

**CASE STUDY** NOV, 2017

**World Vision**

# Combating Malnutrition through Good Data Management: A Case Study from Chamba Area Programme



**World Vision**

## Acknowledgements

This case study was written and prepared by World Vision staff implementing health and nutrition projects in Chamba Area Programme, Machinga. Special thanks to Adam Yasin, Coordinator for Health Interventions in the District for the write-up.

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## Acronyms

ADC	Area Development Committee
CCFLS	Community Complementary Feeding and Learning Sessions
ECD	Early Childhood Development
FY	Fiscal Year
HSA	Health Surveillance Assistant
M&E	Monitoring and Evaluation
MNeCH	Maternal, New born, Child Health
NGO	Non Governmental Organisation
VDC	Village Development Committee
VHC	Village Health Committee
WVM	World Vision Malawi



<b>Project</b>	Maternal, New born and Child Health (MNECH)
<b>Sector</b>	Health
<b>Time Frame</b>	October 2015 – September 2020
<b>Beneficiaries</b>	12,648 people ( including 2,772 under five children, and 632 pregnant women)
<b>Location</b>	T/A Chamba - Machinga
<b>Donor</b>	World Vision Canada
<b>Outcome</b>	Mothers, New-born and children are well nourished
<b>Approach</b>	Empowering Communities

## CONTEXT

Chamba Area Programme is located in Machinga district, eastern Malawi. It is predominantly rural, located 150 km east of Blantyre, Malawi's main business city. Just like the country itself, Chamba community faces a range of challenges in health service provision. With one health centre serving a population of 12,648 and 10 Health Surveillance Assistants reaching out to 3,279 it is not an easy task. The shortage of adequately trained health personnel serving at the hospital is a true reflection of a struggling health sector. There are also critical gaps in supply chain management, information systems, and infrastructure.

Since its inception in 2012, Chamba MNeCH and other service providers have made numerous investments in the community. The project's main goal is to make sure mothers, new-born and children are well nourished. To achieve this, the project focused on improving dietary intake among pregnant and lactating women, prevention and management of childhood preventable diseases, prevention and management of HIV and AIDS, among mothers. At the same time, the project worked hard to ensure that new-born, children and adolescents had increased access to essential health services.

## The Problem

However, it was difficult to tell how all these efforts had translated into gains for the community. Worse still, even the people themselves would not speak in their own terms how their lives had been changed, with evidence. They were just bare stories that could not be backed up with statistics.

The project is in the second cycle of implementation. However, waiting for the end of cycles to do evaluations or indeed the annual Lot Quality Surveys prevents communities from assessing the quick impact coming from projects or let alone respond to immediate needs within the communities. Since the inception of the project in 2012, there have been challenges in tracking project progress because data was not managed very well and community members did not fully understand what was being achieved, apart from the infra-structural investments they see like schools and ECD centres.



A child captured receiving immunisation

Consequently, it was difficult to make informed decisions because there was no reliable data that could be referenced on. Figures from care groups were keeping on changing each and every month without proper justification and this demonstrated a fault in the system. The wealth of data collected across an enterprise needs to be appropriately, consistently and accurately brought together – integrated – to provide timely and reliable information. The data chain of trust from source to integration needs to be clear and well

documented, at which point the resulting integrated view can then be considered the source of truth for information to support the reporting, measurement and analytics needs of an organization. Ensuring this data chain of trust requires hands-on governance over the establishment and maintenance of data sources, definitions and uses.



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“I found it difficult to find figures for the number of children born in my catchment area” said Aman Usman who also explained that a number of children suffered from childhood diseases. “The other challenge was that we never really knew the number of child births since some people still delivered with Traditional Birth Attendants”. His colleague Cosmas Muliya added, saying, “We didn’t know the truthful number of households with sanitary facilities because there was no proper coordination between care group volunteers and our office”.

### Activities

Realising that data management was a challenge in MNeCH, the project trained several stakeholders in community based monitoring and evaluation. During these trainings, data collection tools were developed with assistance from the Zonal Quality Assurance Coordinator. The training targeted 12 Health Promoters, 171 Care Group Volunteers, 10 HSAs, 120 Village Health Committee members, 30 Village Development Committees and 10 Area Development Committees. These groups were targeted because they work hand in hand in MNeCH and also their reporting line systems are the same.

The goal of the trainings was to;

- Improve methodology for reporting, archiving and exchanging detailed, up-to-date information on the situation of health in Chamba
- Enhance easy access to quantifiable indicators on health and nutrition for planning, implementation, monitoring and evaluation at community and district levels
- Information that can be distributed to interested parties (Traditional leaders, Partners, NGOs, Private sector, media)

In calculate ownership of statistics on health and cultivate the willingness to change for the better among the people



Pregnant mothers being reminded on eating practices

### Partnerships and Support

Ministry of Health through the District Environmental Health Officer, District Nutritionist, Ministry of Agriculture through the Food and Nutrition Officer and Agricultural Extension Officers and also the District council through the District M&E Officer were all available. Being technocrats at district level, their involvement added value to the trainings as well as made community members believe that this was an important task in their development journey.

