

NUTRITION **Exchange**

June 2013 – Issue 3



Rooting out hunger in Malawi with orange-fleshed sweet potatoes

Addressing poor IYCF practices in Baluchistan, Pakistan

Food, goats and cash for assets programme in Kenya

Impact of cash, food voucher and food transfer interventions in Ecuador

Food by prescription: measuring impact and cost effectiveness in Ethiopia

English

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Cover photos

Front cover: Tibebe Lemma/for UNICEF Ethiopia. Copyright UNICEF Ethiopia; Dr Baseer Khan Achakzai/National Institute of Health, Pakistan; Rachel Bezner Kerr, Malawi, 2011; WFP, N Dafur, Sudan.

Inside front cover: Patients waiting for a visit at the Kaedi Hospital, Mauritania. David Rizzi, Mauritania, 2010.

Back cover: A food stall amongst the earthquake ruins in Pakistan/S Sharif, T Shah (Eycan Solution), Pakistan, 2005



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What is Nutrition Exchange?

Nutrition Exchange is an ENN publication that offers a digested read of experiences and learning in nutrition from challenging contexts around the world for a national audience. Nutrition Exchange was developed to improve country level access to information, guidance and news on nutrition programming and policy for those working in nutrition and related fields. Nutrition Exchange provides concise, easy-to-read summaries of articles previously published in Field Exchange (ENN's tri-annual publication) developed at international level as well as original content from a variety of challenging contexts.

Nutrition Exchange also includes key articles, updated information on references, guidelines, tools, training and events. It is available in English, French and Arabic.

How often is it produced?

Nutrition Exchange is a free annual publication available as a hard copy and electronically. In between publications, the Nutrition Exchange team will send periodic emails to our readers to keep you in touch with new information arising in our sectors.

Contacts

To subscribe, contribute or provide feedback on Nutrition Exchange, visit <http://www.ennonline.net/nutritionexchange> or email nutritionexchange@ennonline.net

You can access online versions of both Nutrition Exchange and Field Exchange at: www.ennonline.net

About the ENN

The ENN is a UK based international charity that began in 1996 and aims to improve emergency food and nutrition programme effectiveness by:

- providing a forum for the exchange of field level experiences
- strengthening humanitarian agency institutional memory
- keeping field staff up to date with current research and evaluation findings
- helping to identify subjects in the emergency food and nutrition sector which need more research

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Editorial

We are excited to bring you this third issue of Nutrition Exchange. Based on feedback from our readers, we have widened the scope of Nutrition Exchange to include a mix of lessons learnt from development and emergency nutrition contexts as well as food security and health programmes to reflect the need to bridge what is often seen as a divide between emergencies and development.

We are delighted that we can feature three articles written by national staff for Nutrition Exchange. Two are from Pakistan (one on the response to the floods in Sindh Province and the other on Infant and Young Child Feeding in Baluchistan). Another article comes from Malawi and describes an experience with scaling up orange-fleshed sweet potato production and consumption to address micronutrient deficiencies.

This issue also contains information on a wide range of programmes including infant and young child feeding; HIV and nutrition; livelihoods, cash and vouchers and resilience. As well as short article summaries, we have included some resources to support national nutrition programmes as well as scheduled trainings and e-learning opportunities in nutrition and related fields.

This is an exciting year for nutrition. There is momentum and commitment to scale up nutrition interventions to mitigate undernutrition across the world. Several events this year aim to make more concrete policy and financial commitments. Details on these key events are included in this issue.

We are excited to say that Nutrition Exchange is reaching thousands of readers in print and soft copy. We distribute over 6000 hard copies and over 3000 soft copies in 66 countries and this is continually expanding. We encourage you to share Nutrition Exchange with your friends and colleagues and to encourage them to register to receive future issues.

We are also producing an email newsletter (Nutrition E-Exchange) every quarter to provide interested readers with a more frequent update on programme articles, events and trainings available.

To register for either Nutrition Exchange or Nutrition E-Exchange, visit www.ennonline.net/nutritionexchange.

As always, we welcome comments, suggestions and submissions for future issues or for the email newsletter, Nutrition E-Exchange.

Yours sincerely,
The Nutrition Exchange Team at the ENN
(Carmel, Valerie and Chloe)



Nutrition Exchange is available in limited print and online at www.ennonline.net

It is available in English, French and Arabic. You can subscribe for print issue or for alerts to the online edition, plus occasional email updates at: www.ennonline.net

Any ideas for articles, send them to office@ennonline.net



A child being assessed at a health facility in, Liberia

Ben Allen, Liberia, 2011

United Nations System Standing Committee on Nutrition (UNSCN)

The United Nations System Standing Committee on Nutrition (UNSCN) is the interagency platform for coordinating and supporting joint efforts on nutrition across the UN system. It is driven by the four core UN agencies with mandates on nutrition (FAO, UNICEF, WHO and WFP) to harmonize technical and policy guidance on nutrition at the global and country levels.

