Nutrition at the Centre Project

Mid-Term Review Report

Care International-Zambia

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Background

CARE is implementing an innovative, comprehensive five-year Nutrition at the Centre program (2013 – 2018) that aims at reducing anaemia in women aged 15 to 49 years and stunting and anaemia in children under 2 years by integrating maternal, infant and young child nutrition and health (MIYCN), water, sanitation and hygiene (WASH), food security and women's empowerment. The program four specific objectives and sub objectives are as follows:

1. Improved nutrition related behaviours
2. Improved use of maternal and child health and nutrition services
3. Household adoption of appropriate water and sanitation practices
4. Availability and equitable access to quality food (Sub objectives are

N@C is implemented in 4 countries (Bangladesh, Benin, Ethiopia and Zambia)

The 2013-14 Zambia Demographic and Health Survey reported stunting levels among under 5 children at 40%, 6% of children under 5 being wasted, and 15% underweight. In addition 54% of children had vitamin A deficiency and 53% had iron deficiency anaemia and 9.3 % of children were born with low birth-weight, indicating poor maternal nutrition. In addition, 7% of children aged 2-3 months received solid and semisolid foods contrary to WHO recommendations. Further, 10% of women of child bearing age are underweight[1].

Evaluation Purpose

The aim of the MTR was to assess progress made in implementing the N@C project in Zambia. Specifically the objectives of the MTR were;

1. Assess the progress against objectives of the N@C program to date
2. Assess the learning from the process of multi-sectoral programming
3. Assess the reach of the program so far
4. Asses efficiency of implementing partners
5. Learn about ways we can improve the program

Methods

Sampling:

Sampling frame:

The sampling was done based on the 2014 (1st Round) N@C Beneficiary list from 17 Health Centres (7 in Chadiza and 10 in Lundazi)

Sample:

[1] MoH, CSO,ICF, 2014, Zambia Demographic and Health Survey – 2013-14

Multistage Random sampling was used. From the sampling frame of all first round beneficiaries, the first stage involved sampling 10 Health Centres from the 17 from both districts. The number of Health Centres from each district followed the ration of 10:7 that's is 6 in Lundazi and 4 in Chadiza.

The second stage involved randomly (using random numbers) sampling 3 groups out of 12 and 3 households (group members) from each Health Centre for the main Mothers Survey and 30 members were sampled. The two group leaders were automatically sampled by virtue of sampling the group hence 20 group leaders were sampled, 10 Nutrition Support Group Leaders (NSGLs) and 10 Community health Volunteers (CHVs).

Grandmothers and Fathers Survey, participants were chosen based on the mothers that were sampled. Simple snowball sampling was used to sample Non N@C mothers based on the sampled mothers.

Community leaders were sampled based on the groups that were identified but only one leader per Health Centres was interviewed and thus 10 community leaders were sampled, 6 in Lundazi and 4 in Chadiza.

Key informant interviews:

Sampling involved listing all government departments and Non-governmental organization that are either working with N@C or have overlapping areas in both districts. Once this was done, they were assigned to the appropriate categories namely: Government Officials, Peer Organization and Sector Organizations.

Data collection:

Data was collected from two sources, namely, secondary and primary sources. Secondary data was collected from project documents while primary data was collected through interviews using structured questionnaires. Primary data collection took place from 23rd to 27th November 2015. The data collection team comprised 11 enumerators, 3 supervisors and 2 drivers. Two data entry clerks were used to enter the collected data

Data analysis:

Quantitative data was entered into SPSS for processing, tabulation and analysis while qualitative data was transcribed and analysed by themes using excel pivot tables.

Results

General results:

A total of 67 group members from 10 different groups from both Lundazi and Chadiza districts were interviewed. About 62 members (95%) were taking care of children less than two years. The children's ages ranged from 1 month to 31 months, while the mean months was 15. A high proportion of the group members of mothers were lactating 67.6% (23) followed by both the pregnant 11.8% (4) and women 15-49 age 11.8% (4).

