



ACF Experiences from the Field: Aligning Food Security & Livelihoods and Nutrition

INTRODUCTION

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ndernutrition remains one of the most important public health issues of our day, with 165 million children under five years of age suffering from stunting and 52 million from wasting.¹

During the last decade, significant progress in finding efficient and cost effective ways to tackle undernutrition has been made: *The Lancet Series on Maternal and Child Undernutrition* published in early 2008² identified a series of effective nutrition-specific interventions, which have the potential to reduce undernutrition-related mortality and disease burden by 25% in the short term.

As a follow up to *the Lancet Series*, the global movement ‘Scaling Up Nutrition’ (SUN) called for the scale-up of proven nutrition-specific interventions AND the design of more **nutrition-sensitive strategies**, including food security interventions, to tackle underlying causes of undernutrition in order to strengthen long-term preventative approaches.³

Five years after the groundbreaking 2008 series, *The Lancet’s* leading nutrition experts again confirmed that acute malnutrition remains a **critical global health crisis** with global malnutrition accounting for 45% of all child deaths worldwide.⁴ It emphasized that effective, large-scale nutrition-sensitive programs that address key underlying determinants of nutrition are essential to accelerating progress, alongside enhanced coverage and greater effectiveness of nutrition-specific interventions.

For more than two years, ACF has engaged in a process to improve **synergies between food security and nutrition** interventions in order to maximize its overall impact on undernutrition.⁵ The first step of this strategy led to the publication of a practical manual which gathers existing knowledge, evidence

¹UNICEF-WHO-The World Bank, 2012, Joint Child Malnutrition Estimates

²The Lancet, 2008, Maternal and Child Undernutrition, Special Series

³Scaling Up Nutrition (SUN), 2010, Scaling Up Nutrition: A Framework for Action

⁴The Lancet, 2013, Maternal and Child Nutrition Series

⁵ACF, 2011, Maximising the Nutritional Impact of FSL Interventions. A Manual for Field Workers.

and experience and provides guidance to field teams on ways to practically enhance nutrition-sensitivity of programs. Another important achievement was the organization of an internal technical workshop in London the last quarter of in 2012 which focused on nutrition sensitive approaches and brought together ACF Nutrition and Food Security & Livelihoods specialists to discuss how the two sectors can improve their collaboration to enhance nutrition security. This newsletter features some recent innovative nutrition-sensitive ACF programs in a range of contexts:

Since undernutrition results from a range of interrelated and complex factors, understanding its drivers in a specific context is key when planning a response. In Chad, ACF implemented a **Nutritional Causal Analysis**, which provided key insights for revising the strategy in tackling undernutrition. In Burkina Faso, an innovative **surveillance** system, developed with Save the Children, is being tested with the aim of monitoring seasonality of undernutrition and its risk factors.

Cash based interventions, transversal by nature, have a strong potential in the prevention of undernutrition as seen in Nigeria, where ACF-US, in collaboration with Save the Children, is currently starting a **large-scale social protection** program to support some of the most nutritionally at-risk, in order to contribute to the evidence base on the nutritional impact of cash transfers. In Occupied Palestinian Territory, ACF-Spain is looking at how a cash-for-work intervention can help prevent anemia, using a **gender-sensitive approach**.

In Afghanistan, Central African Republic and Myanmar, ACF-France developed different context adapted strategies, all focusing on **homestead gardens coupled with nutrition awareness**, to enhance both food security and nutrition.

In Pakistan, ACF-US developed a fully **integrated approach** following its 2010 emergency response and drew key lessons learnt on how to better align sectors around the same objective.

Lastly, we interviewed Anna Herforth, a specialist on Agriculture-Nutrition linkages who contributes significantly to current international policy debates and progress on the subject, to get a sense of where the international community stands in regards to linking agriculture with nutrition.

QUESTIONS ASKED TO	2
NIGERIA: SOCIAL PROTECTION AND NUTRITION OUTCOMES	3
CAR: MALNUTRITION PREVENTION THROUGH IMPROVED FOOD ACCESS	5
OPT: TACKLING ANEMIA WITH GENDER SENSITIVE CASH FOR WORK	7
CHAD: QUALITATIVE ANALYSIS OF MALNUTRITION CAUSES	9
PAKISTAN: PEFSA NUTRITION MAINSTREAMING STRATEGY & LESSONS LEARNT	12
BURKINA FASO: LISTENING POSTS AND THE SEASONALITY OF UNDERNUTRITION	14
MYANMAR: LIFTING LIVELIHOODS WITH HOMESTEAD GARDENS	16
AFGHANISTAN: ENSURING NUTRITION THROUGH FOOD SECURITY INITIATIVES	19



QUESTIONS ASKED TO...

Anna Herforth is an independent consultant who has consulted for the World Bank and FAO for a number of years. Recently she has worked with USAID's SPRING Project to review Feed the Future programs and make recommendations on how they can strengthen the link between agriculture and nutrition.

Can you briefly describe the work you've been doing to develop a common understanding of nutrition-sensitive agriculture?

FAO has supported me to do a review of nutrition-sensitive agriculture guidance¹, and the outcomes have been used to inform a collaborative process of consensus-building around a common understanding of nutrition-sensitive agriculture. With the SUN movement, country governments are often interested in addressing nutrition multi-sectorally, and having a statement of basic, widely agreed upon principles of nutrition sensitive agriculture is very helpful.²

You recently co-led an FSN Forum³ discussion on linking agriculture and nutrition. How does that conversation contribute to larger global discussions?

The stakeholders who attended the Forum were, for the most part, not the same group who had written the guidance documents. Reassuringly, the conversation highlighted many of the same issues as the guidance documents (for example, the importance of assessing context when developing a program; the importance of targeting vulnerable groups; women empowerment; etc.). Most of the discussion emphasized diversification and production of more nutritious foods as opposed to a focus on staple and cash crops.

On certain points, the discussion went even further beyond what the guidance principles had highlighted. For example, it touched on environmental sustainability, underutilized foods and biodiversity, and the importance of addressing people's dignity and rights. The goal is not simply to reduce hunger and undernutrition but to pay attention to the process of development work, how people participate and their ability to determine their own solutions that are sustainable.

What do you see as opportunities for agreeing on joint action and collaboration for nutrition sensitive agriculture?

Discussions that bring institutions together, like the SUN movement, are extremely positive for increasing awareness and action to improve nutrition. The biggest opportunity is to use this moment of high interest in agriculture and nutrition to get our messages straight. From what many institutions and people are saying based evidence and experience, a common set of messages is already there. So we need to recognize this harmony and use it to reshape agriculture in a better direction for nutrition.

In past decades, the nutrition community has had a hard time getting its message straight and deciding on priorities. After the Lancet Series and the SUN movement, however, there was at least a common message: The first 1000 days are critical, and there are certain direct nutrition interventions that need to be scaled up: promotion of breast feeding, support of iron supplementation for pregnant women etc. These interventions are a starting point, but they are not sufficient. The SUN movement identifies multi-sectoral action as critical, and we now need some consensus on what that means, particularly through agriculture.

Are there major gaps you think we need to address, as a community of practice?

One of the gaps is in awareness about how much evidence and knowledge we actually have on the ways agriculture can improve nutrition. And another is that we need more evidence. These two statements seem like a contradiction, but they aren't.

We really know a lot from evidence and experience, and I am concerned that the main message communicated so far about nutrition-sensitive agriculture is: "We don't have enough evidence." The way we look at evidence for nutrition-sensitive actions has to

"The first 1000 days [of a child's life] are critical, and there are certain direct nutrition interventions that need to be scaled up [if we are to improve their nutritional status]..."

be different than for direct interventions. Agriculture is very context-specific, so the aim is not to replicate discrete interventions. Instead, we need to focus on evidence around *principles* that can be applied in diverse programs and settings.

This is where more evidence is needed: if we are all acting on the principles that we think are important, then how do they work in different contexts? I believe there is a lot of existing evidence that has not seen the light of day. No one knows about some of the great work NGOs have done because there is no incentive or staff time to get it published. We need to learn more about evidence that is not public yet – we need to learn from how programs are implemented, where did they go right, wrong, what were the lessons learned?

