

## **APPENDICES**

### **APPENDIX A: Letter of Introduction**

**Mohammed Makame Mohammed  
Ministry of Regional Administration and Local  
Government  
P.O. Box 4220  
Zanzibar**

**10/10/2005.**

**Executive Director**

**Jongowe Development Fund  
P.O.Box 1291**

**Zanzibar**

**Subject: Request to work with your CBO in the Malnutrition Project**

Please refer our discussion in your office on Tuesday 8<sup>th</sup> October 2005 concerning the above mentioned subject.

I am an employee of the Ministry of Regional Administration and Local Government who is currently doing Master of Science Programme in Community Economic Development conducted by the New Hampshire University' in collaboration with The Iopen University of Tanzania

As part of my study I am required to work with the project of one among the NGO/CBO in my area. I find myself very privileged to work with your CBO. I have been working in the North A district where malnutrition was one of my focus area and in particular Tumabatu where JDF is working.

As we have earlier discussed my involvement in the project will help the CBO in many aspects of planning, implementation, Monitoring and Evaluation of the project. I will also help in advising the CBO and Community in project management.

I therefore request you to allow me to work with your CBO in this particular project.

**Thanking you for your cooperation.**

**Sincerely,  
Yours**

**Mohammed M. Mohammed**

**JONGOWE DEVELOPMENT FUND (JDF)**  
**(MFUKO WA MAENDELEO WA JONGOWE)**

**JONGOWE TUMBATU**

**PHONE: 0 777 424293/0777460174**

**P.O.BOX 1291**

**OUR REF. JD/MP/CS/2/29**

**ZANZIBAR**

**Date. 12/10/2005**

**Mohammed Makame Mohammed**  
**Ministry of Regional Administration and**  
**Local Governments**  
**P.O.Box 4220**  
**Zanzibar**

**Subject: Request to work with our CBO in the Malnutrition Project**

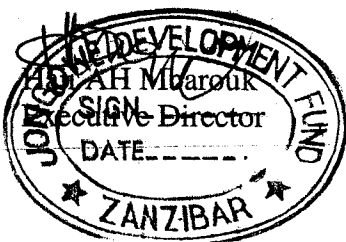
Reference is made from your letter of October 10, 2005 concerning the above mentioned subject.

The Management of the Jongowe Development Fund has accepted your request to work with our CBO for the whole period of your study and beyond, so that you support in management of our malnutrition project. We have high expectations that your involvement in this project will help us to improve the implementation of this project.

