



# NUTRITION IMPACT AND POSITIVE PRACTICE (NIPP)

A COMMUNITY-CENTRED MULTISECTORAL SECTORAL BEHAVIOUR CHANGE INITIATIVE FOR THE TREATMENT AND PREVENTION OF MALNUTRITION

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## A COMMUNITY-CENTRED MULTISECTORAL BEHAVIOUR CHANGE INITIATIVE FOR THE TREATMENT AND PREVENTION OF MALNUTRITION

GOAL designed the Nutrition Impact and Positive Practice (NIPP) approach as a gendered, grass-roots approach, directly tackling a package of the underlying behavioural causes of malnutrition, irrespective of the particular manifestation.

NIPP is agile and adapted to the context of its implementation. It uses positive deviance and is focused on there being easy and viable solutions to improve and protect household health and nutrition within the community. Although GOAL takes a systemic approach to programming, direct interaction with beneficiaries remains an integral part of the NIPP approach.

GOAL field-tested the approach in 2012 and have been rolling it out since 2013 in collaboration with INGO, CSO and government partners in six GOAL country programmes – Sudan, South Sudan, Niger, Malawi, Uganda, and Zimbabwe.

The original stimulus for designing a new nutrition approach was to find an alternative to heavily input focused food-based aid programmes that either have not been found effective in reducing rates of malnutrition or have only had short lived effects, whereby their sustainability is usually untenable. GOAL also identified other programming issues, including the difficulty of implementing truly multi-sectoral initiatives, due to the inherently siloed approach of sectors. Therefore, by designing an initiative that innately incorporates sectorally sensitive elements (Health, Water-Sanitation-Hygiene and Livelihoods), GOAL removed the need to get “buy-in” from other sectors to work collaboratively.

Currently, many nutritional programmes focus solely on the curative element of malnutrition. However, the rates of malnutrition at the global level make a compelling case for the implementation of interventions that, as well as improving the nutritional status of those already malnourished, also focus more holistically on attempting to ‘prevent’ the occurrence of malnutrition in the first instance, through changes in behaviour and practice.

### ABOUT GOAL

Established in 1977, GOAL is an international humanitarian and development agency, committed to working with communities to achieve sustainable and innovative early response in crises, and lasting solutions to poverty and vulnerability. GOAL has worked in over 60 countries and responded to almost every major humanitarian disaster. We are currently operational in 13 countries globally



To help prevent malnutrition throughout the year, NIPP volunteers in Sudan provide practical training on how to process, preserve, and store food grown in micro-gardens.

# OUR APPROACH

GOAL has created a framework to improve the nutrition security and care practices of households either affected by, or at risk of malnutrition.

NIPP circles are male and female gatherings of community members who meet on a regular basis for a recommended period of 12 weeks to share and practice positive behaviours.

NIPP circles aim to improve the nutrition security and care practices of households either affected by, or at risk of suffering from malnutrition, through participatory nutrition/health/hygiene-sanitation learning and diet diversity promotion (including small-scale agricultural production).

The circles aim to facilitate knowledge and skills sharing of both men and women using locally available resources with discussion, practical exercises and positive reinforcement to help families adopt sustainable, positive behaviours. The concept is focused on there being easy and viable solutions accessible to all participating families.

