Designing food assistance to contribute to nutrition outcomes.

04 November 2020
Welcome and Introduction

• How it started: collaboration with the Global Nutrition Cluster
• GNC: Guidance Note on the Use of CVA for Nutrition Outcomes
• Essentially seeking how we can leverage design of food assistance CVA to create synergies with nutrition
1. Write down your name, the name of your organisation and your email address in the chat box

4. If questions / comments, you can write them in the chat box. The organisers will compile the questions and comments at the end of webinar.

5. For the speakers, do not respond to the questions in the chat box directly.

6. If there are too many questions, we will respond to them later.
1. Welcome and introduction

2. Presentations
   1. Ensuring nutritional adequacy in design of CVA (WFP and USAID)
   2. Combining CVA with nutrition SBC and livelihoods support (FAO)
   3. Nutrition sensitive targeting, specifically CVA to caregivers of SAM children - (Concern)

3. Q&A

4. Conclusion
Ensuring nutritional adequacy in design of CVA (WFP)
Ensuring nutritional adequacy in design of CVA – use of FNG & MEB assessment tools

Saskia de Pee & Nynne Waring, World Food Programme, Rome, Italy
Essential Needs include the rights of crisis affected persons to food, water, hygiene, shelter, medical care and education.

- Needs are interlinked
- Needs compete for household resources
- Needs of individuals vary in different stages of their lives
- Needs, or gaps thereof, are addressed by multiple actors
Assessments to inform Essential Needs programming

Understanding the food environment, what's on offer and is a nutritious diet affordable?

Cost and affordability of a nutritious diet
- The cost to meet nutrient needs from locally available foods
- Proportion of households that would be able to afford it

What are people spending to meet their food and non-food needs?

Minimum Expenditure Basket
- Sets a monetary threshold of households’ essential food and non-food needs
- Based on food and non-food consumption behaviour of households that can ‘just cover essential needs’

Policy and programming to meet essential needs:
Combine assessments to inform holistic programme design to support meeting essential food and non-food needs for human capital development, health and well-being
Consumption behaviour and Nutrient-intake targets

How to use the results?

- MEB reflects “household behaviour” just above essential needs threshold
- CotD reflects “optimised diet”

Their difference can tell us something about constraints faced by households and where to look further.

⇒ Are people not purchasing nutritious foods because of Supply constraints? Low income? Limited knowledge?
⇒ What about other needs people need to cover? Are they crowding out affordability of food?
⇒ Consider expenditure distribution – affordability of MEB
⇒ Need for complementary, targeted, nutrition-specific interventions?

* Supply constraints?
* Affordability and HH priorities?
* Complementary interventions – not only demand injection?

⇒ SBCC to raise awareness on healthy diets and intra-household sharing?
* Need for targeted interventions for most nutritionally vulnerable?
Current production and consumption is not sufficiently diversified; consumption of pulses, vegetables and fruits should be increased and cereals decreased.

Current consumption in Burkina Faso:
- Cereals: 61%
- Pulses, seeds, and nuts: 13%
- Meat and Offal: 6%
- Dairy products: 4%
- Vegetables: 2%
- Fruits: 1%

Current national production by food group:
- Cereals: 56%
- Roots and Tubers: 35%
- Pulses, seeds, and nuts: 3%
- Meat and Offal: 2%
- Dairy products: 16%
- Vegetables: 6%
- Fruits: 4%

Composition of the least expensive diet meeting nutrient needs by food group:
- Cereals: 45%
- Pulses, seeds, and nuts: 13%
- Meat and Offal: 1%
- Dairy products: 1%
- Vegetables: 35%
- Fruits: 3%
- Oils and fats: 1%

Source: FNG Burkina Faso

*Enquête EPA 2019
Légumes = légumes + fruits

Example of assessment of local food environment – current demand, supply and modeled need.
Nutritious diets are not affordable to the majority in food-deficit dry lands of Burkina Faso, Implications for dietary diversity & CVA value setting

Source: FNG Burkina Faso
Opportunities and considerations for CVA & complementary programming

Minimum Expenditure baskets and Cost of the Diet provide complementary analysis to inform programming and advocacy.

Where MEB and CotD is done in parallel, it allows us to explore food demand behavior, supply constraints and consumption choices.

