



Transformation in Communities Health and Nutrition

**Enhancing Nutrition Services to Improve Maternal & Child
Health in Shinyanga and Singida regions - ENRICH Project**

**ANNUAL
REPORT
2019**



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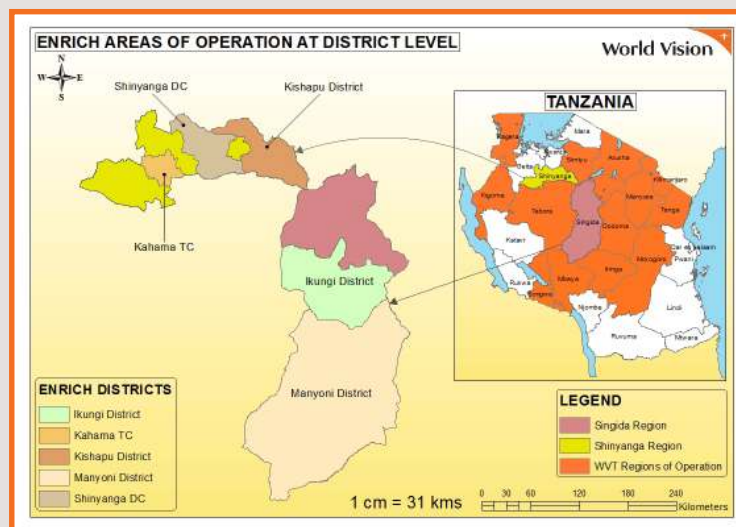
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ENRICH Project is implemented in Shinyanga region; Kahama township, Kishapu and Shinyanga District Council; and Singida region; Ikungi and Manyoni District Council.

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ABOUT WORLD VISION TANZANIA

Our Vision, Mission and Core Values

World Vision is an international Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Started operating in Tanzania in 1981, World Vision has since grown to be one of the largest humanitarian and development organization in the country, covering 15 out of 33 regions across 44 districts.

World Vision Tanzania programmes are child focused and community empowering. We aim at creating lasting impact at household level so that the children do not just survive but achieve their potential. Resilient household livelihoods establish a foundation upon which our programmes are built to support a sustainable systems approach to Water, Sanitation and Hygiene (WASH), Health, Nutrition and Education programmes.

World Vision's aspiration is to help ensure girls and boys enjoy good health, are educated for life, experience the love of God and their neighbours and are cared for, protected and participate in improving their lives.

Our Vision

Our vision for every child, life in all its fullness; our prayer for every heart, the will to make it so.

Our Mission

World Vision is an international partnership of Christians, whose mission is to follow our Lord and Saviour Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice and bear witness to the good news of the kingdom of God.

Core Values

- We are Christian
- We value people
- We are committed to the poor
- We are stewards
- We are partners
- We are responsive

OUR PROMISE

Building Brighter Futures for Vulnerable Children

World Vision Tanzania is a partner in the global strategy to build brighter futures for the most vulnerable children by year 2030.



ENRICH PROJECT IN TANZANIA

GOAL

Contribute to the reduction of maternal and child mortality and morbidity in Shinyanga and Singida regions.

Enhancing Nutrition Services to Improve Maternal & Child Health in Shinyanga and Singida - ENRICH Project, led by World Vision Tanzania collaborating with the Government of Tanzania, is funded by Global Affairs Canada and World Vision Canada. ENRICH project is implemented by consortium partner (Nutrition International) and consultants (Harvest Plus and Canadian Society for International Health). The project is full aligned with the Tanzania national multisectoral nutrition action plan 2016/2021. The project aims at directly addressing malnutrition in the first 1000 days of child's life. It address issues critical to the health and nutrition of mothers, newborns and children under the age of two through;

Strengthening health systems

- Training and equipping frontline health workers, Regional Health Management Teams and Council (District) Health Management Teams on promotion and provision of basic nutrition services and planning and budgeting.
- Informing and increasing community participation in policy dialogue on Maternal Newborns Child Health and Nutrition (MNCHN) issues through Citizen Voice and Action (CVA).

Improving nutrition services

- To promote behavior change and promoting knowledge on recommended nutrition needs for mothers, newborns and children under two.
 - *Micronutrients supplements intake*
 - *Iron Folic acid supplement intake*
 - *Better feeding practices for infants and young children*
 - *Intake of nutrients dense food*
- Promotion of bio-fortified products and development of home gardens.