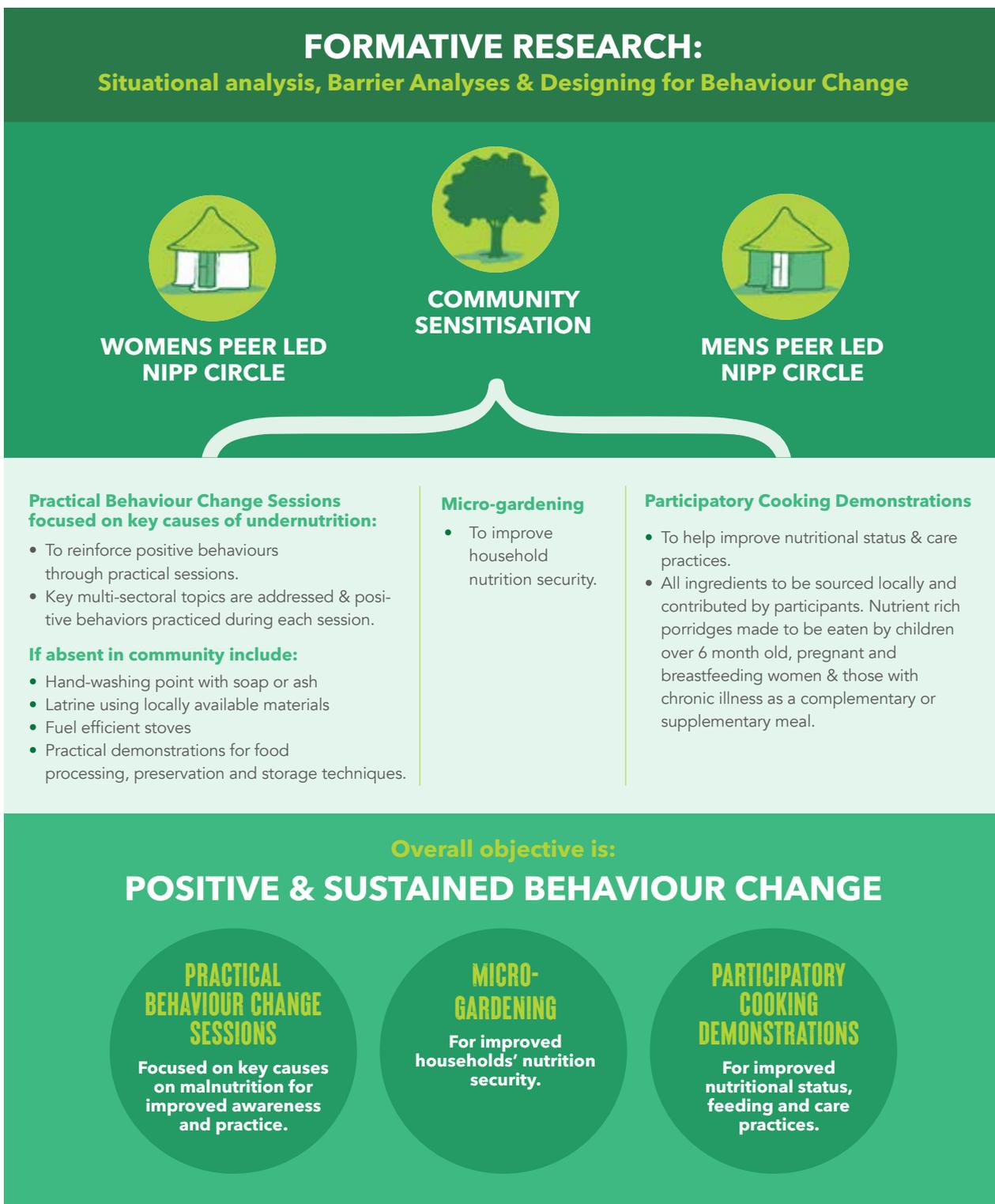


Micro-garden in Zimbabwe established by a family participating in the community NIPP approach<sup>1</sup>.

## TO ENSURE A HOLISTIC APPROACH, THE CIRCLES PROVIDE PARTICIPANTS WITH KNOWLEDGE AND SKILLS THROUGH 3 MAIN COMPONENTS:

i) Practical behaviour change sessions including a package of 'must-have's' or 'non-negotiable' extras (if absent), ii) Micro-gardening and iii) Participatory cooking demonstrations.

## DIAGRAM OF KEY COMPONENTS TO HELP ILLUSTRATE THE INITIATIVE AS A WHOLE

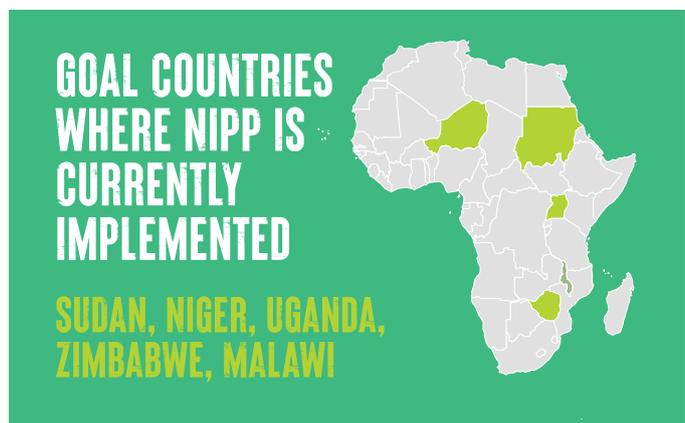




# A SOCIAL BEHAVIOUR CHANGE APPROACH SUPPORTING THE CONTINUUM OF MALNUTRITION PREVENTION AND TREATMENT

A tippy tap handwashing station used with ash in Malawi.

