



## IMPACT OF THE COMMUNITY CENTRED PREVENTION OF MALNUTRITION PROJECT ON MATERNAL AND CHILD HEALTH IN HURUNGWE, MAKONI AND NYANGA

### 1. Introduction

GOAL ZIMBABWE is implementing a Community Centred Prevention of Malnutrition project in Zimbabwe in three districts namely, Nyanga and Makoni in Manicaland Province and Hurungwe in Mashonaland West. This is a three year project that started in March 2013 and ends in February 2016 funded by the UKAID's Department for International Development (DFID) under the Global Poverty Alleviation Fund (GPAF). This is a low cost project which aims to reduce child malnutrition and mortality in Zimbabwe but key to achievement of this is the adoption of positive behaviours and practices that address the key underlying causes of malnutrition using locally available resources as well as impacting positively on the nutritional status of children 6-59 months as well as the pregnant and lactating women.

### 2. The Design and Implementation of Nutrition Impact and Positive Practices (NIPP) circles

The CCPM project **geographically targets** catchment areas of 6 health facilities per district that have high rates of malnutrition based on the growth monitoring and CMAM data however they are also within close proximity, clustered together for easy operations. The health facility staff then uses the same type of information to identify 4 villages where the project can be implemented in a 12 weeks cycle until all the households with children 6-59months and pregnant and lactating women have been reached by the project usually after three cycles.

The communities are mobilised through community sensitization meetings and thereafter **beneficiary screening process** for all households with children 6-59months and pregnant and lactating women and also the chronically ill is undertaken to prioritise those with cases of moderate acute malnutrition (MAM) however the criteria is open to those households with no MAM cases **including OTP discharges and those with undernutrition/stunting indicated by the Road to Health charts, chronically ill, or indeed those** who are just interested to join the circles. 10-15 female representatives and male representatives of these households form separate NIPP circles. In addition, each village also forms the community leaders' circle. From these households, in each village NIPP volunteers are selected 1 male and 1 female borrowing from the Positive Deviance approach and are trained on the NIPP methodology and its technical aspects.

The **NIPP circles sessions** that are facilitated by the trained volunteers are undertaken in a 12 week cycle of ideally 3 sessions per week that run for 2 hours per session. In each session, there are three main components: **Behaviour Change Communication, Micro-gardening and Cooking Demonstrations** with the NIPP participants being engaged in a participatory way, and carrying out practical sessions utilising locally available resources. GOAL only supports the micro-gardening

component with a starter pack of seeds and the NIPP participants bring their own ingredients for cooking demonstrations.

The summary of results outlined below refers to the achievements from March 2013 to date at output, outcome and impact level.

### **3. Expected outputs**

**Output: Men and women in nutritionally insecure households have improved knowledge and skills for improved nutrition and feeding practices.**

A set of indicators are being tracked annually to measure the extent to which the project is achieving the above output as follows;

**3.1. Indicator1:** Households female participants successfully graduating from the NIPP circles (absence of moderate acute malnutrition (MAM) where applicable plus passing post-test, ensuring a hand washing facility at the HH, knowledge of a minimum of 4 different high energy diverse porridges and those with infants <6M are exclusively breastfeeding)

- 80% (692) households' female participants were expected to graduate from the NIPP circles to date and so far the project the project has completed 4 cycles per district.
  - Achieved 752(68%) in Hurungwe
  - Achieved 764(66%) in Makoni
  - Achieved 808(81%) in Nyanga

In all the three districts the target of 692 households' females was surpassed however the minimum 80% was only achieved in Nyanga. In Makoni and Hurungwe, the circles registered more than the targeted female NIPP participants who also defaulted resulting in a percentage lower than the targeted 80%. The defaulter rate was high when the project started as the participants were used to receiving food handouts. In addition the rate of participation was observed to decrease during the agriculture season from November to April.

