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DAPP NUTRITION PROJECTS (BLANTYRE AND CHIRADZULU) REPORT JANUARY-DECEMBER, 2016



Submitted to:

U-landshjelp fra Folk til Folk,
Norge



PROJECT GLANCE

1	Name of the project	Support to Nutrition Improvement Component A (SNIC)
2	Operation area	Blantyre & Chiradzulu districts
3	Project Leader	Mercy Chikopa
4	Address	P.O. Box 2732 Blantyre, Malawi mercychikopa@hotmail.com
5	The project idea and who the project reaches	<p>The project seeks to contribute to overall reduction of child stunting, maternal and child anemia in Malawi. This is expected to be achieved through enhancing and scaling up maternal and child nutrition service delivery at community level in Blantyre and Chiradzulu districts.</p> <p>In Chiradzulu district the project is being implemented in Traditional Authority (T/A) Kadewere, Likoswe, Nkalo, Chitera, Mpama and Ntchemba reaching to 310,000 people. While in Blantyre the project is in T/A Kunthembwe, Nsomba and Makata, reaching to 200,000 people.</p>
6	The people at the Project	2 Program Managers , 2 Nutrition Focal Officers , 1 Field coordinator, 100 Field Officers, 2 cashiers, 7 Field Supervisors, 2 Drivers, 5 Guards, 1 Grants Administrator and 1 M& E in Nutrition project.
7	A brief history	<p>The project started in February 2014 and phase 1 ended in March 2016. Phase two started in April 2016 and will phase out in August, 2017. The project is technically and financially supported by the International Development Association (IDA-World Bank) and Canadian International Development Assistance (CIDA) through the Department for Nutrition, HIV & AIDS (DNHA) in Malawi.</p> <p>Malawi Health Survey 2015/2016 report indicated that stunting is at 37% for the children under 5 years. In acknowledgement of this problem Malawi join the international Scaling Up Nutrition movement which started in 2011 aiming at mobilizing a concerted effort to reduce stunting in Children from conception to 2 years of age (1,000 Special days).</p>

The following were the main project activities carried out during the reporting period:

Establishment of Nutrition and Health Care groups at community level

In the year 2016, the project have managed to reach its project goal of establishing 813 Nutrition and Health Care Groups. During the door to door visits, the Field Officers together with lead/community volunteers registered new house 7,112 holds with pregnant women, 39,162 lactating mothers and guardian of children under two years old. The Field Officers and Lead / Community volunteers from care groups continued carrying out door to door home visits by sensitizing the general targeted population of 200,000 per district.

Improved Infants and Young Child Feeding (IYCF) practices by caregivers.

The project has counselled 27,331 lactating mothers on the importance of exclusive breastfeeding during the first six months after birth. The Field Officers educated Lactating mothers on correct positioning and proper diet for lactating women. Pregnant women were encouraged to attend antenatal clinic and taking their children to under five clinic for growth monitoring and 15,255 pregnant women were reached with the information.

Cooking demonstration conducted

The cooking demonstrations were aimed at equipping the beneficiaries with knowledge and information on how to prepare nutritious and hygienic food for the good health of the infants, pregnant and lactating women. The project conducted 1,217 cooking demonstrations (63 at Group Village Head level and 1,154 at Village Head level) where by 26,557 people (1206 males and 25, 351 were females) participated.

Improved hygiene (personal, food and environmental), utilization of safe water and sanitation.

46,875 households were visited and counseled on personal and food hygiene, hand washing with soap, drinking and using safe water, proper usage of pit latrines in order to prevent water-borne diseases such as cholera and other diarrheal diseases. The Field Officers and lead community Volunteers sensitized and counselled 18,727 pregnant women on usage of Oral Rehydration Salts (ORS) and Zinc to treat diarrhea.

The project mobilized and educated families to establish sanitary facilities at household level. The following sanitary facilities were completed: 33,766 Improved Pit Latrines, 24,165 Hand Washing facilities (Tippy Taps) and 33,812 Rubbish pits.

Improved iron intake through consumption of iron rich foods and iron supplementation to women and children.

The project provided education and counselling to 7,112 pregnant and 39,162 lactating women on the importance of consuming iron rich foods such as: small dried fish, meat, dried fruits, pulses, liver, eggs, milk and dark leafy vegetables for them to remain healthy hence reducing anaemia cases.

60,000 cassava cuttings and 103,000 assorted fruit trees were distributed to beneficiaries to supplement iron intake. Furthermore, the pregnant women were sensitized and encouraged to demand iron tablets supplementation during antenatal visits.

PROJECT ACTIVITIES

Improved dietary intake by women before, during and after pregnancy

The project sensitized 15,255 pregnant women on the importance of eating Malawi six food groups prior to pregnancy, during pregnancy and after delivery. The main objective was to help the pregnant with information and knowledge on the importance of eating Six Food Groups. The project has trained women on food processing, preservation and how to prepare nutritious foods during pregnancy and after delivery.

Improved knowledge on child spacing for mothers postpartum

Educating people about child spacing in one activity which the project is implementing. Field Officers door visited and counselled 15,764 people which includes men, women and adolescents (15 to 49 years) on the importance of child spacing as it improved the health of the women and unplanned pregnancies amongst adolescents girls.