**Our NIPP approach focuses on reducing malnutrition in the long term. It aims to support communities, including men, women and leaders, in the sharing of knowledge and skills training around positive behaviours that contribute to a reduction in malnutrition.**



## RESULTS

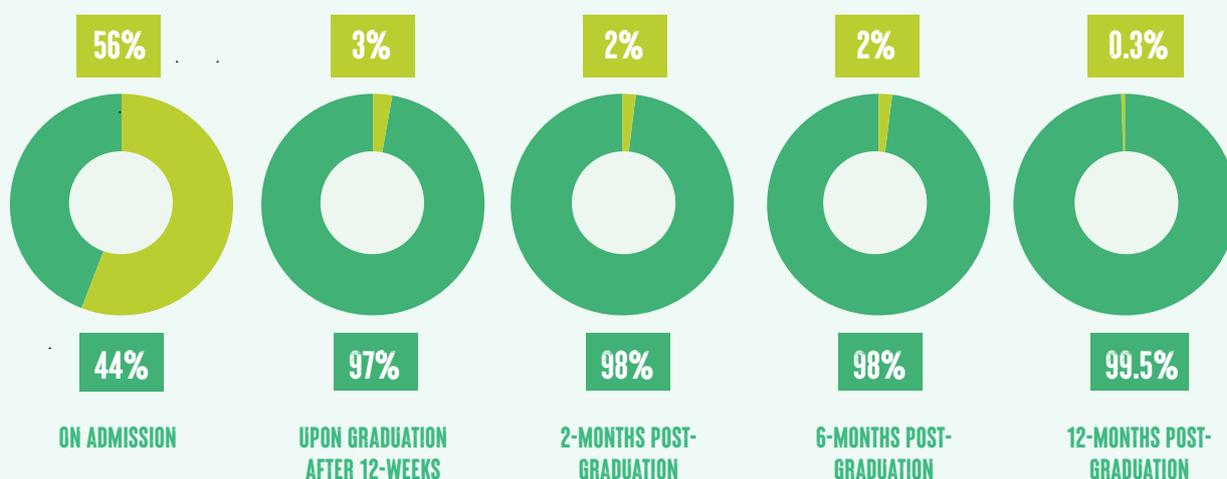
Since the beginning of NIPPs implementation in 2013, the approach has reached well **over 36,000 direct beneficiaries** and an estimated **134,000 indirect beneficiaries (family members)** in Malawi, Niger, South Sudan, Sudan and Zimbabwe. Across these countries, NIPP has had a positive impact on nutrition-specific and sensitive behaviours. In 2020 Uganda became the sixth country to implement NIPP, with plans to start in Ethiopia in 2024. Multiple indicators have been collected since 2013 spanning health, nutrition, hygiene-sanitation, and food security. Naturally, there are variations between countries success against different indicators and in terms of eliciting sustained behaviour change over time, but all contexts have achieved sustained positive gains across multiple fronts from year to year.

