

LEARNING BRIEF

INTEGRATED PROGRAMMING Reduces Malnutrition, Builds Strong Families and Reinforces Social Cohesion



APRIL 2019

This Learning Brief focuses on the project's integrated approach to improving nutrition among pregnant and lactating women and children under two years of age. USAID/Projet Nutrition et Hygiène (PNH) was organized around the first 1,000 Days approach¹ to support caregivers in the community. The support includes encouraging caregivers to grow and feed their families nutrient-rich foods, improve hygiene practices, and foster health seeking behaviors that address malnutrition in a timely manner.



USAID/PNH's Multi-dimensional Approach

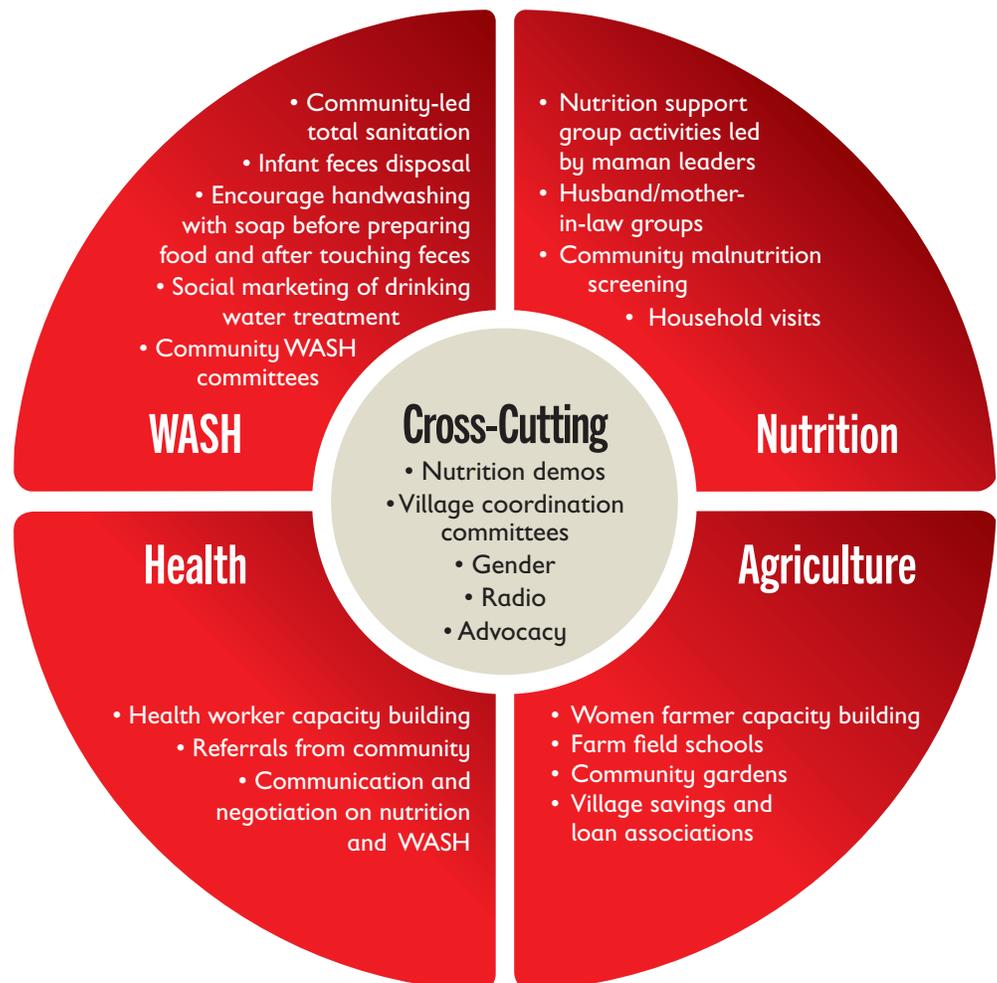
Village life is not unidimensional. Empowered women can make decisions regarding family food consumption and communities can address social constructs that negatively affect children's diets. Factors affecting children's access to quality nutrition in the first 1,000 days of life (from conception to the child's second birthday) are complex. Inadequate consumption of nutritious foods, an abnormal loss of nutrients (due to illness) and harmful social norms can all provoke undernutrition which requires a range of treatment and prevention strategies in the household and community to improve optimal practices. At the household level, pregnant and lactating women and children need to eat nutritious foods.