From analysis to programming:

- Understanding food and nutrition needs, as part of a broader set of needs
- Adapt a systems approach to food and nutrition, in a cost-efficient manner
- Consider how/which needs are already met and how HH cope and prioritise
- Examine if both demand- and supply side interventions are needed
- Explore modalities, complementary programming and other features to inform transfer choice and value setting
Online resources:

**Fill the Nutrient Gap and Minimum Expenditure Baskets**

An explanation of approaches and identification of synergies

https://www.wfp.org/fillthenutrientgap

**MEB online course**

Ensuring nutritional adequacy in design of CVA (USAID)
USAID’S Emergency Food Assistance Programming

Nutritional Considerations & Opportunities

Maggie Holmesheoran
Nutrition Advisor, USAID-BHA
Ration Baskets and Nutritional Support in Protracted Crises
Most emergency funding goes to complex protracted crises…

Funding went to 186 countries (in all years)

- 7,772,970,000 USD (13%) Yemen
- 7,048,250,000 USD (11%) Syrian Arab Republic
- 3,880,070,000 USD (7%) South Sudan
- 3,806,540,000 USD (6%) Turkey
- 38,765,499,459 USD (63%) 182 More

Source: d-portal.org
… and too food security as an emergency sector (ration baskets fit here).
USAID is the largest government donor to emergencies in the world.

Source: UN-OCHA FTS
Protracted crises are becoming increasingly common…

“16% of the world’s population is now living in countries experiencing protracted humanitarian crisis. The number of countries experiencing protracted crisis has more than doubled over the last 15 years, from 13 in 2005 to 31 in 2019. These countries are home to over half of the world’s people living in extreme poverty.”

- Global Humanitarian Assistance Report 2020
Poverty rates are higher in countries with protracted crises.

Source: Global Humanitarian Assistance Report 2020
So...

Food security funding in protracted crises represents a massive investment, both for the global humanitarian community and for US Government resources, as well as an opportunity to affect what uniquely vulnerable populations are able to eat. The potential for impact is HUGE.
SPHERE and Nutrition

• The Sphere standards for food assistance are:
  —2,100 kcal per person per day*
  —17% of energy from fat
  —10–12% of energy from protein
  —Minimum requirements for 19 micronutrients**
  —Dietary diversity: measured through indicators such as:
    • Food Consumption Score
    • Household Dietary Diversity Score

• Sphere introduced the requirements for micronutrients and dietary diversity in 2018.

*Should be adjusted to local population if data are available.
**Source: Reference Nutrient Intakes are from FAO/WHO (2004), except for copper, which is from WHO (1996).
Ration Basket Inquiry Aims

• To understand the degree to which current food baskets achieve nutritional adequacy and the challenges countries face or are likely to face in ensuring nutritional adequacy.

• Analyze food baskets in three protracted crisis contexts (South Sudan, Yemen, and Mali) to:
  — assess how they compare with the Sphere standards
  — understand the factors stakeholders considered in designing the food baskets.

• We chose protracted crises (lasting more than 5 years) because there is:
  — greater potential for nutritional deficiency if the basket does not meet nutrition standards over time
  — greater latitude to improve basket nutritional adequacy over longer response periods.
## Context

<table>
<thead>
<tr>
<th>South Sudan</th>
<th>Yemen</th>
<th>Mali</th>
</tr>
</thead>
</table>
| - Conflict for >20 years  
- Basket designed to meet 100% of food needs  
- Delivered in-kind  
- Analysis includes 2 baskets. Both have:  
  - Sorghum  
  - Mung beans  
  - Veg oil  
  - Salt  
- One has fortified corn-soy blend plus (CSB+); one does not. | - Crisis since 2015  
- Basket designed to meet 80% of food needs  
- Delivered in-kind + cash/voucher  
- Analysis includes 2 baskets. Both have:  
  - Wheat  
  - Pulse (kidney beans or lentils)  
  - Veg oil  
  - Salt  
  - Sugar | - Crisis since 2012  
- Basket designed to meet 50–75% of food needs  
- Delivered through cash  
- Analysis includes 4 baskets. All have:  
  - One staple (rice, millet, or semolina)  
  - Cowpeas  
  - Oil  
  - Salt |
All Baskets Met or Almost Met Kcal, Protein, and Fat Requirements

Percentage of nutrient requirements provided by the baskets (per person per day). Target: 2,100 kcal, 10–12% kcal from protein, 17% kcal from fat