#### **Lessons learnt and best practices**

- Continuous engagement of the community to explain the low cost high impact has helped to change the mind set of those expecting to receive handouts and also the project resolved to double the NIPP cycles and circles during the off agriculture season to increase participation and coverage.

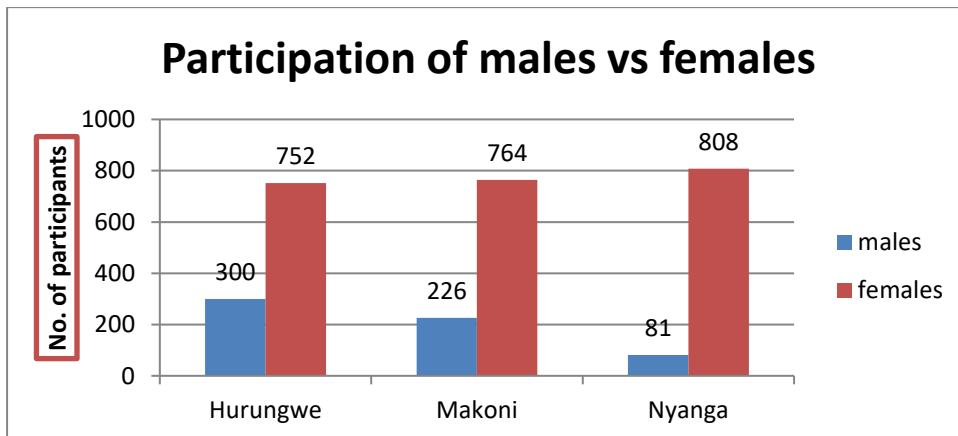
**3.2. Indicator2:** Households male participants graduating from the NIPP circles

- 80% (692) households' male participants were expected to graduate from the NIPP circles cumulatively and so far the project the project has completed 4 cycles per district.
  - Achieved 300(53%) in Hurungwe
  - Achieved 226(55%) in Makoni
  - Achieved 81(80%) in Nyanga

In all the three districts we have not achieved the target of 692 households' male graduans for the last 4 cycles that have been completed. However, the Makoni and Nyanga figures reflect that around 50% of males have at one time joined circle but then defaulted along the way, but for Nyanga, the male have been reluctant to even join the circles. The question that the project has tried to address is how we can lure men to join circles in Nyanga and ensure the keep attending the circles for the whole 12 week cycle.

**Lessons leant and Best Practices**

- Participation of males has generally been low as compared to females



Review meetings conducted with the participants revealed that generally men regard issues around nutrition and child care relate more to women than themselves. Furthermore, men do participate more in interventions that generate income. As a result GOAL Zimbabwe has resolved to include Village Savings and Lending schemes in future CCPM interventions so as to reach out and benefit equally more male and female participants. In addition, We can mainstream nutrition into agriculture interventions (nutrition sensitive agriculture) to lure men to participate.

#### 4. Expected Outcomes

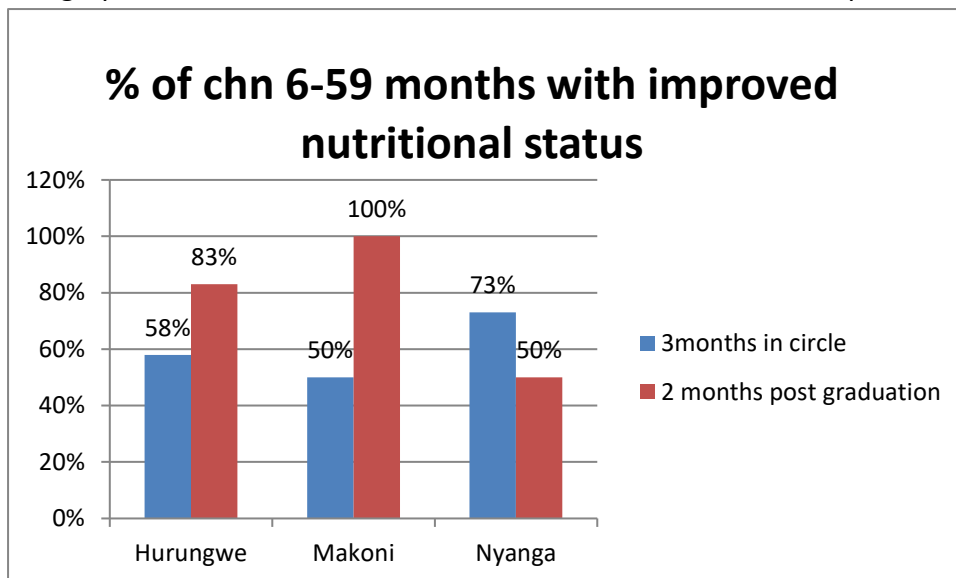
**Outcome: Women and children living in 5,184 nutritionally insecure households in Hurungwe, Makoni and Nyanga districts have improved nutritional status and security**

