



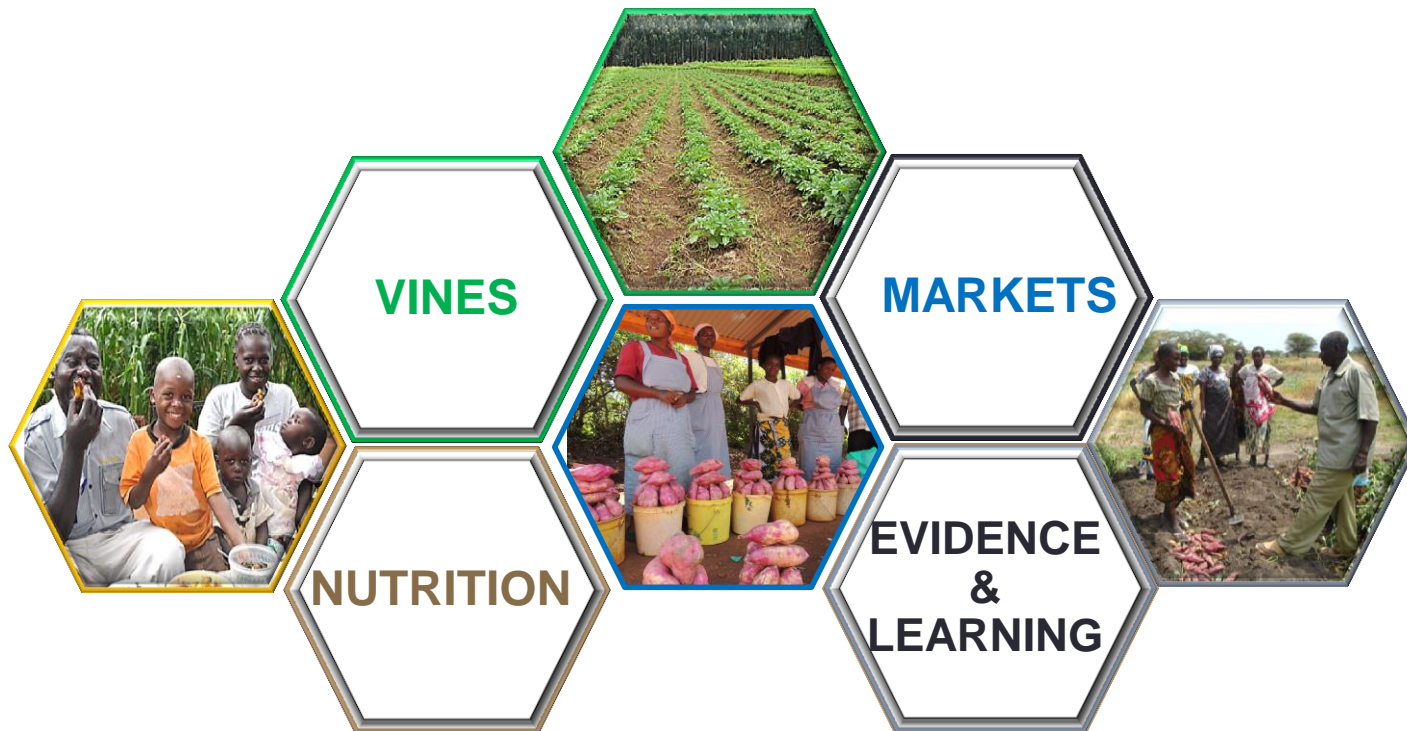
SPHI Meeting  
September 9-11, 2014

# PROFILE

Duration: July 2013 – June 2018

Countries: Kenya, Malawi, Mozambique, Rwanda

Donor: DFID



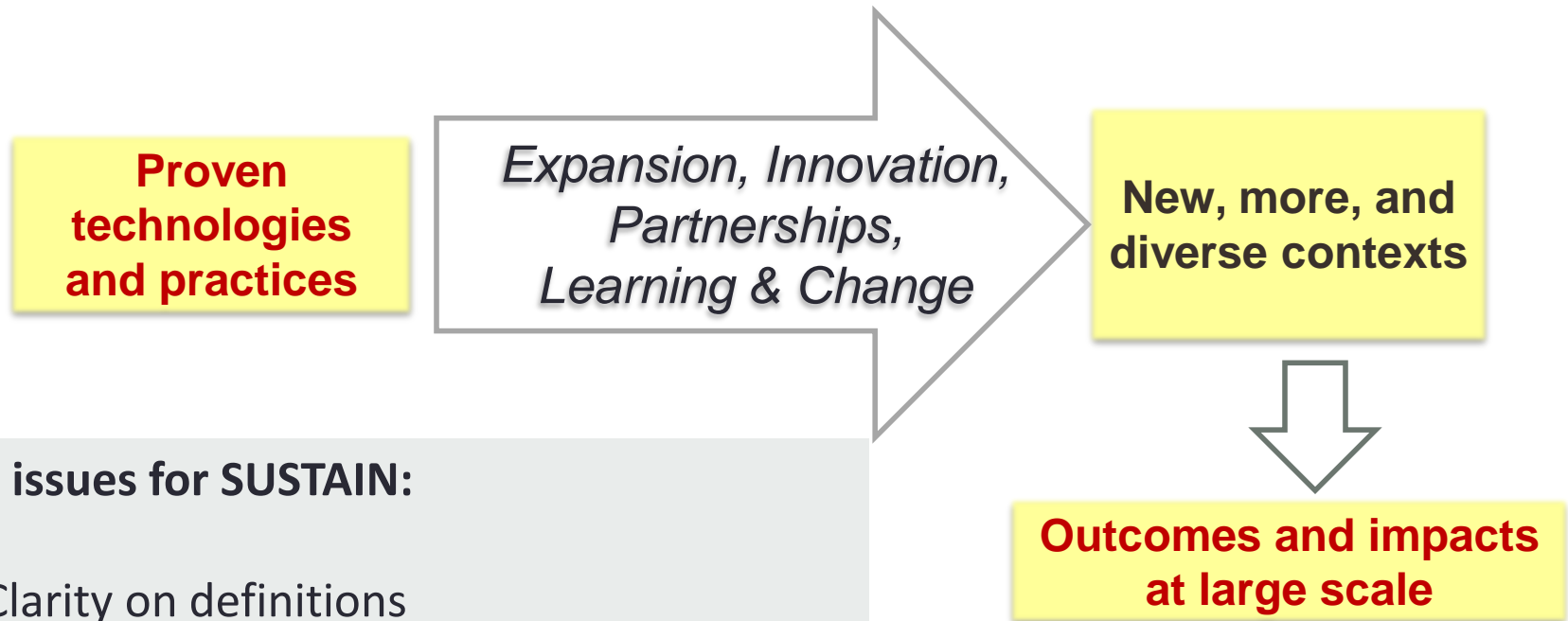
## Why SUSTAIN?

- This is the time to scale up
  - Successes of SASHA I and other projects
  - Demand for impacts at scale (countries, CGIAR, donors)

## Dual purpose of SUSTAIN:

1. Delivery at scale: 1.2m households
2. Assess scalability: how best to scale up the benefits of OFSP

# *What do we mean by scaling up?*



## **Key issues for SUSTAIN:**

- Clarity on definitions
  - technologies/practices
  - process and methodologies
  - contexts
  - targets
- Engagement with partners and programs
- Balancing delivery and learning targets

## Delivery targets

### Output 1

At least 1.2 million households with children <5 years access planting material of improved OFSP varieties

### Output 2

Access to improved nutritional knowledge & diversified use of OFSP by both female and male caregivers in 200,000 households with children <5.

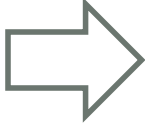
### Output 3

In each country, at least one commercially marketed processed product uses OFSP as a major ingredient.

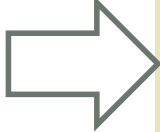
### Output 4

Evidence of achieving outcomes analyzed and disseminated


## Outcomes



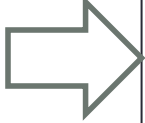
1.2m smallholder households producing OFSP.



200,000 of these HH also increase their consumption of OFSP by women and infants.



