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1. ATONU highlights 2017

1.1 Implementation of nutrition-sensitive interventions and process monitoring

Delivery of nutrition-sensitive Interventions started in January 2017 and is being done through group counselling sessions (1-2 sessions per month), individual household visits (1-2 visits to each household per month) and community theatre performances (one per village). By September 2017, the coverage in both countries was 450 group counselling sessions in Ethiopia and 464 in Tanzania, targeting the 1600 households in the two countries. This represented about 80% of the SBCC content. Process monitoring data collection also commenced in January 2017 in both countries and will continue until April 2018. Process monitoring data are being collected to evaluate the adherence of the implementation process to the plan and help to explain the impact of interventions at the end of the project.
To aid delivery of SBCC messages to ATONU beneficiaries, Social Behaviour Change Communication (SBCC) materials were developed and distributed to field staff for use in facilitating beneficiary group sessions. The materials comprised facilitation manuals (for use by field assistants while delivering SBCC messages); farmers’ guides (for reference by farmers); calendars for meal planning; and nutrition playing cards (for teaching on food groups and meal planning).

1.1.1 Theatre for nutrition behaviour change

ATONU chose to make use of community theatre as a tool to communicate and advocate for nutrition behaviour change in rural farming households and communities. ATONU has named this approach Theatre for Nutrition Behaviour Change (TNBC). TNBC is an adaptation of the innovative Theatre for Policy Advocacy (TPA) tool that FANRPAN has successfully used for policy advocacy in the past. Community theatre can communicate serious messages in a traditionally acceptable format using oral and visual arts.

Theatre was chosen as a tool because most people love to tell and listen to stories. The oral medium has been used traditionally to pass information from one generation to the other in African societies. The ATONU project structured TNBC performances to influence behaviours in ATONU pilot villages to ensure that agriculture delivers positive nutrition and health outcomes. Key nutrition and hygiene and sanitation messages based on the SBCC materials and nutrition-sensitive interventions were developed into a theatre script that was produced and performed by a cast of trained actors to a community audience which comprised beneficiary household members, other community members, community leaders and policy influencers at local, district and regional levels. The scenes were played out to sensitize the community about the project’s nutrition-sensitive interventions which were designed to solve the inherent problem of malnutrition. The performances were followed by facilitated discussions to unpack the issues that the play brought out and to solicit commitment for behaviour change.
After each performance, the audience was divided into five discussion groups comprising local and district leaders, women, men, male youth and female youth. The discussions were moderated by trained facilitators and focused on the community groups’ own situation regarding nutrition and the role of agriculture as depicted in the play. During the discussions, the participants were clearly able to identify the good actions that should continue; bad actions that needed to stop; and the support needed to continue/strengthen the good actions and stop the bad actions as far as nutrition-sensitive agriculture is concerned.

More than 4000 farmers were reached through community theatre. The performance was video recorded for wider dissemination. The performances were done in local languages, however, the videos will be subtitled in English for sharing with more audiences.

1.2 Baseline data survey and results
The overall objective of the baseline survey was to establish the baseline values of key indicators of the project before implementation of nutrition-sensitive interventions so that the magnitude of change could be estimated in a final survey to be carried out at the end of implementation. The baseline survey assessed production patterns of crops and livestock in the surveyed areas; assessed nutritional knowledge of women from the surveyed areas, identified factors influencing nutrition knowledge; assessed current dietary practices and consumption patterns of households and individuals (women and children); assessed nutritional status of infants and young children aged below five years and women of child-bearing age using anthropometry; and examined knowledge, attitude and decision-making practices around budgeting and expenditure as influenced by gender. Baseline data collection was conducted successfully from November to December 2016 in both Ethiopia and Tanzania.

1.2.1 Ethiopia
A total of 2,117 households met the eligibility criteria and were enrolled in the study. Among these, 709 households receive ATONU interventions. The findings from the baseline study include:

- Approximately 95% of women did not meet the recommendation for adequate dietary diversity (consuming at least 5 out of 10 food groups) based on their consumption over the preceding 24 hours.
- Women consumed an average of 2.7 food groups out of 10 (standard deviation 1.1) in the preceding 24 hours; or 3.8 food groups out of 10 (standard deviation 1.6) over the preceding 7 days.
- Maternal nutrition status was poor, with 23.7% of women with BMI of less than 18.5 kg/m$^2$, and 5.8% of women were found to be overweight or obese.
- Maternal wasting as measured by MUAC under 21cm was generally low.
- 20% of women were anemic.
- Among young children:
  - Child dietary diversity was low, with children consuming on average 2.7 food groups out of 8 (standard deviation 1.4) over the preceding 24 hours; or 3.2 food groups (standard deviation 1.6) over the preceding 7 days.
  - Malnutrition among children was relatively high with a stunting prevalence of 36.6% (severe stunting at 14.6%), underweight at 16.1% and wasting at 5.7% and 51% of children were anemic.
- Overall, the study population for this evaluation—rural, chicken-producing smallholders in Ethiopia’s four main regions—are vulnerable households with high food insecurity and high prevalence of poor nutritional outcomes among women of reproductive age and young children. These outcomes are the target of the ACGG and ATONU interventions, and the findings of the baseline survey will be used to evaluate these interventions.