Small-scale agricultural practices help make nutritious food more readily available and latrines with handwashing stations and hygiene practices help to separate feces from the environment in which people live. Living in a clean environment can help prevent diarrheal diseases associated with poor growth.

Specific practices prioritized by USAID/PNH to deliver on the promise of increasing the nutritional status of pregnant and lactating women and children under two years of age are integrated across the health/nutrition, agriculture and water, sanitation and hygiene (WASH) sectors. Through its integrated approach, USAID/PNH encourages social action on the part of all stakeholders from policy makers to health center staff to community leaders and families.

Horizontal programs

provide a more integrated and comprehensive approach to programming that mirrors people's lives. Instead of focusing on one aspect of health, these programs cut across the development spectrum finding solutions and promoting best practices in health, nutrition, WASH and agriculture. In this vein, programs can reach people from multiple angles during different parts of their daily routine and over the life course to have the most lasting effects.



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Women who are starting a community garden learn about farming.

The project identified 200 villages that receive the full package of nutrition, WASH, and agriculture activities. Introducing a care group model to the Sikasso region, the project trained 2,466 maman leaders who organize neighborhood groups sessions focused on nutrition and hygiene practices and 200 peer farmers who work with 2,000 women farmers to adopt nutrient-rich produce and improve agriculture growing and processing practices. These women have also created community gardens in 36 villages.

Integration at the Community Level

The village coordination committee (VCC) is the over-arching platform that supports all nutrition, agriculture, and WASH activities at the community level, and coordinates joint activities among the different sectors. Community nutrition activity groups (*Groupes de Soutien aux Activités Nutrition – GSAN*) facilitate support group sessions and household visits to help caregivers improve their daily household nutrition and hygiene practices. Maman leaders collaborate closely with WASH committee members to reinforce the link between hygiene and nutrition during their neighborhood group meetings. Maman leaders function as role models promoting improved practices: on breastfeeding, complementary feeding, the importance of washing hands with soap and safe disposal of feces, while the WASH committee works with community members to construct latrines and handwashing stations (tippy taps). Often the WASH committee and maman leaders visit households jointly to inspect for cleanliness. Trained in interpersonal communication, maman leaders negotiate with family members to adopt small doable actions that will lead to better nutrition and fewer cases of illness.

GSANs and agriculture groups (farm field schools) also act synchronously: without access to nutritious crops women cannot feed their families nutrient-rich meals promoted by mamans leaders! Farm field schools teach women farmers how to increase yields, and process, store, and market their crops. The schools demonstrate how to grow nutrient-rich foods and encourage women to keep a portion of these crops for household consumption, especially during lean season when food is particularly scarce.



Maman leaders and senior advisors for client counseling and negotiation work with community members.

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“I learned how to cook protein-rich doughnuts and enriched porridge using soy, groundnuts and baobab from my maman leader when my baby was six months old. The village coordination committee organized cooking demonstrations two times per month. Most members of my neighborhood group are also members of a farm field school or the WASH committee, which makes organizing these events much easier! We also have our own collective field, which yielded 200 kg of soybeans this year. I’m saving more money now that I’m reserving some of the food from my garden for our meals. My baby loves the news foods. I’m proud to see him grow strong!”

—Aminatou Traore,
Neighborhood Group Member
in Fassoumbougou



Ms. Traore (left) preparing soy beignets during a community cooking demonstration.

All lessons are hands on and take place according to the season. Women farmers not only learn about planting nutritious seeds, they partake in the process with support from their agriculture extension agent. Particularly during the harvest, women farmers learn how to conserve crops and avoid spoilage, but they also practice storing the crops they grew during the rainy season.

Additionally, women farmers learn how to grow leafy greens and vitamin-A rich vegetables in small household gardens that can be maintained year-round. To drive nutrition messages home, maman leaders and farmers discuss why nutrition is important during the first 1,000 days and which local crops are most nutritious. To encourage financial freedom USAID/PNH supports village savings and loan associations (VSLAs). These informal collectives have enabled women to access key inputs such as low-cost organic fertilizer and high quality seeds not supplied by the project. Women can also take loans from the VSLA to pay for health care: travel to health centers for antenatal care, vaccination days and nutritional screenings.

Cooking demonstrations illustrate the power of integration among nutrition groups, farm field schools and WASH committees. Maman leaders create new recipes and then show women how to cook the new dishes with locally sourced ingredients grown by their neighbors. This is coupled with lessons on the importance of infant and young child nutrition. WASH committee members and maman leaders reinforce messages about handwashing before touching food/eating and proper storage of food and water during these group events.

