

GOAL Learning & Review Paper (Specify department: Nutrition)

Date: 12/04/2017

The template below has been produced to help teams generate short review papers of *individual projects* supported by GOAL at the mid-point **and** end of a project cycle. Complete separate Learning Reviews for different projects. Please fill in details under the following subheadings. This document should be a maximum of 2-3 pages, detailing information in bullet point form or short paragraphs, to ensure it's easy to read and quickly interpretable. On completion, it should be circulated to all program sectors, Dublin and the appropriate technical advisor.

IMPORTANT: A learning review should be carried out for each individual project. Do not mix findings from different projects

General Background Information:

Title of Project / Outline of Activities / Project Dates and Objectives

Title: **Social Cash transfer MVAC response - NIPP was integrated into a Cash Transfer programme in Nsanje to promote community resilience.**

Select Activity type: **NIPP**

Project Dates: September 2014 to January 2016

Key Objective(s): **To contribute to reduction in malnutrition in high risk groups in all targeted communities in Balaka and Nsanje Districts**

Key Indicators used to monitor project (include process & impact indicators with numerical value for #/% as appropriate)

Reference: NIPP and Cash Transfer pilot project database

Impact Indicators (OUTCOMES)	Target # & (%)	Achievement # & (%)
% of children 6-59 months admitted in NIPP circles with MAM and reaching graduation non-MAM	-	No sufficient data available for reporting
% of children 6-23 months admitted into NIPP circles who were fed the minimum acceptable diet ion the last 24hours	-	No sufficient data available for reporting
% of children 6-23 months admitted into NIPP circles with adequate diet diversity	-	No sufficient data available for reporting
	-	
Process Indicator (OUTPUTS)	Target # & (%)	Achievement # & (%)
	-	-

Costs (please include total budget, and brief breakdown if feasible, in either Euro or USD)

TOTAL Budget for 2015 €37,059

Summary Breakdown for 2015

- Support to PLW € 13,757
- NIPPs trainings and coordination meetings € 21,594
- Nutrition awareness € 1,707

TOTAL Budget for 2016 €28,239

Summary Breakdown for 2016

- Promotion of diet diversity including all NIPP interventions €24,843
- Developing Nutrition IEC materials €699
- Promotion of households food and hygiene practices € 2,698

Materials Needed (do not detail every item, i.e. if setting up a health centre list: drugs/med' equip' x 4 sites, 2 x vehicles etc)

- IEC materials .i.e. training manuals and stationery
- Appropriate venues for NIPP circles and trainings
- 2 vehicles; 1 for Nsanje and 1 for Balaka to support project implementations.
- 2 Motorbike for our local partners (one for Nsanje and one for Balaka)

Personnel Required (include a summary list of the number of GOAL and / or partner(s) / volunteers utilised, with positions)

- 1 Programme coordinator
- 1 Nutrition manager
- 3 Nutrition officers; 2 for Nsanje and 1 for Balaka; one for each TA. This is the desired situation, but we currently have 2 due to funds availability.

- 3 Nutrition officers for partners; 1 per each TA (Mlolo, Mbenje in Nsanje and Nkaya in Balaka). This is the current situation but the challenge is that the same officers are also responsible for other activities like those under Livelihoods, rendering their supervision of NIPP circles be minimal. Increasing the number of these officer to 5 would be ideal.
- 1 M& E officer.

Planning & Implementation Timeframes (planning includes the inception phase, collection of data to help inform the project, piloting & refinement and development of all requisite monitoring and evaluating tools)

Planning phase:

- January to February 2015 for CT.
- June to August 2015 for IAPF.

Implementation Timeframe (from – until):

- March to June, circles under CT.
- September 2015 to January 2016 NIPP circles under IAPF.

Project Specific Information:

Problems Encountered

- Inadequate number of staff for supervision of NIPP circles.
- Some volunteers expecting to be getting incentives.
- Some participants were also expecting that they would be receiving cash, especially those enrolled under cash transfer.
- Low male involvement across all districts.
- Some participants defaulting the circles because they don't have food to contribute to the circles especially during the lean period. This was not specific to the MVAC programme only, it was observed even in some IAPF implementation areas like Nyaka in Balaka and Mlolo in Nsanje.
- Lack of harmonized food processing and preservation techniques guidelines.
- Some volunteers having difficulties in using reporting forms.
- At the time the programme was implemented, the NIPP data collecting tool and database was not able to capture whether a participant is HIV positive or not, all what it was capturing was whether a participant knows his or her HIV status.