1.2.2 Tanzania
The baseline survey was conducted in three agro-ecological zones, namely Central semi-arid, Eastern sub-humid and Southern Highlands of Tanzania. The findings from the survey include:

- The proportion of respondents feeding their children three meals per day was as follows: 6-11 months (60%) and 12-59 months (70%)
About 78% of the respondents had no exposure to nutrition knowledge

The main foods that were available in the surveyed areas included maize (75%), rice (13%), vegetables (3%), groundnut (3%) and bulrush millet (2.3%)

The most important source of nutrition information, especially on maternal and child nutrition, was from health workers at clinics and hospitals.

Many respondents did not know the functions of various foods on maternal and child nutrition

54% of the respondents consumed less than four food groups, 30% consumed from 4 to 5 food groups and 16% consumed 6 or more food groups.

Mean household dietary diversity score (HDDS) was 3.5 (SD 1.7)

The most consumed food group was cereals, reported by 93% of the households, followed by vegetables (80%) and oils and fats (74%)

To summarise the findings of the baseline studies in both countries, low dietary diversity scores were observed in all the surveyed areas. Almost all households consumed cereal staples and vegetables or legumes. The main source of nutrition information was the health care providers at the clinic/hospitals; but the information shared was mainly on breastfeeding and grossly limited in all other aspects of food consumption, hygiene, sanitation and care. In general, there was limited knowledge on nutrition, and causes and ways to reduce malnutrition.

1.3 Capacity development

1.3.1 Training of field staff

Field and coordination staff (50) from the country implementing partner institutions in both Ethiopia and Tanzania were trained in nutrition, hygiene and sanitation, gender, budgeting and vegetable production between December 2016 and March 2017. The knowledge and skills would be passed on to the ATONU beneficiary households through social behaviour change communication messaging. Refresher training was conducted for the field staff in August and November 2017 in Tanzania and Ethiopia, respectively.

1.3.2 Graduate studentships

ATONU is sponsoring eight master of science students, in Ethiopia and Tanzania, who are conducting research on various areas of the ATONU project.

1.3.3 Community champions

ATONU champions were identified among the farmers in each village during the TNBCC post-performance discussions. These are farmers who showed an outstanding comprehension of ATONU and ATONU messages and are models of ATONU behaviour change. In Tanzania, a workshop was held during the first week of November to build the capacities of the champions, to equip them with knowledge and tools on how to promote ATONU messages and be ambassadors in their communities. Similar training events were planned for champions in Ethiopia.

1.3.4 School nutrition clubs

Following each TNBC performance in most villages in Tanzania, the farmers called for nutrition education for their school-going children. In response to this call, a number of field staff in Tanzania have approached local primary
school heads and have started school nutrition clubs in the local primary schools. These are after-school clubs where the pupils can meet and learn about nutrition.

1.4 Information dissemination

- FANRPAN holds regional multi-stakeholder dialogues annually on a selected topic. This year’s regional dialogue was sponsored by the African Capacity Building Foundation and was held in Durban, South Africa, 14-17 August. Its theme was “Resilient African agriculture and food systems, securing prosperity and health for all”. ATONU staff participated in this dialogue and made presentations on nutrition-sensitive agriculture and the ATONU project interventions. These were well received by the delgates.
- ATONU staff and partners made presentations at the ANH Academy in Nepal, the FANRPAN Regional Dialogue and made two presentations at the 3rd International Conference on Global Food Security 2017, Cape Town, 3-6 December 2017.
- In August 2017, ATONU conducted a webinar to share the findings of the baseline surveys conducted in Tanzania and Ethiopia.

2. ATONU stories of change

The desired behavioural changes expected from the various NSIs will contribute to the primary outcome of ATONU which is improved dietary diversity. These changes include improved household eating habits, especially for women of child bearing age and children aged below five years, to eat diverse types of food; and adoption of food safety, sanitation and hygiene measures. Selected households were interviewed and their testimonies captured on video as stories of change. Most of the interviewed households appreciated the value of good nutrition and eating a balanced diet, noting that they are no longer “eating for hunger but for health”. Some households reported that they were consuming more chicken products, especially eggs; while others adopted the recommendation to feed young children from six months of age separately from adults and older children and ensure a more equitable intra-household food allocation.