You are most welcome

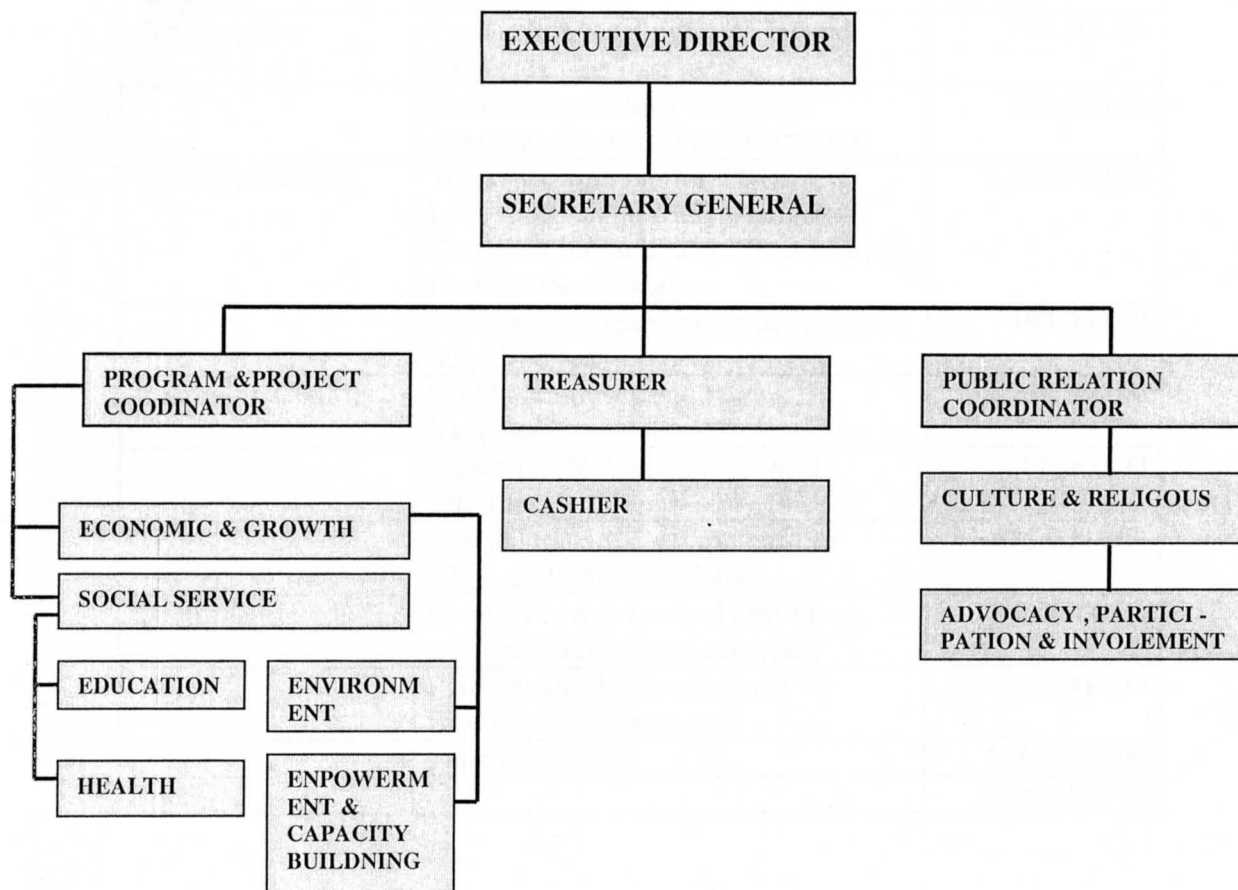
Thanks

Sincerely yours



JONGOWE DEVELOPMENT FUND

ORGANIZATION CHART



## APPENDIX D

### SUMMARY OF THE BUDGET FOR REDUCING MALNUTRIOTION PROJECT IN JONGOWE

Item	Description	Amount
Sensitization	Conducting meetings with groups, CBOs and key informants	73,000.00
	Conducting seminar of groups representatives and key informants	330,000.00
Capacity building	Workshop/training for CBOs, CC, HW, CORPs and IEC materials, Transport for facilitators/Boat hire and Facilitators allowances	2,265,000.00
	Study visit to learn best practices from other Shehias	463,000.00
Improving CBIMS	Child monitoring equipments, Vaccines	2,265,000.00
	Supervise Village Health Days activities	500,000.00
	Provide tools and equipments for VHD, and Shehia registers	675,000.000
Coordination, M&E	Monthly and or quarterly meetings with stakeholders and reporting	400,000.00
	Participatory Monitoring and Evaluation of the project	400,000.00
	Final Evaluation	1,800,000.00
Total		8,751,000.00

**Southern New Hampshire University  
and The Open University of Tanzania**

**MSc Community Economic Development**

***REDUCING CHILD MALNUTRITION IN  
JONGOWE, NORTH 'A' DISTRICT, ZANZIBAR***

**By  
Mohammed Makame Mohammed  
January 2007**

**Host Organization and  
Collaborators**

Host

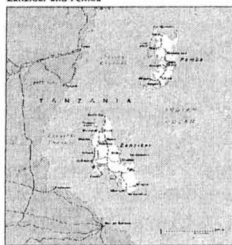
- Jongowe Development Fund (JDF)

Collaborators

- Jongowe Health Centre
- North A District Commissioner' Office

**Community Context**

Zanzibar and Pemba



- Jongowe is in the small island of Tumbatu in the North Eastern part of Unguja in Zanzibar.
- Has a population of 4002 (2161 F, 1841 M) with underfive popn of 590 (311 F, 279M)

**Community Need Assessment**

- The Community Need Assessment was done through participatory approaches, interviews, discussions and meeting with different groups, CBO and the community members

**Problem Statement**

- Prevalence of child malnutrition has been identified as one of major health concern in Jongowe Shehia
- Under five child nutrition was high: Severe malnutrition was over 9% and moderate was over 55% in 1990 Severe malnutrition was 4% and moderate was 40.6% in 2004
- It is high as compared to the national and district rates

**Project Objectives**

- Overall Objective
  - The main objective of this project is to have improved nutrition status of the under five years children in Jongowe Shehia
- **Specific objectives of this project are:**
  - To reduce malnutrition by 10% from the prevailing rate by 2008.
  - To build capacity of community to intervene on nutrition through establishment of a mechanism of community own initiatives.
  - To create awareness on nutritional issue in the community.

