


Development and implementation of nutrition education in rural Tanzanian farming communities

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Summary

This factsheet provides information about the development and implementation of a nutrition education intervention in the Scale-N project villages of Tanzania.

Involving all stakeholder groups, especially men, was identified as an essential component to guarantee successful implementation.

Objective

The nutrition education intervention aims at modifying dietary related behavior to improve nutritional outcomes in rural communities. Teaching modules were specifically designed to target micro-nutrient deficiencies by improving knowledge, attitudes, and practices related to sanitation, hygiene, food preparation, cooking, and consumption in the communities.

Key Lessons Learned

For nutrition education to work, engaging the local community throughout is essential for delivering nutrition appropriate messages based on the specific socio-cultural context.

More specifically, the designed nutrition education modules helped to overcome the “illiteracy” of the local population with regard to nutrition and other associated aspects (e.g. hygiene). Also important was the holistic approach, involving women, men and also children.

Constraints & Objectives Addressed

The following issues were observed:

- Near non-existence of nutrition education/nutritional knowledge in communities
- Highly unfavorable attitudes toward healthy eating
- Low participation of men
- Researchers were not trained in how to educate and deliver nutrition education at the community, schools, and health facility levels.

Description of Innovation

We applied a stepwise approach to carefully design and implement the nutrition education innovation in the case study villages.

Initially, 1) a conceptualization process took place, where a network of factors affecting the nutritional status were drawn. Thereafter, clear strategic actions were formulated in an action plan to improve the identified nutrition shortcomings (e.g. vitamin A and iron deficiency). This first step was followed 2) by the development and design of tailored nutrition education materials. By applying tools of community participation, the designed materials were 3) subsequently tested so as to contextualize them and to assess their overall impact on the local level. After optimization of the designed materials,

4) a communication strategy was developed to identify appropriate channels and media communication pathways of nutrition messages. Different platforms and channels were identified together with the community members and used to convey nutrition messages. These included village meetings, health facility meetings, and school assemblies. Furthermore, 5) community trainers, health workers, village leaders, and primary school teachers were trained to deliver the derived nutrition messages via appropriate channels.

In sum, over 90% of the target population were trained (women of reproductive age, school going children, men and other community members).

Nutrition Training Manual for Community Trainers at a Village Level

An approach to Improve and Scale Up- Nutrition in Rural Communities of Dodoma and Morogoro Tanzania



Training manual for community trainers

A guide for Primary School Teachers for Teaching Health and Nutrition Topics to Primary School Pupils



Training guide for primary school teachers

Proven Success in TZ and Beyond

Nutrition education successfully addresses nutrition insecurity in the Scale-N case study villages. The development of context specific nutrition training packages for community, primary school teachers, health workers, and village leaders resulted in a better nutritional status of the involved population.

Regarding capacity building, more than 100 individuals were trained, including village leaders, community facilitators, primary school teachers, and health workers. They are now able to reach out to their community with appropriate nutrition information and teaching skills.

Furthermore, consumption patterns could be positively modified by increasing consumption of animal source foods, fruits, and vegetables.

Additionally the inclusive approach, including men, to nutrition education was of great success. This strategy increased fast adoption of favorable dietary related practices for those households where men received nutrition training.



Considerations & Criteria for Outscaling

For a successful outscaling and implementation of the innovation, active involvement of village leaders is essential to gain overall community support. This will also support a scaling-up process of nutrition education activities from individuals to the village level and beyond. Issues like imbalances especially between genders need to be overcome. Therefore, it is essential to include men – as generally they are the decision makers in a patriarchal society – in nutrition programs as this will facilitate the emphasis of nutrition messages and the adoption of desirable practices at a household level.

Equally important for successful out scaling is the use of active and trusted community members as nutrition facilitators who help to engage and mobilize the community.



Nutrition morning talk, Mhenda primary school

Technical & Social Specifications

The development and implementation of tailored nutrition education strategies is based on 1) a baseline survey in the respective case study villages of the project that allowed for the identification of the nature of malnutrition in villages.

Vitamin A and iron deficiencies were observed in the study population. Based on this, nutrition education modules were 2) developed, 3) tested, and, finally, 4) implemented. This was realized via a step-wise approach involving, besides careful analysis, in-depth reviewing of literature, extensive gathering evidence on the local level, and active stakeholders involvement.

The implementation process involved experts from various fields such as nutrition, health (health workers), education (primary school teachers), local government leaders, and community members.



Nutrition education session during ante-natal clinic



Village leaders-after completion of nutrition training sessions, Tindiga village

Comment from the Field

Nutrition is our village talk!

“Things have changed now, nutrition is no longer a woman issue, it is about our wellbeing. Everyone is talking about it, if you do not hear it from our community facilitators, you will get messages from the village meetings or in hospital visits or even from our school children“.



James Lungwa, Mzula village

Lessons Learned

The major lessons learned from the design and implementations process are as follows:

1. Actively involved village leaders are essential to gain their help and community support. This helped substantially to scale-up nutrition education activities at the village level.
2. Including men in nutrition programs strongly facilitated the emphasis of nutrition messages and adoption of desirable practices at the household level.
3. The use of active and trusted community members as nutrition facilitators supported the engagement and mobilization of the community. The community facilitators not only helped to convey nutrition messages but also to address the cultural and language barriers of the community.
4. Adequate time (in no case less than six months) is needed to carry out consecutive follow-ups to the community, to identify the barriers and to negotiate with villagers about positive behavioral changes.
5. Existing platforms, such as village meetings, school gathering, and ante-natal clinic meetings, are appropriate channels for delivering of nutrition education messages.
6. Adequate time (at least six months) was needed for identification of individual constraints and negotiation of behavioral changes, especially at the household level.



Scientific References

FAO (2014): KAP manual: Guidelines for assessing nutrition-related Knowledge, Attitudes and Practices. <http://www.fao.org/docrep/019/i3545e/i3545e.pdf> (last access: 20.11.2018)

Ahadi, Z.; Heshmat, R.; Sanaei, M.; Shafiee, G.; Ghaderpanahi, M.; Homami, MR.; et al. (2014): Knowledge, attitude and practice of urban and rural households towards principles of nutrition in Iran: results of NUTRI-KAP survey. *Journal of Diabetes & Metabolic Disorders*. 2014; 13 (1): 1.

TDHS-MIS (2015/2016): Tanzania Demographic and Health Survey 2015. NBS and ICF Macro. Dar es Salaam, Tanzania.

Further Reading & Websites

- Marías, Y. F.; Glasauer, P. (2014): Guidelines for assessing nutrition-related knowledge, attitudes and practices <http://www.fao.org/docrep/019/i3545e/i3545e.pdf>
- McNulty, J. (2013): Challenges and issues in nutrition education. Rome: Nutrition Education and Consumer Awareness Group, Food and Agriculture Organization of the United Nations. <http://www.fao.org/ag/humannutrition/nutritioneducation/en/>

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