



Caring for Nutrition Project

Contributing to improved nutrition
and health-seeking behaviours

Papua New Guinea

Impact Brief – 2018-2021



About this report

This report is a summary of the mid term review of World Vision's Caring For Nutrition project in Papua New Guinea, funded by the Australian Department of Foreign Affairs and Trade (DFAT) through the Australian NGO Cooperation Program (ANCP). The evaluation was conducted by independent consultant Raul Schneider/Schneider Global Health, with further data analysis, review and guidance from WVPNG (Stella Rumbam, Clement Chipokolo) and World Vision Australia (Kate Moss, Katie Chalk).

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Context

Papua New Guinea (PNG) struggles with ongoing challenges of low gross domestic product and government capacity, high unemployment, topographical isolation, and poor social protection and welfare programs. Access to basic services remains limited, creating health and nutrition burdens for children and their mothers.

Barriers to good health are also social, driven by unequal gendered power relations and misconceptions around social inclusion, child protection and care-giving. This is largely due to entrenched cultural and traditional beliefs. Child rearing, care-giving, household and garden responsibilities are almost exclusively the role of women. Under 18 pregnancy and marriage, high rates of family violence and chronic under-nutrition also increase maternal, newborn, and infant health risks.

Project overview

Project Goal:

To reduce the prevalence of chronic malnutrition in children under the age of two (CU2) in these locations by 2022.

Since July 2018, World Vision's Caring for Nutrition project in PNG has been contributing to the reduction of chronic and acute malnutrition among children under two years and their mothers in two very different contexts: disadvantaged urban areas of Port Moresby (National Capital District, or NCD) and isolated Autonomous Region of Bougainville (ARoB). In these locations, the project implements an integrated approach to address nutritional deficiencies in pregnant and breastfeeding women and their children under two. Working through direct information, economic inclusion and agricultural activities, the project is working towards improved nutrition and health outcomes for at least **25,373 people** by June 2022.

Through integrated approaches, the project supports the government-led Village Health Volunteer (VHV) program at community level, with the aim of enhancing functionality and effectiveness, and achieving:

- Increased knowledge and adoption of recommended feeding and health care practices.
- Improved access to dietary diversity through increased household income.
- Development of referral pathways and advocacy at government level to increase access to health services.
- Increased awareness and understanding (among partners and communities) of issues such as child protection, social inclusion, and gender equitable practices – all of which should be addressed holistically to help tackle the health challenges facing target communities.

The project directly addresses three of the Sustainable Development Goals provided by the United Nations and supported by the global community to end global poverty and environmental degradation by 2030.