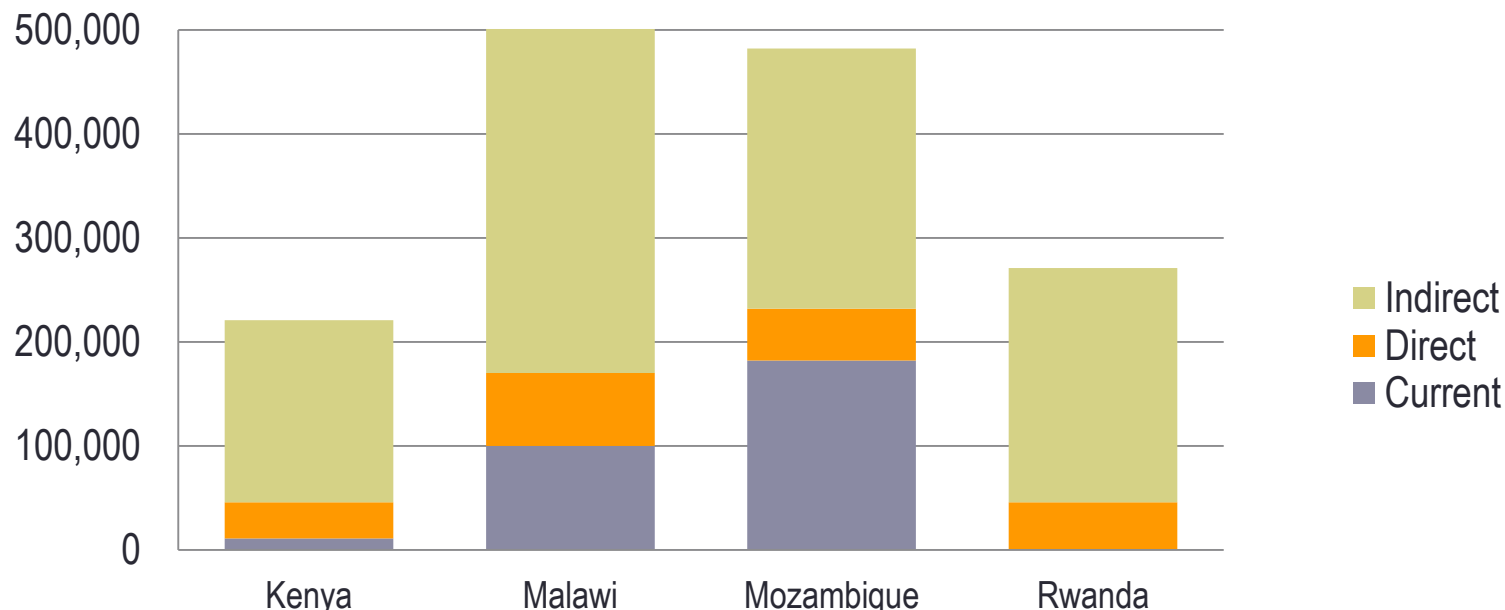
At least 400,000 consumers purchase OFSP-based processed products



Better understanding of scalability of interventions, supporting design and implementation of future OFSP programs