One of the most demonstrable markers of change is through the measurement of acute malnutrition. Between 2013 and 2019 of 5,150 children 6-59 months enrolled into NIPP with Moderate Acute Malnutrition (Mid-Upper-Arm-Circumference (MUAC) measurements below the 125mm threshold), **89% were discharged cured**. Similarly, of 2,099 PLWs enrolled with MAM 83% were discharged cured. Using paired analysis at time points, minimum diet diversity in 4,181 children aged 6-23 months, increased from 67% at enrolment to 85% on graduation, minimum meal frequency in 3,628 children increased from 27% at enrolment to 72% at graduation, individual dietary diversity scores in 3,393 children 6-59 months increased from 3.8 to  $4.7 \pm 0.02$  over the 12-week implementation timeframe (enrolment to graduation), carers able to give examples of 2 or more types of food preservation techniques increased from 38% at enrolment to 91% at graduation (13,888), households with functional latrines increased from 53% at enrolment to 80% at graduation (12,177), households with hand-washing facilities in use increased from 39% at enrolment to 94% at graduation (14,329), PLWs accessing micronutrients through local health facilities increased from 84% at enrolment to 96% at graduation (2,275) and children 6-59m up to date on vaccines for age increased from 79% at enrolment to 89% at graduation (4,306). Most pertinently, although significant inter-country variation was observed, almost all indicators demonstrated a trend of **positive gains being maintained at 2-months, 6-months and 12-months post-graduation, illustrating sustained change over time**. In contrast, many in-kind, or input focused interventions only achieve positive gains for the duration of the programme cycle.

In terms of **cost efficiency**, an independent evaluation was conducted in Sudan in 2019, taking data from three project periods spanning 3-years (2016-2019), implementing 296 NIPP circles, including 4,199 direct participants. On average, the NIPP programme **cost only €40.70 per participant over 12 weeks**. In the Sudan context, a 95% cure rate of MAM in children 6-59 months and 78% in PLWs was achieved, illustrating a potentially highly cost-efficient way to treat moderate acute malnutrition.

In terms of measuring the potential of NIPP to effect **long-term prevention of acute malnutrition**, a sub-set of 9,717 randomly selected NIPP participants 6-59 months, were followed up at 2-months (# 1,268), 6-months (# 946) and 12-months (# 644) post-graduation. Of all children 6-59m enrolled, 56% were classified as MAM using a MUAC measurement of below 125mm at enrolment. Upon graduation, only 3% of these cases were still classified as MAM, whereby almost none relapsed, illustrated by the very low rates of MAM identified at the 3 subsequent timepoints of 2-months, 6-months, and 12-months post-graduation.