Families are aware of better nutrition practices



Women and children are accessing better medical services

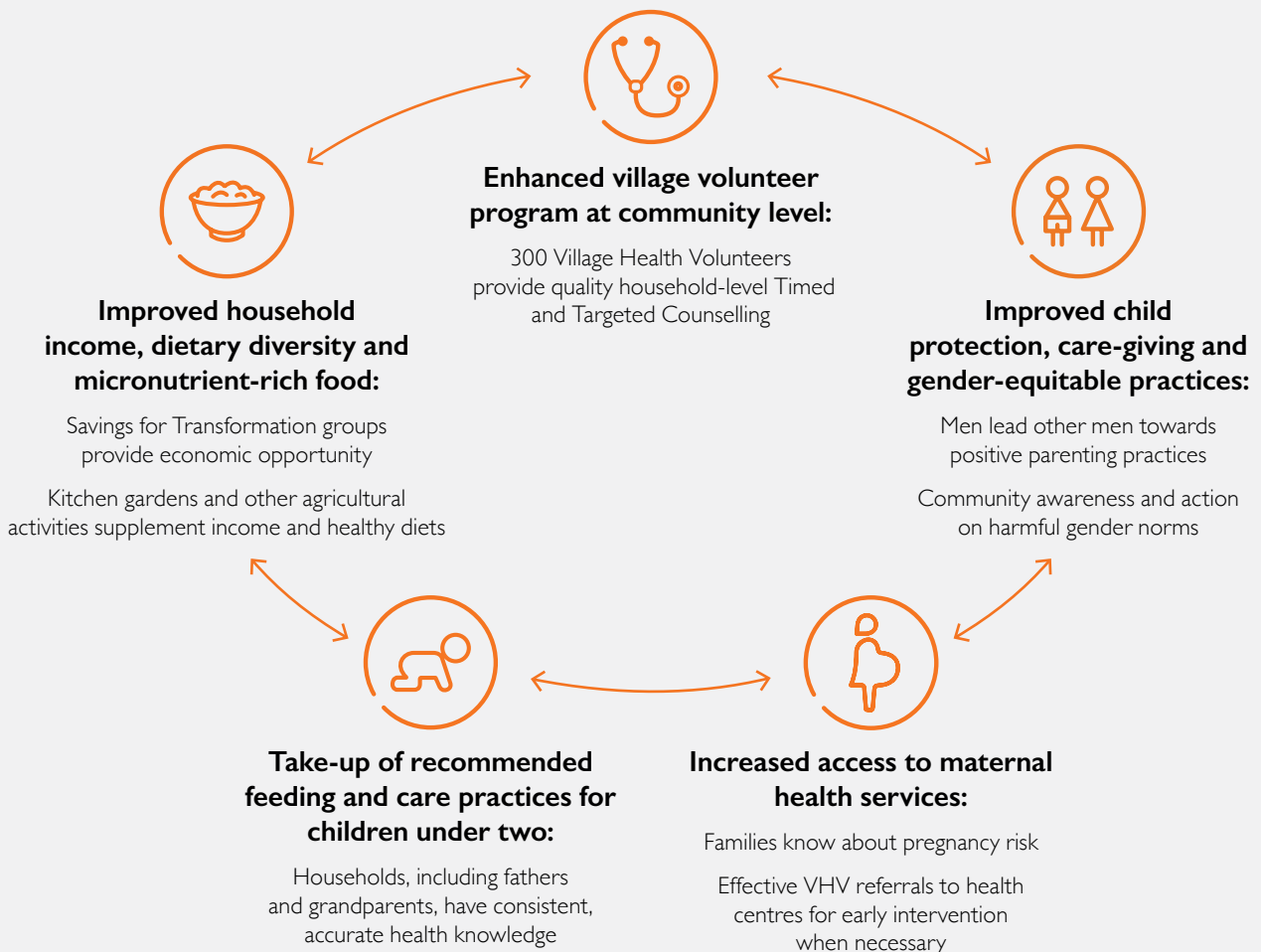


Men are gaining knowledge on childcare and equality



Community health workers discuss food group options with young mothers, Port Moresby.

How the Caring for Nutrition project achieves program goals



Evaluation overview

In 2020, World Vision commissioned a mid-term review (MTR) to map project progress against outcomes, evaluate the relevance and interconnected value of different implementation approaches used, and document promising practices, key lessons learned and recommendations. Study results and recommendations will be used to re-calibrate project design and implementation for the remainder of the project's lifecycle.

Conducted by an independent consultant, Schneider Global Health Consultancy, in partnership with World Vision Papua New Guinea and World Vision Australia, the MTR aimed to meet the organisational need for accountability, learning and impact reporting. The evaluation used a mixed methods approach to address the evaluation questions, including:

- Quantitative survey of mothers/caregivers, pregnant women, and others from households, including anthropometric measurements of children under two years.
- Focus group discussions (FGDs) with VHV groups, women's groups, men/fathers' groups, and people living with disabilities.
- Key informant interviews (KII) with provincial and local health workers.
- Quantitative and qualitative data analysis (baseline to MTR), including female/male and project location comparison, project monitoring reports, semi-annual and annual reports, and secondary data sources.

Findings

Progress towards Goal:

Reduced chronic malnutrition, improved maternal and child health and nutrition outcomes.

The project has achieved statistically significant progress in the following areas:

- Number of children eating three or more meals a day
- Practice of exclusive breastfeeding
- Increased immunisation coverage
- Vitamin A intake
- Insecticide-treated mosquito net use.