<table>
<thead>
<tr>
<th></th>
<th>SS1</th>
<th>SS2</th>
<th>Ye1</th>
<th>Ye2</th>
<th>Mal1</th>
<th>Mal2</th>
<th>Mal3</th>
<th>Mal4</th>
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<tbody>
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<td>80</td>
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<td>75</td>
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<tr>
<td>Kcal</td>
<td>107</td>
<td>153</td>
<td>80</td>
<td>80</td>
<td>50</td>
<td>50</td>
<td>76</td>
<td>75</td>
</tr>
<tr>
<td>% kcal from protein</td>
<td>9</td>
<td>12</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>13</td>
<td>13</td>
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<tr>
<td>% kcal from fat</td>
<td>19</td>
<td>20</td>
<td>22</td>
<td>22</td>
<td>23</td>
<td>23</td>
<td>22</td>
<td>17</td>
</tr>
</tbody>
</table>
## Baskets Met 29%–100% of Mineral Requirements

Percentage of mineral requirements provided by the baskets (per person per day)

<table>
<thead>
<tr>
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<th>SS1</th>
<th>SS2</th>
<th>Ye1</th>
<th>Ye2</th>
<th>Mal1</th>
<th>Mal2</th>
<th>Mal3</th>
<th>Mal4</th>
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</thead>
<tbody>
<tr>
<td>% met</td>
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<td>100</td>
<td>43</td>
<td>43</td>
<td>29</td>
<td>57</td>
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<td>80</td>
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<td>75</td>
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<tr>
<td>Calcium</td>
<td>13</td>
<td>134</td>
<td>11</td>
<td>7</td>
<td>9</td>
<td>9</td>
<td>15</td>
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<tr>
<td>Copper</td>
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<td>61</td>
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<tr>
<td>Iodine</td>
<td>145</td>
<td>233</td>
<td>145</td>
<td>145</td>
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<td>145</td>
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<tr>
<td>Iron</td>
<td>57</td>
<td>142</td>
<td>38</td>
<td>37</td>
<td>22</td>
<td>43</td>
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<tr>
<td>Magnesium</td>
<td>346</td>
<td>316</td>
<td>31</td>
<td>27</td>
<td>92</td>
<td>92</td>
<td>256</td>
<td>122</td>
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<tr>
<td>Selenium</td>
<td>236</td>
<td>390</td>
<td>389</td>
<td>397</td>
<td>23</td>
<td>23</td>
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<td>374</td>
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<tr>
<td>Zinc</td>
<td>69</td>
<td>251</td>
<td>103</td>
<td>110</td>
<td>34</td>
<td>114</td>
<td>86</td>
<td>43</td>
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</table>
## Baskets Met 17%–92% of Vitamin Requirements

Percentage of vitamin requirements provided the baskets (per person per day)

<table>
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<tr>
<th></th>
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<th>SS2</th>
<th>Ye1</th>
<th>Ye2</th>
<th>Mal1</th>
<th>Mal2</th>
<th>Mal3</th>
<th>Mal4</th>
</tr>
</thead>
<tbody>
<tr>
<td>% met</td>
<td>42</td>
<td>92</td>
<td>50</td>
<td>50</td>
<td>33</td>
<td>58</td>
<td>42</td>
<td>17</td>
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<tr>
<td>A</td>
<td>50</td>
<td>356</td>
<td>119</td>
<td>119</td>
<td>1</td>
<td>99</td>
<td>1</td>
<td>1</td>
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<tr>
<td>B1</td>
<td>154</td>
<td>305</td>
<td>180</td>
<td>198</td>
<td>88</td>
<td>161</td>
<td>182</td>
<td>108</td>
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<tr>
<td>B2 (Riboflavin)</td>
<td>35</td>
<td>228</td>
<td>94</td>
<td>94</td>
<td>28</td>
<td>21</td>
<td>39</td>
<td>31</td>
</tr>
<tr>
<td>B3 (Niacin)</td>
<td>196</td>
<td>421</td>
<td>114</td>
<td>116</td>
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<td>40</td>
<td>136</td>
<td>40</td>
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<tr>
<td>B5</td>
<td>122</td>
<td>245</td>
<td>35</td>
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<td>80</td>
<td>70</td>
<td>109</td>
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<tr>
<td>B6</td>
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<td>533</td>
<td>26</td>
<td>32</td>
<td>49</td>
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<tr>
<td>B9</td>
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<td>249</td>
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<td>219</td>
<td>178</td>
<td>255</td>
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<td>194</td>
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<tr>
<td>B12</td>
<td>0</td>
<td>276</td>
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<td>113</td>
<td>0</td>
<td>96</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>B12</td>
<td>0</td>
<td>276</td>
<td>113</td>
<td>113</td>
<td>0</td>
<td>96</td>
<td>0</td>
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<td>743</td>
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<tr>
<td>D</td>
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<td>47</td>
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<td>31</td>
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<td>E</td>
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<td>69</td>
<td>18</td>
<td>5</td>
<td>15</td>
<td>7</td>
<td>19</td>
<td>16</td>
</tr>
</tbody>
</table>
Ration Basket Orientation; Regardless of modality, similar diversity challenges