## Research Objectives

- To assess the problem of malnutrition and the extent to which it has been reduced
- To assess the capacity of community to intervene nutrition problems
- To assess the level of awareness of the community

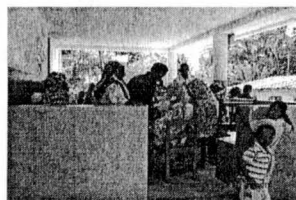
## Research Methodology

- Cross-sectional & Descriptive survey
- Study area: Shehia of Jongowe
- Sample size: 60 respondents
- Tools used for data collection:
  - Primary data: Questionnaires and interviews
  - Secondary data: documentary review
- Data analysis: SPSS and Excel softwares

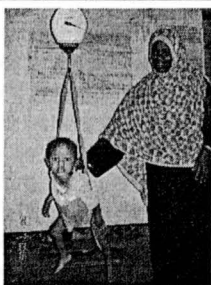
## Project Implementation

- Creating awareness through Sensitizing Community by seminars, meetings, IEC materials and health and nutrition campaigns
- Building capacities of the Community actors by conducting trainings and workshops
- Improvement of CBMIS by conducting Community Health days, updating Shehia registers.
- Collaborate with District to implement child related programs: immunization, GMP, Identification of MVC

## Village Health Day



## Child Growth Monitoring



## Child Immunization against diseases



## Research Finding

- Awareness of nutrition is very high  
100% of all respondents are aware  
Awareness through meetings, seminars, IEC, Media, Health campaigns
- Capacity is low  
61% have no capacity

## Finding cont

- Capacity building activities:  
Training, workshop, and participating in health campaigns.
- Project performance is satisfactory:  
53% satisfied
- Nutrition improvement is satisfactory  
57% satisfied
- Causes of malnutrition are :  
lack of education, awareness, food insecurity, and adequate care. Food insecurity ranked high 53%

## Finding cont

- Consequences of malnutrition are deaths and stunting both ranked 47%
- Community has large hh size 6-9 and most have 1-2 (41%) and 3-5 (29%) children and U5 children between 1 and 2 (67%)

## Monitoring , Evaluation and Sustainability

### • Monitoring

Ongoing participatory monitoring throughout the project life aims at having information that help the JDF to track project implementation and performance:

### • Participatory Monitoring

To provide information during the life cycle of the project such as:

- Improvement being made
- Challenges occurs

## Monitoring Questions

- To know if the nutrition status of the under five children has improved
- To know if malnutrition is being reduced within the community
- To know if there is any capacity building mechanism in place to assist community interventions.
- To know the awareness level on nutrition issues within the community.

## Monitoring Indicators

- Mortality and morbidity
- Child weight and height for age
- Weight at birth (under weight or normal)
- Types of mechanism in place
- Number of community members participating in the program
- Household food pattern

### Monitoring responsibility

- Community Health Staffs
- CBO members
- Shehia council
- Community resource persons

### Evaluation

- Aim is to find out if the objectives of the project have been met
- An opportunity for both JDF and the community members to reflect the progress of the project and make decisions for future plans

### Evaluation Question

- To find out if the planned activities have been implemented
- To find out if the efforts undertaken are showing any results
- To find out if the objectives of the project are still valid and met

### Evaluation Team

- Representatives of CBOs
- Shehia council
- Community resource persons
- Project beneficiaries

### Sustainability

- Based on the participation of community and stakeholders.
- Involvement of both stakeholders and community members in all stages of the project cycle i.e. identification, planning, implementation, monitoring and evaluation
- Capacity of project team and implementers

### Conclusion and Recommendations

- The project is performing well and is meeting its objectives
- It is recommended that JDF should work with other stakeholders in the Shehia so that the Sustainability aspect is an issue for all.



