders, men and women.



Data Source: Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015-16 (TDHS-MIS 2015-16)

Project Achievements following ENRICH project intervention

Indicators	Baseline 2016	Annual Outcome Monitoring (AOM) 2017
Coverage of antenatal care (ANC)	45.0%	48.4%
Skilled Birth Attendant	74%	85.7%
Postnatal Care (PNC)	54.4%	72.4%
Exclusive Breastfeeding (EBF)	69.3%	59.0%
Minimum acceptable diet	16.7%	33.3%
Bio-fortified Planting	0%	10.5%

Nutrition Support Groups:

Championing healthy diet for mothers and children



A child who does not get enough food and nutrients cannot grow properly. This situation can start from the womb of a malnourished mother. In enhancing utilization of nutrient dense foods, Nutrition Support Groups (NSG) were formed. The groups were trained on 1000 days Social Behaviour Change Communication package, basic nutrition issues, nutrition needs of mothers, pregnant women, women of child-bearing age, newborns, and children under two as well as locally available food to prepare nutritious meals.

“We now know that there is a lot of food that are nutritious in our village, we have also learned of production and consumption of nutrient dense food.” Says, Grace Msengi, Nutrition Support Groups secretary in Mkwese village.

Nutrition Support Groups play a role of transferring knowledge to the community with the aim of combating malnutrition at all levels using the 1000 days SBCC package.

“Learning has been made fun using 1000 days Social Behaviour Change Communication package. Sensitization and educating on women to women and men to men groups has been easier using radio and fliers”. Adds Grace.

Women and men attendance to sensitization meetings has continued to contribute positively in the interventions. “Nowadays cases of diarrhea and pneumonia among children, lack of enough milk among breastfeeding mothers is reduced significantly.” Says Mama Dickson, One of the Nutrition Support Group member.

The 1000 days Social Behaviour Change Communication package was adopted from Tanzania Food and Nutrition Centre. The package contains full range of nutrition issues including breastfeeding, complementary feeding, dietary improvement, hygiene and sanitation, care of illnesses at home and utilization of health services.



Community Health Workers:

Accelerating households counseling on health and nutrition for mothers and children

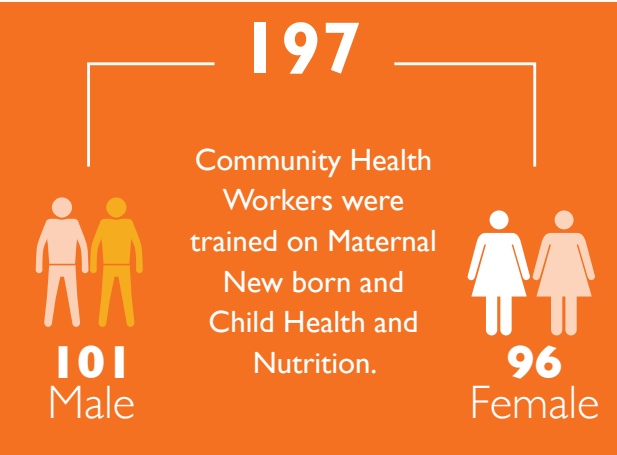


Community Health Workers were able to integrate Maternal Newborn and Child Health and Nutrition services (MNCHN) in counseling, identifying, referring and supporting pregnant women, lactating mothers and rehabilitation of malnourished children at the community level. The Community Health Workers also conduct sensitization activities during community meetings, and report on the activities.

“Some health cases were being ignored in the community just because they looked minor. Through household visits and counseling I have been able to refer to health facilities a number of pregnant women with danger signs and malnourished and for me it is a good thing seeing them recovering”. Says Boniphace Emanuel, Community Health Worker, Mkwese village.

Poor access to proper nutrition due to absence of health facilities or long distances from households to health facilities as well as shortage of health professionals impact tremendously the health and nutrition of mothers and children.

