Lessons Learned of Nutrition Post Implementation in Nias

COMMUNITY MOBILIZATION

Through Triggers and "Maena"

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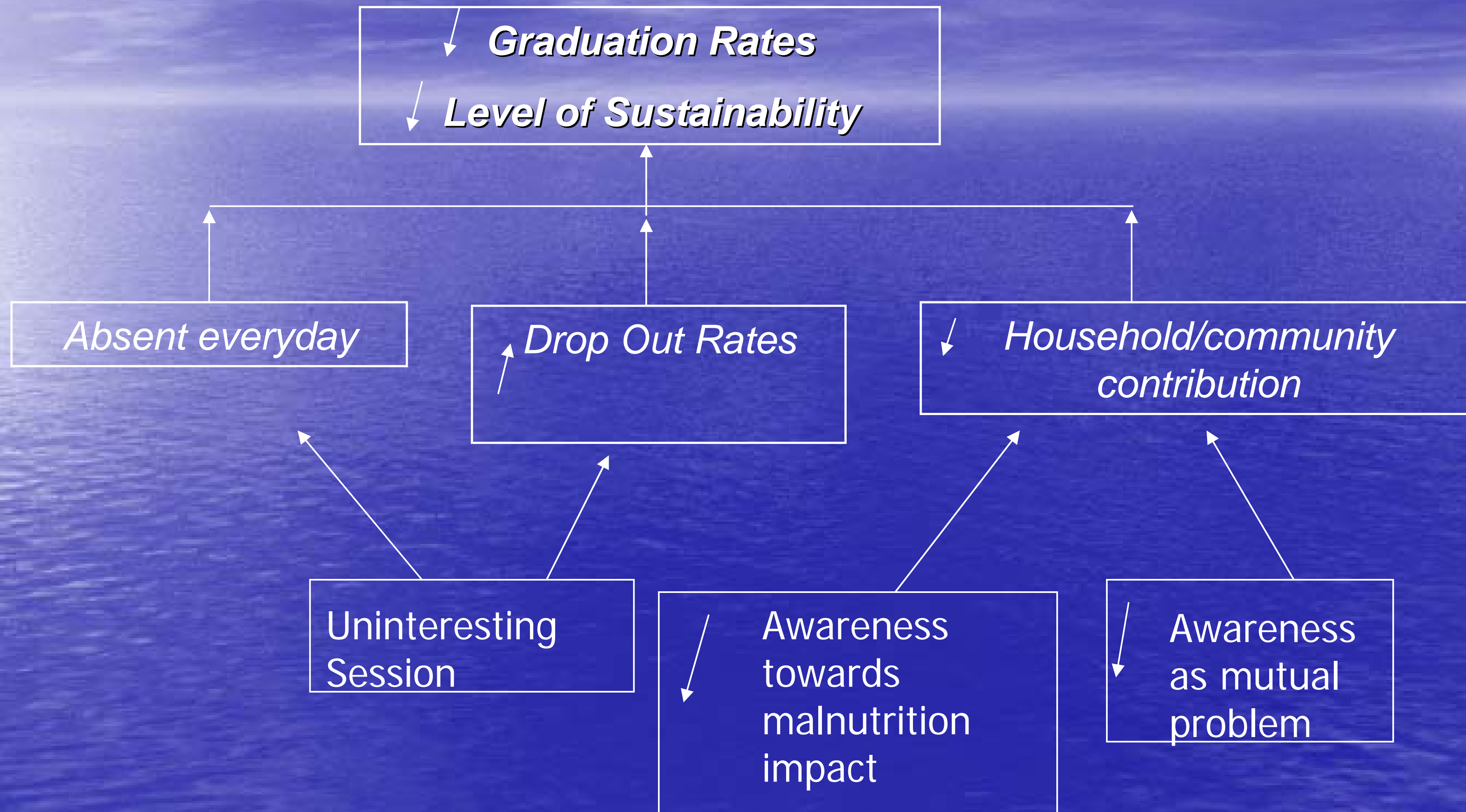
The Important Background of Triggers and Maena



PROGRAM LOCATIONS AND TARGETS

* 3 Districts: South Nias, West Nias, and North Nias
* 5 Sub-districts: Afulu, Alasa,Sirombu,Teluk Dalam, Fanayama
* 33 Villages
* Number of Population 22.800 people
* Number of children < 5, 2.230 children
* Number of malnourished children 876
* Target to reduce malnutrition is 50 %

PDI Findings

1. PD Feeding Practices

- 1. PD feeding practices
- 1.1. There is tudung saji (food hood) to cover food on the table
- 1.2. Immediate breastfeeding after one hour delivery
- 1.3. Colostrum is not thrown away
- 1.4. Exclusive breastfeeding for 3 – 8 months 1.5. Provide breastfeeding until the baby aged 18 – 24 months

PD feeding practices (continuation)