Community volunteers wear multiple hats, and indeed are organic integrators. The VCC president in Farakala is also WASH committee member and several maman leaders in Sirakoro attend the local farm field school. These natural synergies encourage cross-learning and anchor integrated nutrition, WASH and agriculture practices simply because community members are more exposed to messages, activities and household visits.

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A community health center supervision visit.

Integration with Health Centers

USAID/PNH's formative research found that the community health center (CSCOM) staff and community health workers (CHWs) do not have the bandwidth to reach all undernutrition cases. Further, a social distance and cultural gap often exists between community members and health center staff who come from different regions with different beliefs and social standing. This disconnect diminishes the appeal of health centers and deters families from accessing essential services such as ante- and postnatal care, vaccinations, and treatment for acute malnutrition. GSANs bridge the gap between health center staff and community members. They collaborate with CHWs and community health volunteers to screen children under five and pregnant and lactating women for malnutrition and refer suspected cases to health centers. These health workers treat uncomplicated moderate acute malnutrition cases in the community. Maman leaders offer personalized guidance and support to women during group sessions and household visits to families treating malnutrition at home. This builds trust and convinces them to access services recommended by maman leaders.

Additionally, the Ministry of Health, with USAID/PNH support, assigned one staff member as a nutrition focal point at each CSCOM to ensure nutrition management remains sound and caregivers with malnourished children feel supported. Families now have a point person to whom they can talk regularly about nutrition-related issues. The project also devised the Senior Advisors for Client Counseling and Negotiation (SACCN) approach to integrate counseling and negotiation systematically to improve caregiver's health behavior regarding children during health service contacts. Project staff select and train 2–3 qualified health workers, identified by senior district staff with specific project-generated criteria, to act as SACCN. All SACCN staff are qualified health workers with superior bedside manner and interpersonal skills. Along with counseling



The Shakir Band is a tape that measures a person's mid-upper arm circumference. This measurement can quickly show a mother or health worker whether a pregnant woman or child is malnourished and whether the person needs to go to a health facility for treatment.

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Village coordination committees advocate for including WASH and Nutrition in Commune Action Plans: The project held two workshops on budget advocacy to encourage the USAID/PNH target communes to include nutrition in the commune development plans (PDSEC). These workshops served to transfer ownership of nutrition objectives to municipalities to sustain gains achieved after the project ends.

The workshop was organized around Save the Children's "budget advocacy" tool, initially targeted at the health sector but adapted for this activity. The municipalities adopted recommendations and an action plan at the end of the workshop. Mayors from the two districts signed a declaration of commitment in the presence of the administrative authorities. The project will continue to monitor the districts to ensure they follow the process and honor their commitments.



A maman leader working with community members.

patients directly, they train their colleagues on how to communicate more effectively with patients who need nutrition assistance.

Integration at Policy Level

Communities that include nutrition, WASH and agriculture in their community development plans advocate with officials at the commune level to include local budget line items for these sectors in the commune plans. This advocacy will help to maintain the gains in nutrition achieved in the past five years. USAID/PNH also educates local officials to recognize the causes of malnutrition in their communities and encourages these officials to support action plans that fund the management of malnutrition and maintenance of open defecation free status at the commune level and maintain open defecation free status.

Results

Under the USAID/PNH project 236 villages have integrated nutrition, WASH and agriculture supporting 2,466 maman leaders. Of these villages, 207 are now certified as open defecation free and the project has rehabilitated 41 water points improving access for almost 30,000 people. A total of 2,000 women farmers learned new farming techniques and 36 communities have established community gardens. Women in 72 communities have started village savings and loan associations and 46 of them have formed into 6 unions to improve access to government-supported agricultural inputs. All 13 communes now have a line item in their budgets for nutrition, WASH and agriculture. Finally, 142 CSCOMs in the Sikasso region have

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strengthened systems and personnel and they now score above 80 percent on their service delivery performance scores.

A recent evaluation conducted for USAID found that many nutrition indicators improved over the life of the project.² In Sikasso, the proportion of children below 2 years who are underweight has dropped by 27 percent of the baseline status. Wasting in children aged 0 to 23 months declined by 41 percent. The prevalence of anemia declined from 84 percent at baseline to 62 percent that translates to a reduction of 25 percent of the baseline status.