Table 1

Tool used	Number completed	When surveys were conducted (date or date range)	Possible additional details: Who was spoken to (e.g. gov't officials, peer organizations)
Group member survey	67	24-28 November 215	Mothers, men and grand mothers
Non-group member survey	30	25-28 November 215	Non-active mothers
Group leaders	18	23-27 November 215	Group leaders (CHVs and NSGLs)
Community leaders	10	23-27 November 215	Community leaders
Sector Organizations	4	26 November 215	Staff of Sector organisations
Peer Organizations	4	26-27 November 215	Staff of Peer organisations
Government officials	4	25-26 November 215	Government officials

Group member surveys

Meetings:

About two-thirds (66%) of the group members indicated that they had attended each or most of the meetings called by N@C program. Nearly four out of five (79%) of group members found the meetings had useful information for improving their health and that of their children. About half (51%) of the group members had been attending group meetings for less than six months followed by 31% who had been attending the meetings for 6-12 months. In terms of group members being involved in N@C activities, majority (67%) have been involved for less than a year. Only a quarter (25%) have been involved in N@C activities.

Diffusion of meeting topics:

One of the core activities of the N@C program is health education and promotion and skills building among group members in order to undertake similar trainings in their respective communities. Group members were asked whether they shared what they learnt at group meetings with others. About 45% and 37% of group members always or sometimes shared what they learnt at group meetings with others respectively. About one-in-ten (10%) never shared with others. Nearly three-quarters (73%) of the group members found it easy to share what they learnt and less than 5% of them found it difficult to share. Interestingly, some of the group members who found it difficult to share what they learnt where grandmothers/mother-in law (28%) and male/husband (8%), respectively. Some of the hard topics include growth monitoring, nutrition counseling, cooking demonstration, hygiene (especially men) and caring for the sick child or person.

Practices:

Respondents were asked about their most recent pregnancy, feeding practices of their children less than two years, and sanitary and hygiene practices. During their most recent pregnancy, slightly over half (51%) of them took Iron or Folic Acid (IFA) daily, followed by those who took IFA most days (30%) and 13% occasionally. Less than 5% of pregnant women never took IFA during their most recent pregnancy.

Mothers were asked on what they did with their first milk (colostrum). Majority of them (84%) reported giving colostrum to their child while 3% discarded it. About 6% did not remember what they did with colostrum.

The recommended age of complementary feeding with breast milk is seven (7) months and older for babies. Respondents were asked about their feeding practices of their babies. Only 13% of mothers start complementary feeding in line with the recommended age of child. However, about 58% plan to start giving complementary food besides breast milk to their babies after 6 months.

Mothers or caregivers were also asked what specific solid foods they had given their child less than two years, 24 hours prior to the interview. About 73% had given their child vitamin rich foods like fruits or vegetables to eat; 66% had given them protein rich foods; and 78% had eaten leafy greens or legumes.

With regards to practicing ideal sanitary and hygienic practices before feeding their child, 63% of mothers or caregivers washed their hands always before feeding their child; 28% sometimes and about 6% never wash their hands. Furthermore, mothers and caregivers were asked whether they washed their hands after defecating. Seven out of ten (70%) always washed their hands after defecating; 24% sometimes and less than 5% never washed their hands.

Qualitative data:

Mother reported that they had taken IFA during their most recent pregnancy in order to increase blood levels for both mother and unborn child. As for mothers that discarded colostrum, reasons given were that they were not sure about the benefits; some thought it contained sperms or had stayed long before the baby was born. For mothers that did not give food to their children, reasons were that food was not readily available or could not afford to buy.

Non-group member surveys

Summary of data as shown in Table 2 – including highlights, variations, and challenges.
All 30 non-group members had heard of N@C program. They listed the following N@C activities taking place in their community: access to clean water and sanitation; access to maternal, child health and nutrition services; information and demonstration of appropriate feeding practices; homestead food production and optimal dietary diversity.

As expected most (90%) of them had not participated in N@C activities. The reasons for their non-participation was because most were not aware about the N@C program, while others were not allowed to participate or were busy with other personal work. The few that participated were engaged in activities pertaining to sanitation and hygiene and optimal dietary diversity. Almost all (97%) non-participating group members desire to participate in N@C activities. About three out of five (60%) of non-participating members had received information about N@C from participating group members.

Group leader interview (CHVs and NSGLs)

Summary of data as shown in Table 3 – be sure to include the number able to identify their supervisor; the number that regularly attend meetings and find them to be useful; ways they can feel more supported as volunteers; and other significant comments.