#### Indicators on Nutritional status in relation to Moderate Acute Malnutrition (MAM)

**4.1. Indicator 1:** Percentage (and #) of children admitted with acute malnutrition (MUAC 11.5 <12.5cm) who have improved nutritional status (MUAC  $\geq$  12.5cm) after (a) 3 months in the circle

In the first year of project implementation, 6% (12) of all the children 6-59 months were admitted with Moderate Acute Malnutrition in Hurungwe's 6 health facilities, 10 (4%) in Makoni and 19(8%) in Nyanga

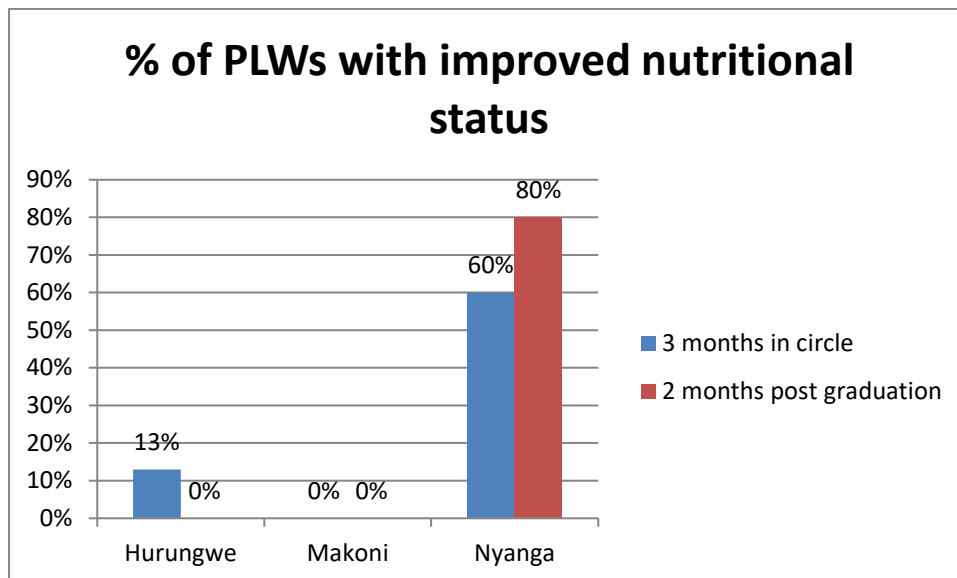
The graph below shows the % of children 6 to 59 months with improved nutritional status.



**4.2. Indicator 2:** Percentage (and #) of Pregnant and Lactating Women (PLW) admitted with acute malnutrition (MUAC <23cm) who have improved nutritional status (MUAC  $\geq$  23cm) after (a) 3 months in the circle

In the first year of project implementation, 35% (15) of all the PLWs were admitted with Moderate Acute Malnutrition in Hurungwe's 6 health facilities, 19% (5) in Makoni and 15(22%) in Nyanga

The graph below shows the % of all PLWs who had improved nutritional status.