Charles, pictured, is one of 77 Village Health Volunteers trained and supported through the Caring for Nutrition Project. He now passes on knowledge of key health approaches that encourage good maternal and child health during the child's first 1,000 days (conception to age 2).

These protective actions all play a role in the prevention of chronic malnutrition.

Quantitative data related to health services showed an increase in number of women accessing antenatal services, supervised birth deliveries and contraception use (higher than national average in both locations).

Though direct measurement of wasting in children took place¹, findings were inconclusive as to improvements in children's nutrition. It is still too early in the project to expect to see sustained and substantial shifts in children's nutrition status.

The MTR identified that communities continue to face key contributing factors to malnutrition, such as:

1. Low consumption of protein and iron-rich foods leading to poor immune system response
2. Diets that are high in carbohydrates and low in nutrients
3. Very low intake of fruits and vegetables in urban areas
4. Poor hygiene and sanitation access.

Also, though the project is improving nutritional knowledge, there are issues such as food availability and diversity (as well as WASH) that are not within the scope of the project. Thus, while on track, success at goal level is somewhat dependent on complementary programming in both target locations.

¹ To measure wasting in children, the evaluators used the simple middle/upper arm circumference for age (MUAC) test.

Progress towards Outcome I:

Enhanced and supported Village Health Volunteer program at community level

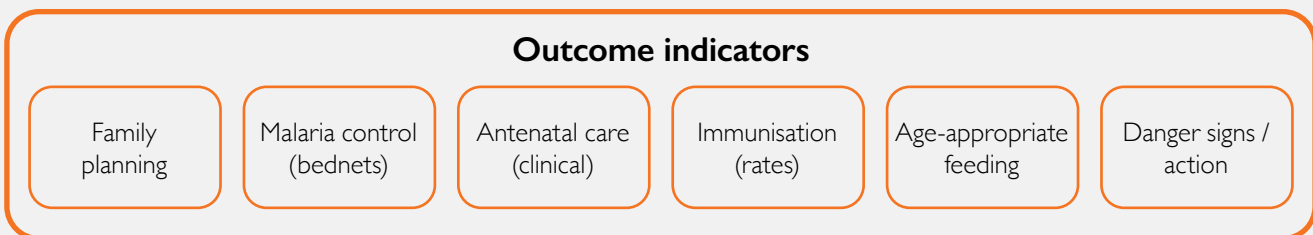
The project trained 77 community members to become accredited Village Health Volunteers (VHVs). VHVs are actively involved in project activities such as providing health awareness sessions and facilitating community mobilisation, including conducting 2,497 house visits to target beneficiaries in both project areas. This has led to improved health awareness in the community and contributed towards progress in areas such as vaccination coverage (with significant increases in measles and Pentavent vaccines in Bougainville, though no significant change in Port Moresby). More children and pregnant women reported using treated mosquito nets, partially due to improved access to nets through government distribution, but also to VHV messaging about the importance of using nets to prevent malaria (still one of the leading causes of death in PNG). VHV visits have also helped to identify cases of malnourished children in the community and facilitated visits to health facilities for treatment.

Indicator	Location	Baseline	MTR	Increase / decrease?	Statistically significant change?
% of children under 5 who slept under ITN the previous night	Bougainville	69.3%	83.6%	↑	Yes
	Port Moresby	54.5%	73.4%	↑	Yes
% children 12-23 months who are fully immunized- Pentavent 3rd dose	Bougainville	74.8%	87.5%	↑	Yes
	Port Moresby	93.2%	73.3%	↓	No
% children 12-23 months who are fully immunized- Measles	Bougainville	70.8%	88.3%	↑	Yes
	Port Moresby	78.8%	72.5%	↓	No

