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# SACRED VALLEY HEALTH

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*Education · Access · Empowerment*

## Final Progress Report

**Organization Name: Sacred Valley Health**

**Project Title: Advanced Nutrition Certification Program**

**Grant Amount: \$44,087.70**

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### **1. Recap briefly what outcomes the project was designed to achieve.**

The Advanced Nutrition Certification Program (ANCP) at Sacred Valley Health focuses on both improving the nutritional status of communities (in particular for children under 5) and the economic empowerment of women. In the short-term, we expected to see an increase in community member knowledge about nutrition through targeted community health worker (CHW) educational encounters. The long-term outcome is to see a decrease in the rates of stunting, malnutrition, and anemia over time in the communities our CHWs serve. Additionally, we also expect to see a rise in social and economic status of the women participating in this program as CHWs and *docentes* (trainers).

### **2. What was accomplished in connection with this project? Please address each stated objective. If any project objectives were changed, please also explain the circumstances leading to the modification of the objective(s).**

For this program, we began with 4 main objectives: (1) We set out to employ 8 experienced CHWs as *docentes* over the course of two years, (2) to train 30 new CHWs to be certified in advanced nutrition, (3) to identify children at risk for malnutrition, and finally, (4) to disseminate specialized nutrition education to community members (especially families of at-risk children) via Advanced Nutrition CHWs.

We began with a pilot study to discover and utilize best practices for the duration of the full program. We decided to model the Advanced Nutrition Certification Program after the already functioning and successful *Docentes* Program, SVH's train-the-trainer model. This allowed the Advanced Nutrition Certification Program to not only offer CHWs the opportunity for advanced training in nutrition; it also offered the opportunity for employment. This extra training would last one year. We had 2 cohorts of CHWs (scheduled to end in May 2020). Our objectives did not change or shift, and they informed all of our curriculum, activities, and evaluations.

We also focused on training CHWs to monitor the growth and development of young children using mid-upper arm circumference (MUAC) tapes from UNICEF. These are internationally accepted and standardized tools used to help identify children who are acutely malnourished. This technical skill empowered the CHWs to make critical decisions and referrals regarding the health and development of young children. This served as a critical program component as our CHWs work in a region where as many as 42% of children under the age of five, in any given community, are chronically malnourished.

In two years we trained 24 CHWs in the program and hired 6 of those CHWs as *docentes* who wanted to exclusively work in nutrition with the certified CHWs. Each month, the Director of Programs met with our *docentes* to evaluate the program through culturally appropriate qualitative interviews. Interviews were conducted in the native language of Quechua and translated to both Spanish and English for operational use and reporting.

“In my monthly conversations with the *docentes*, they would always tell me that the *promotoras* (CHWs), out of all three programs [currently run by SVH], liked this one the best because they were given the chance to learn about each food group and how it affected different parts and functions in their body. It makes them happy to understand how different foods help them fight disease and have stronger bones, nails, hair, and a stronger immune system,” said Escolastica Castillo, Director of Programming. Escolastica started at SVH as a CHW, moved on to *docente*, Coordinator, Program Manager and now Director of Programming. She is a native of Pampallacta, a nearby community, with Quechua as her first language. Escolastica serves as a testament of our commitment to use health education and access to empower women and facilitate professional growth.

Through partnership with GlobeMed, a U.S. based student-led organization dedicated to addressing health disparities, we conducted research on availability and access of healthy and nutritious foods in local markets. With this research, we put together a guide for shopping at the nearest local fresh food market, with detailed information about the nutritional content of available foods.

Lastly, we were given an invitation to partner with municipal program directors to participate in the local government’s efforts to combat anemia in children under the age of five. As part of this agreement, ANCP CHWs will train staff and volunteers from government programs in nutritional themes, such as local iron-rich foods, the importance of breastfeeding, and complementary feeding.