According to the evaluation, community activities have contributed to improved infant and young child feeding practices and diverse diets. Exclusive breastfeeding, for instance, increased by 84 percent or 29 percentage points from 35 percent at baseline to 64 percent at midline. Access to and information on more nutritious foods during community-wide cooking demonstrations, GSAN sessions and during farmer meetings may be having an impact on what people are eating. The same midterm evaluation also shows that children aged 6 to 23 months eating four or more food groups increased from 13 percent at baseline to 57 percent at mid-term representing a 41 percentage point increase in dietary diversity.

WASH practices at the community level continue to improve. The midterm evaluation team found 68 percent of respondents practiced the recommended household water treatment technology promoted by the WASH committees. This is 24 percentage points above the baseline status of 44 percent. The evaluation team also found a significant increase in the percentage of households with hand-washing stations with soap and water from 9 percent at baseline to 78 percent at mid-term.

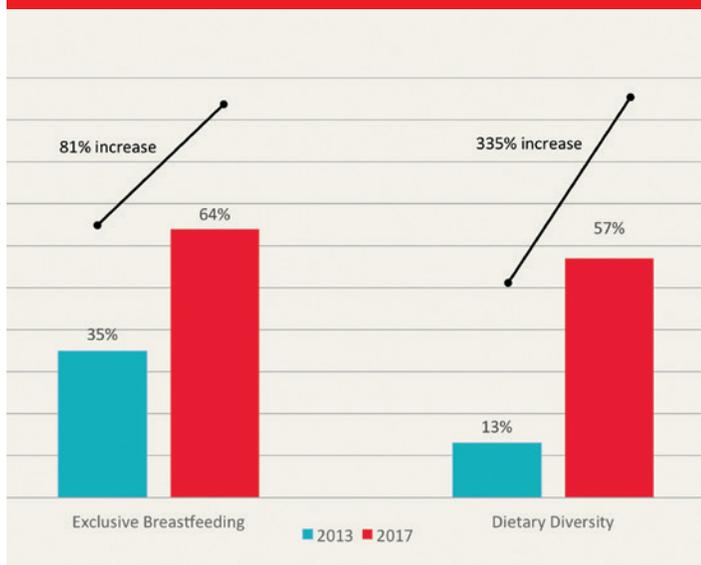
The project assists the government in its efforts to proclaim an open defecation free Mali and two of the three national winners of the Government-led Clean Village Competition were PNH-supported villages.

Sample results in Sikasso:

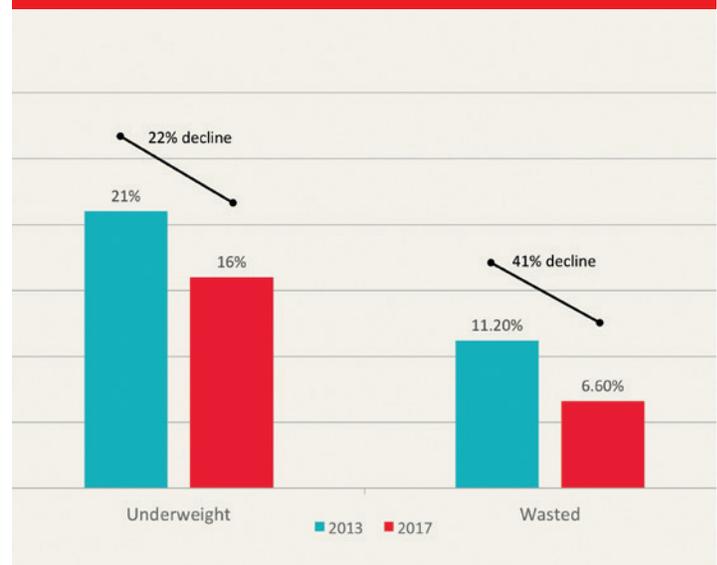
- The proportion of children below 2 years who are underweight has dropped by 27% of the baseline status.
- Wasting in children aged 0 to 23 months declined by 41%.
- Anemia declined by 25% from 2013 figure* to mid-term.
- 68% of respondents practiced the recommended household water treatment technology promoted by the WASH committees.
- Percentage of households with hand-washing stations with soap and water went from 9% at baseline to 78% at mid-term.

* Baseline figure for anemia is from the 2012–2013 Demographic and Health Service data.

Percentage of Children Exclusively Breastfed and Percentage of Children 6–23 Months with Diverse Diet



Percentage of Children 6–59 Months who are Underweight and Wasted



Lessons Learned/Best Practices

Village coordination committees empower community members to manage and resolve their own health issues

“TEAMWORK IS OUR BIGGEST STRENGTH.