- 1.6. Breastfeeding frequency 10x or as many as possible whenever the child needs
- 1.7 Breastfeeding until the child aged 2 years
- 1.8. Active feeding: persuade the child to consume all food portion given
- 1.9. Frequently give fish, meat, and egg
- 1.10. Cassava leaves, sweet cassava leaves, long beans – tumis & gulai (cook with coconut milk and oil)

PD feeding practices (continuation)

- 1.11.Keep on breastfeeding during diarrhea
- 1.12. Apply practices that are somehow believed can stimulate breast-milk: chicken soup, sweet cassava barbecued with coconut milk, noodles, etc
- 1.13. No snacks for children
- 1.14. No abstinent food during pregnancy and breastfeeding
- 1.15. Eat green vegetables and fruits during pregnancy
- 1.16. Give favorite food but not the snacks from street sellers

2. Hygiene practices and child care

- 2.1. Kids and house cleanness are superfine
- 2.2. Always do hand-wash with soap after defecate, child-anal cleansing, before food processing and child feeding
- 2.3. Mothers are always at home to prioritize children
- 2.4. Fathers always play lovingly with children and provide toys
- 2.5. Mothers spare more time at home instead of being in the field
- 2.6. Fathers love to play with children and provide toys
- 2.7. Defecate in clean and environmentally friendly toilet

3. PD practices in health services

- 3.1. Delivery aid is carried out by health personnel
- 3.2. Visit Posyandu diligently to get immunization
- 3.3. Get pregnancy check ups from health personnel

Implementation Activities

1. *PD Orientation*
2. Feasibility study towards the application of PD and PDI
3. PD and PDI Training
4. PD screening and workshop
5. Reflection training
6. Community Mobilization
7. Implementation of Nutrition Post stage I & II
8. Evaluation of activities and graduation celebration
9. The implementation of Independent Nutrition Post

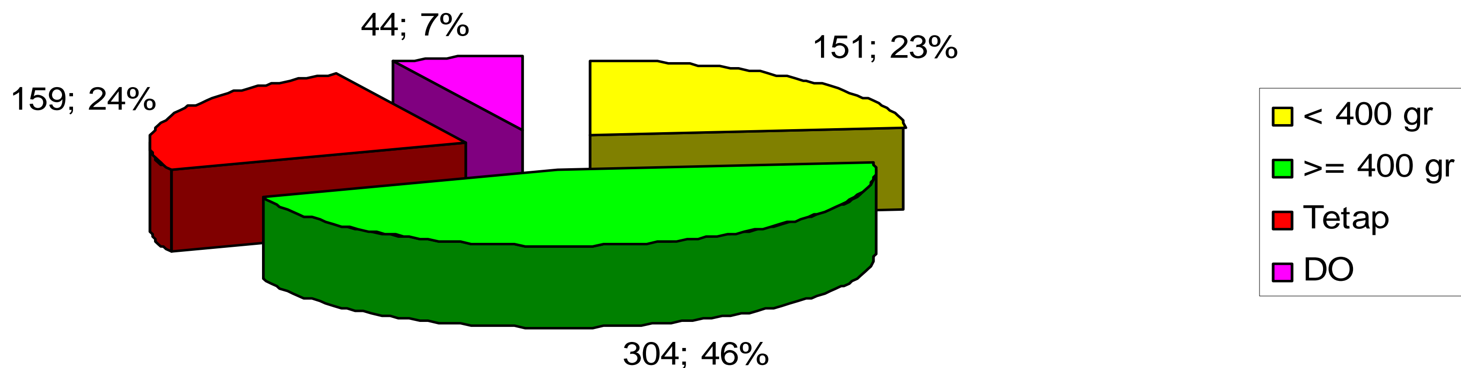
Results achieved

- Implemented in 27 villages with 65 Nutrition Posts
- Total Coverage is 658 children or 75% of the total target 876 malnourished children
- 262 children or 40% graduated
- 44 children or 7 % DO