### **3. Have the number of beneficiaries changed? To report this please refer to the original numbers in your grant proposal under Number of women and girls**

- Projected:
  - Direct beneficiaries
    - Phase 1: 5 *docentes*, 15 CHW’s = 20 Total
    - Phase 2: 3 *docentes*, 15 CHW’s = 18 Total
    - Total beneficiaries = 38 individuals served directly through the program
  - Indirect beneficiaries
    - Based on a survey completed by SVH in April of 2017, there are approximately 1,000 women aged 12 and older and approximately 400 children under five years of age across approximately 700 total households in SVH partner communities.
- Currently:
  - Direct beneficiaries
    - Phase 1: 3 *docentes* and 10 CHWs = 13 total that completed the program
    - Phase 2: 3 *docentes* and 8 *promotoras* = 11 total pending program completion
    - Total beneficiaries = 24 individuals served directly through the program
  - Indirect beneficiaries
    - Forms (*fichas*) detailing house visits indicate a total of 111 families reached to date by our ANCP CHWs
    - Health Fairs: approximately 150 people served (men, women and children)
    - Total to date = 261 families and/or individuals served indirectly

These numbers represent the number of beneficiaries served during the initial 2 years of this program. Community work has been significantly truncated by COVID-19, and due to necessary social distancing guidelines and government mandated quarantine restrictions, our CHWs have not been making house visits since March 2020. Ten of our 13 communities are now equipped with an ANCP CHW who will continue to disseminate information learned in this program once it is safe to do so. We also found that the rigorous training schedule was prohibitive for some CHWs in more distant communities. In the future, we aim to adjust the schedule to make it feasible for all CHWs.

#### **4. What challenges did you face in connection with this project? How did you address these challenges?**

During the course of the program, we encountered three main challenges. We quickly learned how to either solve or adapt to most of them, and as a result, we learned how to improve our program and future interventions.

A large percentage of our CHWs are from a traditional culture where learning and teaching happen through words, story, and song rather than reading and writing. As such, we heavily rely on graphic material and artwork to support our programming and present complex ideas in the curriculum. The first challenge came from working with a U.S. based graphic designer. Having a graphic designer located so far away impacted the timeliness of developing new materials as communication was slow, not always effective, and the designer was unaware of on-the-ground operations and circumstances. Half-way through the project, we hired a Peruvian graphic designer who worked with us from the office. He was able to work closely with our curriculum team as well as the Program Manager and Director who present the trainings in Quechua. Since this change, adjustments to the graphics and artwork have been done in a more efficient, effective manner.

The second challenge arose in teaching methods for some of the more complex topics. An example is anemia prevention practices. After we presented the information, we learned through evaluations that CHWs were not understanding the synergistic effect of vitamin C and iron. As a result of this, we retooled the lesson utilizing the cultural method of storytelling for teaching. *Docentes* created a play in the style of an Andean folktale. The plot centered on two characters, vitamin C and iron, and how they had to be together to gain strength and be happy. Following this play, we saw significant improvement in knowledge assessments for the unit relating to anemia prevention and have incorporated this teaching method into other elements of our curriculum. We also added 2 additional training sessions to the program, allowing more time for teaching and practicing complex information.

An additional, unforeseen challenge has been the global COVID-19 pandemic. Due to public health safety measures as well as government mandated quarantine restrictions throughout Peru starting March 16, 2020, we have been unable to complete some activities for year 2 of this program. The second cohort of ANCP CHWs was not able to complete the final 2 trainings and fieldwork has been significantly delayed. We hope to complete these trainings and support CHWs as they resume their fieldwork as soon as it is safe to do so. In the meantime, we are so grateful to Dining for Women for allowing us to reallocate the remaining grant funds to maintain salaries of local employees and provide food baskets to all 24 of our active CHWs. Both of these measures helped alleviate some of the immense economic strain the pandemic and subsequent shutdown has put on this region of Peru.

