

CASE STUDY

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World Vision

In Onga: Using Cooking Demonstrations to Improve Infant and Young Child Feeding Practices is Working



Onga AP is a relatively dry area with erratic rainfall during some seasons such as 2017/2018 growing season. The situation was worsened by fall army worms that destroyed maize which is a staple food.

This left many households to be food insecure resulting into reduced nutrient intake among under-five children exposing them to the risk of malnutrition. Besides limited food availability at household level, inappropriate food utilization also contributes to reduced nutrient intake.

According to the records from the Health Centre in the area (Providence Industrial Mission Health Centre) as well as project monitoring data, the AP registered an increase in the number of malnourished children who are in the CMAM program from 26 in 2017 to 306 in 2018.

Malnutrition largely affects infants and young children aged between 0-59 months. This is the key target population for improving child well-being outcome of ensuring that children are enjoying good health. The AP has a total of 2,000 under-five children who are benefitting from MNeCH interventions being conducted by community health workers and care group volunteers. To date, there are 19 trained Health Promoters and 197 Lead Mothers.

World Vision's Health Interventions in Onga

With support from the people of New Zealand, World Vision came to Onga in 2013 with interventions around food security, education and health.

One of the key objectives of MNeCH in the AP is to ensure that mothers, infants and young children have improved feeding practices. Therefore the project embraces cooking demonstrations as one way of imparting skills and knowledge on care givers particularly on how they can prepare nutritious meals for the infants and young children using the locally available foods.

Welcome to Thanzi Care Group

Thanzi care group uses cooking demonstrations to impart knowledge and skills on care givers on how they can improve infant and young child feeding practices by preparing nutritious meals from food that are locally available in their community and also incorporating food parts that are often thrown out during food



Concepts and Basis for the Practise

Inappropriate infant and young child feeding practices is a major contributor of malnutrition among children aged 0-59 months. It is therefore important that care givers are aware of the appropriate practices on how they can feed infants and young children.

To achieve this in Onga, Care group volunteers conduct one to one counseling and 'community complementary feeding and learning sessions (CCFLS).'

In collaboration with community health workers, the care group volunteers also conduct routine 'mass screening' to identify malnourished children in their earliest stages for rehabilitation in Community complementary feeding and learning sessions (CCFLS) to reduce progression into acute stages of malnutrition.

They also, during care group meetings 'conduct cooking demonstrations' to teach care givers on nutritious food preparation for children 6-59 months.

Implementation of the Practice

Ever since care groups were established in Onga AP, a number of care group interventions are being carried out depending on the needs of the community and the current situation one of which is Thanzi Care Group from Maluwa Village.

Thanzi Care Group meets twice a month routinely to share various messages to be passed on to the care givers in that particular month. Care group promoters were trained on care group model and nutrition and health modules that are being cascaded to cluster leaders and further down to cluster members.

This is done through one to one home visiting and counseling conducted by the cluster leader as well as group meetings between the cluster leader and all members of her cluster. These are usually 10-15 cluster members of neighboring households.

As indicated above, major activities include health and nutrition counseling, routine nutrition mass screening, Community Complementary Feeding and Learning Sessions (CCFLS) and cooking demonstra-

tions. CCFLS and Cooking demonstrations involve preparation of nutritious meals. Unlike CCFLS which involves nutrition assessment and rehabilitation of malnourished children for a period of 12 days, cooking demonstrations are a way of imparting skills and knowledge to care givers on how they can prepare nutritious meals for their young children to prevent them from developing malnutrition.

Thanzi care group conducts cooking demonstrations as a group during their bi-monthly meetings and then each cluster leader replicates the same with her cluster. The cluster members then to the cooking in their households and feed their children, pregnant as well as lactating women.

The meals that are prepared contain a combination of a minimum of four food groups. They are prepared in such a way that they are appealing to the child's eye and have good taste.

Among the meals that are prepared include flitters (made from orange, fresh sweet potatoes, cassava flour), juice from potato leaves and pawpaw, soy milk, legume –cereal blended flours just to mention a few. Some of these nutritious meals are prepared from food parts that are often discarded during normal food preparation yet nutritious.

This has resulted in adequate utilization of the already limited food. The meals are less costly as most of the ingredients are locally available right in the community.

Results

The low cost meals that are prepared during cooking demonstrations have proven to be enjoyed by children who are mostly selective and have resulted in reduced number of children with reduced or static weight in the area although the community still faced with food shortage. This is according to results of the recent mass screening as compared to a couple of years ago.

Neno saves lives of malnourished children at a door step



At 5 years old, Janet Mussa was malnourished weighing with only less than 7 kilogrammes.

Her mother, Funny Mussa and her husband, who does a small farming in Maluwa I Village, Sub Traditional Authority Onga in Chiradzulu district have no solution to reverse the condition of their beloved daughter.

The family grows maize but their small field provides only enough food for three months of the year.

In this month of November

2018 the year's harvest has run out and the next harvest is yet to come.

