

Enhancing the Lives of Children Under Five

Countries: Cambodia, Ghana, Kenya, Malawi, Mozambique, Tanzania



Millennium Development Goals:

Goal 1: Eradicate extreme poverty and hunger

Goal 4: Reduce child mortality

Goal 5: Improve maternal health

Goal 6: Combat HIV & AIDS, malaria and other diseases

Duration: Phase 1 pilot: January 2005 to February 2006

Phase 2: October 2007 to September 2010

Beneficiaries: Phase 1: 102,363 children under five

Phase 2: 250,000 children under five and 38,000 pregnant women

Partners: Canadian International Development Agency (CIDA), Ministries of Health, Ministries of Food and Agriculture, Ministries of Education, UNICEF, community-based organizations

Total project funding: Phase 1: US\$390,691

Phase 2: US\$9,579,196

Funding source: CIDA grant, private donations, sponsorship

Project goal: To improve the survival, growth and development of children under the age of five in Area Development Programs (ADPs) by enhancing access to basic health and nutrition requirements

What we are trying to accomplish:

1. Improve the quality of diet of children under five and their families
2. Improve access to and use of essential health services and a healthy environment
3. Improve household food and nutrition security of families within targeted ADPs
4. Strengthen the capacity of World Vision, community, government and other stakeholders to improve child survival and growth in these and other countries by sharing our learning and best practices

Project Overview

Nutrition is central to development. Yet the international community and most governments in developing countries have failed to effectively tackle malnutrition. Despite World Vision's work with communities in Area Development Programs (ADPs) over the last 25 years, the proportion of malnourished children in these programs is still unacceptably high as shown in transformational development indicator findings and secondary data.

In 1996, World Vision Canada launched the MICAHA (Micronutrients and Health) program to begin addressing

nutrition of women and children in select communities in five African countries. MICAHA took a comprehensive approach to assessing infant and young child feeding practices and dietary intake among women of childbearing age.

The project also tackled an array of factors that contribute to malnutrition using evidence-based interventions in the areas of health, nutrition, agriculture, food security and education. Over a decade, MICAHA achieved measurable results that continue to inform World Vision's new global health and nutrition strategy and programs such as ENHANCE (Expanding

Nutrition and Health Achievements through Necessary Commodities and Education).

Challenges to child survival

Through the ENHANCE program, World Vision Canada has targeted 43 ADPs in Cambodia, Ghana, Kenya, Malawi, Mozambique and Tanzania where concerted efforts are needed to achieve the Millennium Development Goal target of reducing by two thirds the mortality rate among children under five. Many of these communities lack access to basic health care such as immunization and



Mothers at a health clinic in Tanzania wait for their babies to be examined.

health education and the simple, proven interventions that can reduce the leading causes of childhood deaths—pneumonia, diarrhea, malaria and measles. These include antibiotics, oral rehydration, vitamin A and zinc supplements and insecticide-treated mosquito nets.

Mothers often have a very poor understanding of the care and feeding practices that will protect their babies in the first month of life when 37 per cent of under five deaths occur. For example some cultures do not give colostrum, the yellowish liquid from mothers' breasts in the first days after birth, thus depriving newborns of the mother's immune factors. Some think they must give young babies water to drink, thus disrupting exclusive breastfeeding during the first six months of life.

Moreover, in societies where women don't have the final say on many

household issues, mothers are often under pressure to obey demands of more powerful people in their households such as their husbands or mothers-in-law.

In some communities, it is expected that the protein-rich foods go to the men. If the husband does not understand the importance of giving nutritious foods to young children, he will not support his wife in good child-feeding practices.

In any case, most households in the target areas lack access to a stable and diverse range of nutritious food sources throughout the year, resulting in chronically under-nourished children, a contributing factor in about half of all child deaths.

World Vision's response

World Vision Canada is responding to the needs of more than 250,000 children and 38,000 pregnant women in these

communities with a comprehensive nutrition and health program called ENHANCE.

Drawing on lessons learned from the award-winning MICAH¹ program, World Vision Canada has partnered with multiple stakeholders to deliver integrated interventions that address the key factors contributing to child malnutrition and deaths of children under five.

Funding from the Canadian International Development Agency (CIDA) has provided essential child survival commodities such as long-lasting insecticide-treated bed nets (LLINs) that prevent malarial infection, antibiotics to treat pneumonia, oral rehydration salt and zinc supplements to manage diarrhea.

¹ Canadian Award for International Co-operation, CHF Award for Improvement of Social Infrastructure

Health workers measure a child to determine if she is growing at a healthy rate.



The grant also provides support for purchasing immunization equipment, transporting government outreach teams and coordinating immunization, vitamin A supplementation, and the monitoring and evaluation of the program's progress.

World Vision Canada complements the provision and distribution of CIDA-funded commodities through its ongoing development programming, which includes community mobilization efforts and capacity building for key stakeholders, including Ministry of Health staff, village health workers and community members.

