

LIA SOKOL
LAIDLAW GLIA
PRESENTATION
SUMMER '22

Choma Chronicles: Reflections on My Time and Work in Zambia

Overview

I. Introductions and New Beginnings

- Meet Me
- I Meet Zambia

II. Project: Childhood Malnutrition in the Moyo/Hamaundu Area

- Background
- Methods
- Results
- Analysis

III. Conclusions

- Recommendations
- Sources

I. Introductions

About Me

- ▶ Incoming fourth-year Laidlaw Scholar at Cornell University (NY, USA)
- ▶ Pursuing B.A. in Government and International Studies
- ▶ Passionate about human rights, diplomacy, security, and cross-cultural dialogue



Discovery



1. Mazabuka Meeting



2. School Visits



3. Pfizer Survey



4. Farming Cooperative and CPG Workshop

II. Final Project

EXAMINING THE POSITIVE DEVIANCE/HEARTH PROGRAM FOR CHILDHOOD
MALNUTRITION IN THE MOYO/HAMAUNDU AP

Project Motivations

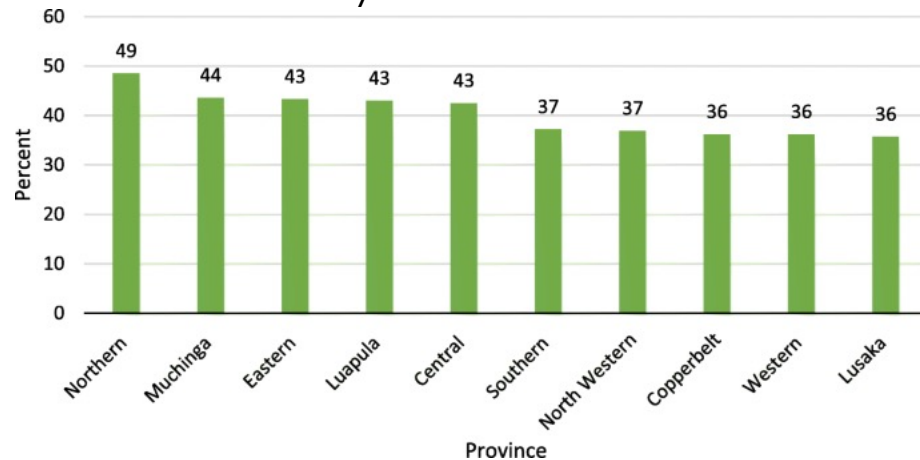
- ▶ Work on food insecurity back home spurred my interest in childhood malnutrition in Zambia
- ▶ Anecdotally, after speaking with the Nutrition Coordinator at my office, he told me that in a local measurement of 27 children, 22 were found to be underweight



Background

▶ Zambia Nutrition Profile – USAID

- ▶ 35% of children under five years are stunted (low height-for-age)
- ▶ 4 percent of children under five years are acutely malnourished or wasted



▶ Positive Deviance/Hearth (PD/Hearth) Nutrition Program

- ▶ Implementation in Zambia began in 2017 and in Moyo/Hamaundu in 2021
- ▶ Model based on food demonstrations using existing resources to teach caregivers how to feed their children
- ▶ Targeted at ages 6-36 months
- ▶ Implemented across World Vision programs in countries like Bangladesh, Honduras, and Mali

Background

Table of GMP results

S/NO	Zone Name	Normal	Mild	Moderate	severe	Total weighed
1	Sikatumba zone	11	24	9	2	46
2	Mudenda zone	19	17	6	1	43
3	Kauba zone	8	8	3	2	21
4	Moyo /Hamabbonka zone	2	3	2	0	7
5	Mpande/Habeenzu Zone	4	2	1	1	8
	TOTAL	44	54	21	6	125
Overall malnutrition %		64.8%				

Research Questions and Methods

- ▶ Initial Research Questions: What factors contribute to childhood malnutrition in the Moyo Hamaundu AP? How successfully is the PD/Hearth program being implemented in Moyo? How do clinics implementing the program compare with ones that are not? Are there any barriers to its success? How do clinicians and mothers feel about the program?
- ▶ Methods:
 - I. Literature Review
 - II. Survey
 - III. Focus Groups
 - IV. Qualitative Data – conversations with District Health Officer, Community Health Workers (CHWs), World Vision staff in Choma and Lusaka, and nurses and clinicians in the Chongwe District near Lusaka