## MODERATE ACUTE MALNUTRITION (ASSESSED BY MUAC) IN NIPP CHILDREN 6-59 MONTHS OVER TIME

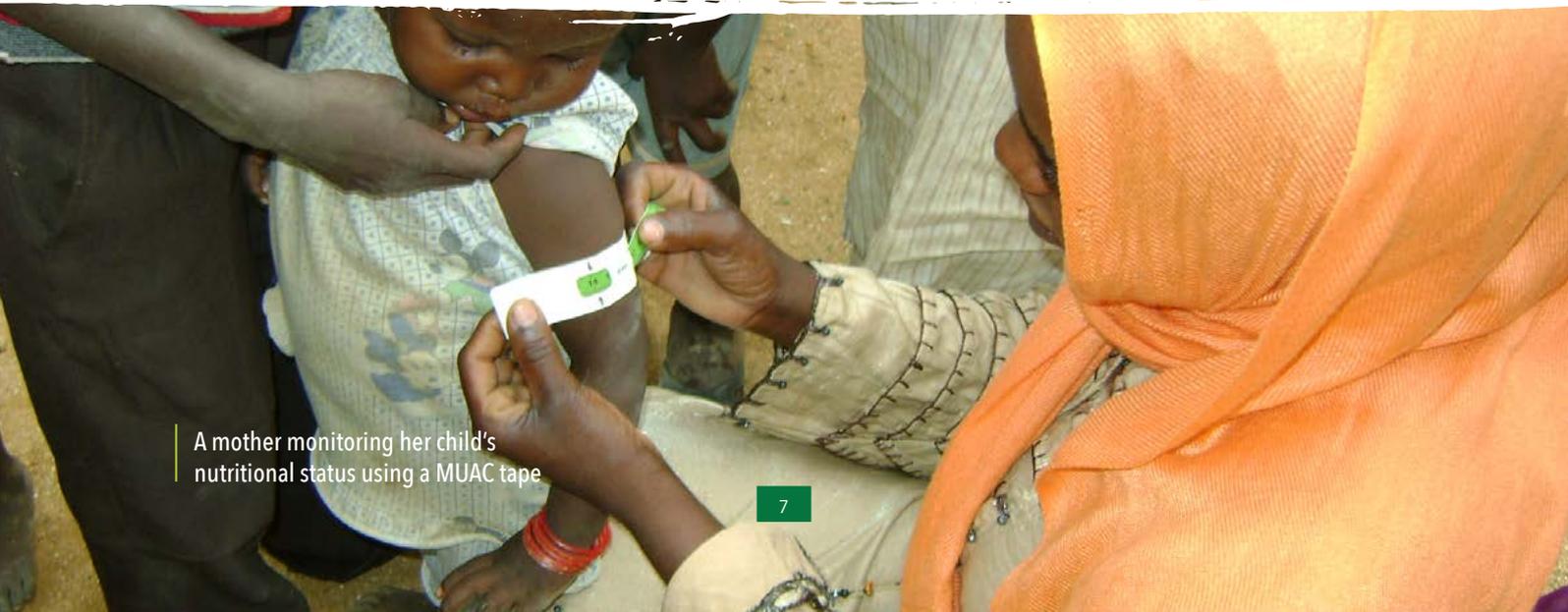


## NIPP'S IMPACT IN FIVE COUNTRIES

- Reached more than **36,000 children under 5** and Pregnant and Lactating Women suffering from moderate acute malnutrition or vulnerable to nutrition insecurity and an estimated **134,000 family members**.
- Achieved **89% cure rate** for Moderate Acute Malnutrition in children 6-59 months enrolled with MAM and an **83% cure rate** for Moderate Acute Malnutrition among Pregnant and Lactating with MAM.
- Achieved a **27% increase** in the proportion of children 6-23 months receiving the Minimum Dietary Diversity.

### GOAL USE OF NIPP TO SUPPORT NUTRITION SYSTEM STRENGTHENING IN SUDAN

Building on the positive achievements of the NIPP approach and on its years of experience in designing and implementing the NIPP approach in North Darfur, GOAL in Sudan has worked with Sudan Federal Ministry of Health (FMOH), to build a NIPP Technical and Advisory Service (NTAS) to support NIPP scale up across Sudan through technical assistance and capacity building. This collaboration was officialised through a Memorandum of Understanding (MoU) signed with the National Nutrition Directorate (NND) within the FMOH in 2017. The NTAS, launched in 2018, serves as a technical hub by providing at national level, capacity building and technical programming support to the Ministry of Health as well as interested CSOs for NIPP implementation and scale up. Since its launch, NTAS has used a variety of strategies to strengthen institutional capacity and organisational implementation capacity on NIPP. Since 2016, GOAL and NTAS have supported awareness and technical capacity on the NIPP approach and its implementation for at least 362 individuals across 17 out of 18 states in Sudan, including staff from the Federal and State Ministry of Health, national and international CSOs and donors. NTAS has supported 3 national CSOs and 2 international NGOs on NIPP implementation using a combination of capacity building strategies, which includes technical support in the form of on-the-job training and supportive supervision, field monitoring and seed funding to support NIPP implementation. Regarding NIPP institutionalisation in Sudan, NTAS held an endorsement workshop on NIPP technical guidelines which was chaired by the National Community management of Acute malnutrition (CMAM) technical working group hosted by the FMOH.



A mother monitoring her child's nutritional status using a MUAC tape



Women in Sudan exchanging ideas for nutrient-rich, diverse meal recipes.

## GOAL USE OF NIPP AND FAMILY MUAC TO STRENGTHEN THE CONTINUUM OF MALNUTRITION PREVENTION AND TREATMENT IN NIGER.

In 2019, GOAL began promoting the integration of the Family MUAC approach into the NIPP initiative. Its aim was to support the treatment and prevention of malnutrition within the community on a more sustained and integrated level. This integration involved Training of Trainers (ToT) sessions for Health Facility staff on both Family MUAC and NIPP and provision of Family MUAC monitoring tools for health facilities, ToT sessions for NIPP volunteers as well as provision of MUAC tapes to caregivers enrolled in a NIPP circle.

In Niger, in the first quarter of 2019, training on this integrated approach took place. Each caregiver was trained on the use of MUAC tape and provided with a MUAC tape to assess the nutritional status of their child at home and self-refer those with severe acute malnutrition (SAM) to integrated SAM management public health services. During the first year of this new initiative, 600 households and an estimated 3,000 family members were reached by the integrated NIPP and Family MUAC approach in Niger.