Advocacy about the major role agriculture plays in nutrition is also needed. ACF is lucky to already center their work on food security and nutrition. This is not so for the majority of funding for agriculture, which is aimed more at goals of economic growth or income growth. There is a strong need to advocate for agricultural development to take on nutrition as a core objective.

What is your recommendation on strengthening the operational side for improved nutrition sensitive programming on the ground?

We need to find ways of adapting the principles to the programs, and sensibly measuring their effects. However we can't simply ask teams in the field to apply and measure them; an increase in capacity is needed. Nutritionists working with agricultural professionals or agricultural professionals themselves need to be better trained on the linkages. It may take some time, but it's possible if we have a common goal to improve livelihoods and nutrition.

¹A recent [Synthesis of Guiding Principles on Agriculture Programming for Nutrition](#) commissioned by FAO summarizes key nutrition-agriculture guidance, identifies 20 common principles and highlights a number of constraints that limit action.

²[Key Recommendations for Improving Nutrition through Agriculture](#)

³The FSN Forum is a community of practice on Food Security and Nutrition issues. See discussions on [Making agriculture work for nutrition: Prioritizing country-level action, research and support.](#)



Northern Nigeria: Researching the impact of social protection on nutritional outcomes

Cécile Basquin—Nutrition Advisor, ACF-USA; Joanna Friedman—FSL Advisor, ACF-USA; Stephanie Perham—Field Coordinator for Jigawa State, Nigeria; Rebeckah Piotrowski—Field Coordinator for Dadu State, Nigeria; Tesfayon Woldetsadik—Nutrition Coordinator, Nigeria. *For information, please contact: FSL Coordinator Nigeria (fslco.ng@acf-international.org)*

Action Against Hunger (ACF-USA) and Save the Children UK, through funding from the UK Department for International Development (DFID), will soon begin a large-scale social protection program to support some of the most nutritionally at-risk, food insecure households in Zamfara and Jigawa States of northern Nigeria.



According to UNICEF, there are an estimated 800,000 children at risk of malnutrition¹ in northern Nigeria. Half of the children under five years old are stunted, while infant mortality is 40% higher in northern Nigeria than in the rest of the country². The CDGP aims to protect an estimated 420,000 people from hunger and extreme poverty, reduce the prevalence of stunting in 94,000 children, and reduce the under-five mortality rate in the targeted states by 3%-5%³.

A recent Household Economy Approach study conducted jointly by ACF and Save the Children in Jigawa State found that 50-55% of households were “very poor” and another 20-25% of households were classified as “poor” during a wealth ranking exercise⁴. Food prices in northern

¹As cited in ‘Commission Decision on the Financing of Humanitarian Actions in West Africa from the 10th European Development Fund’. European Commission, 2010.

²United Kingdom Department for International Development, Child Development Grant Programme Business Case, August 2012.

³Ibid.

⁴European Commission Humanitarian Aid/Civil Protection (ECHO) Directorate General, Draft Report: Household Economy Analysis conducted by Save the Children UK and Action Against Hunger | ACF International in the Northeast Hadejia Valley Mixed Economy Zone (January 2013).

Nigeria fluctuate significantly during the hunger season every April and May. Vulnerable households reduce food intake and sell assets as coping strategies, putting them at risk of deteriorating nutritional status and reducing their asset base for future livelihoods activities. The CDGP aims to provide timely, useful sums as a safety net for mothers so that they do not reduce food intake or quality for their families. Income generated by the household can then be used towards livelihoods activities or other basic needs. Unconditional cash grants are intended to increase access to a balanced diet, which, combined with information on Infant and Young Child Feeding Practices (IYCF) and good health and care practices, can contribute significantly to the prevention of malnutrition.

“Vulnerable households reduce food intake and sell assets as coping strategies, putting them at risk of deteriorating nutritional status and reducing their asset base for future livelihoods activities.”

Set to kick off its inception phase in March 2013, the Child Development Grant Program (CDGP) will provide regular, unconditional cash grants of approximately 22 USD⁵ per month to 60,000 households over five years. Pregnant women and women with children under the age of two will be the primary beneficiaries of the grants, and they will remain in the program and receive monthly cash transfers until their youngest child reaches the age of two. This regular transfer, accompanied by a robust behavior change communication scheme comprising nutrition education and health, care and hygiene advice, will enable women to purchase an adequate quantity and quality of food to meet the nutritional requirements for their households.

The CDGP will also include strong components of sensitization and mentoring, new technology, monitoring and evaluation, the development of an evidence base to influence policy and promote scaling up, and technical assistance for an eventual handover to state governments. Monitoring, evaluation and learning will be bolstered by a common Management Information System (MIS), a focus on nutrition, food security and livelihoods outcomes and the presence of an external evaluation team contracted directly by the donor that will remain in country from the baseline to the final evaluation stages of the program. Ultimately the program seeks to reduce the prevalence of stunting and the mortality rate of young children, improve food security and dietary diversity, and reduce distress asset sales.

⁵Grants have been set at 3500 Naira, approximately 14 GBP or 22 USD.



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The first step in implementation will be to work with local traditional leaders to gain acceptance of the program and encourage husbands to allow their wives to participate. During the enrollment process, households will be encouraged by traditional leaders to register births with the National Population Commission and also to obtain birth certificates for all of the children within their households.

“Cash grants provide an excellent entry point for the establishment of women’s support groups.”

Cash grants provide an excellent entry point for the establishment of women’s support groups. Group formation will take place along with basic training, immediately following enrollment and prior to disbursement of the grants. Support groups consisting of 30 women enrolled from the same communities will become a part of a peer education network that shares information using standardized behavior change and communication (BCC) tools about optimal child feeding. This will enable women to gain an understanding of the consequences of malnutrition and of adequate practices as a cluster of behaviors that includes quantity of food, quality of food, frequency of feedings, duration of attention, and care. These behaviors address challenges for the beneficiaries as well as the members of the community at large. At the same time, pregnant women and mothers will be encouraged to practice better health-seeking behavior such as promotion of attendance in ante- and post-natal care. This will provide a critical moment of opportunity to contribute to the prevention of maternal and child undernutrition.



The communities mobilized through the BCC framework will be engaged in promoting other aspects of Integrated Management of Childhood Illnesses (IMCI), to align the

BCC within the integrated approach in the management of pediatric illnesses caused by five preventable and treatable conditions, namely pneumonia, diarrhea, malaria, measles and malnutrition. These women’s groups will enable women living within each targeted community to support one another, share ideas and discuss new learning so as to promote the adoption of good health practices by their entire communities.



In addition to providing a forum for learning about best nutritional practices such as complementary feeding, the women’s groups will also serve as a feedback mechanism for enrollees to express how they spend the grant. This information should also be useful in helping to tailor state and donor supported programs to meet their most pressing needs.

The grants will be disbursed monthly to the enrolled women, during the same period as nutrition education sessions for women’s groups. Delivery mechanisms will likely involve mobile vehicles in the first year, as this mechanism has already been tested in northern Nigeria. Mobile phone transfers should be rolled out by the end of year one or beginning of year two, and eventually they will scale up to cover all beneficiaries, in collaboration with local mobile and financial service providers.

CDGP will contribute to a growing evidence base on the nutritional impact of cash transfers. This program will provide robust research not only on the impact, but also the cost effectiveness of cash grants for nutrition. The parameters of the research component of the program will be defined by an external evaluator during the inception phase. Impact of an overlap between the Child Development Grant Program and other existing nutrition interventions versus impact of the CDGP alone will be evaluated.

State governments of Jigawa and Zamfara will be encouraged to take over and gradually expand the program using their own financial and human resources, thus setting an example for the adoption of social protection policies across Nigeria.