The family has nothing left, this makes the child to become vulnerable to malnutrition because this is now their annual experience.

There are many children in Janet's situation who don't get the nutrients they need to grow and be healthy. But Janet is now safe. She was able to be treated for malnutrition within Maluwa Village thanks to Thanzi Care Group, a grouping of women who voluntarily support children with local foods that are found locally in their community.

This means her mother doesn't have to choose between staying with Janet in a hospital but to receive the care for child at home. Janet has been saved from falling into a severe form of malnutrition at a critical moment in his development.

Her mother Funny says, "she weighed just less than seven kilogrammes – half the weight of a healthy toddler. After five days of feeding and management by the village nutrition staff from Thanzi Care Group, she began to show signs of progress.

"Now my daughter is okay and his health is perfect. She was diagnosed with generalized abnormal swelling of tissue that, in children, is caused by severe acute malnutrition. She was also suffering from diarrhoea, anaemia and fever – all of which were successfully controlled by Thanzi Care group.

The health care group was established in 2010 after the survey that was done revealed serious malnutrition threat in T/A Onga. Patricia Madi Chairlady of the group said in the meantime their group is looking after 124 children that were diagnosed with malnutrition by community health advisors.

"World Vision Malawi is the one that support the group with skills but the food comes from people within our village who contribute and make sure that the children are getting six groups of food. Over 500 children have benefited so far including those in primary schools now.

Madi said besides caring the malnourished children, the group is also engaged in other activities like door to door campaign to pregnant women where they encourage such women to eat health foods that shall prevent the coming baby to be born with malnutrition.

She added, "with additional skills from World Vision we also do Village Saving Loan (VSL) which makes more people to assist Thanzi care group with other resources.

In Chiradzulu, World Vision is conducting Malawi Household Food Security & Resilience [MHFS&R] Project where among others their area of focus includes facilitating creation of resilient livelihoods and community access to financial services through Village Saving Groups, small scale income generating activities, promoting diversified food production through livestock pass on program, bee keeping enterprises, value addition, marketing chains and Community natural disaster and risk reduction management through annually preparation of a Community Disaster Preparedness Plan [CDPP].

Further the organization is implementing Maternal, New born and Child Health (MNeCH) Project with among others focus on facilitation and implementation of all HIV/AIDS, health and nutrition interventions, promoting household hygiene in food presentation and utilization, advocating for good motherhood and supporting women on maternal and infant related cases, supporting pregnant and lactating women with capacity building on good motherhood and breastfeeding and advocating for good child development and nutrition through awareness campaigns on six food groups.

World Vision Malawi's district programme manager for Chiradzulu and Chikwawa districts Arnold Tsaleyekha says the two programmes have proved to be game changer in the district by improving health and nutrition status among the community.

"In 2009 when WVI went

into Onga area the prevalence rate of stunting was at 33 percent while the prevalence rate of the whole Chiradzulu was at 40 percent.

The two programmes are talking of water and sanitation, food security and nutrition which is key for the wellbeing of every human being.

According to Tsaleyekha, the nutrition project is targeting 3341 under five children within S/TA Onga also 4560 girls and 4340 boys. So far Onga has 19 children community health care centres.

The Malawi Development Goals Endline Survey 2014 says, at national level, 17 percent of children under five years are moderately or severely underweight and four percent are severely underweight while 42 percent of children are severely or moderately stunted.

Nutritionists believe that good nutrition is the bedrock of child survival and child development. Medics say if left unattended to, malnutrition can be detrimental to development.

Reports indicate the increase of malnutrition cases is due to several factors ranging from drought and food shortages, practices, beliefs and lack of knowledge among parents.

Ministry of Health recommends the six food groups which are energy giving foods such as nsima, legumes like beans and peas, meat and meat products, fruits and vegetables. Most of the mothers who brought their children to the Thanzi community care group like Janet cited poverty as the underlining factor for malnutrition in most households.



Lessons Learnt

- Use of all parts of some food items that are always thrown out during food preparation to make nutritious meals
- Mothers replicating the same in their households since the recipe were easy to follow and food items used are locally available
- Availability of HSAs during cooking demonstrations for supervision and ensuring adherence to hygiene during food preparation

What did not work – why did it not work?

- Overdependence on the use of sugar as a sweetener doesn't go well with the increasing prevalence of non communicable diseases among the population. Therefore – it is being recommended that care groups should explore other natural sweeteners such as honey which also has other health benefits instead of relying on cane sugar

Conclusion

Communities from Maluwa Village are now able to prepare nutritious meals from the locally available foods in their community. This has contributed to reduced number of underfive children with weight loss and also improving the health of pregnant and lactating women. Women also use the beautifully prepared but nutrition meals as treats for their husbands thereby transforming relationships.

The intervention is a best practice since the care givers use locally available resources and most importantly use food parts that have for a long time been thrown out during food preparation although these parts have been scientifically proven to be nutritious.

Those wanting to adapt the best practice should always bear in mind the availability of these foods in their community to avoid families from facing challenges in obtaining them.