**HDDS Categories:**
- Cereals
- Roots/Tubers
- Vegetables
- Fruits
- Meat, poultry, offal
- Fish and seafood
- Pulses, Legumes, Nuts
- Milk and Milk Products
- Oils/Fats
- Sugars/ Honey
- Miscellaneous

**South Sudan Basket Contents:**
Sorghum Flour + Mung Beans + Oil + Salt (+ CSB+ sometimes…) = **HDDS 4**

**Yemen Basket Contents:**
Wheat Flour + Kidney Beans OR Lentils + Oil + Salt + Sugar = **HDDS 5**

**Mali Basket Contents:**
Rice OR Millet Flour OR Sorghum Flour + Cowpeas + Palm Oil + Salt = **HDDS 4**
What do we mean when we say % coverage?

<table>
<thead>
<tr>
<th>Target % coverage of HH food gap</th>
<th>South Sudan</th>
<th>Yemen</th>
<th>Mali</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ration 1</td>
<td>Ration 2</td>
<td>Ration 1</td>
</tr>
<tr>
<td>KCAL MN</td>
<td>100% 67% 100% 98%</td>
<td>80% 63% 80% 62%</td>
<td>50% 37% 50% 58%</td>
</tr>
</tbody>
</table>
Costing can’t happen without price data….  

<table>
<thead>
<tr>
<th>Number of Foods Reported in WFP Economic Explorer</th>
<th>Somalia</th>
<th>Sudan</th>
<th>Mali</th>
<th>South Sudan</th>
<th>DRC</th>
<th>Nigeria</th>
<th>Yemen</th>
<th>Syria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HDDS (Minimum Score = 6/12)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cereals</td>
<td>8</td>
<td>7</td>
<td>12</td>
<td>17</td>
<td>7</td>
<td>22</td>
<td>5</td>
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<td>Fish and seafood</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Root and tubers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pulses/legumes/nuts</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>11</td>
<td>4</td>
<td>8</td>
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<td>Vegetables</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>12</td>
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<tr>
<td>Milk and milk products</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Fruits</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Oils/Fats</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Meat/Poultry/Offal</td>
<td>2</td>
<td>0</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Sugar/Honey</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>Eggs</td>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<td>Miscellaneous</td>
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<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
Crisis timelines provide opportunities for flexibility and rework of assumptions…

- Yemen: 10 years
- Syria: 9 years
- South Sudan: 24 years
- Somalia: 19 years
- NE Nigeria: 7 years

But do we actually innovate/ rework? What are the nutrient deficiency timescales and effects?

Source: UNHCR
1. How do we make sure baskets are calibrated to promote participant success?
2. What processes need to be developed to move clusters towards compliance with new SPHERE guidelines?
3. Often-missed food categories: how can we adapt cash/voucher processes to manage these? (RE frequency of purchase and perishability)
4. Need for guidance on:
   a. Basket development: Benefits of starting with a full estimated ration and moving backwards to ensure SPHERE compliance
   b. Frequency of updates: How often should a cluster re-test the basket assumptions?
   c. Systematization and documentation of process: What stakeholders should be involved? What calculation methods used? What data inputs are needed?

Recommendations/ Food For Thought:
Thanks to Tina Lloren at USAID-Advancing Nutrition & Will Dryer at BHA!