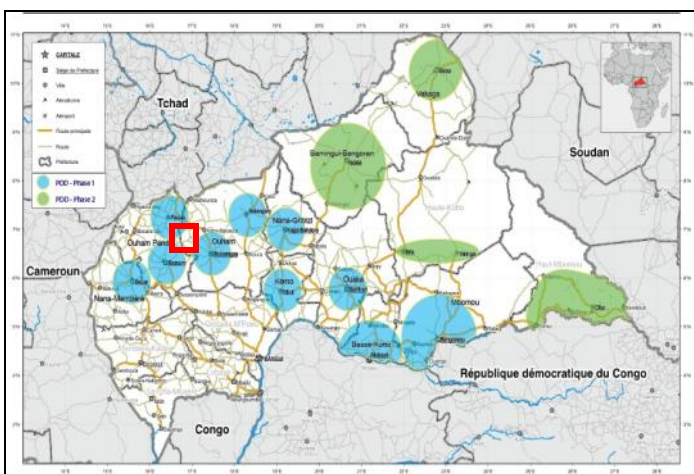


Central African Republic: Preventing Acute Malnutrition by Improving Food Access and Availability for at-risk Households in Nola Sub-prefecture

Clément Cazaubon—Country Director, CAR; Aurélie Carmelle—FSL Coordinator, CAR. For information, please contact: Anne-Lyse Coutin—FSL Advisor, ACF-France (alcoutin@actioncontrelafaim.org)

Humanitarian and food security issues:

The south-east Central African Republic (CAR) has a rich sub-soil, and the inhabitants of the Sangha-Mbaere depend almost exclusively on mining to meet their needs (dietary and other). Male family members work in the mining industry (and to a lesser extent, in the cultivation of profitable crops such as coffee), to the detriment of subsistence farming.



The region experienced a serious crisis in 2007, brought on by many different factors. This led to a large-scale nutritional crisis:

- The crisis in the mining and business sector (the engine of the local economy) following a new government taxation policy led to the closure of companies and sales offices, depriving households of their main source of income.
- Because local subsistence agriculture is very limited, market availability is highly dependent on other regions (Cameroon and the northern part of the country). This leads to significant price volatility in “normal” years (for example, the price of cassava increases by 50% during the lean season). This low supply, combined with the drop in household purchasing power (for reasons already mentioned) led to price increases which households were unable to weather.

This crisis exacerbated existing structural weaknesses in the zone. More specifically:

- The agricultural sector lacks appropriate means of production, basic agricultural knowledge, and technical assistance. Subsistence agriculture is practiced on a family scale (0.5 hectares per household). The principal

crops are cassava, plantain, taro, and corn (and to a lesser extent peanuts, squash, beans, and rice). This region also suffers from a lack of crop inputs, and ancient local crop varieties suffer from genetic erosion. Home gardening practices are under-developed in the zone. Food supplies from the November harvest are not sufficient to cover the period until the next harvest (July / August). At-risk groups experience a “**hunger gap**” during the lean season of May-June, a period of outdoor activities, and reduce their food consumption from 2-3 meals per day to 1 meal per day. During this period, **malnutrition rates spike**: SAM rises from 0.4% to 1.3% (source: ACF).

- Dietary diversity is poor: the standard dish is cassava balls, served with a “green sauce” for poor households, or “meat sauce” for the more well-off. Cassava has little nutritional value, and is often scarce when strong rains prevent it from being dried.
- Finally, food taboos constitute an obstacle to a balanced diet.

Intervention strategy:

In order to respond to this crisis and the structural conditions it revealed, ACF and local technical authorities have launched an integrated malnutrition prevention and management program. The program has two phases, the first of which was funded by CHF (Nutrition; Food Security and Livelihoods; and Water, Sanitation and Hygiene). In 2012, a second integrated phase bringing together Nutrition and Food Security and Livelihoods was funded by the CIAA (France’s Inter-ministerial Commission for Food Aid) and ACF-France.

Based on lessons learned during the first phase, notably the need to better target beneficiaries of Food Security and Livelihoods initiatives in order to provide maximum nutritional benefit, the CIAA-ACF project targeted former patients, and new patients admitted in the course of the project, for ACF-led NRU support (in total, 610 households received support).

The project aims to achieve the following results:

- *At-risk households are able to meet their daily nutritional requirements with food staples during the lean period and the period of intensive agricultural work (distributing protection rations of rice and beans)*
- *At-risk households having, or having had, a malnourished child under the age of 5, diversify their daily diet with vitamins and mineral salts (introducing home gardening to the region; distributing crop inputs; providing technical training,)*



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- *At-risk agricultural households increase subsistence farming yields* (distributing crop input; supervising producers, notably training in the preparation and use of bio-pesticides)
- *At-risk households modify their food-related knowledge and practices (including food taboos)*. Project beneficiaries, notably women, attend informational and awareness-raising sessions to change food production and consumption habits, practices, and behaviors.

Results, limitations, and potential improvements:

Comparing indicators from the initial study with those in the final study shows there has been a slight improvement in terms of preventing malnutrition; however, much work remains to be done.

Indeed, although there has been a marked improvement in the understanding of healthy dietary practices (the average percentage of households with knowledge of “healthy” food rose from 12% to 50% by the end of the project), and the importance of colostrum (the percentage of women who said they had breastfed their babies rose from 60.7% to 79.3% by the end of the project), more work is needed to improve understanding of the signs of malnutrition, during the period of exclusive breastfeeding.

In terms of food security, results are highly varied; 65.6% of participants said Food Consumption Scores were acceptable overall (compared to 17.24% who said they were “borderline” and 17.24% who called them “poor”). There has also been an increase in the number of daily meals consumed by children (the percentage of children who had 3 meals or more per day rose from 31.7% to 59% by the end of the project) and adults (these data also reflect seasonal variations). However, dietary diversity scores are low, even decreasing (the HDDS went from 4.98 at the beginning of the project to 5.1 at the end; children’s IDDS dropped from 3.69 at the beginning of the project to 3.4 at the end).

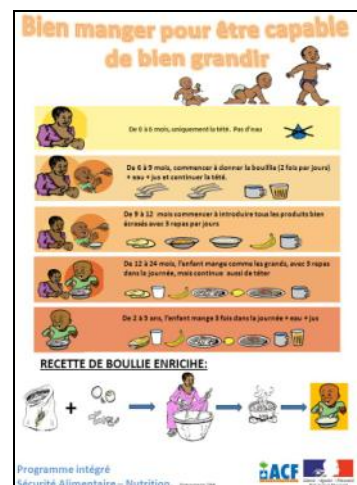
“Although there has been a marked improvement in the understanding of healthy dietary practices, and the importance of colostrum, more work is needed to improve understanding of the signs of malnutrition, during the period of exclusive breastfeeding.”

These mixed results may be explained by the following difficulties:

- Home gardening and subsistence farming production volumes are limited (low production -> low consumption);

women are already busy with many other tasks and do not devote time to home gardening; insect attacks on home-grown crops occur; local crop varieties under-perform; our staff have difficulty tracking and assisting producers remotely; production may be damaged due to the lack of clear limits between crop and livestock zones;

- There are availability problems; in many villages there are no markets, and those that exist are poorly supplied and under-performing;
- There is a lack of technical coordination between departments (Nutrition / Food Security and Livelihoods); as a result, Food Security and Livelihoods teams may have poor retention of nutritional knowledge / treatment practices (making them less able to transmit those practices and knowledge effectively in the field).



Despite these difficulties, the team is convinced that the chosen approach is the right one, and hopes to continue optimizing the nutritional outcomes of Food Security and Livelihoods operations.

The following recommendations are made with this in mind:

- Strengthen technical assistance within ACF to better integrate the work of Nutrition / Food Security and Livelihoods
- Promote the “integrated agro-sylvo-pastoral” approach in family-run operations (reducing conflicts, improving food availability and diversity)
- Help kick-start research into new crop varieties
- Re-think the division of household tasks (gender-based approach)
- Study potential improvements in the use of local wild products



Occupied Palestinian Territory: Tackling Anemia through Gender Sensitive Cash for Work

Stanislas Morau—FSL Coordinator, oPt. *For information, please contact:* Louise Finan—Advocacy and Communications Officer, ACF-Spain (lfinan@pt.acfspain.org); Julien Jacob—Senior FSL Advisor, ACF-Spain (jjacob@acfesp.org)

Context¹

ACF-E has been present in the Occupied Palestinian Territory (oPt) since September 2002 with the mandate of supporting the most vulnerable communities affected by conflict.

In oPt food insecurity has varying causes: food price inflation, livelihood deterioration and erosion of coping mechanism. In the West Bank (WB) food insecurity is mainly a consequence of income, poverty and livelihoods erosion, while in Gaza (G) it is a result of limited economic opportunities due to the Israeli blockade.



