

ENRICH NEWS

Enhancing Nutrition Services to Improve Maternal and Child Health

Issue 1

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Malnutrition: An Underlying Cause of Over 3 Million Child Deaths Globally

Malnutrition is the underlying cause of almost half (45%) of child deaths annually, and stunted growth among a further 155 million children under the age of five (UNICEF / WHO / World Bank Group, 2017). Micronutrient deficiencies—especially iron and vitamin A—increase the risk of stunted growth, cognitive delays, weakened immunity among young children, and the risk of delivering infants with low birth weight or even death among pregnant women.

The overall goal of the ENRICH program is to reduce deaths of mothers and children in some of the most vulnerable regions of five countries. Simple and cost-effective solutions are being implemented to improve health outcomes within the first 1,000 days of a child's

life. This first 1,000 days between conception and a child's second birthday is the brain's window of opportunity; a unique period where critical development pathways are formed. Addressing poor nutrition and health early reduces risk of diminished survival, poor health status, impaired learning capacity and productivity.

ENRICH, funded by Global Affairs Canada, is implemented by World Vision Canada (WVC) and Nutrition International, with WVC as the consortium lead. It is implemented in partnership with HarvestPlus, The Canadian Society for International Health and the University of Toronto's Dalla Lana School of Public Health.

Project Details

Life Span: 2016 to 2020

Implementing Countries: Bangladesh, Kenya, Myanmar, Pakistan and Tanzania

Beneficiaries: 2 million people

Budget: \$47 million (CAD)

Proper Nutrition for Mothers and their Children

Three Main Focus Areas:

1. Improved delivery of gender-responsive essential health (basic nutrition) and sexual and reproductive health and rights (SRHR)
2. Increased production, consumption and utilization of nutritious foods and micronutrient supplements
3. Strengthened gender-responsive governance, policy and public engagement of MNCH and SRHR in Canada and target countries

Reach: ENRICH is expected to contribute directly to the improved health and nutrition of approximately **2 million people**, including more than **835,000 mothers**, **740,000 children** and **500,000 men**, and indirectly reach an estimated **2.5 million** individuals.

Ruksana's Dream Garden



Ruksana Begum lives in a remote Bangladeshi village with her husband and five daughters, aged 23 months to 18 years. Her family struggles to provide food to feed their family and to cover school fees and medical expenses due to frequent illnesses. She was invited to join an ENRICH training session on nutrition, hygiene and agriculture, including home gardens, poultry rearing and biofortified zinc rice cultivation. *"My happiness touches the sky when I received the lemon saplings and 14 types of vegetables seeds for my dream garden,"* she exclaimed when she was chosen to be a demonstration farmer. She has already harvested crops such as spinach and red amaranth and used them to cook nutritious meals for her family. She aspires to become an example in her community and in the surrounding area to help educate others to start year-round vegetable production and to also earn a profit. Ruksana's life has changed—she now feels empowered to make decisions regarding purchasing food, her children's schooling, and her home garden.

Maternal and Child Lives Saved

In order to estimate the impact of scaling up health and nutrition interventions on newborn, child, and maternal health and mortality, ENRICH is using the Lives Saved Tool (LiST) (livesavedtool.org), developed by the Institute for International Programs at Johns Hopkins Bloomberg School of Public Health and funded by the Bill & Melinda Gates Foundation.

Baseline and first year annual outcome data was used to estimate lives saved due to the project's interventions (analysis conducted by World Vision International and Johns Hopkins University). A total of 635 neonatal deaths and 27 maternal deaths were averted as a result of ENRICH interventions in year 1.



Program undertaken with the financial support of the Government of Canada provided through Global Affairs Canada (GAC)

Implemented in partnership with:



Training Community Health Workers and Equipping Health Facilities

In Year 1, **265 health facilities were equipped and 330 health staff trained**, providing services such as conducting growth monitoring and promotion, antenatal care (ANC), skilled delivery, nutrition counselling and more. Over **1,000 community health workers (CHWs) were trained** to conduct outreach and referrals to health facilities; and **361 community health committees were trained** to monitor and support CHWs in administering gender-sensitive health and basic nutrition service delivery. **Approximately 550,000 pregnant, lactating women and children under 2 were reached** through the expansion of CHW and health facility services. There was **an average increase of 36% in caregivers visited by a CHW in the past 3 months.**

“The ENRICH project and health department staff conduct awareness sessions in our village, so our community improves its knowledge. Now I realize that child delivery is very important . . . It is safer to deliver a baby with a skilful health provider.”

U Yan Naing Oo, former Traditional Birth Attendant, now Chairman of Village Health Committee, Myanmar

On average, implementing countries saw a:

- **15% increase in mothers consuming iron and folic acid for >90 days**
- **11% increase in mothers receiving at least 4 antenatal care visits**
- **8% increase in skilled birth attendance**
- **19% increase in growth monitoring and promotion among children 6 to 24 months**

Reaching 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. In the first year, **more than 90,956 Canadians engaged on social media, through the website, and viewing videos.**

Visit the website at 1000dayjourney.ca to stay updated on videos, stories and information regarding ENRICH public engagement activities, and subscribe to the “Voices” Newsletter. Follow [#1000DayJourney on Twitter and Instagram](#).

Challenges: It hasn’t all been smooth sailing

- Exclusive breastfeeding targets for Year 1 were not achieved in all five focus countries due to existing cultural norms and a lack of decision-making power among women at the household/community level. ENRICH will continue engaging in this area as it moves forward.
- Empowering women for decision-making and increasing their ability to access and control household resources remains a strategic priority for the project.
- Stringent government legislation in some of the ENRICH countries slowed down project operations and the baseline survey.
- Limited access to villages in remote areas, poor weather conditions, conflict and insecurity in some communities.

Increased Access to Nutritious Food

32,000 farmers were trained and provided with biofortified crops, vegetable seeds and small animals, increasing the access of over **150,000 women, men and children** to nutritious and diverse foods through ENRICH programming in its first year. **1,463 community members** were trained on malnutrition prevention and rehabilitation, promoting the production, consumption and utilization of locally available, nutritious foods. **49,777 caregivers** were trained on appropriate water, sanitation and hygiene techniques. All these interventions led to **an average increase of 10% in minimum acceptable diet among children 6 to 24 months**, across five implementing countries.

374 underweight children rehabilitated through Positive Deviance Hearth in Bangladesh



Champions of Hope

Meet, Pastor Willy, Irene Cheboi and their 2-year-old daughter, Jemimah. Not photographed is Jemimah’s older sister, Irene who, now 11 years old, had a completely different early childhood experience than her younger sister. Unlike her older sister, Jemimah benefited from the advantages of exclusive breastfeeding, a more balanced and intentional diet and the care of more informed parenting supported by the guidance of trained health professionals.

Pastor Willy and Irene attribute their younger daughter’s quick abilities and confidence to the Channels of Hope (COH) training that they received from World Vision through ENRICH programming in Kenya.

“With Jemimah, we see the fruits. She does not experience frequent colds, and we give her a balanced diet whenever we can, in the best way we can afford,” says Irene.

The couple set out to transfer the information they learned to their community. In their culture, male participation in maternal, newborn and child health (MNCH) has long been stigmatized. However, through World Vision COH-MNCH training, Pastor Willy developed the tools to challenge the long-held community belief that the responsibility of caring for a newborn child rests solely on the mother. Change is happening.

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