Maggie Holmesheoran
Nutrition Advisor, USAID-BHA
mholmesheoran@usaid.gov
Combining CVA with nutrition SBC and livelihoods support (FAO)
NUTRITION EDUCATION AND COMMUNICATION IN CASH ASSISTANCE
FAO SOMALIA

Emma Apo Ouma
Nutrition Officer, FAO Somalia
NUTRITION SENSITIVE APPROACHES: OBJECTIVES

- Contribute to positive nutrition outcomes among the most vulnerable
- To improve dietary habits and food choices rural households in Somalia using locally available foods
- Sensitize the beneficiaries on the importance and utilization of the Ag, Livestock and fisheries packages
- Contribute to the Nutrition Cluster’s objective of providing preventive services
TARGETING

- Based on Food Security Status IPC 3 and 4
- Households with complete or partial loss of livelihoods
- Cash modalities (based on livelihood zone)

- Nutrition sensitive:
  - Areas with high rates of GAM through coordinating with the Nutrition Cluster
  - Female headed households
  - Households with more than 2 children less than 5 years
  - Households with PGLW, Elderly
  - Rural IDPs
  - Gender inclusive (30%, consideration for time)
# CASH PLUS AGRICULTURE PACKAGE - AGROPASTORAL

<table>
<thead>
<tr>
<th>Package</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seed (short cycle)</td>
<td>Production of micro-nutrient rich seed package maize, sorghum, cowpea, water melon, amaranths, okra, Spinach, tomato, onion, carrot, capsicum.</td>
</tr>
<tr>
<td>Other Inputs</td>
<td>Fertilizer, Tools, Tractor hours, Irrigation hours, storage bags</td>
</tr>
<tr>
<td>Training</td>
<td>Good Agricultural Practices Nutrition Education: Nutrition, utilization of the seed package, cooking demonstrations, preservation, value addition</td>
</tr>
</tbody>
</table>
## CASH PLUS LIVESTOCK PACKAGE_ PASTPORAL

<table>
<thead>
<tr>
<th>Package</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary blocks</td>
<td>Improved health, reduction of treatment expenses animals, and an improvement in milk production.</td>
</tr>
<tr>
<td>Milk Cans</td>
<td>If correctly handled, facilitate the hygienic storage of milk, prevent contamination and the spread of illnesses</td>
</tr>
<tr>
<td>Treatment</td>
<td>10 sheep and goats per HH: Deworming And other present diseases</td>
</tr>
<tr>
<td>Training</td>
<td>Livestock management Nutrition Education: Nutrition, milk and meat safety and hygiene at the household level</td>
</tr>
</tbody>
</table>
### CASH PLUS FISHERIES _COASTAL_

<table>
<thead>
<tr>
<th>Livestock Inputs</th>
<th>Package</th>
</tr>
</thead>
</table>
| Equipment        | **Package 1:** Boat package  
|                  | **Package 2:** Community processing and drying  
|                  | **Package 3:** Household processing and cooking kit                     |
| Training         | Capture package use and fishing techniques  
|                  | Sea Safety measures; life jackets, must haves during fishing, Fish handling at sea  
|                  | Nutrition Education: Fish handling at the household, cooking demonstration, nutrition benefits of fish |
NUTRITION EDUCATION AND COMMUNICATION

- Training of Nutrition Champions
- Sharing the nutrition information within the community
- Nutrition Education to the beneficiaries
- Training of Nutrition Focal Points
NUTRITION EDUCATION MODULES

**Module 1:** Feeding Your Family  
**Module 2:** Food Safety and Hygiene  
**Module 3:** Water Sanitation and Hygiene
MONITORING AND EVALUATION

1. Impact Study by a TPM on the Impact of Nutrition Education (CFW)

2. Inclusion Dietary Diversity of Nutrition Indicators:
   - Minimum Acceptable diet (6-23 months)
   - Minimum Dietary Diversity for Women
   - On farm diversity (Agriculture)
   - Household Dietary Diversity
WHAT HAS WORKED FOR FAO SOMALIA

Organizational Level
• Dedicated Budget and Staff
• Buy in from FAO Somalia Staff, Partners and Government
• Sensitization of FAO staff on the importance of SBC
• Continuous improvement of the delivery: Impact assessment, nutrition indicators, targeting,

Community Level
• Tailor made nutrition sensitive activities and messages
• Life Cycle Approach
• Nutrition Champions at community level (male and female)
• Slow introduction of cooking demonstrations
UPCOMING SBC ACTIVITIES

