Nutrition Model of VISTA Tanzania project: Going to scale with Nutrition education

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FEED THE FUTURE
The U.S. Government’s Global Hunger & Food Security Initiative

USAID
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CENTRO INTECCIONAL DE LA PAPA
A member of the CGIAR Consortium
**Project Goal**
To contribute to improved dietary diversity, food security, and incomes in Tanzania

**Project Purpose:** To extend the production, consumption, and marketing of OFSP products among HHs with children under 5y in 7 districts of Tanzania

- 21,000 smallholder farmers
  - 17,500 farmers & caregivers will participate in full- ag-nutr package
- 20 medium size farmers

**Objective 1**
Increased production and consumption of OFSP varieties through an integrated agriculture-nutrition technology set.

**Objective 2**
Access to improved nutritional knowledge & practices & diversified use of OFSP by both female and male caregivers.

**Objective 3**
Improved storage and marketing of fresh OFSP roots

**Objective 4**
Improved evidence based and policy support for OFSP production and utilization
VISTA Tz nutrition related objective and targets

- **Objective:**
  
  Increase access to improved nutritional knowledge & practices & diversified use of OFSP by both female and male caregivers

- **Targets:**
  - 17,500 households by 2017
    - Equal numbers of women and men through community groups
VISTA Tz nutrition related indicators

Access to improved nutritional knowledge & practices & diversified use of OFSP by both female and male caregivers

• Output indicators:
  • # female and male caregivers receiving nutrition Social Behavior Change Communication (SBCC)
  • # community group leaders trained in improved nutrition counseling
  • # of nutrition messages including those on vitamin A & OFSP included in counseling materials for caregivers
VISTA Tz nutrition related indicators

- Contributing to outcome indicator:
  - # young children and pregnant women consuming OFSP, either as boiled roots or in other processed form and frequency of consumption, disaggregated by gender of household head

- Contributing to Impact indicators
  - Frequency of consumption of all vitamin A rich foods during past 7 days among women and children <2 yrs. and children 3-5 yrs. of age
  - Minimum level of IYCF attained among 6-23 month old children, disaggregated by gender of household head
PLANNING PHASE
Things to consider when going to scale

- **Challenges in Social Behavior Change Communication**
  - Takes time (but possible if messages are well crafted and well transferred)
- **Standardizing nutrition interventions across partners**
  (Mwanzo Bora, District actors)
  - Maintaining same content in nutrition education and messaging among all implementing partners
- **Quality control**
  - Supervision and surveillance of collected data and indicators
- **OFSP and other Vit. A sources**
  - Knowledge of what already exist and what is being consumed
Main elements of work plan

1. Formative research
   - Rapid assessment of dietary practices

2. Identification of HH and implementing partners
   - Identification of HH with under-5’s
   - Identification of nutrition implementing partner for each location (e.g. Local gov’t district nutrition officers, Mwanzo bora cso, etc.)
   - Develop work plans with implementing partners for each location

3. Nutrition education and counseling/BCC
   - Define nutrition education and counseling approach with partners
   - Adapt existing IEC materials and methods
   - Provide training for implementing partners in these approaches and methods
   - Implement first round of nutrition interventions
   - Hold regular monitoring meetings (quarterly and seasonally)
IMPLEMENTATION PHASE
VISTA Tz Implementation approach

• Initial nutrition assessments:
  • What should/can go into baseline?
    • Food consumption
    • OFSP availability and use at household
    • OFSP pricing and procurement source

• Nutrition education:
  • Key messaging on IYCF and 1000 day approach
  • Nutrition education

• Nutrition counseling:
  • Skills and techniques for message transmission (IEC tools)
VISTA Tz Implementation approach

• Training of partners
  • Who? (CHW, CSO, Extension, Local Gov.)
  • Type of training (e.g. ToT course)
  • Targeting of direct and indirect beneficiaries
  • Frequency
  • Tools and job aids

• Project monitoring
  • VISTA Tz Indicators
  • M&E tools
  • Refresher trainings

• Gender sensitivity
Progress on implementation

- IEC materials and training manuals for implementers developed and translated into Kiswahili
- Collaboration agreed between VISTA and Mwanzo Bora (MB)
- District Nutrition extension (DNuOs in ag & health depts) in all intervention districts partnered
- CHWs trained to deliver nutrition counseling in IYCF support groups
- CHWs have formed community based groups (15-20 members – female & male caregivers) & are counseling
  - MB CHWs use existing groups; non-MB CHWs form new ones
Progress on implementation

- IEC materials and training manuals for implementers developed and translated into Kiswahili
Progress on implementation

- IEC materials and training manuals for implementers developed and translated into Kiswahili

COUNSELING CARDS
Progress on implementation

Training of 157 CHWs: 157 villages

- CHWs trained to deliver nutrition counseling in IYCF support groups
Progress on implementation

Training of 157 CHWs: 157 villages

Counseling cards & monitoring tools distributed & trained on usage
## Progress on implementation

Monitoring tools: as part of M&E

### GROUP PROFILE FORM: CHWs

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<tr>
<th>No</th>
<th>First name</th>
<th>Surname</th>
<th>Date joined</th>
<th>Age in years</th>
<th>Sex</th>
<th>Education level (see codes)</th>
<th>Marital status</th>
<th>No. of living children</th>
<th>Employment (0-No 1-Yes)</th>
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**Education levels Codes**