The UNSCN has a strategic role to foster and contribute to developing and promoting appropriate policy and programme guidance and implementable solutions for overcoming malnutrition. The UNSCN utilises the expertise and operational

strengths of the four UN agencies engaged in nutrition, to contribute to efforts to reduce all forms of malnutrition.

The United Nations and the SUN Movement

The UN System Network is one of five Networks of the Scaling Up Nutrition Movement. The Network brings together the global level through the UNSCN and the regional and country level through REACH. The aim of the Network is to support better liaison and technical assistance at the country level to reduce undernutrition.

Further information can be found at www.unscn.org

United Nations REACH



WFP/Shelized Noorani, Bangladesh, July, 2008

REACH (Renewed Efforts Against Child Hunger and undernutrition) is an inter-agency partnership between FAO, WHO, UNICEF and WFP, which seeks to enhance nutrition governance and support better coordinated nutrition actions across multiple sectors at country level. REACH is part of the Scaling Up Nutrition Movement's UN Network and plays an integral role in facilitating the harmonisation among UN agencies.

REACH facilitators are the frontline of the REACH initiative, working directly with the UN nutrition working group and government counterparts (SUN focal points included) to catalyse multi-sectoral nutrition action in thirteen countries. REACH has recently deployed seventeen new facilitators in eleven countries, namely: Bangladesh, Chad, Ethiopia, Ghana, Mali, Mozambique, Nepal, Niger, Rwanda, Tanzania and Uganda.

To learn more about REACH, please visit the REACH website (<http://www.reachpartnership.org/home>).



The SUN Movement: overview and update

Scaling Up Nutrition (SUN) is a global movement that unites governments, civil society and businesses in a worldwide effort to end undernutrition. The movement was launched in 2010 and has grown rapidly. The SUN Strategy 2012-2015 and accompanying revised Road Map 2012 establish a three-year plan to significantly reduce undernutrition in participating countries.

As of June 2013, the SUN Movement was comprised of 40 SUN countries and continues to expand.

The focus is on increasing people's access to affordable nutritious food and other determinants of nutritional status such as clean water, sanitation, healthcare, social protection and initiatives to empower women in order to reduce the numbers of low birth weight infants, under five stunting, acute malnutrition and micronutrient deficiencies as well as to improve nutrition of

pregnant women. The aim is to collectively meet the global targets agreed at the 2012 World Health Assembly (including a 40% reduction in the number of stunted children by 2025) and to improve good nutritional practices, such as exclusive breastfeeding. The main focus of the interventions is the first 1000 days between a woman's pregnancy and her child's second birthday.

Most SUN countries have established multi-stakeholder platforms for scaling up nutrition. 18 countries have costed nutrition plans that are endorsed or being finalised.

While there has been significant progress, substantial challenges must be addressed in order to achieve positive results. The situation is summarised in the SUN 2012 Progress Report with additional updates on the SUN website.

For more information visit www.scalingupnutrition.org

How much international variation (in height) can sanitation explain?

Spears et al ¹

International differences in height across developing countries are not well explained by economic well-being. People in India are shorter (on average) than people in Africa despite the fact that Indian people are richer (on average). Sanitation is exceptionally poor in India, where 60% of the population defecate openly. In contrast, in sub-Saharan Africa, WHO and UNICEF estimate that 25% of the population openly defecates. Despite rapid economic growth in India since the 1990s, open defecation rates have not declined (55% in 2005, 64% in 1998 and 70% in 1992, according to DHS data).

The authors of this paper use three strategies to estimate the causal relationship between open defecation rates and child height. All three strategies show an important and significant association between child height and open defecation, controlling for a range of other variables. The paper concludes that open defecation rates are an important predictor of height in developing countries.

¹ Article available on the World Bank website, econ.worldbank.org



D. Rizzi, DRC, 2008

A child being measured during a survey in DRC

Trends in stunting and underweight and progress towards MDG 1 across 141 developing countries

Summary of published research¹

This study aimed to estimate trends in the distributions of children's anthropometric status and assess progress towards the Millennium Development Goal 1 (MDG 1) target of halving the prevalence of underweight (weight-for-age) between 1990 and 2015. Population level stunting and underweight levels were calculated using the 2006 WHO Growth Standards and data was obtained from various sources.

Findings: Stunting and underweight improved between 1995 and 2011.

The largest absolute improvements (in terms of numbers of stunted or underweight children) were in Asia and the largest relative reductions (in terms of the largest regional decline in percentage) in prevalence were in Latin America. Anthropometric status worsened in sub-Saharan Africa until the late 1990s and improved thereafter. Globally, in 2011, 314 million children under 5 years of age were stunted and 258 million were underweight.

The study authors state that developing countries as a whole have less than a 5% chance of meeting the MDG 1 target, but 61 of these 141 countries have a 50–100% chance.