• Radio Show on Nutrition and Food Safety (adaptation to radio programing during COVID)

• National Campaign to promote fish consumption in Somalia

• YouTube Video on DD during COVID done with Nutrition Cluster and Innovation Lab
CHALLENGES AND RECOMMENDATIONS

Challenges:

- Minimum expenditure basket: Cereal, Oil, Salt, Pulse
- Nutrition focal points of NGOs were often male
- Trade offs between culture and best practices e.g. seed selection, planning of community level trainings
CHALLENGES AND RECOMMENDATIONS

Recommendations:

- Promotion of a Nutrition Sensitive Minimum expenditure basket: CWG and Nutrition Cluster
- Budget allocations for Nutrition actions within cash assistance
- Adoption of context specific PLUS (support livelihoods and promote utilization)
- Design of short and long term nutrition targeted cash assistance
Nutrition sensitive targeting (Concern)
Impact of saving groups on nutrition treatment outcomes

4th November 2020/ gFSC Cash and Market WG
By Regine Kopplow, Sen. Adviser FNS
Rationale

- Burundi high burden of child malnutrition and communicable diseases
- Kirundo province*:
  - 70% of population living in poverty (World Bank, 2016)
  - Lowest nurse-to-population ratio
  - Highest number of malaria-related deaths
  - Acute malnutrition 8%
  - Chronic malnutrition 60%
  - Under-five mortality rate in northern region highest in country
- Good results from various health & nutrition projects using different approaches
- Uncertainty whether nutritional gains can be sustained

* Data from the time of proposal writing; Burundi Demographic and Health Survey, 2010
Concern’s Health & Nutrition Project – Busoni, Kirundo Province, Burundi – UNICEF funded – Oct 2014 to Aug 2017

- Treatment of malnutrition
  - Severe acute cases, referral to in/outpatient care (SC/OTP)
  - Moderate cases → Positive Deviance (PD)/Hearth session

- Treatment of childhood illnesses
  - Integrated Community Case Management (iCCM)

- Improved food & nutrition security
  - Infant & maternal health & nutrition practices
  - Home gardening
  - Saving & Internal Lending Community (SILC)

Control group

Intervention group
## Approaches implemented

<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stabilisation Centre (SC) &amp; Outpatient Therapeutic Programme (OTP)</td>
<td>Treatment of severe acute malnutrition (SAM) at government health facilities: complicated cases inpatient (SC); uncomplicated cases outpatient (OTP)</td>
</tr>
<tr>
<td>Positive Deviant (PD)/Hearth</td>
<td>Treatment of moderate malnourished children using local practices and foods; lead mother facilitates mother group meeting over 12 days</td>
</tr>
<tr>
<td>Integrated Community Case Management (iCCM)</td>
<td>Community health workers are trained &amp; equipped to treat malaria, diarrhoea and pneumonia; referral to health facilities of children with danger signs</td>
</tr>
<tr>
<td>Maternal &amp; child health &amp; nutrition behaviour change</td>
<td>Care Groups and PD/Hearth sessions; using government endorsed materials (training curricula, counselling cards); theory &amp; practice</td>
</tr>
<tr>
<td>Home Gardening</td>
<td>Small plot beside the house; vegetables mainly for home consumption; design - keyhole garden; in collaboration with Ministry of Agriculture &amp; Livestock</td>
</tr>
<tr>
<td>Saving &amp; Informal Lending Community (SILC)</td>
<td>~18 members meet weekly, access to savings &amp; loans, training in financial literacy; to meet basic needs and for investing in assets and livelihood opportunities</td>
</tr>
</tbody>
</table>
Consultation room at a Community Health Worker’s house providing iCCM services, by R. Kopplow, 2017

Hearth session (Chibitoke Province/ Burundi) by R. Kopplow, 2017

Community Health Worker Metabile Manirkiza (Chibitoke Province) with his home garden by C. Wahl, 2019

SILC members meeting, Chibitoke Province/ Burundi, by R. Kopplow, 2017

Consultation room at a Community Health Worker’s house providing iCCM services, by R. Kopplow, 2017
Methodology - Baseline and Endline

- 782 children enrolled in the 2 Hearth sessions
- 700 completed the sessions*
- 189 mothers interviewed at endline