Years of conflict have forced families and communities into selling their disposable assets and now approximately half of households rely on credit to purchase food. Since 2009, 15% of households in oPt reported a decrease in expenditure, 88% of which was in relation to food, especially the quantity of meat they consumed.

These factors (unemployment and negative coping mechanisms such as reducing the quantity and quality of food) have contributed towards the deterioration of the overall nutritional status in the WB and G.

Micronutrient deficiency is a concern in oPt and contributes to the prevalence of stunting in the country. Iron deficiency, anaemia and vitamin A deficiencies constitute to serious public health problems, despite the fact that the MoH has protocols on management and provides supplements free of charge to pregnant women and young

¹Extracted from: Elena Rivero (ACF-E), *Nutrition situation in the occupied Palestinian territory-Review and Nutrition Assessment*, Jan 2011

children. However, the non-compliance to current supplementation programmes is a critical concern regarding public health.

“...bringing women out of their home to work and earn an income resulted in gains in self-confidence and respect both at community and household level.”

Anaemia is a complex condition that results from the interaction between different risk factors in the oPt. Various studies on IYFP and diet nutrient adequacy have shown repeatedly that inadequate intake of iron coming from the foods consumed is one of the main reasons for anaemia, as well as tea consumption, which is very common among all age groups, and whose tannins inhibit the absorption of non-hem iron.

Most surveys found anaemia levels to exceed 30%, 40% for some age groups, confirming that anaemia remains a serious public health problem for both children and women of childbearing age.



Tackling anaemia through CFW

As part of a WASH and FSL intervention, ACF designed a nutrition sensitive component. Between 2011 and 2012, 153 unskilled and 7 skilled women worked on the elaboration of micronutrient rich foods. The two processed foods were maftoul, made of fortified wheat flour, and grape molasses, that were distributed to vulnerable families who had children suffering from anaemia.



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In total 6.600 Kg of fortified maftoul and 2.100 Kg of grape molasses were distributed to 270 food insecure households and 1 orphanage, simultaneously with awareness sessions on food utilization, nutrition and diet balance for adults as well as for children and young infants.

To avoid spoiled food and hence to increase the final number of families receiving nutrient rich food, ACF's team estimated the rations per family according to the average consumption of a Palestinian family. Rations were made to last 2 to 6 months depending on the size of each beneficiary's household. Products were conditioned to optimize their shelf-life. The final food parcel included 10 Kg of grape molasses and 20 to 37 Kg of maftoul per family. The distribution of nutrient rich food together with the awareness sessions positively contributed to changes in food utilization in the community.



“Men not only were supportive but were proud of [the women’s] work representing a step towards improving women’s social position and self esteem.”

During the first pilot of this activity the only indicator measured was the recipients' satisfaction and this has encouraged the team to renew and scale up this type of support. Within the ongoing phase of this activity, ACF is measuring the HDDS of the beneficiaries. So far a slight increase has been observed from baseline to end line study (+0.48). A more qualitative questionnaire is now being developed for the remaining phase of the program to complement this indicator and better get the impact of activity.

Gender added value

Apart from the positive effects on nutrition, the Cash-for-Work component designed specifically to employ women was well received in the community.

ACF's experience here proved that by bringing women out of their home to work and earn an income resulted in gains in self-confidence and respect both at the community and household level. Processing food within a group of women is a culturally acceptable manner for women to get more involved in the local economy. Men not only were supportive but were proud of their work representing a step towards improving women's social position and self esteem. This combined form of support bolstered the existing local safety nets and improved social assets of marginalized females.

The activity designed as a temporary support proved to have the potential to generate incomes because of the outputs' quality and of the women's willingness to work together.

In addition, women processing nutrients rich food had the satisfaction of seeing that their work supported children suffering from anaemia in their own community.



Chad: Qualitative Analysis of the Causes of Malnutrition

Boukari Biri Kassoum—FSL Coordinator, Chad; Carine Magen—Consultant. For information, please contact: Anne Lyse Coutin—FSL Advisor, ACF-France (alcoutin@actioncontrelafaim.org)

ACF and the problem of malnutrition in Chad

ACF has had missions in Chad for almost 30 years and has most prominently been present in the west of the country (Kanem, Barh el Gazal), since 2009, due to extremely high prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) in the region.



Study and methodology objective

In May 2012, ACF France conducted a qualitative analysis of the causes of malnutrition in Grand Kanem (Kanem, Barh el Gazal) in order to gain a better understanding of the causes of malnutrition and consequently to develop more effective prevention and treatment programmes. This study, financed by the Swedish International Development Agency (SIDA), is based on ACF's conceptual framework on malnutrition (adapted from UNICEF) in order to understand the determining factors of the underlying and immediate causes of the disease.

In methodological terms, the Nutrition Causal Analysis (NCA) is based on the work being carried out by Julien Chalimbaud¹ (NCA Coordinator, nca@actioncontrelafaim.org) and has followed these key steps:

- Bibliographic research
- Workshop for experts to define hypotheses of the investigations/surveys (16 in total)
- Data collection and analysis on the ground to confirm or rebut these hypotheses and for reports to experts.

The team consisted of 1 expert (Carine Magen, Anthropologist), 2 investigators and 2 translators.

Study Results

The results of the study are broken down into 3 groups of

causes for the conceptual framework.

1. Basic causes of malnutrition

The Grand Kanem has a **socio political system** which is based on the caste system. It is an isolated Sahelian area, benefiting from little central state development, where households rely on the market for food supplies. For a long time, the **economy** of this area had been subsidized by money transfers from migrants in Libya or Saudi Arabia. However, due to a reduction of transfers caused by the Libyan crisis, the area is now in recession.

Behaviour linked to resources and economic vulnerability is in large part influenced by the nobles' caste. The rate of malnutrition in poor households is not particularly higher than in rich households² - in some cases, the risks during non-food crisis periods are actually less significant for the poorest people. The shame arises from the increasing poverty of the noble households which hinders the care of malnourished children, and the social division of traditional work limits the possibility of activities which could generate an income. Servants of noble families are typically the first ones to be plunged into severe poverty, with practically no means to improve their situation. Rich families that must transition into a low-income lifestyle often develop food strategies that worsen the nutritional status of their household members.

Finally, the socio cultural aspects of Grand Kanem perpetuate ancestral practices (ie. frequent pregnancies, starvation during pregnancy, removal of the uvula, sudden weaning) generally detrimental to the health of the mother and children, making them predisposed to malnutrition.

“Rich families that must transition into a low-income lifestyle often develop food strategies that worsen the nutritional status of their household members.”

2. Underlying causes

Rainfall deficit and recurrent enemy attacks in the area affect the level of **farming production**, leaving households exposed to food insecurity thus, increasing their risk of malnutrition. The socio economical profile study³ of NCA beneficiaries led by ACF, demonstrates that the beneficiaries possess as many animals as households whose children are not sick. Nevertheless, the **difficulties for some people to access milk** during a crisis can constitute a nutritional risk factor for children who are weaned suddenly due to frequent pregnancies.

¹Email address: nca@actioncontrelafaim.org

²ACF-F: Economie des Ménages et Sécurité Alimentaire Kanem et Wadi Bissam, 2010

³ACF-F: Profil socio-économique des bénéficiaires de CAN, région Kanem (Ouest du Tchad) Sept'09-Jan'10.



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In the dry season, mothers, afraid that their children become dehydrated, often give them unclean water which causes diarrhea, in turn contributing to malnutrition.

“The lack of education has obvious effects on hygiene and nutritional practices, access to economic resources, birth control and treatment choices as well as well-being of mothers and children.”

In these cases, mothers do not often go to health centres as there are few of them and they are a long way from the villages. Mothers often cite distance as a major obstacle to the accessibility of health care. Another challenge is the fact that only husbands are allowed to decide if children need medical treatment. The analysis of the Chad Health System by the World Bank revealed that *“only one in ten births benefit from public and/or private not for profit services, with around one in five in urban areas and one in 20 in rural areas. Low attendance in rural areas (6.3%) is probably due to the long distances from health centres, the absence of qualified staff outside opening hours and the presence of traditional birth attendants as well as ma-trons in the villages.”*

Many studies have shown the causal link between a **lack of education of a mother** and the **malnutrition of her children**. Illiteracy affects a huge majority of women in Kanem, which causes serious problems in terms of developing knowledge and practices related to education and the care of children.