Outcome I: Change pathway and relevant outcome indicators



Improved health and nutrition in mothers and children

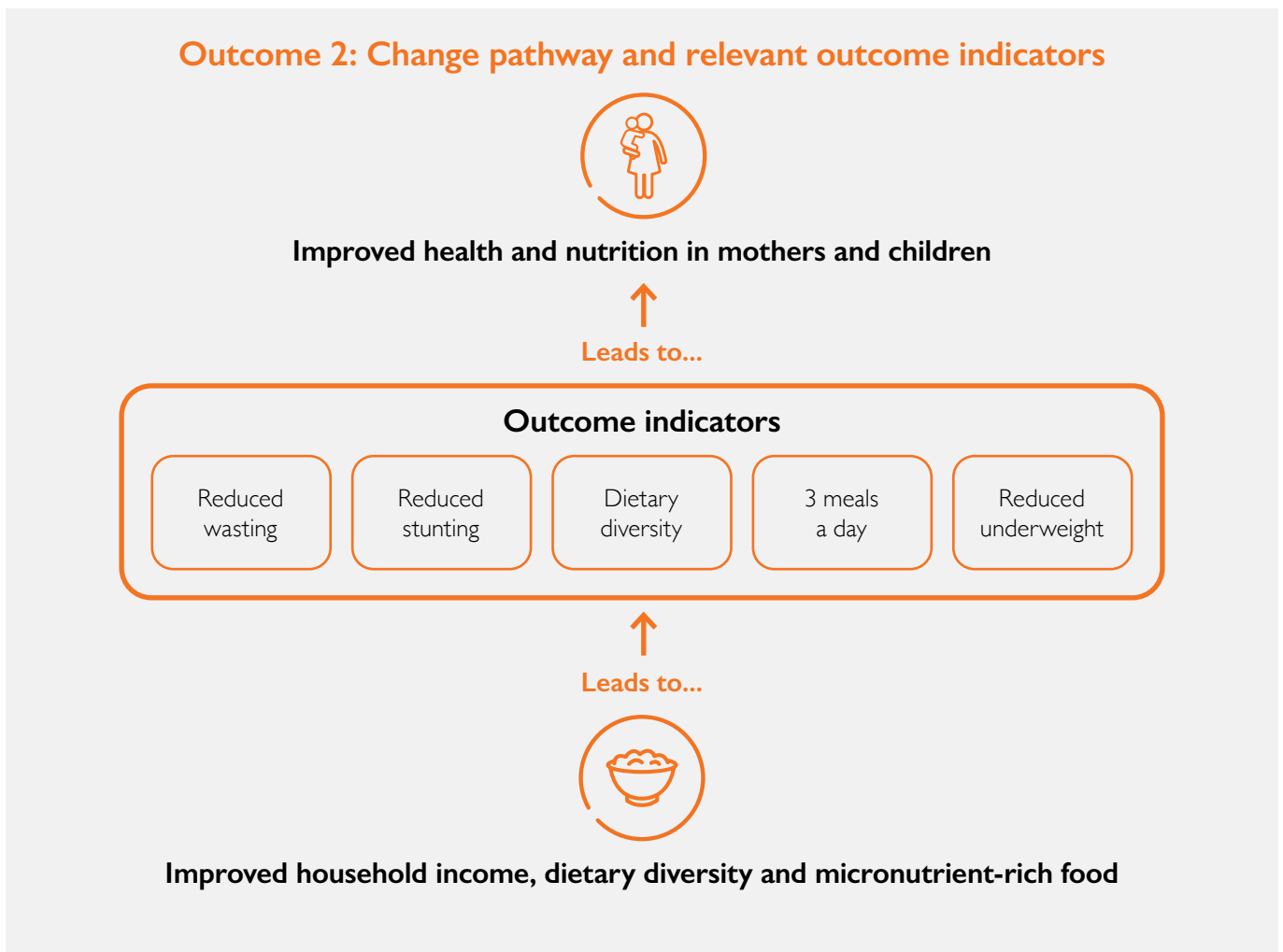


Enhanced village health volunteer program at community level

Progress towards Outcome 2: Improved household income leading to dietary diversity

The project worked with communities to establish 38 savings groups, under the World Vision Savings for Transformation model. The savings groups support members with increased awareness on savings and budgeting. Alongside this, 242 participants received agricultural training, to encourage backyard gardening. This combination of savings groups and homegrown produce sold at markets resulted in increased savings for 45 VHVs, 40 carers of people with disabilities, and even for project staff; 42 people opened bank accounts for the first time. Participants reported that savings were used to pay school tuition fees, improve household diets, including for their children, and payment of medical fees.