The study suggests that macroeconomic shocks, structural adjustment, and trade policy reforms in the 1980s and 1990s might have been responsible for worsening child nutritional status in sub-Saharan Africa.

The study concludes that further progress in the improvement of children's growth and nutrition needs equitable economic growth and investment in pro-poor food and primary care programmes, especially relevant in the context of the global economic crisis.

¹ Stevens, G et al (2012). Trends in mild, moderate, and severe stunting and underweight, and progress towards MDG 1 in 141 developing countries: a systematic analysis of population representative data. (Lancet 2012; 380:824–34). http://www.disasterriskreduction.net/fileadmin/user_upload/drought/docs/Trends%20in%20underweight_undernutrition%20July%202012.pdf



L. Matunga/UNICEF, Somalia, 2011

Review of donor and government CMAM financing



The ENN has recently completed a review of the donor and government financing arrangements for the scale up of programmes to address acute malnutrition (often referred to as CMAM). The review involved country case studies from Kenya, Ethiopia, Malawi and Nigeria, interviews with donors, UN agencies and foundations and a literature review. Some of the key findings from the review are:

- The current conceptual, terminological and programmatic demarcation between acute malnutrition and chronic malnutrition (often referred to as stunting) undermines programming coherence and sustainability.
- Evidence is emerging that acute malnutrition has a significant impact on stunting so that unless acute malnutrition is addressed in all contexts, efforts to reduce stunting in the critical 1000 day window will be undermined.
- There is a pressing need for longer term funding for acute malnutrition. This will have implications for the current funding arrangements for scale up.
- There is no agreed vision for how the current level of CMAM programming and financing will be sustained and increased. To avoid the risk of losing the hard won gains, a clearer vision and financial commitment to sustain and increase levels of CMAM programming is needed.
- Meeting the full costs of CMAM programming is beyond the reach of many governments.

- A large proportion of CMAM programming costs are due to the high cost of ready to use therapeutic foods (RUTF). The efforts to increase local production of RUTF have not substantially lowered cost.
- Historically, the majority of CMAM financing has been through humanitarian funding. This type of financing is not ideal for sustainable programming and some donors are employing alternative mechanisms such as multi-year humanitarian financing or pooled emergency and development funds. This type of financing should help build greater nutrition resilience in these settings.
- In many contexts, financing for CMAM is typically channelled through the UN and non-governmental agencies. By-passing government channels for CMAM financing can prevent government nutrition stakeholders from building up sufficient political capital within their treasury departments with the result that budget allocations are often marginal.

A summary and full report is available on the ENN website (www.ennonline.net). In addition, the Overseas Development Institute (ODI) has published an edited version available on line at www.odi.org.uk

European Commission releases new Nutrition Communication and European Union policy framework for enhancing maternal and child nutrition in external assistance



The European Union (EU) has adopted a new Communication on Nutrition, which features 2 key targets:

1. To support partner countries to achieve at least 10% of the World Health Assembly's target on reducing stunting by 2025. In other words, by that date efforts will have resulted in at least 7 million fewer stunted children.
2. To work to reduce the number of children under 5 who are wasted (acutely malnourished).

A detailed action plan will be developed over the coming months, which will outline how these targets will be achieved, under three strategic priorities:

- i. To mobilise political commitment for nutrition at country and international levels;
- ii. To scale up nutrition interventions;

- iii. To significantly broaden the global knowledge base on what works best in nutrition.

In addition, the EU has developed a policy framework for enhancing maternal and child nutrition. Future EU support to nutrition interventions will:

- Respond to the needs of the individuals most vulnerable to undernutrition: mothers and children under 5;
- Use methods and tools which have demonstrated their efficiency and cost-effectiveness;
- Respond to well-defined humanitarian risks as well as immediate emergency needs;
- Promote a multi-sector approach, which is essential to tackle the causes of undernutrition;
- Promote a joint humanitarian and development approach to help build resilience.

To access the policy framework, visit: http://ec.europa.eu/echo/files/news/201303_CommunicationNutritioninexternalassistance.pdf



Seeing the Unseen: Breaking the Logjam of Undernutrition in Pakistan

By Lawrence Haddad et al'
Institute of Development Studies (IDS) Bulletin 44.3

This IDS Bulletin highlights some of the key features of undernutrition in Pakistan. Like other countries, infection, poor diet quantity and quality, unequal gender relations and poverty are key determinants of undernutrition. However, the articles in this bulletin also demonstrate that government nutrition interventions can work, however for advances to hold, malnutrition must be viewed as a development outcome that is a foundation for other outcomes such as economic growth and social cohesion.