3. Immediate causes

Children aged 12-23 months who are breastfed are more at risk of malnutrition than those who are weaned at the same age. This is most likely due to poor interpretation of the health messages which are given to mothers, who may think it is not necessary to **supplement the food of their breastfed babies**. The ACF study⁴ demonstrates that *“deficiencies in iron and vitamin based micro nutrients could explain a risk of malnutrition for at least 37% of children who don’t have a varied nutritional diet and are exposed to a risk of deficiency of growth good based from vitamins, eggs and fruits. They could also explain to some degree the admissions and readmissions in Kanem and Wadi Bissam’s nutritional centres, the villages involved in the study.”*

In Grand Kanem, **the ideal birth** is one which can be de-

scribed as “discrete.” A woman must give birth alone. The pregnant woman aims to have the smallest baby possible for an easy birth.

Given this logic, going to the hospital and giving birth in front of “strangers”, especially men, only happens in extreme cases where the mother’s or baby’s life are in danger. The World Bank’s report explains this lack of progress regarding giving birth in a hospital, by the much reduced number of trained and available midwives in some areas of the country. The number of deaths in childbirth can be explained by very late attendance at a health centre during difficult births. Similarly, knowledge of such deaths in childbirth only increases the anxiety surrounding birth and reinforces the women’s desire to have an easy and “discrete” birth. Babies born under these circumstances usually have a low birth weight and are often predisposed to being malnourished.



Conclusion

The lack of education has obvious effects on hygiene and nutritional practices, access to economic resources, birth control and treatment choices as well as well-being of mothers and children.

With regards to the causes of malnutrition, it is possible that women coming from Libya may play a positive role in village communities: often more educated and having experienced a more modern lifestyle, they are able to influence maternal practices in terms of hygiene, food and traditional medicine which they view as “archaic.” *“Here women rarely bathe, they don’t wash their hands and don’t wash their children because there is no water. For those of us who are coming from Libya, we are introducing another way of life. But there has to be water.”* Conversely, they can also be discouraged of breastfeeding because it is said that “they don’t breastfeed their children and prefer bottles”.

⁴ACF-F: Economy of households and food security in Kanem and Wadi Bissam, 2010



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Strengths, weaknesses, constraints and opportunities of this study

Strengths and advantages of NCA

- Provides extensive bibliographic research
- Brings an anthropological point of view to the problem
- Multi-sectoral analysis and approach
- Has allowed the testing, piloting and contributing to a methodology which is currently in development, in the context of a research project.

Constraints and limitations

- Time constraints, therefore a focus on the qualitative investigation
- Very large geographical area to be covered within a limited timeframe.
- Possible bias: the investigation has been carried out during the Sahel food crisis, no immersion to overcome this bias.
- No means of measuring the relative importance of each cause in relation to the others (prioritisation).
- The ACF team was not actively involved (the results and recommendations have not been entirely integrated by the mission)

Key lessons to take away

- Dedicate funds and resources (human and logistic) to this study
- Avoid carrying out a NCA during a crisis period (risk of masking basic and underlying causes)
- Involve the ACF team in the analysis and the formulation of recommendations and in the response plan (adoption by the mission)



“Here women rarely bathe, they don’t wash their hands and don’t wash their children because there is no water. [...] we are introducing another way of life. But there has to be water.”



Pakistan: Nutrition Mainstreaming Strategy and Lessons Learnt of the Pakistan Emergency Food Security Alliance

Shahid Fazal—Nutrition Coordinator, Pakistan; Paola Valdetaro—FSL Coordinatore, Pakistan; Camille Guyot-Bender, Technical Programs Assistant, ACF-USA. For information, please contact: Cecile Basquin—Nutrition Advisor, ACF-USA (cbasquin@actionagainsthunger.org); Joanna Friedman—FSL Advisor, ACF-USA (jfriedman@actionagainsthunger.org).

Since 2010, Action Against Hunger has worked to respond to some of the worst floods in Pakistan’s history. ACF and its six partners in the Pakistan Emergency Food Security Alliance (PEFSA) program aimed to save lives, protect livelihoods and increase the resilience of disaster affected households and communities in the worst flood-affected provinces. The program evolved from a stand-alone FSL alliance to an aligned FSL-nutrition treatment and awareness consortium program.



Key program approaches and activities directly supported the alignment of food security activities to nutritional objectives:

- Mainstreaming of nutrition awareness sessions to all beneficiaries of FSL interventions. Beneficiary targeting for FSL activities prioritized nutritionally at-risk households, i.e. those with children under two years and pregnant and lactating women;
- Beneficiaries discharged from nutrition treatment were referred to FSL activities;
- Awareness raising about the causes and consequences of malnutrition and promotion of adequate feeding practices through one-on-one counseling support and advice at the health structures and within the community – including the cash for training sessions;
- Development and sharing of best practices and lessons learned on mainstreaming nutrition security.

Nutrition staff trained FSL staff in a training of trainers (ToT) on the five key messages and related modules, including guidelines for awareness session facilitators, session objectives, information, education and communication

(IEC) materials, and proposed timeline for messages dissemination. The five modules focused on:

1. Awareness about malnutrition
2. Exclusive breastfeeding
3. Diet diversity
4. Hand washing
5. Safe water chain

FSL staff in turn trained community volunteers who rolled out the trainings locally. Due to cultural restrictions and the short program timeline that precluded in-depth community advocacy, volunteers tended to be male.

Post-distribution monitoring showed that the mainstreaming of nutrition led to the improved utility of cash transfers to be used for the diversification of food. The nutrition related trainings also led to improvement in the hygiene condition of communities, especially in the lives of women and children, who showed fewer illnesses compared to before the project.

Messages from the five nutrition awareness modules managed to reach 91% of the FSL beneficiaries and reached out to an average of 3,270 other members of the households of which 80% were women. These sessions were useful because they allowed caregivers to better understand the importance of a clean environment and the time that should be invested in their child, as a means of improving the nutritious status of the family.

Participants recalled water and sanitation messages more than any other message. Information retained included the importance of personal hygiene and a clean environment, of consuming clean water, and of washing hands, mainly with soap. Before intervention, most of the communities practiced open field urination and defecation, and poor hygiene conditions were found in homes, including dirty kitchens, the sharing of utensils and livestock kept inside the home.

Before the program, few women knew when to initiate breastfeeding after delivery and nutritional practices were largely inadequate for at-risk groups such as infants, young children, pregnant and lactating women, mainly due to food restrictions and taboos. Women’s knowledge of malnutrition and its consequences improved from 50% to 84% in the second phase.

However, improved knowledge did not necessarily translate into shifts in practice during the short timeframe of the program, likely because behaviors are influenced by long-standing beliefs as well as by household resources and decision-making power. Lack of income and poor community infrastructure limit households’ access to a healthy diet, water, sanitation facilities, and soap.



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**Lessons Learned:**

Measuring the impact of aligned nutrition and FSL interventions: Impact evaluation will be considered in future to determine exactly which components of nutrition and FSL programs contribute to improved nutritional status. Qualitative research conducted as part of the nutrition causal analysis in Sindh revealed that intra-household dynamics and social norms led to certain unhealthy care and feeding practices and that the emergency intervention could not adequately address these deeper issues.

Delivery of the nutrition awareness sessions: More initial training and supervision of community volunteers and/or facilitation of sessions by trained ACF staff, in order to ensure the quality of session delivery, and local-level negotiation with community leaders to ensure women's participation should be carried out in future. Visual materials, discussion and banners should continue to be used for interactive sessions. Behavior change messages must be repeated over a longer period of time to have long-term results, and their ongoing delivery can also be through radio and other communications methods as "refreshers."

Training of Trainers: Community volunteer trainers omitted several sessions in some villages. Awareness sessions also varied greatly in quality since volunteers had limited experience and prior knowledge. In future, female caretakers should be targeted by training female community volunteers and female Ministry of Health staff (lady health workers), who have some existing knowledge on the subject.

Coordination between nutrition and food security teams: Direction by the nutrition team allowed for consistent oversight of the implementation strategy focused on nutrition throughout the duration of the program, and should be continued.