0 None, 1 Standard 1, 2 Standard 2, 3 Standard 3, 4 Standard 4, 5 Standard 5, 6 Standard 6, 7 Standard 7, 8 Form 1, 9 Form 2, 10 Form 3, 11 Form 4, 12 Form 5, 13 Form 6, 14 Any literacy, 15 Adult literacy
### Group Meeting Attendance Form - CHWs

<table>
<thead>
<tr>
<th>No</th>
<th>First name</th>
<th>Surname</th>
<th>Sex (M/F)</th>
<th>Monthly Attendance (B - Did Not Attend)</th>
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#### Topic Codes:
1. Why mothers should attend ANC early & regularly
2. Eating Healthy
3. Vitamin A rich foods
4. Nutrition during pregnancy
5. Nutrition for lactating mothers
6. Exclusive breastfeeding
7. Complementary feeding
8. Safe food preparation
9. Child Health
10. OFSP cooking demonstration
11. OFSP production
12. Other, specify

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Total number attending
Progress on implementation

Monitoring tools

SUPERVISION CHECKLIST: DISTRICT NUTRITIONISTS

VST 8C. OBSERVATION CHECKLIST CLUB SESSION

Regularly, district nutritionists are expected to do supervisory support and monitoring visits to intervention sites. The main objective for those visits is to assess the progress of the RHC and other Primary Health Care services. The monitoring visits also give opportunities to contribute in a few eliminated session, which need to be run; making the session run at a comfortable speed with the learners. The individual observer should have the CHW’s manual at hand. After the session, the observer discuss with the CHW and correct errors he would have noted.

REGION:

WARD:

DISTRICT:

VILLAGE:

Name of CHW:

Code:

Name of Health Facility:

Code:

Club/Group:

Name of the observer:

Code:

Observation date:

Time the Counseling session begun?

Time the Counseling session ended?

Venue:

Somebody’s home

Yes

No

Other

School

Yes

No

Other

Church

Yes

No

Other

Attendees:

No. women who attended on time

Total women who attended

No. women who came late

No. of men

No. of children

No. other

Discussion points of session

1) Eating well during pregnancy and breastfeeding ........... Yes No

2) Drinking more water during pregnancy and breastfeeding ............. Yes No

3) Regular antenatal care visits ........................................... Yes No

4) Exclusive breastfeeding ........................................... Yes No

5) Complementary feeding ........................................... Yes No

6) Healthy foods ................................................................. Yes No

7) Safe food preparation ........................................... Yes No

8) Importance & food sources of vitamin A ........................................... Yes No

9) OFSP growing and consumption ........................................... Yes No

10) Cook OFSP ........................................... Yes No

No.

CLUB SESSION OBSERVATION

Finding

0 = Not Correct

1 = Partially Correct

2 = Fully Correct

9 = NA

Comments

TECHNICAL CONTENT

H701 Communicated key technical information accurately (as outlined in manual)

H701a Three food groups (energy giving, body-building, and protective)

H701b Eat vitamin A rich food to prevent vision impairment and common illness

H701c Increase vitamin A intake by growing OFSP and eating them on a daily basis

H701d Vitamin A rich food combined with fatty foods or oil will increase the body’s absorption of vitamin A

H701e Pregnant and breastfeeding women should eat at least these healthy meals a day to maintain their own health and their baby’s health

H701f Pregnant and breastfeeding women can obtain the vitamin A they need by eating a medium size boiled dark OFSP every day

H701g Pregnant and breastfeeding women should attend antenatal and postnatal clinics on a regular basis (every 4 to 6 weeks, the first visit within the first trimester of pregnancy)

H701h Exclusive breastfeeding giving breast milk only, and nothing else, for the first 6 months

H701i Number of times a breastfed child aged 6-7 months, or 8-9 months, or 10-11 or 12-23 months should be breast fed as an infant (2 times, 3 times, 3 times plus a snack, or Responded to questions accurately?)

H702 Acknowledged when questions were beyond his/her technical knowledge

SESSION MANAGEMENT AND ORGANIZATION

H703 Completed all parts of session

H704 Completed all parts of session in order (as indicated in manual)

H705 Did read specific instructions included in session manual, only meant for CHW

H706 Had difficulties in reading the activities included in the manual (could not read English easily)

H707 Had all material ready AND organized
SUCCESSES
Progress on implementation

- CHWs have formed community-based groups (15-20 members – female & male caregivers) & are counseling monthly
- High attendances to monthly group meetings
Progress on implementation

- Counseling by both female & male CHWs: gender sensitive
- Enhanced demonstration of infant food preparation at meetings
- Good integration with other nutrition programs in the communities
CHALLENGES
Challenges

• Low male attendances at meetings:
  • Nutrition component has no direct and immediate financial benefits
  • However, men have important inputs in child upbringing

Solution

• Improve targeting
  • Nutrition modules included in trainings on marketing because men do attend

• Take advantage of other meetings that men attend in the community
  • Practical demonstrations of processing of OFSP roots
  • Talks about nutritional benefits of sweetpotato & nutrition generally

• Peer groups
  • Use men’s peer groups to spread information of OFSP and nutrition as well as to encourage them to attend nutrition training
Challenges

- Inefficient completion of monitoring tools by CHWs:

  Solution

- Targeted refresher trainings
Thank you