NIPP learning review - Malawi baseline RAM-FSNS

Department: Nut
Date: 13.09.2017

Instructions

- The template below has been produced to help the teams generate short review papers of **individual projects** supported by the implementing body at the mid-point **and** at the end of a project cycle.
- A separate Learning Review should be completed for each project.
- Please fill in details under the subheadings below.
- This document should be a maximum of 2-3 pages, detailing information in bullet point form or short paragraphs, to ensure it is easy to read and quickly interpretable. On completion, it should be circulated to all programme departments, the headquarters and the appropriate technical advisors.

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

1. General background information

Title of project / Outline of activities / Project dates and objectives

Title: RAM FSNS 2017 – Chikwawa, Balaka and Nsanje.
Select activity type: NIPP
Project dates: From 10th to 25th July 2017
Key objective(s):

1. Individuals have improved nutrition outcomes through access to curative and preventative nutrition services

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

Impact Indicators (OUTCOMES)	Target # & (%)	Achievement # & (%)
% of female and male children 6-23 months in NIPP who received the minimum acceptable diet during the last 24 hours (including minimum diet diversity and meal frequency).		To be analysed
Process Indicator (OUTPUTS)	**Target # & (%)**	**Achievement # & (%)**
# of mothers trained on MUAC by Mothers approach and provided with a MUAC tape	200	0
# of female NIPP circles established	30	0
# of male NIPP circles established	5	0

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

- Allowances and Accommodation for RAs: 2000USD
- Transport: 2000USD

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.)

1. Tablets
2. MUAC tapes
3. Weighing scales
4. Height boards
5. Event calendars
6. Access to internet
7. Access to ENA for standardisation test.

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

There were 2 MEAL Officers, 8 Research Assistants (HSAs from the Ministry of Health and 4 Part time Research Assistants

1. Chikondi Denzi (HAS)
2. George Phiri (HAS)
3. Blamu Makawi (HSA)
4. Beatrice Kamvazaana (HSA)
5. Khumbo Nyasulu (RA)
6. Jodwell Mwase (RA)
7. Paul Vyalema (RA)
8. Wituly Mwenitete (RA

Planning and 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:

- Training/ orientation of research assistants (RA): 10 -12 July 2017
- Implementation Timeframe: 13-25th July 2017

2. Project specific information

Problems encountered

- The data collected on the first two days of the survey failed a plausibility test due to digit preference
- Due to internet problems data for one-day was not registered in CommCare. Not sure if loss of data was due to changes in the questionnaire or CommCare Server problems but the data was re-collected anyway because of changes in sampling.

Issues with guidance:

- The guide does not provide instruction on standardisation test which would be beneficial to ensure anthropometric data collection is of good quality.
- Guidance on random sampling is to calculate the sampling interval by rounding down, however this means too many clusters are selected. On clarification with Mark Myatt it was explained that the sampling interval should be rounded up – so if your sampling interval is 1.6 then you start at 1 and select village 3, then 5 then 7, etc.

- As a lot of this approach is done using manual methods there is room for human error and so all aspects should be double checked by a second pair of eyes to ensure sampling etc. is done correctly.

Solutions employed

- Enumerators were re-oriented on data collection techniques and RAs were re-oriented on how to take anthropometric measurements.
- The team was requested to do a standardisation test.

List any unintended outcomes (positive or negative) from the project

- The survey took longer than anticipated.

What lessons have been learned?

- Consultation with technical leads should start early in the planning stages.
- Using the health workers from the health department will help in minimising the errors in taking anthropometric measurements. This will also help in ensuring sustainability of the NIPP project after phasing out.

What recommendations would you now make to improve the project with the bonus of hindsight?

- Planning for surveys should be done in conjunction with the tech team so that everyone is aware of what is happening. Ideally when plans are shared both parties should take an initiative to discuss the plans before implementation.
- The manual should include the training material/ orientation checklist for the Research Assistants.

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

Yes, it has given a baseline of the nutritional status and the food security status of the communities where NIPP will be implemented. In the long run, it will be easier to compare and see the impact of the project.

Support

For more information on the NIPP approach, please contact NIPP technical support nipp@goal.ie.