Information and feedback was sought from Group Leaders on the Nutrition at the Center Program regarding topics well prepared and had gone well. They listed the following topics as having been well prepared and executed: breastfeeding practices (50%), gardening and food preservation (22%), health education (17%) and cooking demonstrations (11%), respectively. Topics that were suggested to be

repeated include those on sanitation and hygiene, breastfeeding practices, gardening and cooking demonstrations. Other topics are on food preparation and preservation, PMTCT and leadership.

Information was also sought on factors motivating volunteer group leaders in N@C program. Majority (72%) of group leaders cited incentives such as stipend, bicycle for mobilization purposes, training, refreshments, stationery etc; commitment from group members (17%) and 11% of those seeing the change and impact the programmes (N@C) created in the community. About 14 names were identified as being supervisors or individuals considered to be working with the N@C program in respective communities and had monthly contact with them through the scheduled meetings.

Community leader interview

Summary of data as shown in Table 4 – including key highlights and successes; challenges and solutions; needs for improvement; and other significant comments.

Information and feedback was sought from Community leaders on the performance of Nutrition at the Center Program in their respective communities. About 60% of community leaders had heard about the N@C program, and they listed the following activities being undertaken at the center: early breastfeeding practices, growth monitoring of children, nutrition education and sensitisation. All the community leaders interviewed were satisfied with services offered by the N@C program in their respective communities. Specifically, they community leaders cited the following impact the program was having in their respective communities: improved child feeding and breastfeeding, improvement in the general health of children, improved knowledge on nutrition among mothers, improved practices in hygiene and sanitation and reduced malnutrition. However, community leaders identified the following issues that had not worked well for the program: farm input shortages, inadequate N@C staff and coverage of the program; irregular and inconsistent community sensitisation meetings; and long distances to cover in order to attend meetings. In this regard, the community leaders recommended increased incentives especially for bicycles, loans for small businesses, food; combining teaching sessions for women who are pregnant with those with young children; and stronger government and partner collaboration

Sector organizations

Summary of data as shown in Table 5– including highlights, variations, challenges, and specifically how to improve coordination.

Information and feedback was sought from sector organisations on the performance of N@C Program in the communities they operate. All sector organisations interviewed had heard of N@C program. All indicated that the N@C program had effectively reached pregnant women and lactating women with tools, methods or behaviour change strategies; N@C support groups had been moderately effective; relevance of improving nutrition and health outcomes in the communities very effective. The assessment of N@C work on coordination and collaboration with other stakeholders and peer organisation was very effective. However, the assessment on effectiveness of N@Cs integrated approach and communication with other sectors such as WASH and agriculture was considered moderately effective.

Peer organizations

Summary of data as shown in Table 6 – including highlights, variations, challenges, and specifically how to improve coordination.

Similarly, information and feedback was sought from peer organisations on the performance of N@C Program in the communities they operate. Peer organisations listed the following N@C project areas to be effective: growth monitoring, food security training to farmers and NAG, monthly meetings and WASH trainings for community leaders. The social and behaviour change communication (SBCC) areas considered to be effective are appropriate complementary feeding, dietary diversity, optimal dietary diversity, water, sanitation and food security. However, the areas of project improvement cited include cooking demonstrations, increase number of meetings in a month and provide transport for nutrition support group members. With regards to SBCC , the areas that require improvement are men involvement in trainings, use of edutainment approaches, and training of more community members.

The assessment of disseminating of information on pregnant women and lactating mothers in order to reduce stunting and anaemia was moderately or very effective; assessment of reaching pregnant women and lactating women with tools, methods or behaviour change strategies very effective. The N@C strategy of reaching mothers through support groups was assessed to be either moderately or very effective. Furthermore, the relevance of current N@C work of improving nutrition and health outcomes in the communities was considered very effective.

Coordination and collaboration of partners in executing successful interventions is key. The assessment of N@C work on coordination with stakeholders/peer organisations was considered mostly considered very effective (50%), moderately effective (25%) and ineffective (25%), respectively. Furthermore, the N@C program was assessed to be very effective in communicating and collaborating with other sectors such as WASH, Agriculture and health.

Suggested ways of improving communication or coordination by sector organisation are the following: hold quarterly meetings; improve communication with target groups; Coordination should be done at district level then narrowed to communities; invite other sectors during planning meetings; formation of new groups with fewer members for easy communication; Ministry of education should come on board to educate girls; Use radio programs on local radio stations; Involvement of traditional leaders

Government officials

Summary of data Table 7– including highlights, challenges, and specifically how N@C has influenced their work (including quotes where possible!).