We realize that it’s a team effort to change our own bad behaviors, which are the main cause of malnutrition in our communities. We see the results of the lessons from the project and the commitment of our nutrition, WASH and agriculture groups. Our GSAN brings everyone together. They work with the farm field school that manages the community cowpea field and provides inputs for demonstrations. On the 27th of each month, we hold nutrition demonstrations and screenings and make sure to follow the rules and regulations they set up in the community action plan. Now the groups have a social fund, mutual aid and the whole community shows greater social cohesion. The healthier our children are, the more motivated and committed we are to achieving these goals. Thank you for funding USAID/PNH through which our women, children are now protected and cured of malnutrition.”

— Ousmane Doumbia, village coordination committee chairman, Solo Village

The VCC drives community activities. This group meets regularly to review nutrition, WASH and agricultural content in the community action plans, facilitate joint activities and resolve problems. They also monitor progress in achieving community action plan goals. The VCC nutrition committee president in Sirakoro said, “By coordinating all our activities as one solid team, we are able to cover more needs among community members. Our work is easier because we know who and where to reach



for help. We are together.” However, not all activities go as planned. In Zantiébougou, a cooking demonstration was delayed when the nutrition and agriculture sub-committees did not mobilize the resources needed for the demonstration. “We didn’t know where we could get moringa,” a GSAN member confessed. “We didn’t know that the women’s farmer group had supplies at their disposal for events like this!” The project’s social and behavior change (SBC) assistant re-oriented the VCC and assigned roles for future cooking demonstrations. VCCs put problem solving and action planning in the hands of the community. So far, all VCCs received support from their SBC assistants in planning community meetings, creating action plans, and coordinating rollout. For VCCs to function independently from outside entities, community members need to be extremely organized and invested in their work to improve nutrition in their community.

Nutrition successfully integrated into WASH and agriculture

Integration under the USAID/PNH project was designed to improve nutrition and implementation focused specifically around these activities. Community structures organized behavior change efforts around the nexus of WASH and nutrition practices. Hygiene such as handwashing with soap at critical times, treating drinking water and disposing child feces in a latrine buttressed all nutrition efforts such as maman leader chats, nutrition demonstrations and health center counseling. Further, agriculture activities emphasized growing nutrient-rich produce, eating a diverse diet, reserving a portion of the harvest for family consumption, and creating community gardens to support nutrition demonstrations and improved nutrition outcomes. Exposure to integrated activities and messages throughout the day, from the farm to the household, reminds village women to continue practicing improved nutrition and hygiene behaviors to maintain good health.

Integrated participatory approaches pave the way for behavior change

As active participants in behavior change, many women took ownership of their family’s improved health. Mothers cooked the nutritious recipes for themselves, tasted the delicious, healthy food and witnessed their children delighting in eating enriched porridge. They verified that their children were healthier by learning how to screen for

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“When my maman leader visits my home she always checks to see if I have soap and that my water canisters are closed. I get similar visits from WASH committee members, which helps remind me to continue keeping my house clean. My daughter has not had diarrhea since I started taking care of the household in this way,”

—*Neighborhood group member, Sido Village*

acute malnutrition the Shakir band. Women farmers learned the benefits of growing vitamin-A rich vegetables and worked together in community fields to grow these foods for their families. WASH committees and GSANs reinforced handwashing practices during community conversations and taught families how to create tippy taps to wash hands properly. Household visits from community volunteers also reinforced healthier practices and improved health outcomes because community volunteers receive tailored recommendations and small doable actions to increase behavior uptake. Women explained during focus group discussions that hearing the same messages from multiple sources helped them understand the link between general hygiene and health. Just as important, men credited their wives with this improvement as well, raising her status and contributions within the family and the community.

Better relationships between CSCOM and community fuel trust and good results

Communities hold the key to improving health service quality. Maman leaders collaborate with community health workers to screen children for malnutrition, refer acute malnutrition cases to health centers, and provide guidance on how to treat chronic malnutrition in the home. During community sessions, they encourage caregivers to visit CSCOMs for important preventative health days. Maman leaders also feed information about caregivers and children’s health status up to nutrition focal points and SACCN who provide tailored guidance at the CSCOM when patients come for visits. This whole process drives prevention behaviors at the household level and encourages caregivers to visit health centers when necessary.

