

ENRICH NEWS

Enhancing Nutrition Services to Improve Maternal and Child Health

Issue III

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REACHING THE HALFWAY MARK

As 2018 comes to an end, the ENRICH team is in the midst of its Mid-term Evaluation. All implementing countries began this three-phased evaluation in the last quarter of the fiscal year. The *Qualitative Program Review* assessed the strengths, weaknesses, opportunities and risks of project implementation in target regions. The *Quantitative Evaluation* includes the use of household surveys to collect data on Performance Measurement Framework (PMF) indicators, and the *Qualitative Evaluation* requires the gathering of additional information on qualitative indicators in the PMF related to decision-making, gender equality, collaboration and coordination with local stakeholders.

The *Qualitative Program Review*, which ran from August 26 to September 1, 2018, was conducted by World Vision Canada, World Vision International, ENRICH partners and field office staff in Bangladesh, Kenya, Myanmar and Tanzania. The review focused specifically on assessing the relevance of the strategies and alignment with government partner priorities, the quality of implementation fidelity, the status of collaboration and coordination with other organizations, as well as community ownership and sustainability.



Above: Qualitative Focus Group Discussion with midwives in Myanmar

For the *Quantitative Evaluation*, the University of Toronto is leading an independent process in collaboration with local universities who are country research partners. The household survey will measure progress made since the launch of the program in 2016 using PMF quantitative indicators. The data collection is scheduled for the end of December 2018 and final report by March 2019. Although ENRICH followed a quasi-experimental design during baseline, in Bangladesh, Kenya and Tanzania, data will not be collected from comparison sites at mid-point. Comparison sites will be surveyed again during the final evaluation. Key findings and conclusions from all three phases of the Mid-term Evaluation will be used to make necessary adjustments in order to maximize impact during the remaining half of ENRICH implementation.

GLOBAL ENGAGEMENT

➤ *5th Global Symposium on Health Systems Research: Advancing health systems for all in the SDG era* in Liverpool, UK from October 8–12, 2018. Poster presentation: *Improvement of Health Service Delivery through Integrated Health Systems Support Approach in Bangladesh, Kenya, Myanmar, Pakistan and Tanzania.*

➤ ENRICH Public Engagement participated in the *National Women's Show* in Toronto from November 15–17, 2018.

➤ *Canadian Conference on Global Health* in Toronto from November 19–21, 2018. ENRICH participated in the Global Health Students and Young Professionals Summit; a 1,000 Day Journey video was selected and aired at the #LeadOnCanada Film Festival; and ENRICH contributed to a joint poster presentation with the SUSTAIN Kigoma project: *Citizen Voice and Action as a local-level advocacy methodology for the advancement of women and children's health and rights in rural Tanzania.*

GUEST ROOM: AN INTERVIEW WITH CLAUDIA BERLONI PART II

Claudia Berloni is the Director of Resource Acquisition and Management at World Vision Canada (WVC).



AT: Has recently returning from maternity leave changed your view of the work we do with maternal and child health?

CB: I've always had a deep sense of purpose regarding the work I do, but after having my son that call was magnified. I've committed to ensure that children are able to realize their full potential and if my contribution is a sliver of what is required to help, then I'm on board!

AT: What stood out for you on your trip with ENRICH Myanmar?

CB: The gender work specifically blew me away. I was able to witness the first Gender Campaign in Myanmar where community leaders, youth, men and women's groups engaged in important conversations regarding sexual and reproductive health and rights, family planning and caregiving. This gender strategy had only been implemented for two months at the time, so I thought to myself, "Imagine what we can do with the 2 to 3 years we have left."

AT: What are some challenges that you think the project is facing?

CB: Some cultural considerations are so deeply embedded that they will continue to be a barrier until we're able to address them. In Myanmar, I became hyperaware that we can provide resources and address structural and institutional gaps but if we don't address the crux of cultural factors, we won't get far. This is why we consider various models on how to engage with men, religious leaders, grandmothers and other community decision makers. It's a stark reminder of why it's important to have that balance between the tangible harder interventions and the softer interventions, like education and sensitization.

AT: Now that we've reached the halfway point in ENRICH, what do you hope for looking forward?

CB: My desire is that we meet and surpass our expectations as it relates to not only being good stewards of the resources given to us but that we're able to execute programming and offer health and nutrition services to the target 2 million beneficiaries. I am incredibly proud, knowing that WVC is best suited to lead this program because of our experience and technical capacity in nutrition and health. My wish is that ENRICH is just the beginning and that we will be given the opportunity to build on the amazing work that has been done.