# Dissemination of planting material

Households reached by 2018



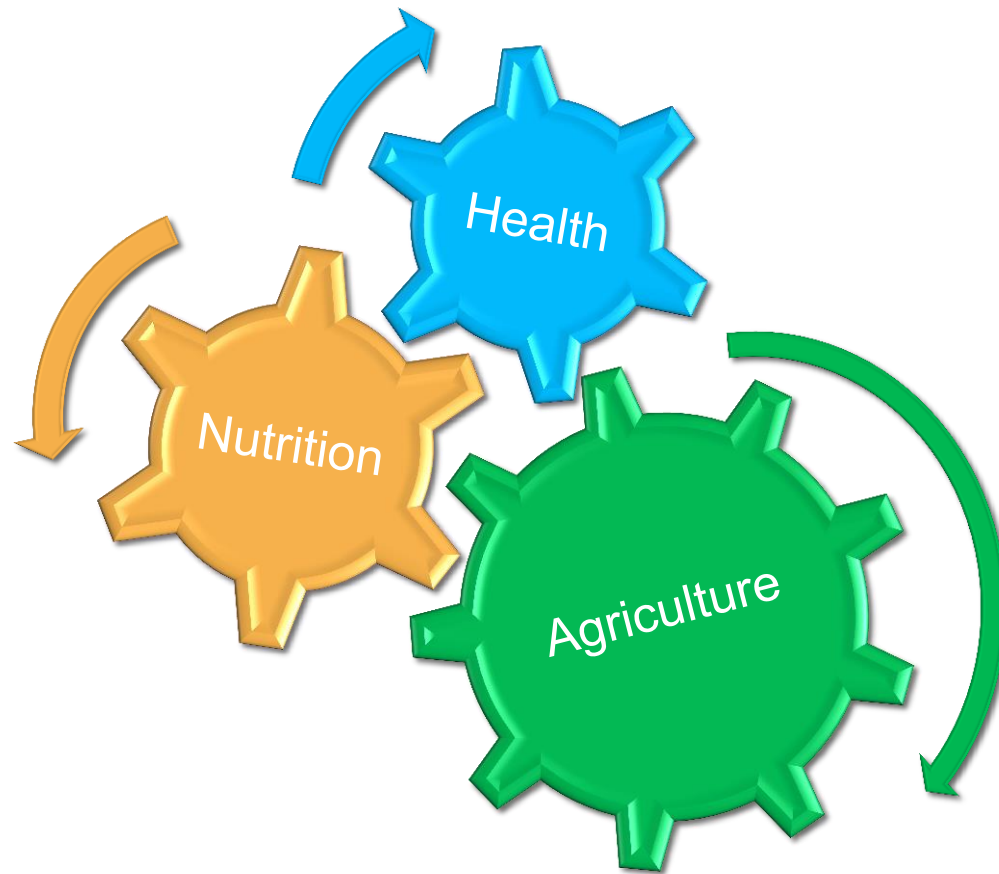
	Kenya	Malawi	Mozambique	Rwanda
2015 milestones	7,000 HH	6,000 HH	7,000 HH	12,000 HH
<b>Multiplication strategy</b>	<b>DVM</b> based multiplication multiplication capacity for >10,000 HH	<b>Commercial vine producers</b> ; DVMs/MBT; 6 varieties; multiplication capacity for 13,000 HH	<b>Commercial farms and DVMs</b> ; Sites established for >8,000 HH	Accelerated plan for 2014/15 season; <b>RAB and DVMs</b> ; capacity for 15,000
<b>Dissemination strategy</b>	<b>Coupon-based</b> dissemination to target HH (adapted from Mama SASHA); PATH; 3,000 HH target for 2014	Combination of <b>sales, auctions, mass distribution</b> ; disseminate beyond target groups	<b>Coupon-based</b> dissemination; ADEM	<b>Mass distribution</b> ; RAB. Imbaraga, YWCA

# Market development



	Kenya	Malawi	Mozambique	Rwanda
Commercial partners	Tuskys Ltd. Puree producer (?)	Universal Industries Ltd.	Under discussion	SINA Enterprises
Product focus	Bakery goods, use of OFSP puree	Range of products (using puree, flour, roots); “Nutrition for the Nation”	Under discussion	Bakery products; new focus on juice; use of OFSP puree
Fresh root markets				

# Nutrition intervention and measuring

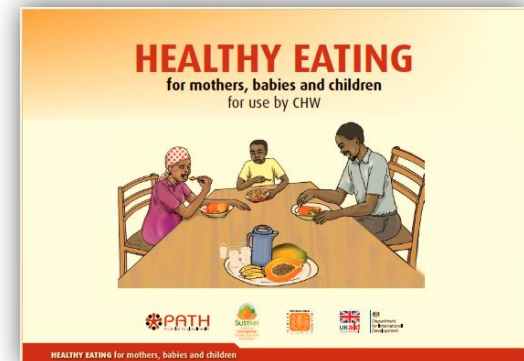


Improve access to better nutritional knowledge & diversified use of OFSP by both female and male caregivers in households with under-5 children.