This is through training and supporting of community nutrition support groups, farmers group, community health workers, community social services committee, community leaders, faith leaders, women and men on production, utilization and consumptions of orange fleshed sweet potatoes, vegetables and other nutrients dense food crops.



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LA SOCIÉTÉ CANADIENNE
DE SANTÉ INTERNATIONALE



ENRICH PROJECT FINANCIAL REPORT

AUDIT REPORT AND FINANCIAL STATEMENT FOR THE FISCAL YEAR 2019

DESCRIPTION	BUDGET	ACTUALS	VARIANCE	
	USD	USD	USD	%Variance
Remuneration, Assets and Administration	493,077.01	491,848.86	1,228.14	0%
Ultimate Outcome: Contribute to the reduction of maternal and child mortality and morbidity in Shinyanga and Singida regions.				
1100 Improved delivery of gender-responsive essential health (basic nutrition) services for mothers, pregnant women, women of child bearing age, newborns and children under 2	335,150.42	378,469.94	43,319.53	-13%
1200 Increased production, consumption and utilization of nutritious food and micronutrient supplements by mothers, women of child bearing age, newborns and children under 2	178,650.53	124,256.50	54,394.03	30%
1300 Strengthened gender-responsive governance, policy and public engagement of Maternal Newborns and Child Health (MNCH) in Canada and target countries	71,260.91	29,205.92	42,054.99	45%
TOTAL	1,078,138.86	1,023,781.22	54,357.64	5%

Breastfeeding Journey: Health Volunteers as Supporting System.

Being a new mother is always challenging especially when you have no one with the right information to guide you. This is due to myth and norms existing in communities regarding pregnancy, child birth, breastfeeding and generally maternal newborn child health and nutrition.

Championed by Community Health Worker (CHWs), Nutrition Support Groups (NSG) provide the platform for mothers to learn from each other's experience, share their worries and excitement. They also learn on proper health and nutrition practices during the first 1,000 days of the child through 1,000days Social Behaviour Change Communications (SBCC) package (Mkoba wa Siku 1,000).

Bertha Shimba (30), a first time mother lives in Negezi village, Kishapu district of Shinyanga region with her husband Thomas Kashinja (38) and his son Bryan Thomas (4months).

"I met Mary Nyanda, a Community Health Worker and 1000days SBCC package (Mkoba wa Siku 1000) community facilitator here at Negezi village when I attended clinic for the first time. She informed me about the Nutrition Support Group and I join the group," said Bertha. "In sessions, I learn so much on the nutrition needs of the pregnant mother including the supplement I should take for a healthy pregnancy, baby and mother. As I was approaching birthing time, facilitator capacitate me on importance of giving birth at the health facility and exclusive breastfeeding."

Breastfeeding for the first time after giving birth was not an easy thing for Bertha, as she narrated: "The first hour after birth, a nurse had to assist me on the proper breastfeeding position. I felt so much pain during first breastfeeding encounter, had to stop for few minutes because of breast and stomach pain. Nurse was close and encourage me to continue breastfeeding and that the pain will stop as I continue breastfeeding."



Learning from peer to peer group, contribute on the improving health and nutrition of mothers and children of Negezi village. Early ante-natal clinic booking during pregnancy, post-natal clinic visit and growth monitoring for children under two has contribute to the reduction of maternal and child mortality and morbidity to this community.

- ✓ Training on basic nutrition services: 77 (49Female, 28Male) frontline health workers
- ✓ Planning and budgeting: 91 (26Female, 65 Male) local health authorities (R/CHMTs), Facility In-charges from Health Centers, Dispensaries and their respective Chairpersons of Health facility Governing Boards
- ✓ Micronutrients supplements division and intake: Total of 49,940 (25,900Girls, 24,040 Boys) 6-23 months children reached with MNPs, with a total of 1,761,795 sachets in all Project Focused Area villages for both regions.
- ✓ Rehabilitation of malnourished children (Positive Deviance Hearth): Total number of 6,936 children assessed, 744 children found underweight, 411 children enrolled into PD Hearths session and graduated.
- ✓ Number of beneficiaries reached during community sensitization for behavior change in maternal and child health and nutrition: 6,792 (2116Female, 4,676Male)