### Education of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary	6	10.9	10.9	10.9
	Middle/Secondary	26	47.3	47.3	58.2
	Higher/Degree	9	16.4	16.4	74.5
	Adult/Qoran	5	9.1	9.1	83.6
	None	9	16.4	16.4	100.0
	Total	55	100.0	100.0	

### Marital Status of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	44	80.0	80.0	80.0
	Divorced	3	5.5	5.5	85.5
	Single	3	5.5	5.5	90.9
	Widowed	5	9.1	9.1	100.0
	Total	55	100.0	100.0	

### Occupation of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Farmer	15	27.3	27.3	27.3
	Fishermen	10	18.2	18.2	45.5
	Govt Employee	19	34.5	34.5	80.0
	Small Business	1	1.8	1.8	81.8
	House wife	7	12.7	12.7	94.5
	Not employed	3	5.5	5.5	100.0
	Total	55	100.0	100.0	

### Awareness of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Aware	55	100.0	100.0	100.0

### Means of awareness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Meetings	28	50.9	50.9	50.9
	seminars/workshop	10	18.2	18.2	69.1
	IEC/Neidia	10	18.2	18.2	87.3
	Health Campaign	7	12.7	12.7	100.0
	Total	55	100.0	100.0	

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### Causes of nutrition problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Lack of education/awareness	24	43.6	43.6	43.6
	Food insecurity	29	52.7	52.7	96.4
	Inadequate care	2	3.6	3.6	100.0
	Total	55	100.0	100.0	

### Consequences of malnutrition

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Death	26	47.3	47.3	47.3
	Stunting	26	47.3	47.3	94.5
	Mental incapacity	3	5.5	5.5	100.0
	Total	55	100.0	100.0	

### Household size of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 or less	3	5.5	5.5	5.5
	3-5	14	25.5	25.5	30.9
	6-9	21	38.2	38.2	69.1
	10+	17	30.9	30.9	100.0
	Total	55	100.0	100.0	

### Number of children in the household

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	6	10.9	10.9	10.9
	1-2	23	41.8	41.8	52.7
	3-5	16	29.1	29.1	81.8
	6-8	5	9.1	9.1	90.9
	9+	5	9.1	9.1	100.0
	Total	55	100.0	100.0	

### Number of underfive years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	18	32.7	32.7	32.7
	1	22	40.0	40.0	72.7
	2	15	27.3	27.3	100.0
	Total	55	100.0	100.0	

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Valid	0	18	32.7	32.7	32.7
	1	22	40.0	40.0	72.7
	2	15	27.3	27.3	100.0
	Total	55	100.0	100.0	

**Nutrition status of children**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good (Green)	14	25.5	25.5	25.5
	Moderate (Yellow)	24	43.6	43.6	69.1
	Poor (Red)	17	30.9	30.9	100.0
	Total	55	100.0	100.0	

## APPENDIX G

### QUESTIONNAIRE 1

#### QUESTIONNAIRES FOR SURVEYING THE IMPROVEMENTS IN NUTRITIONAL STATUS OF UNDERFIVE YEARS CHILDREN IN JONGOWE

#### QUESTIONNAIRE FOR SHEHIA LEADERS, HEALTH PERSONNEL, CBOs etc.

This questionnaire intends to collect information pertaining to the malnutrition. You are kindly requested to fill this questionnaire so as to accomplish the objective of this task.

1. Name of Sub- Shehia/Village.....
2. Age.....Sex.....
3. Occupation.....
4. Position held.....
5. What are the main activities / components of your work in relation to health and nutrition?.....
6. In your opinion what are the achievements/improvements in nutrition interventions.  
☐ Very high   ☐ High   ☐ Satisfactory   ☐ Not satisfactory
7. What are the level of improvements in nutritional status in the Shehia?  
☐ Very high   ☐ High   ☐ Satisfactory   ☐ Not satisfactory
8. What are the indicators for measuring performance of the nutrition?.....
9. What are the targets set to achieve, and for what period?
10. What level of achievement?  
☐ Very high   ☐ High   ☐ Satisfactory   ☐ Not satisfactory
11. What do you think are the reasons for the achievements/failures?
12. What type of capacity building and sensitization programme have you received in the Shehia?
  - Meeting
  - Seminar
  - Workshop
  - Training

- Other (specify)

13. What are the problems facing you in the implementation of nutrition activities?

.....

14. What should be done to address those problems?

.....

Thanks for your kind support

## QUESTIONNAIRE 2

### GUIDING QUESTIONS FOR PARENTS/GUARDIANS OF UNDER FIVE YEARS CHILDREN.

1. Name of Shehia/Village/Sub village.....
2. Age.....Sex.....Marital status.....Household size.....
3. Number of children you have.....
4. Number of Under five.....
5. Nutritional status of the children (%).....
6. How many are attending Growth monitoring /Health days
7. How frequent you monitor your child (monthly/quarterly)?.....
8. Is there any nutritional improvements of your child/children?
9. What sensitization and capacity building programmes have been given to you .
10. For your own opinion what has to be done in order to improve the nutrition of children of your Shehia?