Survey

- ▶ 8 clinics across Moyo/Hamaundu: **Moyo Mini Hospital, Ndondi, Chyumbabeenzu, Muzoka, Kanchomba (PDH trained)**, Kasikili, Pemba, and Jembo health posts (not PDH trained)
- ▶ Survey given to clinic workers (generally nurses)
- ▶ Goal: Understand community health profile, analyze success or feasibility of PD/Hearth implementation, depending on whether the clinic is already implementing the program



Ndondi



Kanchomba



Chyumbabeenzu



Pemba

Survey

Health Facility Nutrition Program Preparedness Survey (Interview)

lbs222@cornell.edu (not shared) [Switch account](#)

Staff and Facility Background Information

What is your full name?

Your answer _____

How old are you?

Your answer _____

How many years have you been employed in the health profession, not including years spent in school or as a volunteer?

Your answer _____

How many years have you worked at this health facility?

Community Background and Nutrition Knowledge

Have you received any formal training on addressing malnutrition and other issues relating to nutrition?

- Yes
- No
- Other: _____

If YES to above, please describe the training you received. If NO, write "N/A" and move to next question.

Your answer _____

In total, including yourself, how many staff members and volunteers at this facility have received formal training on addressing malnutrition and/or other issues relating to nutrition?

Your answer _____

Do you know how to identify when a child is malnourished?

- Yes

PD/Hearth Preparedness

Are you familiar with PD/Hearth training? (If they are not familiar with the name, describe PD/Hearth as a nutrition feeding program for children between 6 and 36 months.)

- Yes
- No
- Other: _____

Has your community received training for implementing the PD/Hearth model? [If YES, skip next question. If NO, continue to next question.]

- Yes
- No
- Other: _____

Is your community scheduled to receive training for implementing the PD/Hearth model?