Solutions Employed

- Using government extension workers who are trained and oriented on NIPP to assist with follow ups and supervision of NIPP circles.
- Involving government extension workers in all monthly NIPP review meetings and frequently supervising them
- During sensitization meetings putting much emphasis on the benefits of NIPP and on the fact that participation is voluntarily.
- Sensitizations targeting men and community leaders. We conducted sessions for community leaders, village heads only and these sessions proved to be effective as they motivated men to start participating to NIPP in some villages.
- Encouraging participants to come to the circles even if they don't have food stuff to contribute to the circle during the particular session they are attending.
- Involvement of government extension workers on NIPP monitoring and data collection.
- All reporting forms used by volunteers translated into vernacular language.

List any Unintended Outcomes (positive or negative) from the program

- The integration of NIPP into Cash transfer programme has led to unintended negative outcomes. Indeed, some vulnerable participants were receiving cash under the MVAC programme and this has resulted in the non-MVAC beneficiaries thinking that the NIPP approach was associated with cash transfer and that they would also receive cash as NIPP participants. Additionally, NIPP was wrongly associated with cash input for the cooking demonstrations which has resulted in households believing that they needed to take out loans in order to be able to contribute to the purchase of ingredients for the cooking demonstrations.
- However, the integrated CT and NIPP programme also had positive outcomes: some circles (repeated ones) continued to meet and run in 2016 on their own without GOAL support.

What Lessons Have Been Learned?

- Sensitization of NIPP should target to tackle current issues or challenges.
- Involvement of community leaders should be continuous i.e. even on quarterly basis so that they can continue reinforcing more men to participate.
- There is a need to continue or strengthen integration of NIPP and Livelihoods interventions as they complement each other.
- Before integrating NIPP with another type of programme involving the provision to beneficiaries of inputs, it is crucial to carry out a brainstorming in order to ensure these inputs and the perceptions the beneficiaries might have of it is not going to undermine the non-input philosophy of the NIPP approach.

- A specific male NIPP curriculum need to be developed to include male hooks and improve male participation.

What Recommendations Would You Now Make to Improve the Project with the Bonus of Hindsight?

- Promoting NIPP internal exchange visits for volunteers
- NIPP training manuals and reporting forms for volunteers to be translated into vernacular language, Chichewa
- To train more Health surveillance assistants (HSAs) and or conduct orientation sessions so that they can be used to support the supervision considering that we are scaling up to reach 90 communities this year.
- Need to consider HIV status disclosure and capture into NIPP database for other support services, perhaps this is something we need to discuss further during review meeting if we have one this year.
- Have a learning visit in August 2016 to Zimbabwe (Health coordinator and one NIPP officer) to learn more on circle supervision and involvement of extensional workers, participants' food contribution during lean periods, post circle monitoring and support to communities, etc. This is aimed at strengthening our capacity to scale up NIPP.
- It is not recommended to move forward with programmes integrating NIPP with input-based programmes such as cash/voucher transfer.

Overall Success of the Program (be objective – has it been a good use of funds?)

- We conducted a comparative study of the impact of conventional nutrition education approach versus behavioral change approach like NIPP on nutritional outcomes and behaviour change. Communities receiving cash transfer + conventional nutritional education were compared with communities receiving cash transfer + NIPP. From the circles monitoring, it was noted that there was a continued practice of the promoted behaviors in communities where NIPP was implemented compared to other communities where only didactic messages were being given. However, due to small sample size of children under five, it was not possible to confirm these findings through statistical analysis.
- The monitoring data of this pilot project has shown that the NIPP approach has contributed to increase among NIPP participants, knowledge of positive nutrition-health-sanitation behaviours (72% at baseline versus 90% at graduation have passed the pre/post-test) and adoption of behaviours such as microgardening for dietary diversification (increase from 13% to 20% in the number of HHs with established micro-gardens).
- Going forward we are scaling up the NIPP approach to reach 90 communities by end of 2016.