Information and feedback was sought from Government Officials (extension officer, Agriculture officer, information officer, and community development on the performance of N@C Program in the communities they operate. All officers acknowledged that the N@C program had influenced their work greatly especially in community engagement, improved nutrition standards in the communities, and improved participation and knowledge among men and women especially for women in farming activities. In addition, they all stated that there had been great engagement and collaboration among government stakeholders in the N@C program. For instance, Department of Health provides services and information on hygiene; Community Development on Expanded food security packages; Local Government and Housing on water and sanitation; and Ministry of Agriculture and Livestock on farming and animal raising and slaughtering. Furthermore, all these government ministries assist in zoning communities for specific implementation activities.

However, it is recommended that N@C program should partner with the District Nutrition Coordination Committee, Ministry of Agriculture & Livestock, District Health facilities and Community Development. The N@C program should also expand to reach other areas, increase male involvement in education programs, increase growth monitoring and work within existing structures.

Assess the progress against objectives of the N@C program to date

Although progress using monitoring data from the N@C program will be reported elsewhere, below please summarize the progress and activities by domain that were highlighted and discussed during the research.

Improve nutrition-related behaviors:

There was an improved uptake of colostrum at child birth, most mothers adhered to exclusive breastfeeding and start complementary feeding at the recommended time.

Improve use of maternal and child health and nutrition services:

There was an increased access and use of maternal, child health and nutrition services at N@C services especially for growth monitoring, IFA uptake, nutrition education and food demonstration. Overall, malnutrition cases and waterborne diseases were reported to have declined in communities

Household adoption of appropriate water and sanitation practices:

Majority of the households have adopted appropriate water and sanitation practices like washing hands before given food to children and after defecation. This has reduced water borne diseases among children according to community leaders and members.

Availability and equitable access to quality food:

Although majority of households have access to food, some of them cannot afford to have access to quality and balanced food – vitamins, proteins, vegetables and carbohydrates

Cross cutting strategies i.e. gender and empowerment, advocacy, governance, capacity building, etc.:

Gender still plays a critical role in the communities with regards to decisions on access to food in households, who eats particular foods and frequency. Generally, the male head of household (usually husbands) make decisions with regards to access to food. Therefore, it is critical to involve men in N@C programs

Assess the learning from the process of multi-sectoral programming

Please include whether you think a) we are doing multi-sectoral /integrated work; and b) use the data collected to recommend ways we might improve this.

The N@C program is implementing the multi-sectoral integrated approach with various stakeholders. However, it is recommended that Ministries of Health, Education, Agriculture and Livestock, Local Government and Community development are greatly involved for effective implementation. Traditional leaders and other key gate keepers should be involved.

Assess the 'reach' of the program so far

Please include whether we are reaching women in our target group. If possible, indicate people we are not reaching and why.

Women are being reached as a target group. However, for effective implementation, group meetings for lactating and pregnant women should be combined. In addition, there has to be more male involvement especially that they play key roles nutrition and hygiene. While increased sensitization on N@C will bring on board non active mothers.

Assess efficiency of implementing partners

Please discuss whether you think N@C's implementing partners (if applicable) are working well based on feedback collected – specifically: What we can improve? What can they improve (monitoring, communication, supervision) so that N@C program objectives are reached?

Generally, N@C program is being implemented well and the community is satisfied with services provided. However, coordination should be decentralized to local level, form smaller groups for ease of communication and follow-up; use of community radio stations to disseminate any information and leadership and involvement of local and traditional leadership.

Learn about ways we can improve the program

This is a place where we want the consultant to summarize what he/she has learned from all data sources – specifically: Which sectors or areas are currently weaker than others? What areas we can focus on to increase our impact and reach our goals of reducing stunting and anemia? Overall, what can we do better in the next 2 years?

The N@C program is working well and has been well received by stakeholders. Areas of the program that needs scaling up is food security and water and sanitation program were respondents cited need for refresher trainings. Coordination among key stakeholders could be improved through regular communication.

Recommendations

Indicate specific and actionable recommendations you have here.