#### **5. Is your organization or project situation different that presented in the approved proposal? For example, new executive director, significant project staffing changes or NGO affiliation, loss of large funding, or other significant changes?**

There were no significant changes with the project or the proposal. In February 2020, we hired a new Director of Monitoring and Evaluation and our Community Educator left to pursue a teaching career. These staffing shifts did not pose any challenges. We hired a new Executive Director as of September 1, 2020, which also had no effect on project implementation. We continued our training as planned up until the COVID-19 shutdown, as previously mentioned. However, in March 2020, due to the pandemic, our office and all programming stopped in order to comply with the Peruvian government's mandatory quarantine and, more importantly, to protect our CHWs and partner communities. As of September 2020, the entire region of Cusco, where SVH operates, continues to be under strict quarantine measures. As mentioned above, this has impacted certain activities projected for year 2 of the ANCP as well as all SVH programming, and it has had a severe economic impact on our organization and our partner communities. Each year, approximately one third of our operating budget comes from visiting university groups, and all trips have been cancelled or postponed for the foreseeable future.

## **6. What are the most important lessons learned?**

From this program, we have learned how to better adapt a program to the cultural and community needs of the population with which we partner. Whether that was adjusting our graphics or teaching methods, it was important to adapt our curriculum and training to best fit existing knowledge and practices. For example, it was important to use relevant foods when developing recommendations for a balanced meal, keeping in mind the lack of access and availability the CHWs have to a variety of foods. Using stories and local cooking methods to teach about the importance of a balanced diet was also essential. Just as important was listening to and learning from CHWs and community members.

“With this program, we reaffirmed the importance of relating what we are teaching to the *promotoras*’ [CHWs] lives. I could see the way that really impacted them. Other than once or twice because of the rainy season, they were never late and never wanted to miss a training. Once, when one *promotora* did not come to a training, I counted her absent, and the next day she came to my office and asked for a chance to make-up the training because she did not want to be dismissed from the program. She told me she had learned so much about what she puts in her body, in her children’s bodies, and how valuable that was to her. That day I realized the huge impact this program had on people. Here, they are able to learn that the food they grow, food they eat to survive can also prevent disease and be enjoyable, and that is what makes this program so special, not just for the communities but for the *promotoras* themselves,” said Escolastica. Food is such an integral part of life and culture in the Sacred Valley. Everyone eats food, but most people also grow food, sell food, prepare food, and they do all of this with great pride. We believe that much of the success of this program comes from the pre-existing connection our CHWs and their fellow community members had to food, and this was an important lesson for us in how we create and implement new programs.

## **7. What has changed within your organization as a result of this project?**

Our organization has continued to grow and learn from all of our programs, as they each focus on a different way to create preventative practices in the communities where we work. For this program, we have learned more about the direct impact nutrition education has on the everyday actions of our community members and CHWs – shopping at the market, cooking methods, meal times and portion sizes, and healthy choices when partaking in communal gatherings. Making our topics more and more relevant has shown us the difference it can make in encouraging our CHWs to not only practice healthier choices but actively seek out and advocate for healthier options so they can use their new knowledge, and this has spilled over to other programs as well. Additionally, thanks to this program, we have begun using more balanced products and protein-heavy dried goods, like quinoa, for our incentive bags for all programs, not just the ANCP.

## **8. Describe the unexpected events and outcomes, including unexpected benefits**

The main outcome we have observed is that by expanding our programming to include the Advanced Nutrition Certification Program and creating and conducting it in a collaborative way that makes it more culturally relevant, we have strengthened our relationship with our partner communities. This being our third program, our reach, presence, and trustworthiness has grown in the communities.

“Because the *promotoras* are going back to their communities and sharing their enthusiasm and knowledge for nutrition, it has given our program great value in their communities and among their neighbors. This program has further enhanced the communities’ trust in us, and we are very grateful for that. It has helped me stay current and up to date with evidence-based nutrition facts, as well. I’ve gotten to learn along with the CHWs like never before,” said Escolastica.

**9. Did you change your strategy as a result of obstacles you encountered? How will you address these challenges in the future?**

As mentioned, we were able to adjust our teaching techniques to be more culturally relevant (for example, including folktales and story-telling as a method for understanding difficult or new topics). In this way, we have expanded our participatory approaches, having *docentes* play an equal role through the whole process to ensure effectiveness, relevancy, and a sense of local ownership. We have taken CHW knowledge assessments to heart in developing a review protocol that reinforces any topics that CHWs may have struggled with. Our main strategy has not changed, just continued to evolve and strengthen as we learn and grow alongside this group of CHWs.