In tackling the challenges in ENRICH project communities, Community Health Workers were involved in extending primary healthcare and proper nutrition counseling within households. Through training and equipment provided,



Using **bio-fortified crops** to conquer micro-nutrients deficiency



In the understanding that many pregnant and lactating women and children have nutritional needs in their bodies as compared to other groups, the project introduced Orange Fleshed Sweet Potatoes. These are the variety that are rich in vitamins and minerals and especially vitamin A which is useful for growth as well as combating micro-nutrients deficiency. Farmers were trained on production, consumption and utilization of Orange Fleshed Sweet Potatoes (OFSP) and also provided with vines.

“In ensuring that the rest of my village benefit, I distribute the vines to other villagers for the establishment of demonstration plots. Also distributed to households with mothers, pregnant women, women of child bearing age and children under the age two. My family enjoys eating OFSP leaves (*matembele* in Kiswahili)as they

provide nutritious vegetables for us. Our family health is improving so is our community.” Mohamed Igae, OFSP farmer, Ihanja Village.

Despite of OFSP nutrients dense, World Vision considered it useful to introduce and equip society on other nutrients dense food such as vegetables, fruits and protein rich foods. Through Ward Extension Officers (WEO) and Ward Livestock Officers (WLO) ENRICH project cascade the knowledge at household level on improved practices in line with small livestock husbandry (chicken), vegetables and fruits.

“The vegetable and fruit seeds I received from World Vision enabled me to establish kitchen garden where I grow spinach, amaranth and pawpaw. I am neither worried about low dietary intake and lack of nutrients in the diet nor spending a lot of money in buying vegetables as its all available close to my kitchen.” Maria Jimwaga, kitchen garden beneficiary in Kishapu District.



Policy literacy as a catalyst to better health and nutrition services



Citizen Voice and Action (CVA) is a local level advocacy and social accountability approach that facilitates dialogue between communities and government in order to improve social services that impact the daily lives of children and their families.

Through CVA, ENRICH project is empowering community to publicly engage on health and nutrition governance and policy issues so as to increase accountability of service providers and those in power, as well as the accountability of citizens around the delivery of basic services.

“In CVA sessions I learnt that challenges in community can be addressed through our contribution and that when we start we can move the government to support our efforts. One of the thing we identified is the need for a dispensary in our village. As community we decided that all households contribute some amount of money for dispensary construction. The building is almost done and we look forward to the government support.” Simon Labia, Ulyampiti - Village Executive officer.

Noticeable and promising CVA Results are witnessed in Solwa and Ulyampiti village as it has accelerated the community efforts and engagement through dialogue with government and service providers, to compare reality of health service against government’s policy standards. In Solwa ward, the community decided to mobilize their own resources to expand and construct in-patient buildings so that Solwa dispensary can be upgraded to a health center.





Overcoming cultural barriers through male engagement in mother and child nutrition and health



ENRICH project is promoting gender integration in health and nutrition service delivery and public awareness on gender equality. Just as it is the case for other parts of the country, in Shinyanga and Singida most men feel to be the decision makers within families especially on the use of family resources, nutritious food, child spacing, booking for antenatal care services or where to give birth and health care of children. This is due to cultural norms

which perpetuate gender inequality and often accelerate less engagement of men in Maternal Newborn and Child Health and Nutrition services.

Athumani, a father of a recovered malnourished child has challenged the norms and set an example to his community on the essence of male involvement in MNCHN services. This is after receiving education on

both child nutrition and male involvement from ENRICH.

“After my son was identified as malnourished I had to fully engage in taking care of him for his recovery. At first, many people in my community were wondering when they saw me feeding him, taking him to hospital as well as preparing food for him. But with continuous education and sensitization they are now changing and happily adapt to involvement in maternal and child health”. Says, Athumani

The health initiative that requires pregnant women to attend clinic accompanied by their partners on the first visit has even borne more fruit as men feel responsible being part of ensuring good health for their wives and children. ENRICH project is using behavioral change communication to enhance the practice.

“Nowadays men are required to bring their wives to health facilities but we feel happier when they come voluntarily. Athumani is an example of the changed men and we love serving his child”. Says Irene Tarimo (57), A Public Health Nurse - Singida Regional Hospital.