¹ Available on the IDS website: <http://www.ids.ac.uk/publication/seeing-the-unseen-breaking-the-logjam-of-undernutrition-in-pakistan>



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Small Scale, Big Impact: smallholder agriculture's contribution to better nutrition

Report from the Hunger Alliance¹

The report suggests that hunger and malnutrition could be substantially reduced if more women had the agricultural training and equipment they needed to successfully grow food on small plots in and around their homes and were offered complementary support in nutrition, sanitation and health. The report calls for donors to ensure a joined up multi-sector approach to address hunger and malnutrition and to scale up support for sustainable small scale agriculture through national and regional agricultural plans and multilateral financing mechanisms.

The report's core findings:

- Invest in small-scale farmers, especially women.
- Promote home gardens, small-scale livestock and fish rearing.
- Complement agricultural programmes with education and nutrition communication, health services, clean water and sanitation.



¹ <http://www.careinternational.org.uk/news-and-press/latest-news-features/2339-small-scale-big-impact-unlock-the-potential-of-smallholders-and-we-can-achieve-zero-hunger>

Double burden of obesity and malnutrition in Western Sahara refugees

Summary of published research¹

Refugees in Western Sahara have been living in a protracted emergency for years and are highly dependent on food assistance. A study into their nutritional status reveals that many households (24%) suffer from a double burden of obesity and undernutrition. There are several proposed reasons: increased adoption of processed foods and modern medicines, excessive sugar consumption and decrease in energy expenditure (walking) and a traditional view that larger bodies are more wealthy and beautiful. However, some factors that are associated with undernutrition in early life appear to increase susceptibility to overweight later in life. The food assistance package typically

contains a low diversity diet and this may influence both nutritional extremes. The study authors raise several issues including the intergenerational impact of such a low quality diet in a protracted situation and the importance of evaluating and monitoring the health impact of the double burden of malnutrition in other refugee situations. They identify the need for innovative behavioural change interventions to prevent and address obesity.

¹ Grijalva-Eternot, C et al (2012). The Double Burden of Obesity and Malnutrition in a Protracted Emergency Setting: A Cross-Sectional Study of Western Sahara Refugees. PLOS Medicine, October 2012, volume 9, Issue 10, e1001320, pp1-12.



Nicky Dent, 2004

MUAC and WHZ scores as indicators of SAM: a consultation for operational agencies and academic specialists to better understand the evidence, identify knowledge gaps and to inform operational guidance¹

In December 2012, a two day meeting of academic specialist and agency representatives was convened in London, UK and facilitated by the ENN to discuss technical and programmatic issues relating to the use of mid upper arm circumference (MUAC) and weight for height (WHZ scores) in SAM treatment programmes. A premise of the consultation was that there is no gold standard anthropometric indicator of acute malnutrition: MUAC and WHZ are two imperfect indicators used as a proxy to assess nutritional status. However, the two indicators do not always identify the same children and, when they do the proportions identified using both methods vary between regions and countries. The meeting was preceded by a detailed review of agency programme experiences of using these indicators as well as a review of the evidence base.

The meeting participants discussed this in depth and agreed upon 6 recommendations:

Recommendation 1:

At community level, there should be active case finding using MUAC to identify children requiring management of SAM.

At health facility level there should be systematic case finding using MUAC to identify children requiring management of SAM. If a child is screened with MUAC but not identified as being SAM, WHZ should be measured where it is feasible without jeopardising other essential health services; WHZ should be measured in particular where there are relevant clinical conditions, visible severe wasting, maternal concern and/or contextual factors (e.g. acute or prolonged emergency where more older children are affected).

Recommendation 2:

All children 6 months and above with a MUAC of <115mm should be treated for SAM.

Where WHZ is used, children 6 months and above with a WHZ <-3 should be treated for SAM.

Both MUAC and WFH cut-offs are applicable in all contexts.

Recommendation 3:

Weight gain should be used to monitor response to treatment for all children.

MUAC should be recorded in millimetres at each visit in operational research settings to establish whether MUAC monitoring can be conducted accurately and whether it is feasible for use in monitoring progress of children.

Recommendation 4:

Currently there is no firm recommendation that can be made for discharge criteria of children admitted on MUAC for the treatment of SAM. More evidence is needed from various contexts.

Recommendation 5:

Pending further research, children admitted for the treatment of SAM based on WHZ should continue to be discharged when WHZ ≥ -2 and the child is free from oedema for 2 weeks.

Recommendation 6:

The percentage of weight gain should no longer be used as a discharge criterion for children admitted on MUAC for the treatment of SAM.



¹ The full paper is available at <http://www.ennonline.net/resources/920>

Beneficiaries of
BSFP in Kenya

SCUK, Kenya, 2011

Evaluation of a Blanket Supplementary Feeding Programme in two counties in Kenya

August 2011 – March 2012¹

In response to a nutritional crisis in 2011, the World Food Programme (WFP) and its partners implemented a blanket supplementary feeding programme (BSFP) in six counties across northern Kenya. Children 6-36 months of age (or less than 95 cm in length/height) and pregnant and lactating women (PLW) were provided with monthly rations of corn soy blend plus (CSB+) and oil². Vitamin A supplementation, deworming, immunisation and health education were also included with the BSFP. Children and pregnant and lactating women (PLW) were screened using mid-upper arm circumference (MUAC) at each food distribution and referred to treatment if found to be acutely malnourished (moderate or severe). Five distributions intended for a 30 day cycle, occurred across eight months (August 2011 to March 2012).