## FOR THOSE WHO WISH TO IMPLEMENT THE NIPP APPROACH.

The NIPP toolkit developed by GOAL aims to meet the needs of the Ministry of Health and other organisational programme managers, coordinators, and advisors who wish to implement the NIPP approach. In addition to the implementation guidelines, the toolkit contains planning, costing and communication tools. In countries with existing national protocols for the treatment of acute malnutrition and the prevention of chronic malnutrition, this toolkit should be adapted to be aligned with and to support the existing nutrition policies. The NIPP guidelines can be accessed through NIPP webpage.

In the context of COVID-19, GOAL believes that, where possible, social behaviour change programs should be adapted, using different approaches and/or platforms to maintain interaction and cultivate dialogue around key issues (modified to the context) alongside COVID-19 specific activities. As such, GOAL has published a Guidance Note on the adaptation of SBC programs, including NIPP, in the context of COVID-19. This guidance can be accessed through [GOAL COVID-19 resources](#).

# GOAL AS A LEADER IN MULTISECTORAL SBC FOR THE PREVENTION AND TREATMENT OF MALNUTRITION

## CONTRIBUTION TO GLOBAL LEARNING

Since the NIPP approach was designed in 2012, GOAL has strived to demonstrate and strengthen the proof of this preventative and curative multisectoral SBC concept in the six countries where it has now been implemented. To this end, GOAL has commissioned and/or led independently or in partnership with Research or Education institutions over 17 NIPP evaluations and research. These include internal and external evaluations involving prospective or/and retrospective qualitative or/and quantitative design.

Most recently, between 2019-2022, GOAL Uganda collaborated with Tufts University School of Nutrition Science and Policy, CIMMYT, and Cornell University on the One Nutrition in Complex Environments Study (ONCE).

The ONCE Study was designed to improve nutrition in Uganda through research on community-based initiatives to prevent and reduce acute malnutrition. It was a fifteen-month, cluster-randomized trial that tested two multisectoral SBC approaches to addressing malnutrition in Agago District, Uganda: NIPP and NIPP Plus, the latter of which included various low-cost agricultural innovations. The study was funded by Feed the Future, the U.S. Government's global hunger and food security initiative.

In alignment with the Government of Uganda and Tufts University's guidance related to the COVID-19 pandemic, the study was put on hold between 2020-2021. Early results indicate the potential of the NIPP approach to secure lasting change on diet quality in both women and children. The trial was able to demonstrate that children in the NIPP+ cohort were twice as likely to achieve a minimum acceptable diet compared to the control (OR=2.04; 95% CI=1.04, 3.99;  $p=0.039$ ). Women in the NIPP and NIPP+ cohorts were more than twice as likely to achieve a minimum diet diversity compared to the control (OR=2.27; 95% CI=1.38, 3.74;  $p=0.001$ ) and (OR=2.81; 95% CI=1.71, 4.61;  $p<0.000$ ) respectively. Children in the NIPP+ cohort had a mean Mid-Upper Arm Circumference (MUAC) of 2.17 mm higher on average ( $\eta=0.217$ ; 95% CI=0.033, 0.402;  $p=0.022$ ) compared to control. As this trial was undertaken in isolation of other broader health and/or food security initiatives, it is agreed that greater sustainable impact would be achieved by addressing broader systemic issues that would support improved health plus food production, productivity, availability and access to adequate diets, requiring work within food market systems and with formal financial services to support financial inclusion.

## INNOVATIVE APPROACH

NIPP is one of GOAL's key SBC approaches tackling multisectoral drivers of malnutrition to support improved health, hygiene-sanitation, food and nutrition security. Other innovative approaches related to NIPP include:

- Piloting of Family-MUAC integration in NIPP approach
- Integration of safeguarding awareness in NIPP
- Development of food processing-preservation and storage guidelines
- Development of food flash cards to support understanding around diet diversity, feed frequency and recipe ideas.

## GLOBAL NETWORKS

GOAL is actively engaged in the following networks

- Global Nutrition Cluster
- Infant Feeding in Emergencies (IFE) Core Group
- Irish Forum for Global Health
- Development Studies Association of Ireland (DSAI)
- MAMI Global Network



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