However, survey results showed that food diversity and quantity consumed had decreased since baseline. This is likely due to data collection challenges, with participants being asked slightly different questions around what they remembered eating at baseline versus MTR. Other indicators such as women reporting eating an extra meal when pregnant or lactating, or number of children consuming three meals a day had improved in both locations, but wasting in children (using the simple mid-upper arm circumference measure, or MUAC) had increased, and reported food diversity consumption among children 6-24 months and 24-60 months at MTR was surprisingly low compared to baseline results. These results need to be taken with caution. Given their inconclusiveness, the project's final evaluation will review this closely.



Outcome 3:

Caregivers increase their knowledge on the adoption of recommended feeding and care practices

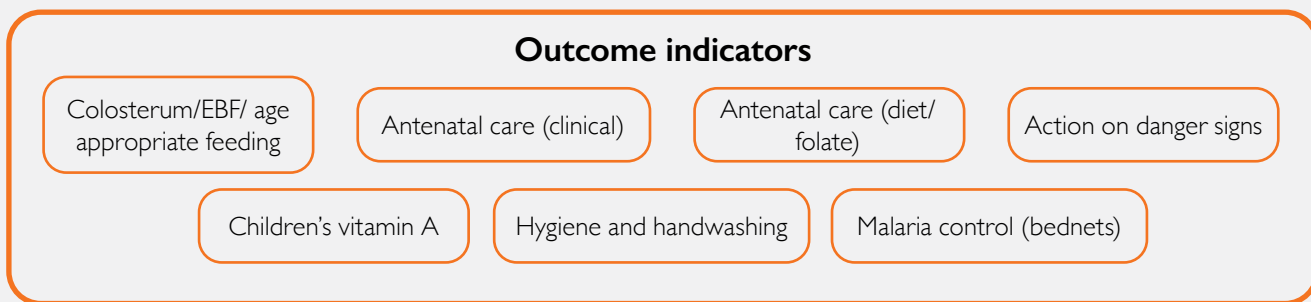
The project trained 59 VHVs and health workers on Infant and Young Child Feeding, who so far have made 2,497 household visits, supervised by VHV mentors. The review found improvement in early child feeding practices, including an increase in exclusive breastfeeding and the number of meals per day for children and pregnant women. FGDs held with community members also reported increased awareness of healthier nutritional practices, particularly in Bougainville where access to fresh produce is more accessible than in Port Moresby (with limited land for cultivation). Vitamin A supplementation increased significantly in both study areas and the number of children under six months who are being exclusively breastfed has also increased significantly (83.3% in Bougainville and 67.6% in Port Moresby in comparison to PNG average of 62%).

Indicator	Location	Baseline	MTR	Increase / decrease	Statistically significant?
Children 6-24 months who receive 3 or more meals a day	Bougainville	80.5%	83.3%	↑	No
	Port Moresby	77.3%	98.2%	↑	Yes
Children 24-59 months who receive 3 or more meals a day	Bougainville	75.0%	91.5%	↑	Yes
	Port Moresby	73.1%	92.5%	↑	Yes
% children 6-59 months who received Vitamin A supplements in the last 6 months	Bougainville	63.6%	81.6%	↑	Yes
	Port Moresby	70.3%	81.5%	↑	Yes
% of women who received an extra meal/snacks while pregnant	Bougainville	75.1%	77.4%	↑	No
	Port Moresby	75.1%	77.4%	↑	No

Outcome 3: Change pathway and relevant outcome indicators



Improved health and nutrition in mothers and children



Take-up of recommended feeding and care practices for children under two

Outcome 4:

Increased access to health services

The training of 143 health workers and VHVs in the identification and referral of malnourished children has contributed towards a general increase in health facility attendance, resulting in faster treatment as well as other positive outcomes such as increased immunisation and Vitamin A supplementation. Referral systems between VHVs and health workers were also developed (in both the Bougainville Healthy Community Program (BHCP) and NCD Health Services), however qualitative data showed that these were not as effective as expected at community and health facility level. Another positive outcome was an increase in the number of children diagnosed and treated for acute respiratory infections such as pneumonia, explained by the improved diagnostic and treatment capacity of the health workers who were supported by World Vision Papua New Guinea and partners to access refresher trainings provided by the National Department of Health.