Interview conducted by Abena Thomas, ENRICH Grant Manager



ENRICH at the National Women's Show

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ENGAGING CANADIANS

Domestically, World Vision Canada works to involve the Canadian public by providing opportunities to learn, engage and share their knowledge and support of maternal, newborn and child health programming and development. This year ENRICH engaged **7,138 individuals** and reached **266,121 persons** through social media and the 1,000 Day Journey website. Engagement campaigns that garnered the most interest included World Breastfeeding Week 2018, reaching **87,820 people**; Mother's Day with a reach of **42,192**; Father's Day with **26,370**; Lucky Iron Fish with **20,589** and Gender Equality Week 2018 with **2,108**.

Visit the website at 1000dayjourney.ca to stay up-to-date on videos, stories and information regarding ENRICH public engagement activities, and subscribe to the Voices Newsletter. Follow **#1000DayJourney** on **Twitter** and **Instagram**. Subscribe to our **In Progress** podcast wherever you get your podcasts. If you believe that every mom and baby has the right to Canadian-quality health care no matter who they are and where they live, **pledge your support by signing the petition today:**

<http://action.worldvision.ca/page/33192/petition/>

STRENGTHENING LOCAL CHILD NUTRITION APPROACHES

Leah and Reuben, age 37 and 46 respectively, live in a rural Tanzanian village with their six children, ranging in age from 1 to 16 years. Five months ago, community growth monitoring identified their youngest child, Yusuph, as severely underweight. Yusuph, then 15 months, had been ill with a fever, accompanied by diarrhea and vomiting, which led to rapid weight loss. Community Health Workers (CHWs) referred Leah to the Positive Deviance Hearth (PDH) program in her community, implemented by ENRICH and local health personnel. In PDH programming, caregivers prepare nutritious foods together, feed their children using locally-available ingredients and learn about hygiene and sanitation, child feeding and early stimulation and play.

“Twelve days of rehabilitation brought amazing improvement to my baby. I will make sure to stick to the better feeding practices, but also share the knowledge with the rest of the community to ensure a malnutrition-free society.”

- Leah, PDH participant

Over the 12 days of PD Hearth, Yusuph's weight increased by 300 grams, from 7.5 kg to 7.8 kg, and in the following five months he has made rapid gains, weighing in at 10.2 kg at 20 months. Reuben reflects that *“I received the news of my malnourished son with great sympathy. I never thought my babies will ever fall in malnutrition...I learned a lot from CHWs, including provision of nutritious food to my family.”* With support from Reuben and the CHWs, Leah says she is able to prepare healthy food for her family and maintain health-seeking behaviours and home hygiene. *Below: Leah, Reuben and Yusuph*



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OFSP: TRANSFORMING THE HEALTH OF COMMUNITIES



“I serve as a Community Health Volunteer for them to realize the importance of this crop and how nutritious it is. I do it for the children.” - Hellen, Farmer and CHV (above)

Living in the village of Kapkutung in west-central Kenya, Hellen is a 45-year-old mother of two, a farmer and a Community Health Volunteer (CHV) passionate about improving the nutrition status of women and children in her community. In March 2017, she participated in ENRICH training on Orange-fleshed Sweet Potatoes (OFSP), their benefits as a nutrient-dense crop and improved farming techniques. She was provided with **5,000 OFSP vines** that she planted across several communal plots of land with the help of other community members she trained in OFSP farming. Harvesting her first yield in December 2018, she noted to ENRICH staff that the new nutrient-dense crop was much more favourable than local potatoes as it required less tending time, little water and no manure or fertilizer to grow. Hellen said that only a small portion of her first harvest was sold at the village market. Instead, she shared much of the harvest with community members—particularly women and new mothers in the community who were suffering from poor nutrition—and when visiting community members engaged in key nutritional messaging.

Word of the nutritious potatoes have spread quickly throughout the village and teachers at a local primary and early childhood education school approached Hellen regarding the integration of OFSP in their meal-feeding programs to supplement the diets of students with poor nutrition. Hellen not only taught the teachers and cooks about the nutritional benefits, and how to farm, tend and prepare OFSP but also trained more than **80 additional community members**.

PROJECT DETAILS

Life Span: 2016 to 2021

Budget: \$47 million (CAD)

Aim: To improve the health and nutrition status of mothers, newborns and children and target regions

Implementing Countries: Bangladesh, Kenya, Myanmar and Tanzania

Reach: ENRICH is expected to contribute directly to the improved health of **2 million** people including **850,000** mothers, **740,000** children, **500,000** men and indirectly an additional **2.5 million** people.

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