Results achieved

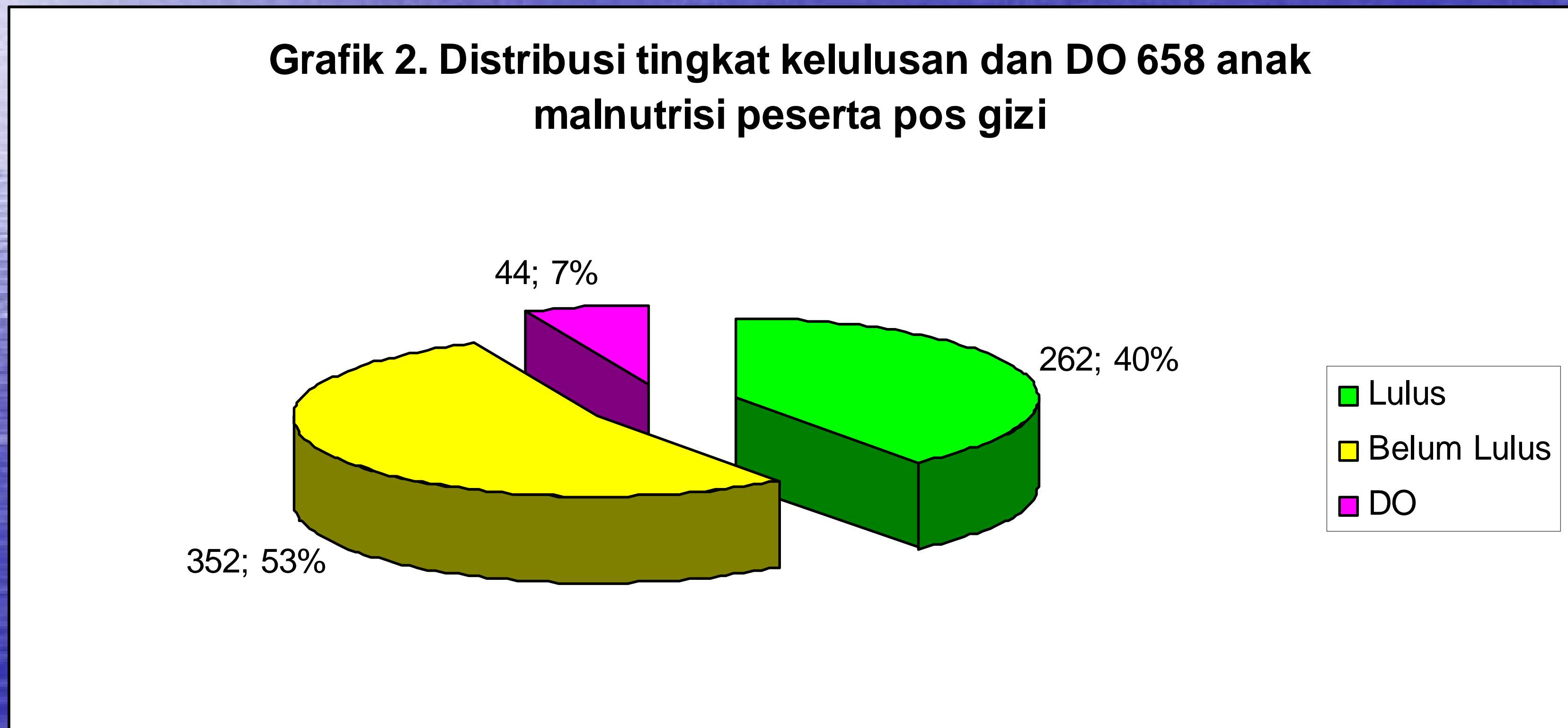
Graphic 1. The distribution of weight increase per month of 658 malnourished children Nutrition Posts participants

Grafik 1. Distribusi tingkat kenaikan BB per bulan dan DO dari 658 anak malnutrisi peserta PG



Results achieved

Graphic 2. The distribution of graduation and drop out rates of 658 malnourished children Nutrition Posts participants



The Criteria of Drop Out (DO) and Graduation

1. DO participants are the participants who did not continue the next session whereas these children have not reached normal nutritional status or weight increase as much as 400 grams or more per month for 2 consecutive months.
2. Participants who pass are:

- 2.1. participants who are at the end of the session have normal nutritional status
- 2.2. participants who experienced weight increase as much as 400 grams or more per month for 2 months in a row
- 3. The determination of nutritional status is based on the Book of classification table of nutritional status published by MOH

Monitoring Process

- *Participative monitoring is carried out by Nutrition Post Participants*
- *The results of Participative monitoring are managed by cadres, facilitated by the Community Facilitator (CF)*
- *Data entry and recapitulation is done by the Senior Community Facilitator (SCF)*
- *Field Monitoring Officers conduct area analysis as well as in district level.*

Lessons Learned

- Community Mobilization through Triggers can be developed to:
- 1. Arise fear and worry once children's nutrition is ignored
- 2. Enhance people's understanding about the effect of malnutrition
- 3. Build unity and commitment

Maena in the context of Nias can improve community contribution. Health message would be much effectively delivered through Maena

Surprising success

- High interest of Nutrition Post attendance
- Low DO level
- Community could continue the Independent Nutrition Post without the assistance of NGOs

Challenges

- Advocating the government is still ineffective and not as expected
- The existence of many NGOs brings down people's interest to contribute
- Feeding practices without balanced nutrition is prevalent in villages
- Solid food oriented instead of softer food (vegetables and fruits)

PD Implementation plan

- Continue within the same villages and apply in other villages
- Advocate the government and NGOs in order to expand the coverage
- Integrate the approaches of PD and CLTS (Comunity Led Total Sanitation)
- Apply this approach to address other health challenges

Other Information

- Available at the following websites:
  http://surfaidnias.blogspot.com
  http://cbhpnias.blogspot.com