Indicator	Location	Baseline	MTR	Increase / decrease?	Statistically significant change?
% of women who have gone for antenatal care during their last pregnancy (1 visit or more)	Bougainville	91.5%	87.6%	↓	No
% of women who have gone for antenatal care during their last pregnancy (1 visit or more)	Port Moresby	85.3%	92.1%	↑	Yes
% of women who have gone to 4 or more ANC visits during their last pregnancy	Bougainville	84.0%	58.0%	↓	Yes
% of women who have gone to 4 or more ANC visits during their last pregnancy	Port Moresby	55.0%	60.0%	↑	No
% of women who have delivered their children in a health facility with a skilled birth attendant	Bougainville	83.6%	78.5%	↓	No
% of women who have delivered their children in a health facility with a skilled birth attendant	Port Moresby	93.2%	92.2%	↓	No

Outcome 5:

Improved understanding and adoption among men of child protection, care-giving, and gender-equitable practices

The development of the *Gutpela Man, Gutpela Femili* manual and tools, the establishment of 11 MenCare groups in Port Moresby, and the Channels of Hope for Gender training provided to 87 staff, have all contributed to the introduction of a male engagement model that emphasises the importance of shared roles and responsibilities, including providing a caring environment for women and children. In addition to these resources, four child protection workshops and three integrated awareness sessions with other World Vision Papua New Guinea projects were conducted, along with the dissemination of child protection SMS messages. FGDs held with men in Port Moresby reported an increased awareness of 'maternal and child needs, as well as how gender-based violence can affect the mental and physical health of women and children'.

Gender and disability considerations

Gender-based violence is widespread in Papua New Guinea. As indicated in Outcome 5 (above), the *Gutpela Man, Gutpela Femili* manual and tools, the MenCare groups and awareness sessions on supportive family networks, alongside Channels of Hope for Gender training, all aim to address this issue. However, the models have not been fully implemented at this mid-term stage, so it is not possible to assess impact. Focus group discussions with women in Port Moresby indicate that there is now a clearer understanding of government policies on women's rights. The project is yet to engage in any close collaboration with the few safe houses that protect, treat, and advise women who have been victims of domestic violence. Going forward, this type of collaboration will be a priority, along with repetitive and continued awareness and support aimed at changing behaviour in the community, starting with community leaders.

The main constraints to the recognition and improvement of services for people living with disabilities is a lack of knowledge. There are also very few organisations that support social inclusion of those living with disabilities. Additionally, with the health service already overwhelmed with severe staff shortages, there is no medical service provision such as home visits for people living with a disability. As a result, these people usually depend almost entirely on their relatives for support. The project has provided staff and VHVs with basic disability training and VHVs have identified people living with disabilities in their areas. Food packages, inclusion in project activities (such as saving groups and backyard gardens), and some basic assistance to access health services have been provided through project activities; however, more interventions are necessary to assist people living with disabilities in the project areas.

Sustainability

Working through community levels, the project's VHV activities were designed to advance the government's strategies and policies with an overall approach of strengthening the existing health system. World Vision has engaged with the Department of Health at national, provincial and district. Key staff at provincial, district, and health facilities were consulted during the project design and there has been ongoing engagement throughout the implementation with regular quarterly meetings to discuss the project's achievements, challenges and plans going forward. Overall, the project's activities complement the National Department of Health's public health program focus, particularly in the areas of health promotion, maternal and child health, and nutrition. Workshops were conducted for VHV managers to build their capacity, enabling them to continue training and mentoring VHVs after the project ends.

Partnerships were established with Women's Micro Bank to adopt the culture of savings and budgeting, and with the Department of Agriculture and Livestock for backyard gardens to improve access to fresh, nutritious foods.