For example, the ENHANCE training that accompanies bed net distributions helps motivate mothers to use them to protect their children from malaria. Training also helps mothers and health care workers recognize the symptoms of pneumonia and encourages mothers to seek timely care for their children.

Through ENHANCE, World Vision works in communities to increase food and nutrition security. Volunteers are trained and mobilized to promote exclusive breastfeeding for the first six months,

which passes on a mother's immune factors and protects babies from infection from contaminated water or other liquids. World Vision is also helping families to establish household gardens and raise small livestock that provide them with nutritious food for children under five.

World Vision has incorporated lessons gained from a pilot phase conducted in Ghana and Tanzania in 2005 and 2006 where the ENHANCE staff worked in tandem with existing World Vision staff in each ADP. In the current phase of ENHANCE, ADP staff are encouraging the active involvement and participation of village health workers and local volunteers, as much as possible, in the program activities. Working in this way empowers the people in the community to sustain the program interventions beyond the lifespan of the project.

Looking ahead

After more than two years, promising progress has been achieved in each of the countries where ENHANCE has been implemented. Micronutrient coverage has increased, as has the use of bed nets. More women are also aware of the benefits of exclusive breastfeeding for the first six months as well as the importance of getting full immunization.

However, despite ongoing efforts to address the tremendous need, food security issues persist. For example, in Kenya, fewer than half of households in program areas have backyard vegetable gardens and fruit trees. Most animals raised that could help with dietary intake are sold. Decision-making as to what children will eat is caught up in cultural roles of men and women.

Working closely with the Ministries of Agriculture and Livelihoods, World Vision aims to help empower households to increase the growth of micronutrient-rich crops and small animal production. Vegetable seeds, small animals and training in how to raise them are being supplied to households and farmer

groups. Households are encouraged to get involved in the “pass it on” concept of new small animal offspring being given to another household who in turn would be willing to do the same.

Behaviour Change Communication training is being rolled out at the community level to encourage positive health-promoting behaviours and fathers

are engaged in the process to broaden their awareness of childhood malnutrition.

Despite challenges, World Vision’s existing work in these communities has provided a strong platform for launching child survival interventions. The ENHANCE program blends the distribution of life-saving commodities with training and support that helps

communities to adopt the care and feeding practices that young children need to survive. We are building the capacity of ADP staff, Ministry of Health workers, volunteers and community members to establish a foundation that can sustain the results into the future.

Results to date:

During the first 18 months of ENHANCE Phase 2, the partnership between CIDA and World Vision saw substantial increases in the coverage of key child survival interventions in target communities:

1. All six participating countries reported a significant increase in the usage of long-lasting insecticide-treated mosquito nets among children under five, with four of the six countries (Cambodia, Ghana, Kenya and Malawi) achieving over 60 per cent by 2009, which is in line with the Roll Back Malaria Abuja Targets².
2. Full immunization coverage rose above 90 per cent in Ghana, Tanzania and Malawi.
3. Vitamin A coverage also reached the international target (>80 per cent) in Ghana, Malawi and Cambodia.
4. Stakeholders’ meetings were initiated in all countries, providing a forum for World Vision staff and partners to share experiences and strategize ways to implement child survival, growth and development interventions in an efficient and effective way. The meetings have contributed to strengthening collaboration between World Vision, community partners and government staff.

Policy influence:

Working with UNICEF and the Ghana Health Services, World Vision has developed the protocols for a zinc supplementation program in Ghana. The Ministry of Health has little experience with this intervention, so the approach developed for ENHANCE will provide a model for future supplementation programs launched throughout the country.

² African leaders from 44 countries committed themselves to an intensive effort to halve malaria mortality for Africa’s people by 2010 by implementing strategies and actions for Roll Back Malaria, as agreed at the Summit held in Abuja, Nigeria in April 2000.

What we learned from this project:

- Achieving gains in child survival requires changing culturally ingrained care and feeding practices, which is a lengthy process. A three-year time frame is insufficient.
- Where government policies and local development practices favour providing mosquito nets through voucher systems or subsidized payment schemes over free distribution, much negotiation, coordination and planning was required to get agreement on using a combination of approaches for bed net distribution to the target groups. Free distribution to the poorest households appears to be a feasible strategy to address gaps in access.
- For some interventions, such as vitamin A supplementation and immunization outreach, problems with the country’s government supply chain adversely affected the coverage achieved. For example, in Tanzania, although World Vision provided transportation, capacity building and community mobilization, vitamin A capsules were not available in time for planned distributions in several communities, a common problem of drug and medical supply delivery systems in developing countries. World Vision needs to build on existing working relationships with all levels of the Ministry of Health to advocate for improvement in the supply of vitamin A capsules and vaccines and coordination of logistics to bridge the gaps to achieve better coverage.
- Having staff on the ground with technical expertise in nutrition and health is a critical factor in the successful implementation of programs such as ENHANCE. Retaining that expertise is also a challenge when ongoing program funding is not assured. Often, contract staff who have built up capacity leave the organization when funding ends, taking their knowledge and expertise elsewhere.