From the two indicators and graphs above on nutrition status the children are responding much better than the PLWs except for Nyanga whilst Nyanga is doing well for PLWs as compared to Makoni and Hurungwe districts.

#### Lessons learnt and best practices

- There is need to strongly link the households of either children or PLWs with MAM to the PMTCT project as HIV could be the immediate cause of malnutrition in as much as we try to improve the diet of these individuals and also factor in topics on nutrition and HIV and AIDS.
- The project needs to strengthen the behaviours linked to impacting positively on PLWs in the CCPM project e.g. consumption of extra meals when pregnant and lactating, this had been a bit silent in the project.

#### Indicators related to positive nutrition Behaviours

##### Exclusive breastfeeding (EBF)

**4.3. Indicator 3:** Percentage (and #) of women in targeted HHs with infants < 6 months on admission who after 2 months post graduation are a) practising exclusive breastfeeding

It has been learnt that this indicator it has been difficult to do a longitudinal analysis as most of the children had moved out of the age category by the time they are at 2 months post graduation. However the database formulas need to be corrected as we liaise with the technical team so that cross sectional data is collected and analysed and or this is factored in the database formulas for baseline and graduation data.

## Complementary feeding

### Timely introduction of foods at 6 months

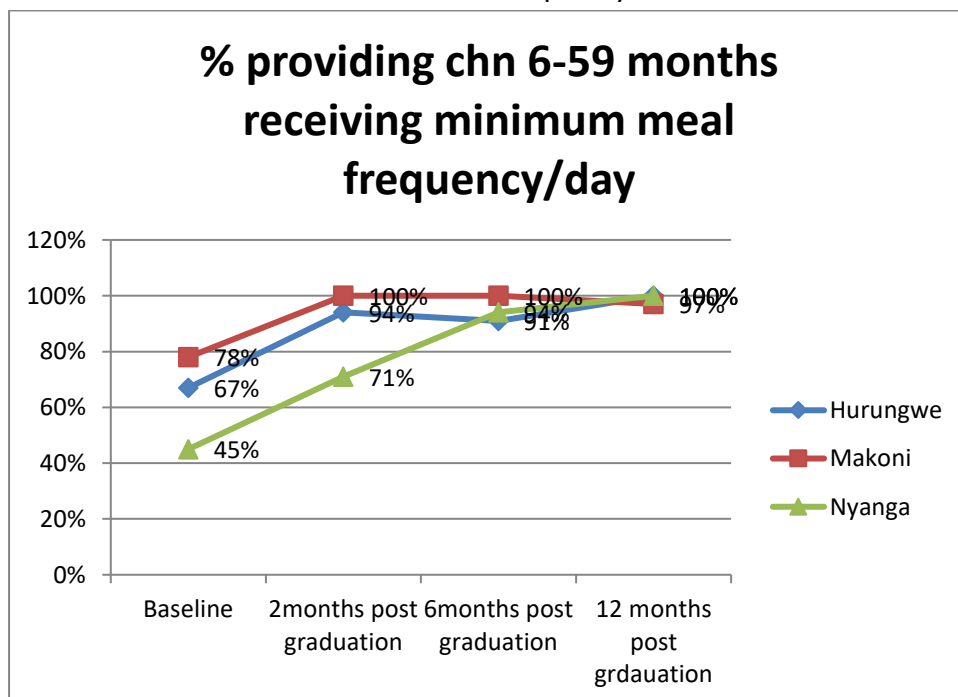
**4.4. Indicator 4:** Percentage (and #) of women in targeted HHs with infants < 6 months on admission who after 2 months post graduation introduce complementary food at 6 months

Similarly to the EBF indicator, it has been difficult to do a longitudinal analysis as most of the children had moved out of the age category by the time they are at 2 months post graduation. However the database formulas need to be corrected as we liaise with the technical team so that cross sectional data is collected for this indicator rather than longitudinal data and or the correct formulas are factored into the database for baseline and graduation data.