The evaluation was designed to determine if the programme prevented a deterioration in the nutritional status of children by following a prospective, longitudinal cohort of non-malnourished children 6-36 months of age enrolled in the BSFPs in these two counties.

Conclusions

1. Implementation of the intervention was problematic. There were significant delays in the distribution of the food that resulted in a 30 day ration covering a 120 day period at a given site in the most extreme example.
2. The overall nutrition status of the cohort improved over time as indicated by the increase in mean WHZ of the entire cohort. However, it was not possible to attribute this to the BSFP, as there were other interventions taking place at the same time.
3. A substantial proportion of children developed acute malnutrition while receiving BSFP (15% in Turkana and 21% in Wajir). Children with lower MUAC or WHZ and low diet diversity at baseline were more likely to become malnourished.

¹ Evaluation of a Blanket Supplementary Feeding Programme in two counties in Kenya, August 2011-March 2012. Centers for Disease Control. September 2012. Full report available at http://www.unicef.org/evaluation/files/Final_BSFP_Evaluation_Report_Kenya_2010-005.pdf

² The ration (200 gm CSB+ and 20 gm oil per day) provided 977 kilocalories/day.

Beneficiaries of
BSFP in Kenya

SCUK, Kenya, 2011



UNICEF/NVHQ/2009-0204/Nairobi, Somalia, 2009

A woman feeds a child a ready-to-use food as part of a nutrition programme

Effect of adding RUSF to a general food distribution on child nutritional status and morbidity: a cluster randomized controlled trial

Summary of published research¹

A recent study was conducted to determine if the addition of a daily dose (46g) of a Lipid based Nutrient Supplement (Plumpy'Doz), for consumption by children, as part of a general food distribution (GFD) would reduce cumulative wasting incidence during the seasonal hunger gap (June to October) in Abeche, Chad.

The study had an intervention group who received Plumpy'Doz for 4 months (June to September 2010) and a control group who just received the GFD.

Findings: The supplementation group had increased haemoglobin (+3.8 g/l; 95% CI: 0.6, 7.0; p = 0.02) and linear growth (+0.03 Z-

score/mo; 95% CI: 0.01, 0.04; p<0.001), as well as reduced diarrhoea and fever episodes. However, the study did not find evidence that adding Plumpy'Doz to a GFD prevented acute malnutrition. The authors suggest that other context-specific alternatives for preventing acute malnutrition should be investigated.

¹ Huybregts L et al (2012). The Effect of Adding Ready-to-Use Supplementary Food to a General Food Distribution on Child Nutritional Status and Morbidity: A Cluster-Randomized Controlled Trial. PLOS Medicine. www.plosmedicine.org. September 2012, volume 9, issue, 9, e1001313, pp1-11.

Wasting is associated with stunting in early childhood

Summary of published research¹

A recent study investigated the relationship between stunting and wasting in children. Longitudinal data from over 1500 children from Africa, Asia and Latin America was analysed.

Key findings

- Wasting (weight for height <-2 SD) at 6–11 and 12–17 months was associated with decreased length-for-age Z-score. However, infants who experienced wasting only at 0–5 months did not suffer long-term growth deficits.
- Children with greater variability in weight-for-length Z-score (WLZ) in the first 17 months of life were shorter at 18–24 months of age than children with less WLZ variability.
- Children with wasting, highly variable WLZ, or negative

changes in WLZ were at a higher risk for linear growth retardation, although instances of wasting may not be the primary cause of stunting in developing countries.

The authors assert that catch-up growth in length was adequate for those children who were wasted during the first 6 months of life, whereas time was insufficient for catch-up linear growth in those children with wasting in the 6 to 17 month age period.

The authors conclude that wasting is associated with the process of stunting, and prevention of wasting could potentially increase attained stature (height) in children.

¹ Richard S et al. Wasting is associated with stunting in early childhood. J. Nutr. 142: pp 1291–1296, 2012.

A child enjoying a doughnut
made with OFSP flour



©CIP, Zomba, Malawi, 2011

Rooting Out Hunger in Malawi with Nutritious Orange Fleshed Sweet Potatoes: Lessons from Malawi

By Blessings Botha & Mpumulo Jawati (Irish Aid – Malawi)

Blessings Botha has a Masters of Science in Development and Resource Economics and a BSc in Agricultural Economics. He has been working as Agriculture and Food Security Advisor with Irish Aid for four years, responsible for the design and oversight of the implementation of the agriculture and food security focus areas of the Irish Aid Country Strategy.