Health and Nutrition

INDICATORS	BASELINE	MID-TERM EVALUATION
Coverage of antenatal care (ANC)	45.0%	51.5 %
Skilled birth attendant	74%	83.5%
Exclusive breastfeeding	69.3%	76.2 %
Minimum acceptable diet	16.7%	17.9%

Water Sanitation and Hygiene (WASH)

Sensitization on using proper toilets: 5912 people

AGRICULTURE

Dietary Diversification through Kitchen Garden

According to Annual Agriculture Sample Survey 2016/17, 93% of the households in Shinyanga region depend on crop farming as an occupation. This includes food and cash crops, with exceptions of vegetables. Located at the Lake zone of Tanzania, Shinyanga region is characterized by semi arid climate.

Mary Fabian(25) with her husband Joseph(29) and their two children, Emmanuel(5) and Anastazia (1year11month) lives at Wishiteleja village of Kishapu district in Shinyanga region.

Kishapu district is characterized by semi arid climate and shortage of water like the rest of Shinyanga region, it makes it hard for Wishiteleja residents to plant and ensure availability of fresh vegetables throughout the year. Struggling with this, they start planting vegetable beside the water source which only few that has money was able to access them. This makes it hard for groups with higher nutrients need like pregnant women, lactating mothers and children under two to meet their nutritional needs. This contribute to nutrition deficiency complications like stunting, under weight, wasting and anemia.

“Shortage of water makes the availability of fresh vegetables hard, so we ended up on eating no green leafy or consuming dry leaves with no much health benefits. The situation is even worse during dry season, it makes families consume two or less meals per day and sometimes only maize or millet porridge.” Explained Mary.



Funded by Global Affairs Canada and World Vision Canada, World Vision Tanzania is implementing ENRICH project in Wishiteleja village which capacitate the community on farming of vegetables through kitchen garden that is sack and key hole gardens. As explained by Pafrod Nsekanabo, ENRICH project Agronomist, “Kitchen garden is easily constructed and simply maintained. It requires little water compared to other vegetable garden, but also it is available within the household compound and so save the mother with the trouble to walk long distance searching for fresh vegetables.”

ENRICH project is closely working with Ward Agricultural Extension Officer (WAEO) to ensure food security and improved nutrition through availability of kitchen garden in every household.

“From May to November each year, it is usually a dry season and becomes very difficult for the families to get fresh vegetables. Receiving training on construction and maintenance of sacks and key hole garden from World Vision Tanzania, enables me to capacitate my community and ensuring planting and availability of vegetables at households. The challenges we are still facing that hinder us from reaching 100% goal includes chicken and lizard that eat seeds and vegetables as they grow.” Said Pius Mganga, Mondo Ward Agricultural Extension Officer (WAEO).

The capacity building to community and families on planting of vegetables within house premises is an ongoing process. With extreme shortage of water at Wishiteleja village acceptance is still low. In collaboration with WAEO that oversee Wishiteleja village, ENRICH project is educating and sensitizing the community on purifying the dirt soapy water using natural ways like ashes. To date, total of 56 households has the kitchen garden while total of 82 has started on building the structure planning to start planting during rainy season.

“This vegetable garden helps on dietary diversification, sometimes you may find that you have no other vegetable and instead of suffering to look for money to purchase vegetable you just go straight to your garden. Also, I do sell the vegetable which enables me to buy of other kind like sardines, fish and meat,” said Mary. “Having kitchen garden at the household help me on ensuring the health of my children through dietary diversification.”

Transforming Households Resilience in Vulnerable Environment.



Goal two of the Sustainable Development Goals 2030 aim at ending hunger, achieve food security and improved nutrition and promote sustainable agriculture, as such introduction of bio-fortified crops (Orange Fleshed Sweet Potatoes (OFSP)) to ENRICH project areas of operations was inevitable. This is due to its richness in nutrients needed by the body to function well and to curb malnutrition.

Shinyanga region experience short rain season with minimal rainfall. This makes hard for communities to cultivate and have enough food throughout the year something that trigger about the introduction and capacity building on production, consumption, utilization and value addition of Orange Fleshed Sweet Potatoes to Kahama, Kishapu and Shinyanga district council.

