

## ENRICH NEWS

Enhancing Nutrition Services to Improve Maternal and Child Health

Issue II

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## EMPOWERING WOMEN: BECOMING A CHANGE AGENT

Previously supporting her family's farm in northeast Bangladesh, twenty-seven-year-old Ajmira jumped at the opportunity to become a Community Health Worker in Thakurgaon. Through ENRICH, she was provided with health training on proper nutrition and hygiene practices, growth monitoring and health facility referral protocol. She was also trained on Citizen Voice and Action (CVA), a model that builds the capacity of communities on using their collective voice to make sustainable change at local level.

Today, Ajmira meets with families providing health and nutrition consultations, supporting pregnant women and new mothers in caring for themselves and their children. She also leads her local CVA group and engages with local leaders on health related issues in her community. A mother of two young children herself, Ajmira is advocating for the construction of a local health centre that she hopes can be a hub for future mothers to gather knowledge and information about nutrition.



Above: Ajmira, teaching mothers about nutrition and diverse diets for children

## TRANSFORMING HEALTH SYSTEMS FROM THE GROUND UP

Recently health services in Tanzania have made a shift to decentralize at the national level and reallocate responsibility of health services to local councils. With small-scale health facilities now responsible for the planning, budgeting and management of their facilities, an operational training program was developed through an ENRICH partnership between the Canadian Society for International Health (CSIH) and local partner PRAXIS to address gaps in health facility management and to ensure the effective delivery of health services. Between March 2016 and March 2018, **195** health managers were trained in health facility operations. Based on the success of the programming and the importance of operational management in the delivery of healthcare services, CSIH/PRAXIS will continue to offer this training to health facilities across the ENRICH project districts.

- **1,363** health facility staff and community health workers trained to conduct outreach and referrals to health facilities
- **1,443** Citizen Voice and Action (CVA) group members and **652** community leaders have been trained in advocacy and engagement regarding gender responsive nutrition services and health policies
- **255** women and female youth educated on monitoring health and services/policies

# 651,037

# of pregnant, lactating women and children U2 reached with various MNCH interventions

## INNOVATION CORNER

Anemia is a significant public health problem in Tanzania. 71.9% of children under five in Shinyanga region, Tanzania are anemic (Demographic Health Survey, 2016). Pregnant women and children under five with anemia, especially those with severe anemia, living in hard-to-reach areas, do not have access to

diagnosis and treatment. ENRICH has signed a collaborative agreement with MASIMO to field test the accuracy and reliability of a non-invasive hemoglobin monitor in Tanzania. The use of this device by frontline and community health workers will increase case detection and referral; contributing to the reduction of complications and deaths associated with

anemia. The field level product evaluation will begin in August 2018. Continue to look for Innovation updates in future editions of ENRICH NEWS.



## GUEST ROOM: AN INTERVIEW WITH CLAUDIA BERLONI

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



Tell us a little about yourself and your role at World Vision.

CB: As Director of the Resource Acquisition and Management team, I lead a department that acquires, designs and manages programs to meet field needs.

We design these projects alongside our field partners and donors, including the Government of Canada, International Foundations, corporations, etc.

**What stood out for you in the design of the ENRICH program?**

CB: I remember us all feeling a deep sense of responsibility, a weight on our shoulders, as we became present to how big and important this work is. As a team we thrive in this space, and took all of that passion and energy to design an incredible program that will improve the health and nutritional status of millions of mothers, newborns and children. That deep feeling of responsibility is what really moves us to do incredible work. We also felt proud as we worked alongside national offices with unique contexts, incredible partners and created a team ready to do such massive work across the globe.

**How did the selection process come about for these countries?**

CB: ENRICH is a response to a call for proposals from the Government of Canada, thus, where the government's priorities lie was an important consideration. We executed a robust selection process with clear criteria, but first and foremost our priority was where the most need is. We take pride in the fact that we are field-driven—so what the field needs and what those gaps are—we address and resource those, leading the charge forward. Malnutrition is the underlying cause of over 3 million child deaths annually and ENRICH countries alone carry a disproportionate level, 13%, of the global burden of stunting. We knew we were going down the right path.