# Nutrition interventions:

- ✓ Based on Community Infant and Young Child Feeding (CIYCF) Practices to households with pregnant, lactating and children under 5.
- ✓ First 1000 days emphasis (working with existing platforms-SUN movement)
- ✓ Learning from SASHA and expansion
  - Nutrition education (**messaging...the information**):
    - Key messaging on IYCF and 1000 day approach
    - Nutrition communication
      - Media, brochures, ICE materials, FFS, community meetings
  - Using: Farmer groups  
Agricultural Extension Workers  
Community Health Workers (CHW)

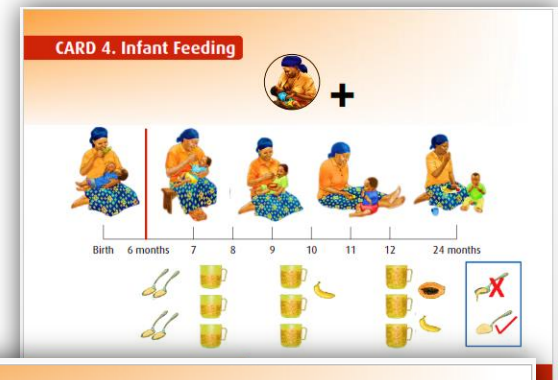


# Nutrition interventions:

- ✓ Nutrition counseling (practice...the how to)- first 1000 days
  - ✓ Focusing on milestones by providing more information at 6, 9, 12, 18 24 months on feeding frequency and quantity
  - ✓ Cooking demonstrations
- ✓ Sills and techniques for message transmission

Using:

- Community Health Workers
- In community
- At Health Centers



**CARD 4. Infant Feeding**

- Breastmilk provides ALL of the nutrition a baby needs for the first 6 months of life.** It also provides protection from diseases and makes your baby strong.
- Do NOT give baby anything else the first 6 months of life.** Even water, local herbs or tea is harmful to their health. Only medicine is allowed if the child falls sick.
- AT 6 months, start giving the baby other foods,** and continue giving breast milk. Try mashing and feeding boiled Orange-fleshed Sweetpotato, mango, pawpaw, banana and avocado. Mix maize meal porridge with foods such as bean flour, fish powder, dark green leafy vegetables and a small amount of oil to make the porridge more nutritious.
- In addition to breastmilk feed your baby at:
  - 6 months of age: 2 or 3 spoons, two times a day
  - 7-8 months of age: half a cup, 3 times a day
  - 9-11 months of age: 2/3rds of a cup, 3 times day and a snack
  - 12-24 months of age: a full cup, 3 times a day and 2 snacks
- Make sure the mashed food is not so runny that it falls off the spoon.

Logos: PATH, SUSTAIN, UKA, Department of International Development

HEALTHY EATING for mothers, babies and children

# Nutrition interventions:

- ✓ Nutrition indicators we will measure consumption, diversity and adoption and use
- ✓ Tools
  - IYCF core indicators
  - Dietary Diversity Measures (HDDS, WDDS)
    - - Indicator of micronutrient adequacy
  - 24 hours recalls (repeated)/quarterly
  - Nutrition information retention

The 7 food groups used to calculate this indicator are:

1. Grain, roots tubers
2. Legumes and nuts
3. Dairy products (milk, yogurt, cheese)
4. Flesh foods (meat, fish, poultry, liver/organ meats)
5. Eggs
6. Vitamin A rich fruits and vegetables
7. Other fruits and vegetables

- ✓ Indicators (e.g.)

# of caregivers (female and male)  
reached through nutrition and diversified  
use training

# of events (media, field day, classes) etc.  
Held that promote the appropriate use of  
OFSP

Early initiation of breastfeeding

Exclusive breastfeeding under 6 months

Continued breastfeeding at 1 year

Introduction of solid, semi-solid or soft foods

Minimum dietary diversity

Minimum meal frequency

Minimum acceptable diet

Consumption of vitamin A-rich or Vitamin A-fortified foods

# Assessing scalability

## 1. Independent Impact Evaluation (Michigan State University)

- Randomized Control Trials
  - Rwanda
  - 5 treatments (combinations of agriculture, nutrition, markets)
  - Effectiveness, cost-effectiveness
  - Baseline in November 2014
- Qualitative Research
  - All countries, but different questions
  - In-depth studies of incentives and constraints in Integrated Approach
  - Starting 2015

## 2. SUSTAIN MLE

- Indicators and tools developed
- Utilization Focused Evaluation approach
- Training MLE staff in October 2014

# Summary

## **SUSTAIN value proposition**

- We will achieve outcomes at scale (1.2m HH)
- We can be a source of learning for scaling up

## **We rely on**

- Effective linkages with other programs
- Overall scaling up framework





Questions ....

Discussions ....

Thank you