Junes Michael (28) is the health volunteer, she is championing the betterment of her community health through Orange Fleshed Sweet Potatoes. She lives in Tulole village in Kahama town council of Shinyanga region with her husband Masolwa Zoza (39) together with their children Rose Maswola (9), Regina Maswola (6) and Yohana Maswola (3).

“Orange Fleshed Sweet Potatoes has greater impact for my family health since it enables the constant availability of food at the household and so three meals every day. Financial, I was able to sell part of my harvesting as dry pieces where I was able to purchase the piece of land that will enable me to increase farming activities this coming season.” Said Junes Michael.

Junes not only farm OFSP for her family but also, she went further by capacitating and educating the community on the importance of OFSP. As she explained, “Through visiting dispensary during clinic attendance and having sessions in village meetings, I educate the community on Orange Fleshed Sweet Potatoes (OFSP) and provide them with vines. I also educate them on preserving the vines in small home gardening to ensure their availability when rainfall season kicks on. To date I have divided vines to total of sixty households with pregnant women, lactating mothers and children under two.”

Different from traditional white sweet potatoes, OFSP yields more and has vital nutrients and minerals such as vitamin A. ENRICH project trained community members on OFSP production, consumption, utilization and value chain, community facilitators were trained on post harvesting handling for preservation without losing its nutrition values.

- ✓ Number of farmers trained on the production, post-harvest handling and value addition of Orange Fleshed Sweet Potatoes: 563 (474Female and 89Male)
- ✓ Farmers trained on the best practices for growing horticulture: 25 (3Female, 22Male) extension officers on key hole garden
- ✓ Number of people trained on small animal husbandry practices: 156 (82Female, 74Male).
- ✓ Total number of chicken and goats in Nutrition Support Groups: 540 (486Hen, 54Rooster) chicken, 203 blended goats distributed.
- ✓ Total number of vines nursery established: 7 gardens





AGRICULTURE		
INDICATORS	BASELINE	MID-TERM EVALUATION
Bio-fortified planting	9.1%	30.2%
Establishment of kitchen garden	8.9%	26%
Knowledge on the benefits of Orange Fleshed Sweet Potatoes	0.3%	5.4%

Child's Health: Father and Mother as One Team



There is growing recognition that men's involvement and support during pregnancy, childbirth, and after birth can contribute to the reduction of maternal and child mortality. But harmful gender norms and unequal power dynamics do not let men's involved in Maternal Newborn Child Health and Nutrition (MNCHN). This is not a different case to most of Tanzanian communities which believes in superiority of men and that their involvement in such makes them less of the super power within the family. Said Masali challenge this harmful gender norms within his family and community in general.

Said Masali (32), reside at Iglansoni village of Ikungi district, in the central zone of Tanzania, Singida region together with his wife Asha Bundala (25) and their children Amina (10), Ramadhani (8), Nassoro (6), Juma (4), Rajabu (1 year and 11 month) and Zainabu (8 month).

In patriarchy society people believe that having many children is a sign of both prestige and wealth. Also women are born to be married, give birth, taking care of the husband, children and the rest of house chores while men are masculine and their main role is financial provision. This distance Saidi on everything associated with maternal newborn and child health and nutrition as well as healthy timing and spacing of pregnancy.

The belief resulted on having many children that only mother is taking care of, which leads on a heavy burden to mother that fail to take care of them perfectly and so malnourishment of some children like Rajabu.

Due to his mother's pregnancy on the early month of his life, Rajabu breastfed for only eight months. It is at this time that her mother learnt that she was pregnant and so she stop breastfeeding. "After knowing that I am pregnant, I stop breastfeeding immediately. Complementary feeding was the only option while at that time it was dry season and so limited availability of nutritious food," narrate Asha. "Rajabu strive

to survive, but he encountered regular fever and later on drastically drop on his weight. We learn of his malnourishment during nutrition status assessment by Community Health Workers (CHWs) as the part of malnutrition rehabilitation centre introduced in Iglansoni village by World Vision Tanzania, ENRICH Project."

Through community facilitators in collaboration with Community Health Workers capacitated on the nutrition needs of children, they organize classes that involve practical preparation, cooking and young child feeding.