Staff from CSCOMs recognize that community mobilization efforts are helping to reduce malnutrition cases at the facility. One medical service provider in Farakala noted, “The project’s community efforts—SBC assistants, peer farmers, and maman leaders—help mothers understand the importance of good nutrition and following treatment regimens. Because of this project we are seeing many fewer children being abandoned in the middle of malnutrition treatment.” The health director of Sido CSCOM claims that fewer cases of malnutrition exist since he started in 2014: “It must be because maman leaders are reaching community members before they need to come to the health center.”



“I learned how to cook healthy and delicious recipes during cooking demonstrations using crops from my own garden! Once I had my second child, I tried out some of the recipes recommended to me by my maman leader. He is now very big and strong. My first child is also healthier even though he was born before I joined my neighborhood group. In a few years both my sons will be able to help sow our crops with their big muscles!”

—*Neighborhood group member, Farakala Village*

Integrated programs empower women beneficiaries to improve their families' health



Women are active in community health, nutrition, WASH, and agriculture groups. The strongest women are also VCC members who keep sub-committees and community volunteers accountable for results. Maman leaders are health and nutrition models and the information they share resonates with their neighborhood group members and their families. Female VSLA members save money to access seeds and fertilizer to grow nutritious foods that will keep their family fed and healthy through the dry season. They also now have more money to pay for necessary health visits, but most find their families don't fall ill as they did in the past. Female WASH committee members determine whether households practice good sanitation and provide recommendations to families on how to improve practices. A WASH committee member also helps her community get and maintain open defecation free certification. Empowering women to improve the health of their communities may help improve health outcomes. Women now have the knowledge and tools to improve their own families' health and mobilize communities to improve health at a wider scale.

Sustainability Gains

USAID/PNH's strengthening of maman leader and GSAN capacity to encourage continued optimal behaviors is a key approach to sustainability. More recently, in a deliberate effort to promote continuity once the project ends, the USAID/PNH team embraced a new paradigm to involve the technical services (health/nutrition, WASH, social development, agriculture) and municipal government representatives in the project's reflection of activities and results. These stakeholders participated in the project's final year activity plans and all actors reviewed their roles and responsibilities in attaining and maintaining improved nutritional outcomes for women and children in targeted communities.



The project is supporting joint supervision missions to bring the community structures closer to the government entities and to showcase the progress that these same community structures have supported related to the goal. In addition to encouraging government stakeholders to support monitor improved nutrition and hygiene practices, the project has given community groups the necessary tools to advocate for their priorities in the commune development plans. This enables communities to remain engaged in their own development and empowers them to be active change agents.

Further, USAID/PNH is facilitating a series of village exchanges that pairs strong communities with those that require additional support to achieve the same level of positive change. With such commitment to sharing and learning, the project is hopeful that all target communities will continue to progress and will maintain gains with support from technical service and municipal government counterparts that integrate community priorities in the PDSEC.



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Conclusion

The USAID/PNH integrated approach helps communities unite and connect around a common goal of healthy child growth. Village coordination committees keep all community activities on track, while integrated and hands-on activities such as cooking demonstrations help community members understand and resolve their own health problems. Household visits reinforce lessons learned during community events and a greater focus on nutrition at health centers encourages people to seek help when needed.

This integrated approach drives people to make positive changes in multiple aspects of their lives—health, nutrition, WASH, agriculture—because they feel supported by their peers and have the knowledge and tools to become agents of their own change.



NOTES:

- 1 The first 1,000 days from conception to a child's second birthday offers a unique window of opportunity to shape the child's future. The right nutrition during this critical period provides the essential building blocks a child needs for healthy cognitive, physical and immune system development. Undernutrition early in life can cause irreversible damage to a child's brain and stunting, or low height for age, which can lead to diminished, capacity to learn, greater susceptibility to infection and even obesity and non-communicable diseases into adulthood (Why 1,000 Days? <https://thousanddays.org>).
- 2 Midterm Performance Evaluation for the Mali Nutrition and WASH programs, March 2, 2018.

WHAT IS USAID/PNH?

The USAID-funded *Project Nutrition and Hygiene* (PNH) managed by Save the Children with partner SNV aims to improve the nutritional status of pregnant and lactating women and children under two years of age in six health districts of the Sikasso Region, Mali. It is agriculturally productive, a center for trade, and one of the most densely populated regions of Mali. Over the course of six years, the project aims to reach at least 10,000 pregnant and lactating women (PLW) and 50,000 children under 2 years of age with a full package of interventions.



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