Mpumulo Jawati has a Masters of Public Health and is currently working with Irish Aid in Malawi as a Nutrition Advisor.

While there is strong political will and on-going efforts to improve nutrition in Malawi, malnutrition is still a concern. 47% of children are stunted, 13% underweight and 4% wasted. In addition, 73% of children suffer a mild Vitamin A deficiency. To improve vitamin A deficiency and overall energy intake, in 2009 the International Potato Center (CIP) launched a 4.5 year Irish Aid funded project “Rooting out Hunger in Malawi with Nutritious Orange-fleshed Sweet Potato” targeting 70,000 households with young children.

CIP worked in partnership with the Government of Malawi and Non-Governmental Organisations (NGOs) in the Central Region district of Dedza and Southern Region districts of Chikwawa, Phalombe and Zomba. These districts were selected as they have a high potential for sweet potato production. The project established a high quality seed multiplication system for the Orange-fleshed Sweet Potato (OFSP) vines at the community level; the multiplication was run by individuals or groups of farmers with access to irrigation. A subsidised voucher system allowed vulnerable households to purchase the multiplied vines. Demonstrations and awareness campaigns were conducted to stimulate demand for the OFSP.

Since its inception, the project has provided 846,000 kg of quality OFSP vines benefitting over 34,000 farmers. Over 161.6 hectares of OFSP have been grown and 80% of the root crops consumed. The project has also developed 6 new OFSP varieties which have been approved by the Government’s Agriculture Technology Clearing Committee in 2011 and are currently being rolled out to 62,000 farmers.

Three OFSP modules for the training of trainers have been developed (agronomy, post-harvest handling and processing/ utilisation) and over 4,000 farmers, government, and NGO extension staff have been trained.

The OFSP project is being linked to the National Nutrition Education and Communication Strategy to reduce malnutrition at the community level which is also part of the 1000 Days Scaling Up Nutrition movement.

The project has resulted in a large shift in farmers’ demand from white to OFSP. Farmers are now willing to purchase OFSP planting material. In addition, even though OFSP costs more than white fleshed sweet potato in the market, farmers have a strong preference to consume what they grow, only selling the surplus. There is increased awareness of the importance of including OFSP in the daily diets and the need to diversify their diets from eating nsima (maize) three times a day.

Women have also learnt to process the sweet potatoes to make cakes, juice, sweet beer, fritters and doughnuts which they can sell. With the income they earn they can buy clothes and send their children to school, even to secondary school.

Three key lessons have emerged from the project:

1. The campaign to increase awareness and create demand for OFSP was an important and effective behaviour change tool.
2. Strong partnerships and effective communications (particularly with district level government, NGOs and private sector) have resulted in wide dissemination of OFSP planting material throughout the country.
3. There is a need to track household consumption of OFSP and measure nutrition outcomes (especially Vitamin A) to assess the impact.

The project is being scaled up to further districts by CIP and partners with a goal of a national programme in the future.

For more information, please contact Adrian Fitzgerald: adrian.fitzgerald@dfa.ie.

Micronutrient powders vs. Iron-folic tablets in controlling anaemia during pregnancy

Summary of published research¹

A recent cluster randomised trial in Bangladesh investigated whether home fortification with a micronutrient powder (MNP) is at least as efficacious as iron-folic acid (IFA) tablets for improving haemoglobin concentration in pregnant women. Each participating health centre was randomly allocated to distribute either MNP or IFA tablets daily to pregnant women of greater than 22 weeks of gestation, until 32 weeks of gestation. Changes in haemoglobin from baseline and adherence to the treatment were compared.

Findings: After the intervention, haemoglobin concentrations were not significantly different between the MNP and IFA groups. Adherence to the MNP was lower than adherence to the tablets. Focus group discussion revealed that some women were

concerned that adding MNP would worsen nausea or increase appetite- as food was scarce this was not a positive attribute.

Due to the limited evidence on the effectiveness of MNPs as a strategy to improve haemoglobin concentration in pregnant women, this study recommends that further research on factors related to MNP adherence, particularly around culture-specific food preferences would be of particular benefit. The authors suggest that having the choice between tablets or an MNP might improve adherence.

¹ Choudhury et al (2012). Relative efficacy of micronutrient powders versus iron-folic acid tablets in controlling anaemia in women in the second trimester of pregnancy. Food and Nutrition Bulletin, vol. 33, no.2, pp 142-149, 2012.



A flood affected community in Khyber Pakhtunkhwa province

Amjad Juma/WFP, Pakistan

CMAM Evaluation: Pakistan Case Study (UNICEF)

Summary of evaluation¹

The Government of Pakistan's (GoP) Department of Health (DoH) initiated a Community-based Management of Acute Malnutrition (CMAM) programme in Khyber Pakhtunkhwa (KP) in 2008. The programme was scaled up following severe flooding of July 2010 and implemented in collaboration with UNICEF, WHO and WFP, and implementing partners.