Improved prevention of malaria and parasitic infections

In order to reduce risk of getting malaria amongst beneficiaries, the project procured 5123 Long Lasting Insecticide Treated Nets (LLITNs). Whilst Ministry of Health in the 2016 also procured 213,638 LLITNs and a total of 218,761 LLITNs were distributed to pregnant and lactating women and guardians of children under two years in both districts of Chiradzulu and Blantyre.

Effects of the project

The following are some of positive impact observed during reporting period;

- The project has observed improved hygiene (personal, food and environmental) practices in many houses as evidenced by availability of sanitary facilities at household level such as tippy taps (18,103), pit latrines (18226), rubbish pits (11,452), dish racks and clothes drying lines. Since 2015, to date the project catchment areas have resulted in no registered cholera cases and other waterborne diseases (diarrhea) caused by poor hygiene and sanitation.
- Increased knowledge about Maternal and child health is also high in the impact area. 75% of the women had the correct knowledge on the age the child should be breast fed. Knowledge on exclusive breast feeding was almost universal in the program area as most of the women were able to mentioned the correct period of exclusive breast feeding of 6 months as observed during field visits and assessment done by project supervisors and District Nutrition Coordination Committee members..
- Increased knowledgeable about the importance of iron for pregnant women and how mother could access iron i.e. through dietary diversification and promotion of eating green leafy vegetable such as amaranths as some of the important way of accessing iron apart from the hospital during ANC visits. More that 70% of the pregnant women have planted amaranths in their backyard gardens with support from the project . This has been observed during field visits and field assessment done by project supervisors and District Nutrition Coordination Committee (DNCC) members.
- The project has observed project ownership from districts (both Blantyre and Chiradzulu districts have vibrant DNCC) to community level whereby community leaders and members who actively and voluntarily joined Community Leaders Action Group in Nutrition and Care Groups which leads to program sustainability.

PROJECT IN NUMBERS

FIGURE	GOAL FOR 2016	ACHIEVED	VARIANCES
Identify, recruit and train 500 lead / community volunteers from the formed village Nutrition Care Groups	500	813	+313
Monthly door to door visits conducted to households of beneficiaries aimed at providing education and counseling support at household level.	10,000	46,875	+36,875
Conduct door to door home visits to women in reproductive age 15-49 years	200,000	233,093	+33,093
Hygiene campaign on personal, food and environmental, utilization of safe water and sanitation.	100,000	134,745	+34,745
Conduct monthly cooking demonstration on six food groups	816	1217	+401
Distributing condoms for family planning	500,000	560,040	+60,040
Establish Backyard demonstration gardens with inputs at village level	10,000	7515	-2,485
Counselled pregnant women on the importance of eating six food groups prior, during pregnancy and after child delivery.	10,000	15,255	+5,255
Counselled lactating women on the importance of exclusive breastfeeding	15,000	27,331	+12,331
Couple counselled on family planning	5,000	15,764	+10,764
Number of Long Lasting Insecticides Treated Nets (LLITNs) procured and distributed by the project	8,000	5,123	- 2, 877
MUAC tapes procured	2000	0	- 2000

Comments

The project will continue to empower care groups in order to ensure that all targeted households are reached with nutrition intervention since the use of care group model has proven to have multiplier effect.

It was so encouraging to note that most of the households have now developed a sense of ownership of project activities. In the year 2016, the ACLAN and Care Groups managed to organize themselves and conducted open day cooking demonstration to showcase all the skills and knowledge that they have acquired from the project through door to door home visits and cooking demonstrations made by Field Officers and cluster leaders (Lead / Community Volunteers).

PROJECT IN NUMBERS

Comments

Though there was under achievement due to high cost for procuring LLITNS, most of the beneficiaries managed to secure LLITNs as the Ministry of Health also distributed a good number of LLITNs to Pregnant and Lactating women and Children under 2 year of age.

The project did not procure MUAC tapes as Ministry Health had enough MUAC tape which they also shared with the project, hence the funds were reallocated to other activities.

An overachievement in recruiting lead community volunteers, made the project to overachieve in most of the project indicators as they were conducting door to door visits together with the Field Offices.

PROJECT IN PICTURES



The Blantyre District Commissioner had a visit to the project site and was satisfied with what is happening in his district through the implementation of Nutrition project by DAPP with Support from DNHA.



The community volunteers organized an Open Day at Sabuni village, TA Nkalo in Chiradzulu district. Show volunteers casing their knowledge in preparing nutritious food for a pregnant women.



PROJECT IN PICTURES



The project organized learning visit for care group promoter (Community volunteers) who went to Mwanza district to learn how to establish a model village in their areas.



One of the model village in Chiradzulu district where 85% of the households have sanitation facilities and backyard gardens



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In reply please quote No

CHIRADZULU DISTRICT COUNCIL
Private Bag 1
CHIRADZULU

18th October , 2016

**THE DIRECTOR
DEPARTMENT OF NUTRITION, HIV & AIDS
MINISTRY OF HEALTH**

CC: THE PROGRAMME MANAGER, CHIRADZULU SNIC

QUARTERLY REPORT-CHIRADZULU SNIC PROJECT (JULY- SEPTEMBER 2016)

Please find attached Quarterly Chiradzulu SNIC (Component A) Project for the period July - September, 2016.

Chiradzulu District Council in partnership with DAPP is implementing a one and half year Support for Nutrition Improvement Component A (SNIC) project in the district.

Attached to this report is Quarterly Workplan for October- December 2016.

I hope you will find the report to be in order.



PP 
ALIPHIRI

DISTRICT COMMISSIONER