- Intensify SBCC that integrate edutainment focusing on complementary feeding (13% start late) and water and sanitation and food security
- Provide refresher trainings to Group Leaders
- Scale up community engagement activities and clarify eligibility criteria so that non active mothers are brought on board
- Innovate best ways of sharing information obtained from N@C mostly by grandmothers/ mothers in laws
- Provide incentives especially; bicycles, loans for small businesses, food to facilitate meeting attendance
- Combining teaching sessions for women who are pregnant with those with young children;
- Stronger government and partner collaboration and coordination and bring on board all key sectors
- N@C program should employ more staff and increase supervisory visits and monitoring of activities

Conclusion

Provide a clear and concise conclusion including what is good/successful about N@C and what areas where we need more improvement work or focus.

Despite delayed project start up, progress has been made in implementation of the N@C program. The N@C program is reaching its intended targets women with children less than two years. N@C has done well increasing access to maternal, child health and nutrition services and in improving water and sanitation practices as reported by the communities and partners. The program is multi-sectoral and there is stakeholder engagement. More needs to be done in improving access to quality food as some households still have no access to farming inputs. Other areas to scale up include male involvement, providing refresher trainings to group leaders and sensitization among non-active mothers.

Appendix

Table 1: Summary of group member survey data (N=67)

Question	Responses	N	%
During your recent pregnancy, how often did you take Iron or Folic acid?	Everyday	34	50.7%
	Most days	20	29.9%
	Occasionally	9	13.4%
	Never	3	4.5%
	Missing	1	1.5%
	Total	67	100.0%
After child was born, what did you do with your first milk(colostrum)	Gave it to child	56	83.6%
	Discarded it	2	3.0%
	Don't Remember	4	6.0%
	Missing	5	7.5%
	Total	67	100.0%
Child's age when given complementary feeding besides breast milk	less than 6 months	9	13.4%
	6 months and more	25	37.3%
	Missing	33	49.3%
	Total	67	100.0%
Child's age when plan to give complementary feeding besides breast milk	less than 6 months	0	0.0%
	6 months and more	39	58.2%
	Missing	28	41.8%
	Total	67	100.0%
In the last 24 hours, did you give child fruits/vegetables to eat?	No	11	16.4%
	Yes	49	73.1%
	DK	0	0.0%
	Missing	7	10.4%
	Total	67	100.0%
In the last 24 hours, did you give child eggs, meat, fish, chicken, or pork to eat?	No	19	28.4%
	Yes	44	65.7%
	DK	0	0.0%
	Missing	4	6.0%
	Total	67	100.0%
In the last 24 hours, did you give child leafy greens(dark leafy vegetables) or legumes(beans, lentils) to eat?	No	10	14.9%
	Yes	52	77.6%
	DK	0	0.0%
	Missing	5	7.5%
	Total	67	100.0%
Do you wash your hands before feeding your child(If yes, how frequently)	Always	42	62.7%
	Sometimes	19	28.4%
	Never	4	6.0%
	Missing	2	3.0%
	Total	67	100.0%
Do you wash your hands after you defecate(If yes, how frequently)	Always	47	70.1%
	Sometimes	16	23.9%
	Never	3	4.5%
	Missing	1	1.5%
	Total	67	100.0%

Table 2: Summary of non-group member survey data (N= 30)

Question	Responses	N	%
Q0 - Heard of N@C	Yes	30	100%
	Grand Total	30	100%
Q1-N@C activities in the community	Access to clean water	1	3%
	Access to maternal child health and nutrition services	1	3%
	Appropriate complementary feeding	3	10%
	Access to maternal child health and nutrition services	2	6%
	Early Breast feeding practices	6	20%
	Homestead food production	1	3%
	Optimal dietary diversity	5	17%
	Don't know	7	23%
	Missing	4	13%
	Grand Total	30	100%
Q2-Participation in N@C activities	No	27	90%
	Yes	3	10%
	Grand Total	30	100%
Count of Q2a - List of N@C activities participated in	Children separate from faeces; optimal dietary diversity	2	67%
	Don't know - I am new	1	33%
	Grand Total	3	100%
Q3 - Reasons for not participating in N@C activities	Am not allowed	2	22%
	Not Aware	5	56%
	Too much work	2	22%
	Grand Total	9	100%
Q4 - Desire to participate in N@C activities	Don't know	1	3%
	Yes	29	97%
	Grand Total	30	100%
Q6 - Information sharing from a N@C group member	No	12	40%
	Yes	18	60%
	Grand Total	30	100%

Table 3: Summary of group leader data (N=18)