Part Two coming in ENRICH NEWS Issue III

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

Implemented in partnership with:



## BRIDGING THE GENDER DIVIDE

ENRICH recognizes the opportunity to address one of the greatest challenges in Maternal, Newborn and Child Health (MNCH) and Sexual and Reproductive Health and Rights (SRHR): Gender Inequality. In many target communities, men hold the decision-making power regarding household activities, family planning and use of financial resources. Pursuing a gender-responsive and gender transformative approach, ENRICH is engaging women, men and youth in questioning and challenging harmful

gender norms and unequal power dynamics related to health and nutrition. The importance of engaging men as allies cannot be understated. The MenCare Model aims to “promote men’s involvement as equitable, responsive and non-violent fathers and caregivers to promote children’s, women’s and men’s well-being.” (Promundo, CultraSalud & Redmas, 2014),

Over **790** men and male youth have been engaged in programs that enhance their

understanding of maternal and reproductive health, improving child caregiving abilities while strengthening the equitable division of domestic and caregiving roles in households. Men’s active participation in ENRICH has begun, empowering them as advocates to promote positive health outcomes for women, reduced maternal workload, disrupting intergenerational cycles of violence and increasing use of health services by mothers and children.

## BIOFORTIFICATION: NEW OPPORTUNITIES

Biofortification is the process by which the nutritional quality of crops are improved through agronomic practices, plant breeding or modern technology, (WHO). With expertise provided by HarvestPlus, local farmers are being trained on biofortification, appropriate farming techniques and establishing sustainable seed delivery systems for Orange-fleshed Sweet Potatoes, High Iron Beans, Zinc Rice and Zinc Wheat ([HarvestPlus, Biofortification’s Growing Global Reach](#)).

Sirajul is a rice farmer who lives in Bangladesh with his pregnant wife, Sokhina, and son, Shohanur. Rice is a way of life in Bangladesh; paddy fields stretch as far as the eye can see. Sirajul’s rice is slightly different than most other varieties. During a community meeting held by ENRICH, Sirajul learned of the importance of zinc in promoting proper growth and development for pregnant women and children. He received 3kg of seed and training on biofortified zinc rice cultivation and in his first season he yielded 1200kg of rice. The family began consuming zinc rice immediately and spreading the word on its importance for women’s and children’s health.

Zinc rice was only the beginning for Sirajul’s family; his wife Sokhina is an active member of Women Self-help group and he is the leader of his Men Care group. *“I’ve taken my wife in the Maternity Center for Antenatal Care two times already. I ensure that my wife is taking enough nutritious food and is taking enough rest.”* He also added, *“I kept the money that I’ve earned from selling the zinc rice seeds for emergency during the delivery of our second baby.”*



Above: Sirajul in his family rice paddy

167,625 farmers trained in production of biofortified crops / agroecologically appropriate nutrient dense fruits and vegetables

# 6,660,289kg

of biofortified crops produced

## ESSENTIAL MICRONUTRIENTS

Infants and young children are the most vulnerable to micronutrient deficiency, given the high vitamin and mineral intake required to support their rapid growth and adequate development. Promotion of appropriate complementary feeding practices is a key intervention in the reduction of micronutrient deficiencies and malnutrition. Home fortification with Micronutrient Powders (MNP) can be an effective intervention in the promotion of optimal feeding practices for children 6–23 months of age, ([WHO, Use of Multiple Micronutrient Powders](#)).

ENRICH supports the distribution and use of micronutrient powder (MNP) packages that can be sprinkled onto food to increase the micronutrient content of diets without changing dietary habits, (WHO). ENRICH baseline results showed that **33.1%** of children between the ages of 6–59 months in targeted areas of Elgeyo Marakwet are stunted and **8.7%** severely stunted.

In alignment with the *National Policy on MNP (2013)* and the *Operational Guidelines for Health Workers in Kenya: Home Fortification with MNP (2016)*, Nutrition International (NI) and the Community Health Management Team partnered to begin development of the ENRICH MNP Programme Design and Implementation Plan. NI has procured **843,000** sachets of MNP and as of July 2018 will distribute packages to families in Elgeyo Marakwet County, benefiting an estimated **7,762** children between the ages of 6 to 23 months.

## WHAT TO LOOK OUT FOR

- ⇒ ENRICH Mid-Term Evaluation: Qualitative: August 26 to September 7, 2018 and Quantitative: September 15 to November 15, 2018
- ⇒ ENRICH baseline data presentations in two International Conferences: 3rd Agriculture, Nutrition & Health Academy Week, June 25–29, 2018 in Accra, Ghana; and the Fifth Global Symposium on Health Systems Research October 8–12, 2018 in Liverpool, United Kingdom

### PROJECT DETAILS

**Life Span:** 2016 to 2020

**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, Pakistan 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**

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