**Intervention Group:**
- 104 SILC members

**Control Group:**
- 85 non-SILC members

- Quantitative and qualitative assessment
- Respondents randomly selected
- Digitalised questionnaire
- Nutritional status assessed
- Focus group discussions

* Some children attended more than one session
Findings – nutritional status - underweight

### SILC and non-SILC members

#### Prevalence of underweight children (SILC and non-SILC members)

<table>
<thead>
<tr>
<th></th>
<th>Baseline (n=186)</th>
<th>Endline (n=189)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>34</td>
<td>37</td>
</tr>
<tr>
<td>Moderate</td>
<td>37</td>
<td>36</td>
</tr>
<tr>
<td>No</td>
<td>29</td>
<td>23</td>
</tr>
</tbody>
</table>

#### Prevalence of underweight children (control group = non-SILC members)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>40</td>
<td>29</td>
</tr>
<tr>
<td>Moderate</td>
<td>37</td>
<td>35</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>24</td>
</tr>
</tbody>
</table>

#### Prevalence of underweight children (intervention group = SILC members)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe</td>
<td>29</td>
<td>23</td>
</tr>
<tr>
<td>Moderate</td>
<td>38</td>
<td>34</td>
</tr>
<tr>
<td>No</td>
<td>36</td>
<td>36</td>
</tr>
</tbody>
</table>
## Findings – nutrition practices

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Control group</td>
</tr>
<tr>
<td>Children consuming solid, semi-solid or soft foods in last 24 hours</td>
<td>66%</td>
<td>---</td>
</tr>
<tr>
<td>Minimum dietary diversity (4 or more out of 7 food groups)</td>
<td>39%</td>
<td>50%</td>
</tr>
<tr>
<td>Grains, roots, tubers</td>
<td>85%</td>
<td>69%</td>
</tr>
<tr>
<td>Legumes</td>
<td>61%</td>
<td>67%</td>
</tr>
<tr>
<td>Vit A rich foods</td>
<td>77%</td>
<td>91%</td>
</tr>
<tr>
<td>Palm oil</td>
<td>92%</td>
<td>83%</td>
</tr>
<tr>
<td>Other fruits &amp; vegetables</td>
<td>63%</td>
<td>49%</td>
</tr>
<tr>
<td>Dairy products</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Meat, fish</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>Eggs</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Ready-to-Use Therapeutic Food (RUTF)</td>
<td>0.4%</td>
<td>18%</td>
</tr>
</tbody>
</table>
## Findings – financial resources - endline

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Control group</th>
<th>Intervention group/ SILC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food purchase (at least once a week)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grains, roots, tubers</td>
<td>80%</td>
<td>67%</td>
</tr>
<tr>
<td>Legumes</td>
<td>63%</td>
<td>68%</td>
</tr>
<tr>
<td>Vit A rich fruits &amp; vegetables</td>
<td>49%</td>
<td>53%</td>
</tr>
<tr>
<td>Animal source foods</td>
<td>21%</td>
<td>38%</td>
</tr>
<tr>
<td>Palm oil</td>
<td>86%</td>
<td>91%</td>
</tr>
<tr>
<td>Amount of expenditure of last purchase</td>
<td>Less</td>
<td>Higher</td>
</tr>
<tr>
<td>Purchase of soap</td>
<td>79%</td>
<td>88%</td>
</tr>
<tr>
<td>Households saving money</td>
<td>5%</td>
<td>99%</td>
</tr>
<tr>
<td>Households taking a loan last 12 months</td>
<td>26%</td>
<td>81%</td>
</tr>
<tr>
<td>Households using a loan to buy food</td>
<td>30%</td>
<td>77%</td>
</tr>
</tbody>
</table>
Conclusion

At endline in the intervention/ SILC group …

1. A higher proportion of children was found not malnourished (underweight, acute)
2. The increase in severe malnutrition was less
3. More children ate highly nutritious foods (legumes, vitamin A rich foods, other fruits and vegetables, fish and meat) \(\rightarrow\) not reflected in the minimum dietary diversity score
4. Households were financially more active; they purchase, save and take loans
Recommendations

1. Conduct a desk review on evidence of impact of saving groups on nutritional outcomes
2. Develop a simple tool that can be used to monitor nutritional outcomes of saving groups
3. Monitor nutritional outcomes where saving groups such as SILCs already exist
4. Define nutrition indicators at outcome level
5. Enhance collaboration across sectors
Questions and Answers