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| **2016** |
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WOMEN’S HOPE FOR CHANGE

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**SUPPORT INTERGRATED COMPONETS (SNIC) PROJECT CONCEPT**

**Project Contacts personal: Mrs Helen Nhlane Makukula**

**Project catchment area**: 5 villages around Mchinji district hospital

**Project beneficiaries**: Pregnant and lactating mothers (145)

**Project time frame**: 9 Months

**Project cost: USD** 7,456

**Project implementation partners:** Women’s Hope for Change and Ministry of Health under Mchinji district

**Introduction**

Droughts, floods, inflation and lack of diversified farming have exposed a large part of the population to food insecurity, while a 10.6 percent HIV prevalence rate has further hindered household food security. An estimated 1.4 million (9.5 percent of the total population) were at risk of severe food insecurity in 2013, with 21 out of 28 districts affected due to extreme dry spells in the Northern and Central regions. Undernutrition in women and children remain a persistent public health and development challenge in Malawi. Nearly half the children suffer from chronic undernutrition (stunting) and micronutrient deficiencies, including iron and vitamin A. Rural children are more likely to be stunted (48 percent) than urban children (41 percent). There is little regional variation, with stunting high in all the regions: Southern (48 percent), Central (47 percent) and Northern (45 percent). Education and wealth are both inversely related to stunting levels. Though rates of exclusive breastfeeding have increased during early infancy, only 19 percent of children 6-23 months of age receive a minimum acceptable diet, which has a major impact on their growth and development.6 The causes of child undernutrition include suboptimal child feeding practices, inadequate diet, frequent incidence of disease among young children, and the low socioeconomic status and poor nutritional condition of many mothers. Up to 50 percent of acute malnutrition is associated with HIV.

The economy of Malawi is largely agriculturally based, and has resulted in over 90 percent of the national population living under $2 per day. The sustainability of the Malawian diet has proven highly volatile, as both natural phenomenon and human activities have resulted in a persistent track record of food insecurity

With two major food-scarcity crises occurring in the past decade, researchers have noted that the level of dietary energy supply within Malawi does not meet the level of demand for population dietary energy requirements. Additionally, agricultural practices within this region have contributed to a lack of dietary diversification and insufficiencies in the provision of micronutrient food resources.

**Problem analysis**

Malnutrition is responsible for causing over half of all child mortalities within the Sub-Saharan African nation of Malawi. The economy of Malawi is largely agriculturally based, and has resulted in over 90 percent of the national population living under $2 per day. The sustainability of the Malawian diet has proven highly volatile, as both natural phenomenon and human activities have resulted in a persistent track record of food insecurity. A recent survey conducted by the Ministry of Health determined that 60 percent of children under the age of 5 and 57 percent of non-pregnant women were experiencing sub-clinical Vitamin A deficiencies. Low levels of Vitamin A are responsible for significantly weakening the immune systems of developing children and to contributing to lower life expectancy rates.

Women’s Hope for Change WHFC is a community charity center organization which has been operating in Malawi over the years in supporting vulnerable children, girls and mothers especially those orphans who lost their mother after birth and mothers with critically ill. Perhaps since 2008 when the organization was founded they have been great achievement as it has helped to save and support vulnerable children, girls and mothers. Despite the area being in capital city of Malawi it has indicated that it has high cases of malnutrition following the prolonged drought which has hit the country in 2 years consecutively. A recent survey conducted by the Ministry of Health determined that 60 percent of children under the age of 5 and 57 percent of non-pregnant women are experiencing sub-clinical Vitamin A deficiencies. Low levels of Vitamin A are responsible for significantly weakening the immune systems of developing children and to contributing to lower life expectancy rates correlated to the contraction of major illnesses.

The leading causes of malnutrition within Malawian children commonly include inadequate access to adequate pediatric care systems, dismal sanitary infrastructure and resources, an increased regional prevalence of infectious diseases, and the malnourishment of pregnant and breastfeeding mothers. Efforts to improve micronutrient deficiency rates through food-based strategies have proven widely ineffective and must be redesigned to offer adequate micronutrient resources to risk population groupings such as children under 5 and pregnant women. (Borgen project)

**Project interventions**

**Support nutrition integrated component (SNIC) is** a child and mother nutrition project proposed to be implemented **by Women’s Hope for Change in conjunction with Ministry of health will implement in Mchinji district, among 8 selected villages around Mchinji hospital**. The project seek to scale up and improve nutrition status among women and children through application of nutrition-specific interventions such as support for breastfeeding, fortification of foods, vitamin and mineral supplementation, distribution of mosquito nets among pregnancies mothers, promoting safe mother hood , treatment of acute malnutrition and improve food preparation methods .The project has been designed to adopt most doable interventions in combating malnutrition though scale up nutrition **SUN 1, 000 special days initiative** which it calculated from the time a mother conceive up to the second birth day of the baby . The project shall mobilize community leaders, community members, care givers, lactating and pregnant mothers to take part in SNIC s intervention and also improve nutrients uptake among mothers, children as well the whole community.