Joint production of IEC materials: The nutrition team and community members worked together to adapt the material and strategy of activities to the local context, and this

was a major success of the program. The materials should be modified for other project areas to include local customs of food consumption or challenges that are distinct to certain areas. FSL teams can provide context analysis and local food information, while WaSH teams can provide relevant details on hygiene.

Recommendations:

Align nutrition, FSL, and WaSH interventions through the Clusters: Advocate for more aligned approaches within and between Clusters, partners and line ministries. Even if the duration of an intervention is short or in response to an emergency, closer coordination and more frequent communication between these nutrition and FSL, as well as with WaSH, will prevent duplication and encourage integrated approaches within and amongst humanitarian organizations and local stakeholders to tackle the root causes of malnutrition.

Train staff to "think aligned": Staff should be trained throughout the project cycle in order to understand the conceptual framework of malnutrition, how nutrition, FSL and WaSH implementation and results overlap and together contribute to nutritional outcomes, and to ensure that staff members apply related concepts and strategies to their daily work, with follow-up by program managers. This involves continuous awareness raising and "refresher" sessions for staff.

Participatory, interactive delivery of nutrition awareness sessions: Nutrition awareness sessions should be repeated throughout the project cycle, and creative delivery mechanisms should be brainstormed and decided with the community. Beneficiaries need time to understand new ideas and apply related practices to contribute to their children's health. Different strategies should be utilized for different groups (e.g. mothers, fathers, elders), including home-based sessions for small groups of women and care-giving, feeding, or cooking demonstrations with beneficiary participation. Women must be included as community volunteers to deliver awareness sessions to other women, which in Pakistan could require alternative training locations and methods such as female neighbors gathering in a small group in one of their compounds.

"Behavior change messages must be repeated over a longer period of time to have long-term results."



Burkina Faso: Listening Post - a New Approach to Understanding Seasonality of Undernutrition

Marie Dahani—LISTENING POST Project Manager; Abdoulaye Ilboudo—FSL Coordinator, Burkina Faso. For information, please contact: Julien Chalimbaud—NCA Coordinator, ACF-France (nca@actioncontrelafaim.org)

LISTENING POST (LP) is a methodology of nutritional surveillance designed with Mark Myatt (epidemiologist), SCF UK and ACF. The goal is to follow the seasonality of undernutrition and its main risk factors. Since September 2010, ACF's mission in Burkina Faso has been the first mission to successfully test the methodology in the province of Tapoa (see map).



Tapoa province is located in the Eastern region of Burkina Faso, at the border of Niger and Benin. The province has been subdivided into 3 Food Economy Zones where 3 LPs were established.



Selection of monitored children

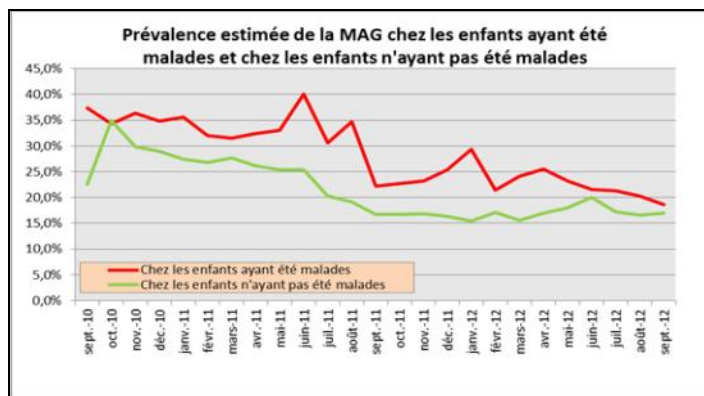
For each LP, 6 villages and 22 children ages 6-24 months per village were randomly selected for a total of 396 children. The data presented consolidates information gathered for the 3 LPs.

Indicators monitored

The main indicators monitored were: prices in the markets of basic commodities, terms of trade, food diversity, weight gain, morbidity, brachial perimeter/edemas, Household Food Insecurity Access Scale (HFIAS), level of cereal stocks, proportion of food expenses, revenue, main sources of drinking water.

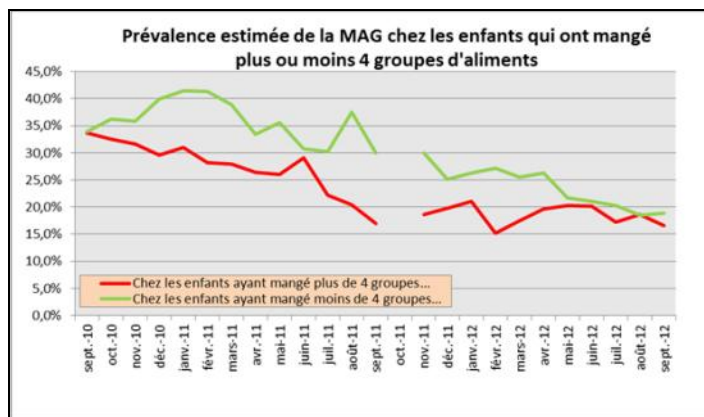
Results

According to the analysis, the LP data shows a significant overall link between children with GAM and morbidity (especially diarrhea). Peaks of diarrhea and peaks of GAM occur at the same period of the year (February and March) while we thought the peak of GAM occurred during the lean season.



Estimated prevalence of GAM with children having been sick and children not having been sick (children with diseases in red and those without, in green):

In Tapoa, access to clean drinking water is a real problem (rate of access 38.81% in 2012, MAH data) and many people are forced to supply themselves with contaminated water points: usually shallow traditional wells and surface water. February through March is the dry season, when access to these water points becomes nearly impossible exacerbating rates of diarrheic illnesses.



Estimated prevalence of GAM in children who ate more or less than 4 food groups (children having eaten more than 4 food groups in red and those who ate less, in green)

It is also observed that the dietary diversity of the child has an influence on the estimated GAM rate throughout the year. Here we see that children who were able to eat, on average, more than four food groups had lower rates of GAM than those who were not able to eat four food groups.

Hypothesis of increase of malnutrition in young children during the lean period

The impact of the lean season is not felt the same way by all members of a household: children's diets often are not



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lowered dramatically compared to adults and parents. This is due to the fact that during more vulnerable times of the year, children are often provided a certain “protection”.

During the lean season, wild foods (fruit, leaves etc.) are available freely, therefore are often overlooked when assessing dietary diversity. This period is also marked by an increase in availability of cow’s milk and eggs. These findings have been verified through interviews and an IRD study in Burkina. The lean season, therefore, does not have a particularly negative impact on children’s nutrition and the peak of malnutrition rates appear, rather, between March and April, due to diarrhea.

This is not to say that children’s diets are a factor to ignore in Tapoa, on the contrary, it is simply to say that children’s diet do not vary dramatically over the course of the year and their malnutrition rates do not follow the same rhythm as the seasonality of food security. Scientific research in Burkina¹ has confirmed these results with evidence of poor nutritional status of mothers while having no effect on that of children less than five years old during the lean season.

It is important to keep in mind that the LP monitors young children (6-24 months). Older children (24-59 months) are probably more vulnerable to food insecurity issues during the lean period since they must share meals with the family and are more resistant to the risks of diarrhea.

“The impact of the lean season is not felt the same way by all members of a household...” since “... children are often provided a certain ‘protection’”, therefore “their malnutrition rates do not follow the same rhythm as the seasonality of food security.”

Operational utilization of the results

Monthly discussion meetings on the analyses of processed data are organized with the technical teams (Food Security and Livelihood, Nutrition and Health, WaSH). The results are utilized for quickly understanding the evolution of the nutritional context; to support the interpretation of parallel inquiries; to consolidate our contextual data.

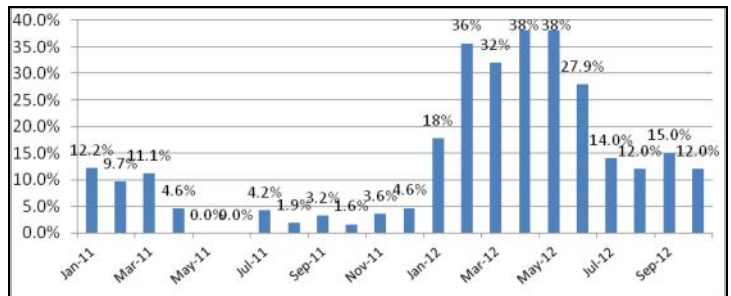
The Listening Post has had an operating cost of around 27,500 Euros with a team of 4 persons to manage 3 LPs. Missions are encouraged to put this methodology into

¹Frongillo, E. A. et S. Nanama (2006). "One household's experience with the development and validation of food insecurity measurements through all seasons in northern Burkina Faso." *Journal of Nutrition* 136 (5): 1409S-1419S.