Question	Responses	N	%
Q1a - Topics well prepared & gone well	Breastfeeding Practices	9	50%
	Cooking demonstrations	2	11%
	Gardening and food preservation	4	22%
	Health education	3	17%
	Grand Total	18	100%
Q4 - Topics requiring support or repeating	Sanitation and hygiene	4	22%
	Breastfeeding	4	22%
	Gardening and cooking demonstrations	5	28%
	Food preparation and preservation	2	11%
	PMTCT	2	11%
	Leadership training	1	6%
	Grand Total	18	100%
Q5 -Motivation of becoming Volunteer Group Leader	Incentives - stipend, bicycle for mobilization purposes, training, refreshments, stationery	13	72%
	Commitment of group members	3	17%
	Seeing the change and impact the programmes (N@C) created in the community	2	11%
	Grand Total	18	100%
Q6 - Name of Supervisor	Adolofina Banda	1	6%
	Madam Chekiwe	1	6%
	Mr. Chembe Banda	3	17%
	Mr. John Mwale	1	6%
	Mr. Kantepa Ngwila	1	6%
	Mr. Kondolowe Mwenda	1	6%
	Mr. Moses Daka	2	11%
	Mr. N'gona	1	6%
	Mr. peter Ng'ona	1	6%
	Mr. Richard Malama	1	6%
	Mr. Whyson Lubana	1	6%
	Mrs. Banda	3	17%
	Ms Nasilele and Mr Chumya	1	6%
	Grand Total	18	100%
Q8 Period of attendance of meetings with supervisor	monthly	18	100%
	Grand Total	18	100%

Table 4: Summary of community leader data (N=10)

Question	Responses	N	%
Q1-Heard of Nutrition at the Center (N@C)?	Yes	6	60%
	No	4	40%
	Total	10	100%
Q2 - N@C activities Done	Breastfeeding, growth monitoring, nutrition	3	30%
	Education and sensitisation	7	70%
	Total	10	100%
Q3 - Assessment of N@C activities in community	Satisfied with service	10	100%
	Total	10	100%
Q4 - Assessment of Impact of N@C activities in community	Improved child feeding and breastfeeding	4	40%
	Improved children health in community.	2	20%
	Improved knowledge on nutrition, hygiene and sanitation	2	20%
	Reduced malnutrition in our community.	2	20%
	Total	10	100%
Q5 - N@C activities not worked well	Am not sure.	1	10%
	Everything worked well	4	40%
	Farm input shortages	1	10%
	Inadequate staff and coverage	2	20%
	Irregular and inconsistent sensitisation meetings	1	10%
	Long distances where meetings are held	1	10%
	Total	10	100%
Q6 - Recommendations for Improvement	Provide incentives - Bicycles, food, loans for	7	70%
	Combine teaching sessions for women who are pregnant or with young children	1	10%
	Government should be engaged to visit the	1	10%
	Partners in the community should together	1	10%
	Total	10	100%

Table 5: Summary of sector organization data (N=4)

Question	Responses	N	%
Q1 - Heard of N@C	Yes	4	100%
	Total	4	100%
Q3 -Assessment of reaching pregnant women and lactating women with tools, methods or behaviour change strategies	Moderately Effective	2	50%
	Very Effective	2	50%
	Total	4	100%
Q4 Effectiveness of Support Groups	Moderately Effective	3	75%
	Very Effective	1	25%
	Total	4	100%
Q5 Relevance of improving of nutrition and health outcomes	Very Effective	4	100%
	Total	4	100%
Q6 Effectiveness of N@C work on coordination with stakeholders/peer organs	Moderately Effective	1	25%
	Very Effective	3	75%
	Total	4	100%
Q7 - Effectiveness of N@Cs Integrated programme approach/Communication	Moderately Effective	3	75%
	Very Effective	1	25%
	Total	4	100%

Table 6: Summary of peer organization data (N=4)