- Yes
- No
- Uncertain

Focus Groups



Moyo Mini Hospital, 8/4/22

- 15 mothers
- 7 Community Health Workers



Muzoka Rural Health Post, 8/5/22

- 7 mothers
- 1 Community Health Worker

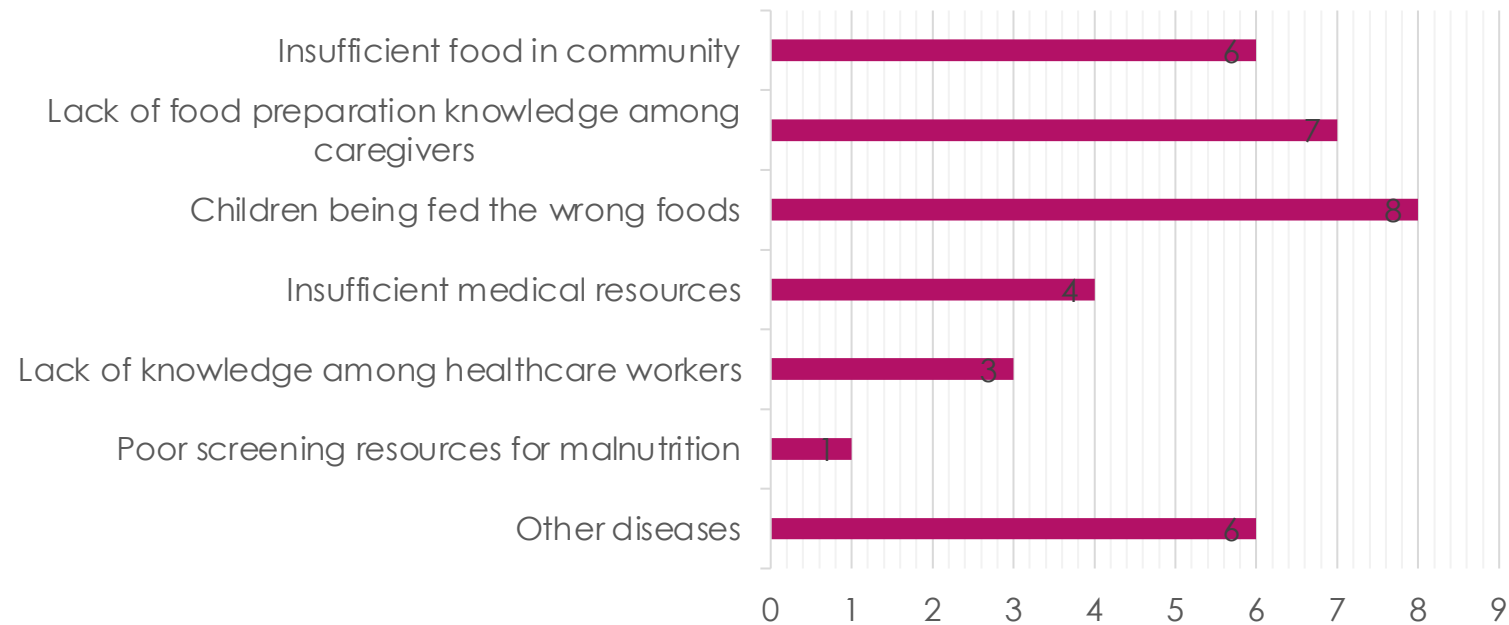
Qualitative Conversations

- ▶ Community Health Workers and other volunteers
- ▶ District Health Nutritionist
- ▶ Chongwe District Nurses
- ▶ WV Staff at Moyo/Hamaundu and National offices



Findings and Key Takeaways

Perceived Factors Contributing to Childhood Malnutrition in Communities



Findings and Key Takeaways

- ▶ The main reason that appears to drive childhood malnutrition is lack of knowledge among caregivers on how to prepare food.
- ▶ Secondly, there are households or times of year when food is scarce.

- ▶ Of 5 PDH clinics surveyed, only 1 (Moyo) felt they had enough volunteers to implement successfully.
- ▶ Nurses and volunteers expressed uncertainty about knowing when trainings were occurring
- ▶ Nurses at all 3 clinics without PDH expressed that it would be very helpful and well-received in their communities.

Limitations

- ▶ Access to data
- ▶ Length of PDH implementation
- ▶ Time

Key Recommendations



2. Community gardens adjacent to clinics

- ▶ Addresses potential issue of lack of resources for PD/Hearth program
- ▶ Increases sustainability and stability of PD/Hearth
- ▶ Has already been implemented at some clinics
- ▶ Idea supported and deemed feasible by all nurses and mothers I spoke with
- ▶ Can be modified to fit community needs

Further Recommendations

District Health Office

- Increase training of volunteers
- Provide regular follow-up trainings and refreshers
- Provide more regular fish bone and food preservation trainings

World Vision

- Work with the DHO to maintain data on which clinics have received trainings and when trainings will occur
- Communicate with nurses about when trainings will occur

III. Conclusions

Observations

GLiA Intern Program

- ▶ More detailed orientation of World Vision and WV Zambia prior to arrival
- ▶ Inform students of the project component before or immediately upon arrival
- ▶ Ensure common understanding of internship objectives across Laidlaw, students, and World Vision

World Vision Office

- ▶ Enhanced communication
 - ▶ Weekly calendar of trips and events sent out to all staff
 - ▶ Single centralized channel of communication (WhatsApp, Slack, or Teams)
- ▶ Consistency with daily schedule, i.e. set times to leave and return from the field

Sources

- ▶ Mzumara, B., Bwembya, P., Halwiindi, H. *et al.* Factors associated with stunting among children below five years of age in Zambia: evidence from the 2014 Zambia demographic and health survey. *BMC Nutr* 4, 51 (2018). <https://doi.org/10.1186/s40795-018-0260-9>
- ▶ PD/Hearth Feasibility Study Assessment Report done at Moyo Catchment Area from 6th to 10th June 2022
- ▶ PD/Hearth Training Report for training conducted at Kanchomba Farm Institute for Moyo Catchment volunteers from 13th to 17th June, 2022
- ▶ World Vision PD/Hearth Training of Facilitators Manual
- ▶ World Vision PD/Hearth Training of Volunteers Manual

And a major thank you to all the clinicians, volunteers, caregivers, and World Vision staff who took time to speak with me, complete the survey, and discuss my project.



Twalumba and Thank
You!

QUESTIONS?