**10. Approximately how many lives have been touched, both directly and indirectly, by the project?**

Thanks to your generous support, we have trained 24 CHWs, employed 6 of those CHWs as *docentes*, taught 111 community members through home visits (including parents with multiple children), and educated approximately 150 people at health fairs where our CHWs disseminated nutrition resources and materials for a healthier life. This totals more than 280 lives touched both directly and indirectly by this program, and this number will continue to grow once social isolation policies are lifted and CHWs are able to safely resume house visits.

**11. What are the measurements used to monitor success and how was this information measured (e.g., surveys, observation)? Be specific and include measurable results.**

In order to assess nutrition-related knowledge gained and continue expanding on the knowledge of the CHWs, we evaluate them every two training sessions, expecting at least 75% of them to score 75% or better on their evaluations. For the first group of CHWs, 90% (9/10) received a 75% or higher on all evaluations, thus surpassing our target. For this group, only one CHW scored below a 75% on one evaluation. For the second group of CHWs, 88% of CHWs (7/8) also received a 75% or higher on all evaluations, once again exceeding our target. Similarly, for this group, only one CHW scored below a 75% on one evaluation. *Fichas*, or work documentation forms, were used to track fieldwork done by each CHW and will be used to track ongoing community work. We were also qualitatively evaluating our program through monthly conversations with *docentes*, as previously mentioned, and working to incorporate recommendations for improvement into the trainings. Lastly, we are using quantitative data from collected measurements the CHWs take using MUAC tapes to track and monitor nutritional improvements in children in our community. We hope to continue these efforts in order to decrease malnutrition rates in our communities.

**12. If the project is ongoing, provide plans and expected results, including projected timeframe.**

The current group of ANCP CHWs were scheduled to finish their training in May 2020, however the new timeline for completion depends on public health and government safety restrictions due to COVID-19. When the program is able to resume, graduated CHWs of the ANCP will also lead community projects to improve an aspect of nutrition-related health in their communities. This will involve training on project planning and organizing. We are developing an evaluation plan for this project in order to not only assess the CHWs knowledge but their professional growth and confidence to lead a community project as well.

**13. Provide a detailed list of all expenses incurred during the grant cycle which have been paid for with the Dining for Women Grant.**

*See attached budget report.*

**14. Did this grant and relationship with DFW assist your organization in obtaining other funding, partnerships with other organizations, or public recognition in some capacity?**

Yes, for the second year in a row, we have been invited to be a part of the Sello Regional Tinkuy, a multisector initiative to fight anemia. It is headed by the regional office for MINSA (the Peruvian Ministry of Health). In this initiative, we work alongside other NGOs and health centers in the region to collaborate on development of resources, training recommendations, and prevention knowledge to fight anemia. Much of the initiative will take place in hard-to-reach communities in high-altitude areas, but many of the resources provided by the government are not in Quechua, the local language. We plan to work with our *docentes* to translate and discuss the initiative with locals in their own language. Having this connection has greatly contributed to one of our strategic goals of strengthening partnerships with local government entities for the well-being of our partner communities.

**Special Thanks**

We would like to say, once again, how grateful we are for this grant and for our partnership with Dining for Women. As previously mentioned, the Advanced Nutrition Certification Program has been one of our most popular and most successful programs to date, and we are excited to see how it continues to grow. A number of *docentes* and CHWs alike have mentioned how proud they feel to be able to share information about nutrition with others, particularly mothers, in their communities because food is already such an integral part of daily life. On top of that, mothers in all cultures are keen to know how they can best take care of their children. Seeing increased success with this program compared with our other programs and realizing the connection between new information and pre-existing cultural connections and customs relating to food was monumental. Extrapolating that concept and applying it to the development and implementation of other programs was such an unexpected benefit of the ANCP. Your generous support has not only allowed us to be successful in empowering women to disseminate vital nutrition education in their communities; it has provided invaluable insight into further program development across the board. Thank you again, and we hope to continue working with Dining for Women in years to come!