Seminar Series on Nutrition-Sensitive Social Protection

managed by
WORLD BANK GROUP

Photo: © Andrea Borgorello / World Bank
Nutrition-sensitive Social Protection in Djibouti

Stefanie Brodmann, World Bank Group
Souleikha Mouhamed, Djibouti Social Development Agency (ADDS)

SecureNutrition Seminar Series
Feb 23, 2016
Djibouti
Social Safety Net Project

Objective:
(i) Support the improvement of nutrition practices among participating households focusing on pregnant/lactating women and children 0-2 years; and
(ii) Support the provision of short-term employment opportunities in community-based labor-intensive works and services for the poor and vulnerable

⇒ Integrated intervention, including rigorous impact evaluation

Targets:
7000 women and children 0-2 years for nutrition activities (first 1000 days)
5000 individuals (in practice approx. 85% female) for public works and services

Nutrition-sensitive component(s):
Targets nutritionally vulnerable populations (pregnant/lactating women and children 0-2 years)
Access to income (workfare) conditional on the caregiver attending regular nutrition promotion activities
Main caregiver actively involved in a number of ways (nutrition, workfare) to strengthen their role in the household
“Nutrition-sensitive” workfare, for example, soil conservation, water retention, gardening
Workfare accommodates women’s need (light labor and/or services, breastfeeding breaks, short working hours)
Sensitization, growth monitoring, cooking demonstrations, micronutrients and food supplements (lean season), home visits
Referral to health centers, promote health practices and services
Nutrition indicators, for example exclusive breastfeeding, pre-natal consultations, diet diversity among women and children
Impact evaluation shows success of strong linkages with workfare

- Children more likely to be eating food rich in vitamins (increase of 5.2 percentage points for children <5 years and 7.30 percentage points for youngest child <2)

- Youngest child more likely to have diversified diet (increase of 6.9 percentage points)

- Significant increase on women’s employment and labor force participation (54 percentage points), no substitution effect

- Anecdotal evidence: small businesses opened by women
Nutrition education / behavior change component

- Monthly sessions a 20 participants (max.)
- 2 groups: pregnant women and children (including lactating women)
- Monthly sessions include:
  - Early detection of malnourished child through growth monitoring (weight & height drawn on growth chart) and MUAC (>6months), supported by individual counselling (between facilitator and the mother)
  - Referral to health center for child at risk (in yellow and red) accompanied by mère conseillère
  - Home visit by mère conseillère to reinforce key messages from monthly session especially in case of sickness, absence, referral to health center
  - Early detection of pregnant women and referral to health center to start the prenatal consultation earlier and all care needed (immunization, counselling, test hemocue, ...)
  - Group discussion led by mère conseillère focused on a topic, supported by the use of “boite à image” (picture book) and a testimony of one volunteer among the participants to share practices / tips
  - Participatory cooking demonstration aiming at seeking a simple way to use diverse ingredients ; joint eating supported by a group discussion on how to prepare it at home, some practical tips from how to use money from the workfare to buy more food ... or simply to repeat at home what they have for the session
  - Distribution of micronutrients
  - Provision of supplementary food during lean season
Who delivers the nutrition education? (1)

• Nutrition education sessions are delivered by “mères conseillères” and facilitators
• Mères conseillères are active older women, volunteers from the community who mobilise eligible women to come to the sessions. They:
  • deliver the nutrition education session based on the circumstances of the group session that day as well as with the help of the “boîte à image” which contains different themes
  • are in charge of cooking the “dish” of the session
  • accompany child/pregnant women referred to the health center and after perform home visits to follow up
  • are chosen as a result of discussion with local elders about the project and description of the role of a mères conseillères to them
  • receive food rations as a symbolic compensation in partnership with the World Food Programme
  • are primarily trained by ADDS team and regularly refreshed through monthly meetings with the implementing partners and through formative supervision
Who delivers the nutrition education? (2)

- **Facilitators** are more educated young women (preferably having a baby themselves), enthusiastic, dynamic and known at community level as a reliable person. They:
  - are in charge of overall activities within a nutrition site with a limited number of sessions (around 5 to 7), in collaboration with mères conseillères and backed by a supervisor and NGO / ABC / ADDS
  - ensure the growth monitoring of either the child in a child focused nutrition session or the mother in the pregnant women session
  - report information and data in the register book
  - fill the form for referral to health center
  - are hired locally by the implementing partners (NGO, association, directly through project implementing agency) and receive a monthly salary
  - are trained by ADDS team in collaboration with the Ministry of Health and receive periodic refresh through monthly meetings and formative supervision
Are there partnerships with local/international NGOs or other IOs?

• Three different approaches to implementation have been piloted in different neighborhoods and regions:
  • Local NGOs
  • Community-based associations
  • Agency approach, i.e., direct hiring of facilitators plus regional supervisors
  • Going forward: Focus on small community-based associations to promote sustainability of preventative approach (in collaboration with Ministry of Health)

• Partnerships with IOs
  • World Food Programme (WFP), food rations for mères conseillères and cooking demonstrations
  • FAO (paid technical assistance) to put in place urban gardens through workfare component

• Monthly meetings with “nutrition cluster” that includes all stakeholders working on nutrition, including Ministry of Health, Agency Djiboutienne de Développement Social (ADDS, implementing agency), UNICEF, WFP, WHO, ACF (action contra la faim)
What tools/manuals were created for educators or for beneficiaries?

- Session guide
- Training manual & updated protocol on nutrition prepared by the Ministry of Health
- Boite a image (image book) – partly based on study of myths
- Growth curves (WHO)
- Registration books and session books to follow the nutrition status of the mother and the child. Each mother or child have their own page which allows us to better follow the height/weight of the child and helps to discuss progress with mother
- Checklist for supervision
- Local traditional children hymes /songs developd by the mères conseillères
- Recipes for the cooking demonstrations
- Guidance page on the use of nutrition supplements
Thank You!