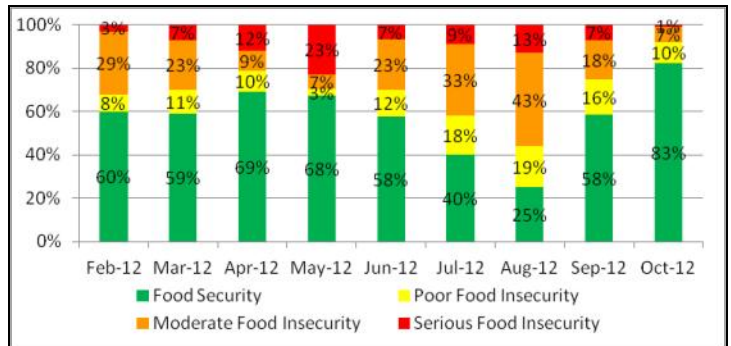
place in their intervention zones. This means, however, that this will depend on context, especially in terms of availability of households. There were several apprehensions regarding the methodology: the increase of malnutrition in children during the lean period, however it is interesting to conduct specific parallel and deeper studies to understand certain results/changes. It has also been difficult to change the opinions on malnutrition and food security; therefore, one must proceed slowly and know how to ask the advice of specialists.

Below are additional findings from the study in Tapoa:

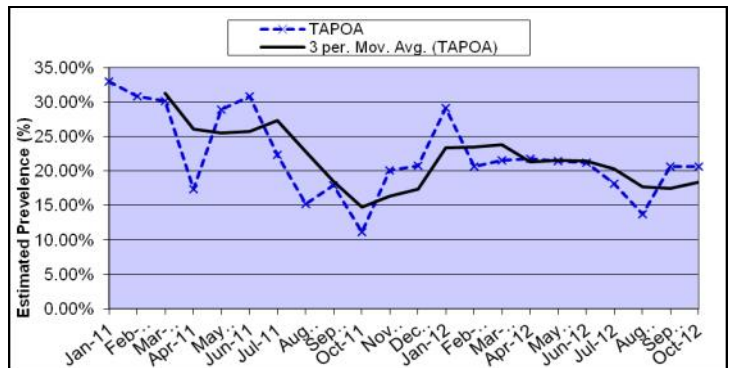
Prevalence of diarrheic illnesses



Scale of access determining Household Food Insecurity Assessment Score (HFIAS)



Estimated prevalence of Global Acute Malnutrition (GAM) in children aged 6-24 months



Myanmar: Lifting Livelihoods with Homestead Gardens

A Smallholder Farmer Success story

Myanmar Mission. *For information, please contact:* Victor Kiaya—FSL Advisor, ACF-France (vkiaya@actioncontrelafaim.org)

Project's title: Supporting the sustainable recovery of livelihoods through Water and Sanitation-Hygiene (WASH), Food Security (FS) and Care Practices programs in Northern Rakhine State (NRS), Myanmar.

Funded by: European Commission

Implemented by: Action Contre la Faim (ACF)

Duration: May 2009 - May 2012

Contribution: 2 553 000 €

Facts and figures (May 09-May 12)

- 31185 people in 2 townships benefited from ACF activities.
- 71 villages benefited from food production and income generating activities.
- 150 families now earn sufficient income from fish breeding and 528 families from vocational training.
- The project has increased the diversity and quantity of foods available to vulnerable households supported by home gardening. The Dietary Diversity Score (HDDS) rose to an average of slightly below 6 (5.7) compared to previously an average of around 4 (3.6) before the project.
- 2 food security newsletters were produced and disseminated among stakeholders.

Target area: Maungdaw & Buthidaung Townships



Abstract: Launched in May 2009, the proposed project seeks to improve the livelihoods of marginalized and vulnerable uprooted groups in Rakhine State by reinforcing specific capital assets linked to ACF's intervention capacity. In order to evaluate the impact of the intervention on households, ACF used the sustainable livelihoods framework (SLF) for presentation and further analysis of the project. The project was designed to assist chronically food insecure households. The programme provided Food Pro-

duction Activities (FPA), distribution of agricultural inputs, livestock/fish, cash for Income Generating Activities (IGA), vocational training, capacity building and close follow up of the food security and livelihoods situation through a surveillance system. As of March 2012, a total of 31185 individuals participated in and benefited from the food security and livelihoods component of this intervention.

“Being part of this project makes a big difference and has really helped increase the amount I’m able to grow and I can buy almost everything I need in my life.”

Context: Myanmar is a food surplus country with significant agricultural potential, through unfavourable economic policies, impaired social cohesion and the marginalization of some sectors of the population adversely affect livelihood opportunities and the adequacy access to food requirements. Food insecurity is particularly pronounced in border areas, home to the majority of the country's minorities. The livelihood context in NRS is that of chronic poverty and food insecurity, aggravated from time to time by transitory factors.

Objectives:

Overall: To contribute to improve and reinforce livelihoods of marginalized and vulnerable uprooted groups in Rakhine State.

Specific: To extend beneficiary household's physical, financial, human and social capitals, contributing to the sustainable recovery of livelihoods of beneficiaries in Maungdaw and Buthidaung Townships.

Impact (what has been achieved so far?): This project was one of the food security and livelihoods department initiatives to move thousands of critically food insecure people in NRS areas from cyclical vulnerability into a more secure livelihood by smoothing consumption requirements, protecting, and to some extent, building assets through livelihood diversification. The project succeeded to move part of the population from passively received handouts to active involvement through self-reliance.

- 3 vocational trainings were developed and conducted for 528 beneficiaries/participants
- 6 FPA training courses were implemented for 917 beneficiaries/participants
- 1507 IGA kits for IGA were provided for 1839 beneficiaries/participants
- 767 agricultural kits for FPA were provided for 767 beneficiaries/participants
- 6 seed fairs were organized for 1,699 individuals participants.



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Voices from the field

Smallholder's experience in Ka Gya Bet Kan Pyin Village, Buthidaung centre / Township.

Sahara Katu and **Saynuwara** are two motivated farmers, who were involved in the project since 2010 and succeeded cultivating three cropping seasons so far. Getting started was hard for us, but we are passionate about homestead garden, said Sahara & Saynuwara.

Success story of Sahara Katu

I'm proud to be part of ACF's intervention in my village. I own two distinct plots of land of approximately 0, 25 ha inherited from my family and farm them.



Sahara Katu in her field

This plot of land was not cultivated before because I did not know how to cultivate. Since I started receiving support from ACF I have learned lot of useful farming methods and met lots of people in the same situation as me. Before the programme, I was not able to plant. Now I have learnt about gardening techniques, row planting, natural pesticide making, water management, seed saving & storage in the bottle with ash and using manure on my fields.



Sahara Katu: Seed saving mixed with ash

Also, I learned how to take advantage of local material that I am able to find in my yard or surrounding area. This means I am able to get a much better yield.

I received tools/equipment such as a watering can from ACF that allowed me with the support of my family members to water my field and to extend my plot and I can grow so much more now. I grow a variety of vegetables like okra, maize, long bean, red bean, eggplant and chili as cash crops.



Goat bought by Sahara

During this summer season I harvested 300 kg of chili. I can sell chili for 2000 MMK-kyat/kg. Vegetables also help me because they allowed me to eat well and I can sell any surplus. By selling at harvest I'm able to save. The extra money has allowed me to buy a goat for about 20,000 MMK-kyat.

I can afford to buy other goods and improve my livelihood. ACF helped other people in my village in the same situation as me. We are able to help each other and discuss things. Through this group we're able to discuss and overcome our fears and start working again.

With my experience, I am a respected member of the community and people consider me as a lead farmer in our village. I'm happy in providing them support at any time. Now all villagers are interested in learning.