An evaluation by UNICEF concluded that CMAM is a relevant and effective approach for addressing SAM. A number of recommendations were made to strengthen the programme:

- Advocate for and support development of a national nutrition and provincial strategy which outlines the strategic priorities, assigns nutrition authority and coordination mechanisms, sets out capacity needs, and makes budget commitments for nutrition interventions.
- Focus on multi-sectoral and integrated longer term approaches.
- Strengthen national CMAM guidelines to include detailed

protocols for referrals and admissions to stabilisation centres, more on IYCF and inter-sectoral coordination, guidance on addressing cultural, gender and equity issues and monitoring programme performance.

- Strengthen monitoring and advocacy at the national and provincial levels.
- Strengthen the nutrition information system to ensure reliable and consistent collection of gender disaggregated programme data (more girls were admitted with SAM than boys).
- Jointly establish indicators for progressive integration of CMAM into the national health system.
- Expand in-country production of supplementary foods and strongly promote the development of RUTF production.

¹ UNICEF (2012). Evaluation of community management of acute malnutrition (CMAM) Pakistan Country Case Study. UNICEF Evaluation Office. September 2012



A mother and child receive RUSF as part of a CMAM programme in Sindh Province

©HOPE, Pakistan, 2010

In 2010, Pakistan witnessed the worst floods in its history. Millions of people across the country were affected. Disease was rampant and food insecurity high. Global acute malnutrition in Sindh province was reportedly 22.9% and severe acute malnutrition (SAM) was 6.1%¹.

In collaboration with UNICEF and WFP, HOPE (a national NGO) started a CMAM programme in three districts of Sindh Province. The programme screened and treated children and pregnant and lactating women (PLWs) for acute malnutrition. Children with uncomplicated SAM were provided with Ready-to-Use Therapeutic Food (RUTFs: PlumpyNut or Immunut²), routine medicines and nutrition counselling in an outpatient therapeutic care programme (OTP) implemented through mobile clinics and in government run Basic Health Units. Children with complicated SAM were transported to the Stabilising Centre (SC) in the local Civil Hospital. Moderately acutely malnourished (MAM) children were provided Ready-to-Use Supplementary Food (RUSF) or RUTF (PlumpyNut or Immunut) if RUSF was not available in the supplementary feeding programme (SFP). PLWs were given UNIMIX.

All individuals enrolled in the programme received monthly water purification sachets (and the necessary accessories) for household use and demonstrations were given to explain the importance and use of the sachets.

Social mobilisers identified community leaders and women activists in the village and engaged them in discussions on the importance of the right diet, recipes for UNIMIX, and good breastfeeding practices. Every defaulter was tracked and the reasons for default were investigated.

Results

From October 2010 to November 2011, over 297,000 children and PLWs were screened. Of these, 30,493 children and 15,819 PLWs

CMAM in response to 2010 floods in Pakistan: experiences from a national NGO

Authors: Dr. Mubina Agboatwalla, Dr. Rehana Ahmed and Dr. Abida Reza.

Dr. Mubina Agboatwalla is a pediatrician and chairperson of HOPE. She has worked extensively on maternal and child health programmes including community and hospital-based programmes to treat children with SAM.

Dr. Rehana Ahmed and Dr. Abida Reza are paediatricians and gynaecologists working with HOPE and have been supervising HOPE's Nutrition projects since 2007. They were involved in a supervisory role, monitoring the nutrition project.

Local NGOs can be a valuable resource in times of nutrition crises, providing additional support (in terms of human, logistics and capacity development) to government health teams to address surges in acute malnutrition, both during the emergency and beyond.

entered the SFP and 4,194 children were enrolled in the OTP/SC. The performance of both programmes was well within SPHERE standards. In the SFP, 93% were cured, 5% defaulted, 0.8% were non-responders and 1% died. In the OTP/SC, 94% of children were cured, 4.5% defaulted and 1.5% died.

The households using water purification sachets reported 51% fewer episodes of diarrhoea in the under fives compared those not using the sachets. In addition, the recovery time for MAM children in the households using water purification sachets was 3.5 months compared to 4.15 months in households not using the sachets.

To increase sustainability of the CMAM programme, a strong collaboration with the government health system was undertaken. Cases of SAM were gradually transferred from the mobile clinics to the OTPs in the government run Basic Health Units. On-going training in CMAM and nutrition rehabilitation of SAM children and supervision helped foster greater capacity and ownership. As a result, a specific ward for the rehabilitation of malnourished children was created and continues today with monitoring from the Nutrition Cell within the government Health Department.

