

## DESCRIPTION OF APPROACH

It is widely recognized that the first 1000 days (pregnancy plus the first two years of life) is critical for assuring proper growth of infants and young children. Hence, the “Mama SASHA” model (Figure 1) focuses on improved nutrition counseling for pregnant women during antenatal care visits in addition to reinforcing nutrition messages in monthly pregnant women’s clubs. Agriculture is linked in by providing vouchers for orange-fleshed sweetpotato (OFSP) to be redeemed for cuttings from trained vine multipliers within the domain of the health facility. In addition to the goal of increased vitamin A intake, increased utilization of antenatal care (ANC) services was envisioned (1). The Mama SASHA proof-of-concept study worked in four pilot health facilities in Western Kenya (2010-2014).



Figure 1. Steps in the “Mama SASHA” Model

## INTERMEDIATE USERS & STAKEHOLDERS

Two Kenya-based projects have adopted key aspects of the Mama SASHA model: Scaling-up Sweetpotato through Agriculture and Nutrition (SUSTAIN), which started in 2013 and Accelerated Value Chain Development (AVCD) program, which began in 2015. Key partners in the process are Ministry of Health personnel, both at the County and health facility level and the Ministry of Agriculture extension personnel who are closely involved in training vine multipliers and backstopping farmers. CIP is coordinating monitoring efforts in collaboration with government and NGO partners. Many government officials and NGO personnel visited Mama SASHA during its operation, which enhanced buy-in to the two expansion projects.

## MAIN STAGES

Both scaling projects added a marketing component to their designs, as recommended by Mama SASHA participants. Both project use nutrition counseling cards developed by Mama SASHA. SUSTAIN project formed 264 mother support groups (pregnant and lactating mothers). Working in 28 health facilities, one community health worker (CHW) is assigned to 100 households to follow-up. In contrast, AVCD is working with 68 health facilities and created 651 Mother Support Groups led by CHWs, similar to the Pregnant Woman’s Club concept (Table 1).

## EVIDENCE OF EFFICACY

Previous research demonstrated that an integrated agriculture-community-based nutrition-marketing intervention with OFSP as the key entry point can effectively increase vitamin A intakes in women of reproductive age and children under five years of age (2, 3, 4) and reduce the prevalence of vitamin A deficiency among young children (2).

Results from the Mama SASHA project demonstrated that overall there was significant uptake of OFSP and increased vitamin A intakes by project participants. However, only the children of women who participated in both ANC visits and pregnant women’s clubs showed reduced prevalence of vitamin A deficiency (8%) and even a reduction in the prevalence of stunting (7%) using difference-in-difference comparisons between intervention and control children under two years of age.

### References:

1. Cole et al. (2016) *Evaluation & Program Planning* 56:11-22.
2. Low et al. (2007) *Journal of Nutrition* 137 (5): 1320-1327.
3. Hotz et al. (2012a) *British Journal of Nutrition* 108: 163-176.
4. Hotz et al. (2012b) *Journal of Nutrition* 142: 1871-1880.

Table 1. Number of Health Facilities, Trained Community Health Extension Workers (CHEWS), Community Health Volunteers (CHVs) and Mother Support Groups under the AVCD Program as of January 2017

County	Sub county	CHEWS Trained	CHVs Trained	No of mother support Groups	Number of Health facilities
Bungoma	Bungoma East	4	80	80	9
	Bungoma North	4	79	79	6
Busia	Nambale	4	85	85	8
	Matayos	4	80	80	7
Homa Bay	Rangwe	4	80	86	8
	Ndhiwa	4	86	86	16
Migori	Rongo	4	83	83	9
	Uriri	4	72	72	5
	Total	32	644	651	68

## CRITICAL GAPS AND NEXT STEPS

Job aids to assist nurses and CHWs in counseling are available at [www.sweetpotatoknowledge.org](http://www.sweetpotatoknowledge.org) and are in use in various integrated agriculture-nutrition projects in Kenya, Malawi, Tanzania, Mozambique, Ghana and Rwanda.

The next step are to:

- evaluate whether the SUSTAIN and AVCD projects attained vitamin A consumption and OFSP uptake goals, including the influence of having a marketing component at the end of their respective interventions.
- work with the Government of Kenya to integrate the approach throughout the country.