In malnutrition rehabilitation centre sessions, among other thing that contributing on the recovery of malnourished children is men's involvement. "Men are the one to allow their wives to participate in this program and provide them with food materials needed. But to Saidi, Rajabu's father it was different, he brought his son to the program consecutively for all twelve days and ensuring clinic attendance for his total recovery." Said Joyce Daudi Hulu, CHW and malnutrition rehabilitation centre facilitator.

Saidi challenge the norms by not just ensure the availability of nutritious meal and other materials needed for the session but also constantly attendance of his son as he explained. "Distance from our household to the village office where malnutrition rehabilitation centre session conducted is about 8kilometres, which makes it hard for my wife who have another young child to attend. So as a father I had to take that responsibility of taking Rajabu to the sessions everyday for twelve days. At the end of twelve days, Rajabu gained 500grams and now we are constantly monitoring his weight. He is gradually gaining by practices health behaviours learned from the sessions. We started using family planning as well to ensure healthy timing and spacing of pregnancy for the betterment of my wife and children's health."

In Iglansoni village, total of 12 children joined the sessions and all of them added from 300grams within twelve days and up to 2 kilograms during three month monitoring.



Impacting Health Services through Citizen Voice and Action

Distance from household to health facilities has been a great challenge to most of the village in ENRICH project area of operations. This results in low coverage of attendance during pregnancy, after delivery and even during growth monitoring program for children under five. Iglansoni village's dispensary in Ikungi district, of Singida region located about 12 kilometers from Nkurusi sub-village.

The situation at Nkurusi is contrary to Tanzania National Health Policy 2007 which state that "The clinic to be built at a distance of 5 kilometers in circumference and 10 kilometers in circumference for each health center, hospital in each district, region and also referral and specialty hospitals." This motivate ENRICH project, through local level advocacy and social accountability methodology; Citizen Voice and Action (CVA), to empower Iglansoni community members to publicly engage on health and nutrition governance and policy issues for its betterment.

"Before starting CVA Methodology at a community level, the project team in collaboration with village leaders form and train team of 30 members from community to facilitate CVA methodology at the community. The team includes village elders, famous people, religious leaders and community members with no exceptions to people with special needs. Established team were capacitated on national health policy and key government standard so as mobilize and engage in dialogues for changing and improvement of health services." Said Hamisi Babu, Iglansoni Village Executive Officer.

Engage with community members and score carding process at Nkurusi among other things, absence of dispensary get all the votes. "CVA team in our village capacitate us on standard of the health service according to National Health Policy and lead us to the score carding process to hear our opinion on the service that we need to improve per the policy," as Martin Sogoto, residents of Nkurusi explain. "Distance from Nkurusi to Iglansoni dispensary robes us with

the right to health services. Worse enough at times when my wife is pregnant it was so hard for me to accompany her, it reaches time when I don't even allow her to go for the fear of her safety especially during rain. Having dispensary close to us will improve the health of pregnant mothers, lactating mothers, children and community at large, also it will boost our production."

This triggering about the sub-village and village leaders to provide community members with the area of about 10 acres for construction of dispensary. While the arrangement of contribution that is finance and manpower continue, CVA team and village leaders joins hands and went further on discussion with health providers to enable mobile clinic as they are awaiting on the construction of dispensary close to their homes. Community leaders also set a room at Nkurusi which will be used for examination and counseling to pregnant women, mothers and their partners to increase privacy.

- ✓ Total numbers of local government, political leaders and community members trained on Citizen Voice and Action: 624 community members (259Female 365Male)
- ✓ Total number of male and female trained on men care model: 1,007 (512Female, 495Male) community members on men care model
- ✓ Number of beneficiaries reached during community sensitization: 7,333 (3,299Female, 4,034Male) community members reached through community CVA meetings.





GENDER AND ADVOCACY

INDICATORS	BASELINE	MID-TERM EVALUATION
Women's economic empowerment: Proportion of mothers of children 0-23.9 months who control or are consulted on the use of household income	34.2%	39.0%
Gender equality in health service delivery	60%	76.0%
Strengthened nutrition policy: Percentage/number of health facilities fully implementing the national/provincial nutrition policies/strategies	12.0%	16.0%