Question	Responses	N	%
Q1a N@C Effective Project Areas	Growth monitoring.	1	25%
	Food security training to farmers and NAG	1	25%
	Monthly meetings	1	25%
	WASH Trainings for community leaders	1	25%
	Total	**4**	**100%**
Q1b - SBCC Effective Areas	Appropriate complementary feeding	1	25%
	Dietary diversity	1	25%
	Optimal dietary diversity	1	25%
	Water and sanitation and Food security	1	25%
	Total	**4**	**100%**
Q1c - Areas of Project Improvement	Cooking demonstrations	2	50%
	Increase number of meetings in a month; transport for nutrition support group.	1	25%
	Provide transport and more trainings	1	25%
	Total	**4**	**100%**
Q1d - Areas of SBCC Improvement	Include men during training	1	25%
	Introduction of drama and traditional dances	2	50%
	Train more communities	1	25%
	Total	**4**	**100%**
Q2 - Assessment of dissemination of information on pregnant women and lactating mothers	Moderately effective	2	50%
	Very Effective	2	50%
	Total	**4**	**100%**
Q3 - Assessment of reaching pregnant women and lactating women with tools, methods or behaviour change strategies	Moderately effective	1	25%
	Very Effective	3	75%
	Total	**4**	**100%**
Q4 - Effectiveness of Support Groups	Moderately effective	2	50%
	Very Effective	2	50%
	Total	**4**	**100%**
Q5 - Relevance of N@C work	Moderately effective	1	25%
	Very Effective	3	75%
	Total	**4**	**100%**
Q6 - Effectiveness of N@C work on coordination with stakeholders/peer organs	Ineffective	1	25%
	Moderately effective	1	25%
	Very Effective	2	50%
	Total	**4**	**100%**
Q7 - Effectiveness of N@Cs Integrated programme approach/Communication	Moderately effective	1	25%
	Very Effective	3	75%
	Total	**4**	**100%**
Q8 - Successes of N@C project	Reduction in children under nourished in last 6 months; Increased knowledge among Women on dietary diversity	1	25%

Question	Responses	N	%
	Timely meetings; Leader oriented on relevant topics; monitoring and reporting by CHVs and NSGs	1	25%
	Training on dietary diversity; provision of incentives-bicycles to leaders; increased knowledge on food preservation	1	25%
	Trainings; stakeholder engagement	1	25%
	Total	**4**	**100%**
Q9 - Ways of improving communication or coordination	Have meetings once quarterly	1	25%
	Improve communication with target groups; Coordination should be done at district level then narrowed to communities, Invite other sectors during planning meetings; formation of new groups with fewer members for easy communication.	1	25%
	Ministry of education should come on board to educate girls; The cooperation should be decentralized	1	25%
	Use radio programs on local radio stations; Involvement of traditional leaders	1	25%
	Total	**4**	**100%**
Q10 - How to increase reach and impact	Monitoring of group actives. Increased donor support; Include drama in education programs; include mothers with older children; Regular visits to target group	1	25%
	Peer organizers should train local people	1	25%
	Provide incentives- Transport, allowances for leaders; improve activity monitoring	1	25%
	Train more people in the communities; Provide refresher training to leaders	1	25%
	Total	**4**	**100%**

Table 7: Summary of Government data (N= 4)

Questions	Responses	N	%
Q2a- Has N@C Programme influenced the work you do?	Yes	4	100%
	Grand Total	4	100%
Q2b - How has N@C programme influenced your work?	Community engagement	1	25%
	Improved nutrition standards in communities	1	25%
	Improved participation and knowledge among men and women especially for women in farming activities	2	50%
	Grand Total	4	100%
Q3b - Examples of engagement & collaboration	Department of health-hygiene and Community Development- Expanded food security packages; Local Government and Housing on WASH, Ministry of Agriculture and livestock-farming and livestock	3	50%
	Partners in the district	1	25%
	Grand Total	4	100%
Q4c - Partners N@C could engage	DNCC (District Nutrition Coordination Committee), Ministry of Agriculture (MAL); Health facilities	1	25%
	Government in general	1	25%
	Ministry of livestock; Ministry of Community development	2	50%
	Grand Total	4	100%
Q5 - Recommendations	Increase community advocacy; women literacy, address gender issues and women's rights	1	25%
	Male involvement in education programmes; Increase Growth Monitoring	1	25%
	Provide incentives to field staff-transport, fuel and allowances.	1	25%
	Work with specific facilities for a long period; Work with existing structures; stakeholder involvement	1	25%
	Grand Total	4	100%
Q6 - Impact & sustainability of N@C programme	Building skills (training people in various fields); allocate and generate resources	1	25%
	Monitoring and evaluation	1	25%
	Provide office space to implementing districts; Recruit more N@C staff	1	25%
	Train more people; Involve local leaders; Involve Ministry of health	1	25%
	Grand Total	4	100%