Government and project partners were also regularly consulted and involved in the development of the MenCare manual and tools. By demonstrating the effectiveness (and low cost) of MenCare to partners, the project expects government or local civil society organisations to gradually take over the management of such courses as the project draws to a close.

FGDs conducted in the community indicate an increased understanding and adoption of health care seeking practices, including antenatal care visits, immunisation, growth monitoring and improved diagnosis skills (leading to earlier treatment).



While good networks are in place for sustainability of results, achievements are also dependent on factors outside the project's control: for instance, food availability, micronutrient diversity and good hygiene to avoid diarrhea and other preventable childhood illnesses.

Recommendations

The evaluation made the following key recommendations for future programming:

Outcome 1:

VHV system

- ✓ Facilitate and encourage influential community members to create awareness and clarify roles and responsibilities of the VHVs to community members and health workers in the area and promote the advantages of having VHVs in their community.
- ✓ Explore the possibility of providing monetary incentives to VHVs and advocate with the NDoH to support a sustainable VHV system that is recognised as a remunerated position.

Outcome 2:

Saving groups and agriculture

- ✓ Engage with relevant WVPNG sectors (eg. economic development and gender) to integrate project activities and utilise their expertise to roll out the new activities proposed under the revised design that are not health specific.
- ✓ Develop a simple monitoring system to determine how saving group participants are using their funds.

Outcome 3:

Increased knowledge and adoption of nutritional practices

- ✓ For the final evaluation all data collectors involved in anthropometrical data should be health staff who have received a refresher training in growth monitoring, use of height board and weight scales and MUAC.
- ✓ Beneficiaries in Port Moresby live different challenges to those in Bougainville and therefore project activities need to be more focused on the need and nutritional context (access) of these two different target populations.
- ✓ Promote the need for higher intake of protein rich foods high in micro-nutrients through, where possible, chicken and fish farming, production, and consumption

of legumes (soya and red beans). Discussions should be held with partners to consider the provision of micronutrient powders to moderately malnourished children through the VHVs.

Outcome 4:

Access to health services

- ✓ Continue to build good relationships between VHVs and health workers and establishing a formal, functional referral system. Clearly defined job descriptions for each partner; signed Memorandum of Understandings and support from all participants is crucial for the functionality of the system.
- ✓ Discussions need to be held with provincial government and health workers to facilitate access to iron folate tablets for pregnant women (could be provided through VHVs), find ways to increase outreach clinic frequency and find ways to improve WASH access at health facility level.

Outcome 5:

Child protection, care-giving, and gender equitable practices

- ✓ Bougainville staff to receive training on MenCare model and roll out the program in the project area.
- ✓ Project staff need to track and establish relationships with the limited number of organisations and government departments that work to respond to protection needs, including those of people living with disabilities.
- ✓ Project staff and health workers require training on disability inclusion and treatment to adequately support people with disabilities, as well as with family members in care-giving roles.
- ✓ Closer collaboration and partnerships to be developed with the few organisations that provide support for victims of abuse.

Conclusions

At this stage, although the project design integrates complex areas, it is not addressing all crucial areas for improved nutrition, nor adapted to meet challenges and needs of implementing the same project activities in a rural (Bougainville) and totally different urban setting (Port Moresby). At the same time, given the difficulties of training staff, especially given COVID19 setbacks, and considering the time left in this project, the design may be trying to address too many sectors and topics. The selection of priority interventions for the remainder of the project needs to be discussed and agreed as soon as possible between government stakeholders, World Vision and DFAT.

The evaluation's findings and recommendations have since been used to adapt and shape the project's final twelve months of implementation for World Vision in Papua New Guinea. The findings have also been important for informing other projects and initiatives in nutrition.



In its final two years, Caring For Nutrition will expand programming to address gender stereotypes, aiming to see more equal involvement and support in dietary and childcare practices between women and men.

When you commit to humanity amazing things can happen!

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This project is funded by the Australia-PNG Partnership and is supported by the Australian Department of Foreign Affairs through the Australian NGO Cooperation Program (ANCP).