As one way of disseminate SNIC key messages Women’s Hope for Change shall hold various nutrition open day and cooking demonstrations in the selected villages with the aim of complementing the messages and to promote establishment of home gardens where crops rich in iron, Vitamin A, Vitamin C will be demonstrated.to demonstrate most essential foods which require in human needs. The project activities are based on community mobilization and participation where it will institute 5 care groups or Nutrition and Health Care Groups (NHCGs) to promote exclusive breast feeding, good sanitation practices, high micro nutrients uptake and child immunization in the communities lead by nurses and HSAs.

**Project goals**

* Improve the nutritional status of children and women in community-based child care centers, including OVC, the households that care for them and reduce the prevalence of stunting in children under age five

**Project objectives**

The project seeks to contribute to overall reduction of child stunting, maternal and child anemia in Malawi. This is expected to be achieved through enhancing and scaling up maternal and child nutrition service delivery at Mchinji district hospital. The projects also strengthen existing local development committees, who will backstop on all nutrition, child and maternal health activities at community level. Specifically, the project intends to:

* Reduce malnutrition amongst infants and children
* Reduce child stunting and promote breastfeeding among lactating mothers
* Reduce child and maternal anemia among poor rural communities in the district.

**PROJECT ACTIVITIES**

Women’s Hope for change (WHFC) in collaboration with ministry of health will implement a project titled: “**Support Nutrition Integrated component Project”** in Mchinji district among 5 selected villages under Mchinji district hospital, through provision of **“minimum package”** of nutrition interventions offered to targeted communities in the area. The package is aligned with the Scaling Up Nutrition (SUN) 1,000 Special Days **The main activities are:**

**Capacity building among community leaders, community stakeholders and mothers**

* Facilitate a one-day planning meeting for 16 community members from the selected village drawn from community level structures
* Orient 10 community volunteers on the Scaling-up Nutrition Improvement Component A project at a one-day meeting at district level
* Orient 5 villages (village headman level) on Scaling-up Nutrition Improvement Component A project at a one-day meeting at district level
* Trainee 4 frontline staff (Health Surveillance Assistants)

**Establish Nutrition and Health Care groups at community level**

* Nurses and lead/community volunteers will mobilize communities for the establishment of Nutrition and Health Care groups
* Establishment of 8 care groups or Nutrition and Health Care Groups (NHCGs) established at Village Headman level and will be the main extension groups in the project

**Improve infants and young child feeding practices by caregivers**

* Sensitized households including pregnant and lactating mothers on the SUN interventions minimum package)
* Holding 24 cooking demonstrations on complementary feeding in care groups demonstrating recipes for infants (i.e. porridge made with mgaiwa flour, mashed nsima with vegetables, boiled mashed potatoes with small amounts of oil etc.)

**Improve prevention of malaria and parasitic infections**

* Distribution of mosquito nets to Mchinji health facilities so that pregnant, lactating mothers and their infants can have access and sleep under these nets

**Improve iron intake through consumption of iron rich foods and iron supplementation to women and children**

* Counsel pregnant and lactating women through door to door visits on the importance of eating iron rich foods such as (dark leafy vegetables, meat, dried fruits, pulses, liver, eggs, small dried fish and milk) and also Vitamin A, and Vitamin C rich foods i.e. fruits and vegetables.
* Establishment of backyard demonstrations gardens mounted where crops rich in iron, Vitamin A, Vitamin C will be demonstrated.

**Improve dietary intake by women before, during and after pregnancy.**

* cooking demonstration held every month on the importance of eating of Vitamin A rich vegetables including kholowa, bonongwe, mpiru, chisoso, cham’wamba, and luni, yellow fruits such as pawpaw, mango, pumpkins, carrots, orange, and sweet potato in supplementation to lactating women within 8 weeks after delivery and to children from six months of age every six months until the child is five years.

**PROJECT EXPECTED OUT COME**

The activities will contribute to reduce malnutrition amongst infants and mothers in the communities we are serving

* Contribute to reduce child stunting in the communities that the project is serving
* Contribute to reduce child and maternal anemia among poor rural communities in the country.
* Contribute to improved infants and young child feeding practices by caregivers
* Contribute to improved hygiene (personal, food and environmental) and utilization of safe water and sanitation
* Contribute to reduce malaria infections through information provided on prevention of malaria and parasitic infections
* Contribute to improved iron intake through consumption of iron rich foods and iron supplementation to women and their children
* Improved dietary intake by women before, during and after pregnancy.
* Improved household care of pregnant women and utilization of ANC services
* Improved spacing of pregnancy for mothers postpartum
* Contribute to adequate weight gain in children under two and pregnant women

**Conclusion**

**Support nutrition integrated component (SNIC)** is child and mother a nutrition project proposed to be implemented by Women’s Hope for Change (WHFC) in conjunction with ministry of health among 5 selected villages around Mchinji district hospital. The project seeks to improve nutrition status among women and children through application nutrition-specific interventions. The project will mobilise community leaders, community members and care giver to participate in reduction of child and mother malnutrition.