I have a lot of projects for the future. I'm planning to diversify my livelihood by breeding goats and to buy cattle. Being part of this project makes a big difference and has really helped increase the amount I'm able to grow and I can buy almost everything I need in my life.



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Success story of Saynuwara

Saynuwara is extremely poor, with a very small landholding of 200 m².



Saynumara

I was just looking for a way to survive and feed my family. Before I joined the project, I did not have any knowledge of homestead gardening. Since I've been selected by the project, I took the chance to learn a lot.

The project gave me training on good agricultural practices and sustainable agriculture. I learned about pest and disease management, water management, natural pesticide making, compost making, and seed saving in a bottle mixed with ash.



Saynumara with her daughter in their plot

Through this project I can access fresh vegetables and year round availability of food is guaranteed. Now I grow a variety of vegetables such as, okra, chili, corn, beans and sweet potato. Life is better now and I can save money.

I plan to set up poultry and to manage the resource and money that I have well in order to keep my daughter healthy. Homestead gardening is a good investment providing a source of income and savings for my household.

The homestead garden is considered like a bank account to cover my needs.

“Because of good produce ... I can harvest any time and sell to earn money either to reimburse debt or to contribute in any ceremony organized within the community... I no longer work for others.”

Because of good produce I have something to sell, meaning, I can harvest any time and sell to earn money either to reimburse debt or to contribute in any ceremony organized within the community. I no longer work for others. My life has changed economically, now I can see others who are in the same situation as me or even worse. I feel supported and confident.

However, the overarching challenge remains a lack of manpower due to lack of active family members.

Vegetables also really help me because they allow me to eat well and I can sell any surplus. These days from the 200kg of chili harvested, I can sell 1 kg for 2000 MMK. The income earned helps me to rehabilitate my house and diversify my livelihood. Homestead gardening became a part of my life.

In the village where women don't normally consider themselves as farmers, *Sahara and Saynuwara* are role models for other women. ACF's intervention developed their sense of ownership and encouraged them to cultivate their field.

Today Sahara and Saynuwara and other women of the village plough their land on their own. These women are aware of their rights as farmers; they are respected members of the community and make all the decisions related to their agricultural land. They are now lead farmers within the community. Apart from growing vegetables for the household consumption, Sahara and Saynuwara are now using part of their land to cultivate cash crops and generate revenue.

Sahara also teaches other women to plough their fields and is proud of the difference it is making in their lives. The project “*Supporting the sustainable recovery of livelihoods through Water and Sanitation-Hygiene (WASH), Food Security (FS) and Care Practices programs in Northern Rakhine State*” allows farmers from selected township to take care of their family and their land. So they do not rely at all on external inputs (all inputs come from within the farm).



Afghanistan: Ensuring Nutrition through Food Security Initiatives

For information, please contact: Isabel Navarro—FSL Operations Manager, Afghanistan (fsoperation@af.missions-acf.org)

As 70-year-old Zainab Sheraf starts to prepare for her family's lunch, she goes to their small home garden and collects fresh vegetables of tomatoes, leeks, red radishes, pumpkin, and cauliflowers. She carefully washes them and plans to make a salad, and pumpkin and cauliflower soup to go with the wheat bread her daughter-in-law, Mahbooba, made earlier in the morning. As the two ladies started cutting the vegetables, she cheerfully narrates how it was different from what they used to prepare for lunch last season. "We never had fresh vegetables before. The nearest bazaar is 2 hours by donkey and my son who does the marketing once a month, only purchases potatoes, onions, and one small can of tomato paste. This is only what we can afford. There are hardly any vegetables in the bazaar and most are almost rotten anyway." A typical Afghan meal only consists of wheat bread, potatoes, tea, and occasional yogurt eaten twice daily.



Mohammad and his harvest of squash

Livelihoods in Afghanistan are highly dependent on subsistence-level agriculture, very low off-farm income and seasonal migration. The recurring natural disasters, droughts and floods, over the last 5 years have exhausted community traditional coping mechanisms, resulting in a population more vulnerable to extreme poverty and severe food insecurity. Some 7.3 million people (31% of the total estimated population of 26 million) are food insecure with another 5.4 million people (23%) vulnerable to food insecurity.

Compared with the National Risk and Vulnerability Assessment of 2005, the food security situation (NRVA

2007/08) has deteriorated in 25 of the 34 provinces. Malnutrition is very high in Afghanistan, with chronic malnutrition at 59.3% and underweight at 32.9%. Afghanistan has also a high prevalence of micronutrient deficiencies, especially iodine and iron, caused by insufficient diet, often the result of poverty and lack of knowledge.

Zainab Sheraf's family is one of the 5,200 household recipients in 20 villages of an early recovery program (Promotion of Women's Education and Protection of Fragile Livelihoods in Samangan Province, Afghanistan), funded by the Swedish International Development Agency (SIDA). The program focus on the prevention of further deterioration of food and nutrition security through social transfers and livelihood protection through (1) Nutrition and Hygiene Promotion, (2) Home Gardening, and (2) Cash for Work in rehabilitating community assets.

The main challenge during the initial stages of program implementation was to convince communities of the benefits of diet diversity when they rarely have access to vegetables and no prior experience in on how to plant them. Collaboration between ACF Food Security, WASH, and Nutrition departments began the identification of key messages integrating a holistic approach that were easy to understand and put into practice by the communities.

"I learned ... that I must eat nutritious food to make me healthy and I observed after eating vegetables for two months now, I am producing more milk than before."

ACF prepared 8 community-level nutrition and hygiene promotion sessions in which Mahbooba, together with other women beneficiaries in her community actively participated. To support in reinforcing the sessions in their households, the women were provided with basic hygiene kits and IEC posters. The husbands of the women including Zainab's son, Mohammad, also participated in 8 home-gardening sessions and supported with home-gardening kits containing vegetable seeds and garden tools.

As the country experiences recurring droughts and dry spells, ACF encouraged the farmers to establish the home gardens close to their kitchen or water wells for easy irrigation, and efficient use of run-off and waste water. To provide a direct link between nutrition and food security, ACF conducts participatory cooking demonstrations in the sessions with the women using the vegetable harvest of their husbands as primary ingredients. A festive community sharing of meal ends each session.

"At first, I was hesitant to get involved in home gardening. I have never done it before and I thought vegetables would



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never survive in our climate. But I was wrong. When we started seeing the plants grow, I was really happy. It was not as difficult as I thought it was,” recounts Mohammad. “My favorite is cauliflower and the new recipes that my wife learned through the cooking demonstrations make me proud seeing my family eating better now. We even share some of our vegetable harvest with our neighbors which we haven’t done before.”

give us the vegetables we need.” In the next room, Mohammad proudly showed his harvest of squash, onions, carrots, and turnips all stored and ready as food stock for the coming winter. “I never imagined this abundance coming from our little home garden. I don’t worry about the winter anymore. I am thankful to Allah and the people who made all this happen. *Tashakor*,” Mohammad uttered, beaming with pride and a huge smile on his face.



Zainab feeding her 3-year old grandson

Mahbooba, while clutching her 5-month old baby said, “I used to feed my baby with bread soaked in tea but ACF taught me my own milk is good enough as my baby is too young for solid food. I learned too that I must eat nutritious food to make me healthy and I observed after eating vegetables since my husband started harvesting the vegetables for two months now, I am producing more milk than before.”

Positive Change

As of December 2012, Samangan Province was classified as Phase 1¹ in Integrated Food Security Phase Classification. Food consumption and nutritional status are estimated to have considerably improved for the households who averaged below the 2,100 kcal per day in 2012. In disaster-affected areas, despite the significant effect on livelihood assets and strategies, abundant and timely humanitarian assistance contributed highly in reducing population vulnerabilities.

This positive change for the 5,200 families in Samangan is proof that despite their vulnerable conditions, hope is within reach for the Afghan people.

“I never imagined this abundance coming from our little home garden. I don’t worry about the winter anymore. I am thankful to Allah and the people who made all this happen.”

Just before completing preparing for lunch, Zainab gently removed some seeds from the tomatoes and pumpkin, “we have to save the seeds for the next planting cycle, we live far from the bazaars and these seeds will continuously

¹Phase 1 means more than four in five households are able to meet essential food and non-food needs without engaging in atypical, unsustainable strategies to access food and income, including any reliance on humanitarian assistance