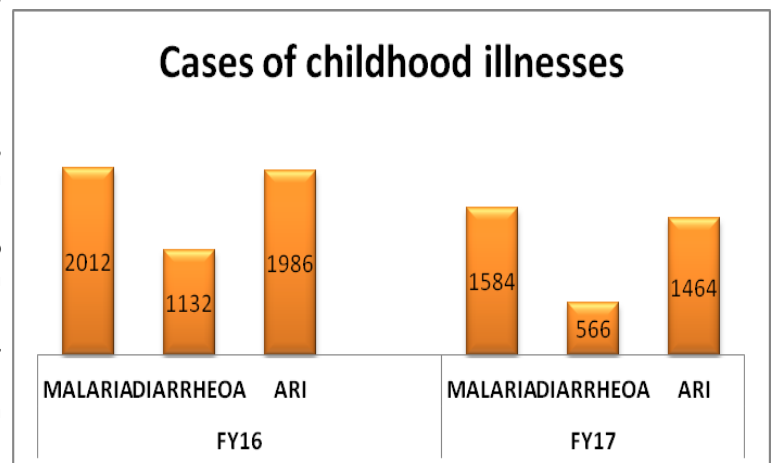
### Impact

- **Data is readily available** at VHC level, Area Program level, Health Facility level up to the district level and is triggering decision making in the sense that
- **It has helped** in making realistic targets that resulted into reduced cases of children enrolled in OTP from 12 last FY to 4 in FY17 as a result of CCFLS sessions conducted
- **Easy to follow up** project beneficiaries e.g. tracking of pregnant mothers for antenatal care a service which has seen improved attendance of pregnant mothers to antenatal clinics from 320 in FY16 to 428 in pregnant women in FY17.

The Monitoring and Evaluation training that took place in the community was conducted in three phases and each phase had 3 sessions making a total of 9 sessions and focused on data management and dissemination.

During the exercise, World Vision joined the sessions both as a participant and moderator. Staff members who had gone for the Training of Trainers in Blantyre led the team towards development of data collection tools and their harmonisation. In the end, forms were printed in large quantities and shared. To ensure safety, data storage materials such as hard covers were provided in which the collected data is entered and the Health Promoter checks it and consolidates per her/his care groups and submits the consolidated data to the his/her respective HSA and the HSA consolidates and submit to World Vision Development Facilitator who also consolidates all reports from HSAs and the final report is shared to the Environmental Health Officer of the whole area who also shares the report with the District and Area Executive Committee for decision making.

- Data has also influenced budgeting i.e. putting more funds on indicators that are not doing well. Because of the data on childhood diseases the project was able to implement activities to deal with that particular disease in that particular month which resulted in reduced cases of malaria from as below:





- Data Management skills acquired during the training
- Good collaboration that exists amongst reporting line structures e.g. care groups, HSAs, Health Centre, VDC, ADC, Word Vision and the district
- Availability of data storage materials such as hard covers and data collection tools

“Because of the training I attended I am now able to provide data at any time it may be needed. This is so because I have all the information with me which is well documented and makes my work easier”, said Health Promoter Afiki Iringa who further explained that this has helped the community in decision making when it comes to deciding on come proper interventions for the development of the area’.

According to reports from the community, this has contributed to the reduction of children with mild malnutrition in the area as the follow-ups made help in the provision of necessary counselling to the care givers. Sanitation and hygiene has also improved in the area as 80% of the households have pit latrines, compared to 30% in the last FY16.

## Challenges and Solutions

- Dependence on World Vision to provide stationery for data collection which is not sustainable. To avert this however, there is increased sensitisation on self-reliance through IGAs
- Sometimes reporting matrix is compromised in the sense that they are not given reports due to negligence. Following continued engagement on their reporting lines as a community, there is change for the better.



## Recommendations

Chamba is getting different each and every day through the partnership it has made with World Vision. The involvement of community members in monitoring and evaluation of the projects being done has given them great ownership of the initiatives and allowed them to self- critique interventions done. For others, this has also been a new found knowledge that will keep benefiting the community on its work and partnership with other agencies in the future.

Several groups working in the Area Programme now know that data collected, enhanced with third party data, and analysed from across multiple sources can, in fact, be the key to driving patient engagement and satisfaction. In the near future, the programme would like to promote Village Savings and Loan or/and Income Generating Activities which will be rolled out within care groups and/or care building on the decisions made after analysing data generated by the communities.



Community members captured during a monitoring session on men care