2.1 SBCC on nutrition and hygiene education

Hygienic practices were reported to have improved with the increased use of the “tippy tap” technology to promote handwashing after using the toilet, and before preparing meals and feeding children. Households also appreciated the need to keep their drinking water safe by either boiling it, keeping it covered or using water purifying tablets; and keeping their yards clean to prevent children coming into contact with chicken droppings.

Bahati Idd Nassoro is an ATONU beneficiary from Konga village in the Central zone of Tanzania. She is the originator of the ATONU slogan “Kula kwa afya, si kwa njaa”, which means “eating for health and not for hunger”.

“I have been a good farmer for some time, but did not know how to prepare a balanced diet. However, since receiving nutrition education from ATONU, I now know how to prepare nutritious meals for me and my family. I have even prepared a weekly meal plan. Before ATONU I used to just eat to satisfy hunger, but with knowledge from ATONU, I now know how to prepare a diet that covers all the food groups. I thank the ATONU field assistant for teaching us how to eat for health and not for hunger”.

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2.2 SBCC for income expenditure

The main behavior changes from this intervention were increased use of household food budgeting and meal planning. Examples of adoption of the promoted practices included the use of a simple budgeting tool in Ethiopia and widespread practice of joint budgeting, decision-making and meal planning among the beneficiary households in Tanzania.

“...before the project, I did not know how to maintain a balanced diet and to wash hands at critical times. I have even installed a tippy tap outside the toilet. Also, before ATONU, I used to eat to fill my tummy. I did not know the importance of different foodstuffs for better health. After receiving nutrition education from ATONU, I now know the contribution of different foodstuffs such as beans, rice, fruits etc. In the past, if mangoes were in season, we would fill-up a bucket and eat all day without regard for a balanced diet. Now I prepare my family three balanced meals per day. Of those three meals, it is no use to repeat eating the same foodstuffs as we did in the past.”

ATONU field assistant for Gigo Homba village in Ethiopia, Zemen Zekeriyas developed an innovative budgeting tool to assist farmers in prioritizing their income. Zekeriyas uses this tool at ATONU SBCC sessions to teach the farmers about budgeting and prioritization. Using this tool, farmers can allocate different amounts of household income to the different household priorities. Most importantly, Zekeriyas uses the tool to remind the farmers of the importance of budgeting for food items required to complete the household diet.
2.3 SBCC for women empowerment
The women empowerment intervention was aimed at improving men’s understanding of dietary diversity and the importance of maternal and child nutrition; the need for joint financial planning and budgeting; and equitable distribution of labour in household chores. The recorded stories of change described how husbands and wives were jointly making decisions on household budgets and meal plans and how men were helping their wives with household chores.

2.4 SBCC for vegetable production and dietary diversity
The stories of change confirmed the high adoption of vegetable production and consumption. A number of households not only reported that they were consuming the vegetables they produced as a result of the ATONU intervention, they were also selling some.

There were at least two cases among the testifying households where container gardens, e.g. sack gardens, had been used as a measure to address water shortage for vegetable production.

“ATONU has helped me to raise my granddaughter differently. I raised this orphan since she was 10 days old and now she is a year and 4 months old. Thanks to ATONU I have learnt to feed the child a diverse diet, knowledge that I did not have when raising my own children. When I go to the market I now know to buy a variety of fruits for the child. I have vegetables in my garden and I also feed the child some eggs and milk. Thanks to ATONU, my grandchild looks much healthier than my own children looked at this same age.”

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3. Impact Evaluation
Harvard TH Chan School of Public Health and their local partner, Addis Continental Institute of Public Health, conducted a midline data collection in Ethiopia in August-September 2017. This was followed by data cleaning and analysis, with the report expected end of January 2018.

4. Technical Assistance
ATONU is providing technical assistance to IFAD-Nigeria’s Value Chain Development Program (VCDP) to integrate nutrition into rice and cassava value chains among participating households in six states (Anambra, Benue, Ebonyi, Niger, Ogun and Taraba) in Central Nigeria. The technical assistance covers support for a desk study, sensitization/training of program staff on nutrition-sensitive agriculture, conduct of a rapid nutrition assessment in the six states, identification and selection of nutrition-sensitive interventions, and implementation and monitoring of the interventions. By December 2017, ATONU had provided VCDP with the terms of reference for national and state consultants, guidelines on how to structure and conduct the desk studies in the six states, facilitated a training and sensitisation workshop on nutrition-sensitive agriculture for VCDP program staff and consultants and helped to develop data collection tools for the rapid assessment of nutritional status.

5. Highlights of Activities for 2018
The following highlights of activities are planned for 2018:

- Continuation of implementation of nutrition-sensitive interventions in both countries until April 2018
- Endline data collection, analysis and write-up of end of project evaluation reports for both Ethiopia and Tanzania
- Webinars to be held every quarter to share results of ATONU activities
- Write-up of publications from ATONU work.