### Meal Frequency

**4.5. Indicator 5:** Percentage (and #) of targeted HH with children 6-59 months who after 2 months, 6 months and 12 months post graduation received the minimum meal frequency

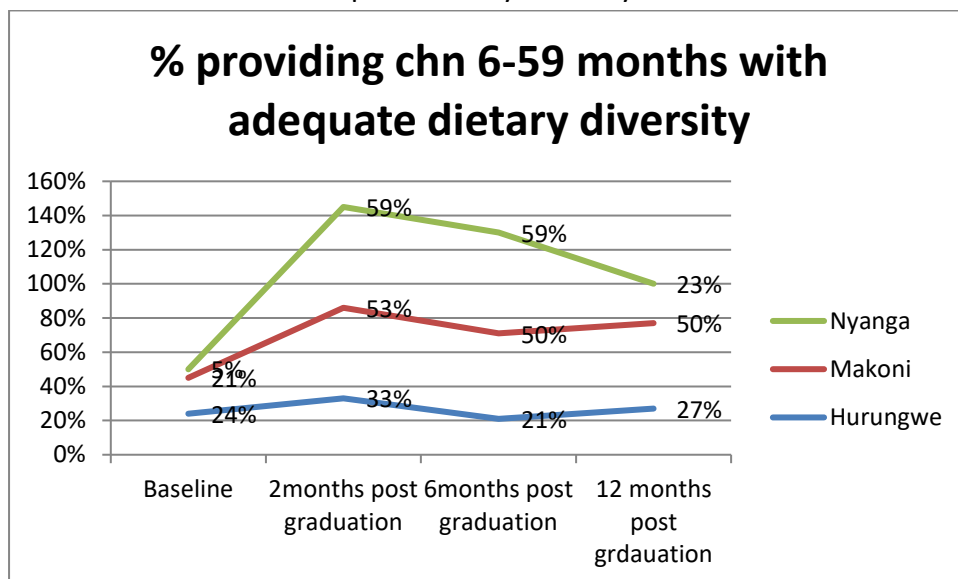
The graph below shows the % of female NIPP participants households with children 6-59 months who received minimum meal frequency



## Dietary Diversity

**4.6. Indicator 6:** Percentage (and #) of targeted HH with children 6-59 months who after 2 months, 6 months and 12 months post graduation received foods from 4 or more food groups in the last 24hrs

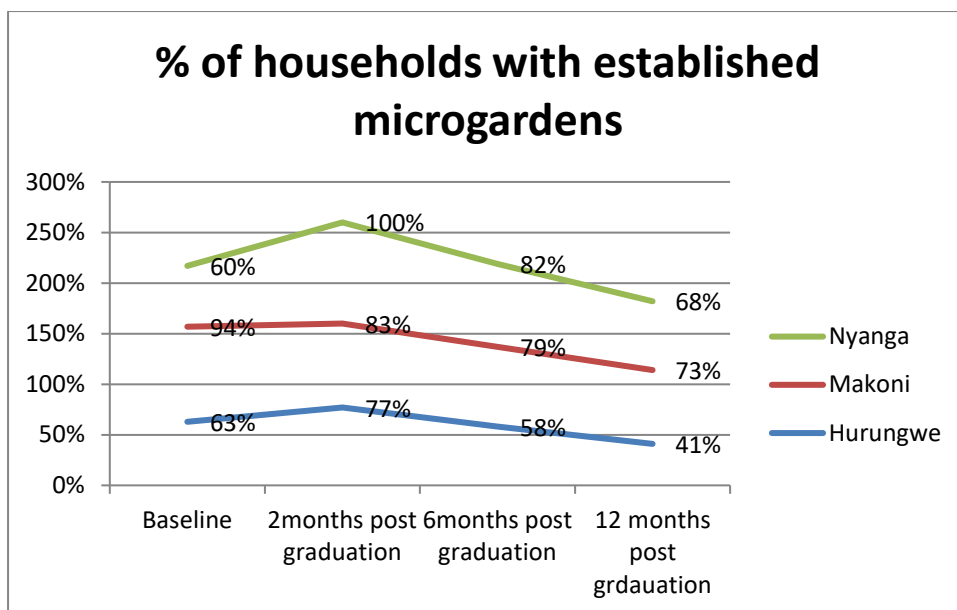
The graph below shows the % of female NIPP participants' households with children 6-59 months who received adequate dietary diversity



The CCPM project is doing quite well in terms of impacting positively on adequate meal frequency as depicted by the graph pointing towards 100% from baseline to 12 months post graduation even though the indicator had high values at baseline.

In the same manner dietary diversity is also improving given the low values at baseline except for Hurungwe witnessing a 3% increase to end line, Makoni is witnessing a 29% increase to end line whilst Nyanga increased by 40%. In addition overall at end line the highest reached is 50% in Makoni. So a lot can still be done on this component.

The data on microgardens which has been included as a component in the project to contribute towards dietary diversity has generally declined from baseline to 12 months post graduation period as depicted by the graph below thus there is need to find ways of sustaining the microgardens and impact positively on dietary diversity.



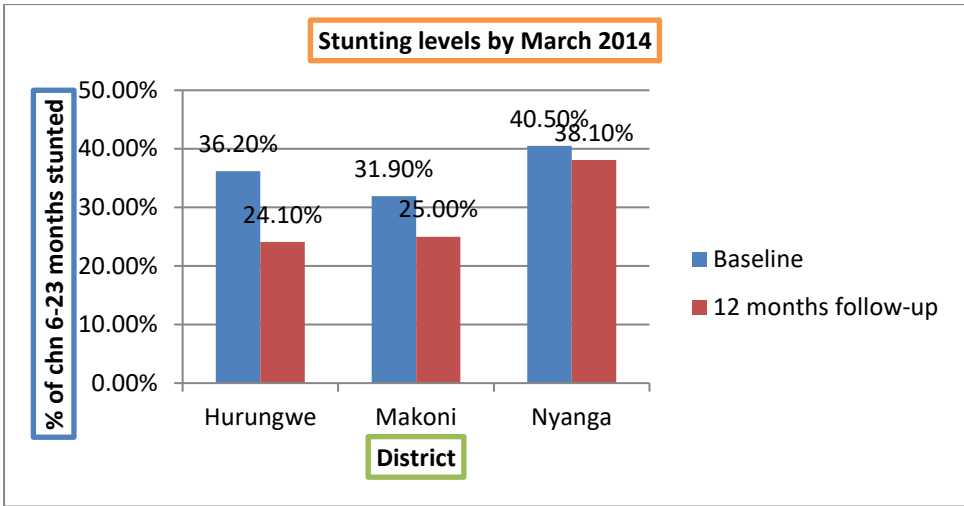
#### Lessons learnt and best practices

- Long term behaviour change interventions 5 years and above in the same communities versus short term interventions could help improve adoption of behaviours that enhance consumption of diverse diets for sustainability purposes
- To compliment the above point is need to strengthen nutrition sensitive agriculture interventions so as to help increase production processing and preservation of diverse foods
- Also other nutrition sensitive interventions not specifically linked to agriculture need to be promoted such as those that enhance household incomes and link this with a behaviour that promotes purchase of unavailable food as the rural communities are more inclined towards own production whilst the urban communities are the ones on the reverse side of purchasing rather than producing.

#### 5. Expected Impact

There has been a positive impact on reducing stunting among children aged 6-23 months across all the 3 districts as illustrated in the graph below.





Hurungwe: 12.1% reduction

Makoni: 6.9% reduction

Nyanga: 2.4% reduction