Conclusions

The success of the programme, in terms of numbers treated and cured was due to the close interaction with the community, meticulous follow up and interactive counselling sessions with mothers. Effective collaboration with the Nutrition Cell and Health Department facilitated ownership of the programme and capacity building of the health department personnel allowed for a successful transition to government run service delivery.

For more information, please contact: Dr. Mubina Agboatwalla, agboat@hope-ngo.com.

¹ UNICEF-ACF Flood Affected Nutrition Surveys. Sindh (Pakistan) 2010

² Produced by Diva Nutritional Products, South Africa



Adele Fox, Concern Worldwide, Ethiopia, 2012

School directors preparing special porridge with egg and vegetables, supervised by Hawla Eshetu, VCHW for Tebasit Kebele. They are wearing t-shirts with various IYCF messages

Integrating IYCF and the Productive Safety Net Programme in Ethiopia

by Adele Fox (Concern Worldwide)
Original article in Field Exchange 44, p60

In 2010 Concern Worldwide launched a 2-year multi-sectoral pilot project aimed at reducing malnutrition in a chronically food insecure area of Ethiopia (Dessie Zuria). The project was designed to link with the Government of Ethiopia's Productive Safety Net Programme (PSNP) programme, which provides support and assistance to the poorest community members. The primary focus of the project was on fostering social and behavioural change. Four strategies were employed:

- Building the capacity of multi-sectoral actors at state and community level to deliver effective IYCF messages and encourage behaviour change.
- Supporting the promotion of effective IYCF messages at key contact points including at PSNP pay days, public work, child health and growth monitoring days as well as at supplementary feeding sites and local radio and drama productions.
- Engaging the entire community to foster social change. For example, fathers were encouraged to provide healthy foods for their children and religious leaders were trained on key IYCF messages.

Results

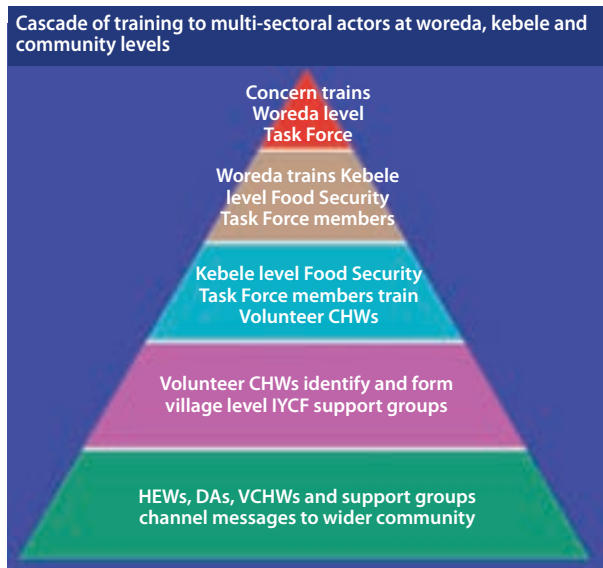
In comparing the pre- and post- intervention surveys, a dramatic improvement in infant feeding practices was reported. The number of mothers who reported breastfeeding their child within the first hour of birth rose from 26% to 75% and the proportion of children less than 6 months old who were exclusively breastfed (using WHO indicators) rose from 36% to 91%. This coincided with a reduction in the percentage of mothers who reported giving their children water in the first month of life (from 48% to 18%).

Improvements were also noted in complementary feeding practices. Children aged 6-23 months consuming a minimum acceptable diet increased from 10% at baseline to 33% at the end of the intervention.

A number of enabling factors were reported to have contributed to these findings:

- A multi-sectoral approach, involving a wide range of groups and sectors
- Engaging the wider community and addressing social norms as well as barriers to practising recommended IYCF behaviours
- Use of multiple platforms and approaches to disseminate messages
- A targeted approach to behaviour change (basing messages on formative research and emphasising do-able actions)
- Working across levels, creating strong links between communities, villages and districts through a cascading style of training with supportive supervision.

Concern is in the process of replicating the project in four other parts of Ethiopia.





Volunteer Health Workers and facilitators at Svisivi, Gokwe South

UNICEF Zimbabwe, 2011

Frontline experiences of Community Infant and Young Child Feeding in Zimbabwe

by W Dube et al (Ministry of Health and UNICEF) and Post script by F. Assefa (UNICEF Zimbabwe)
Original article in Field Exchange 43, p95

Zimbabwe has a high prevalence of stunting (32%) which has been increasing since the early 1990s. Despite years of effort to expand IYCF interventions (to address one of the underlying cause of stunting), IYCF practices remain poor and unchanged.

In addition to improving policy, guidelines and tools for use at different levels, and addressing the barriers to effective IYCF practices, a new community IYCF (cIYCF) service has been developed to ensure that all mothers and carers of babies aged 0 to 24 months of age have access to skilled IYCF assessment and counselling within their communities.

Concerned about the lack of effectiveness and cost of typical cascade training, the national IYCF Technical Working Group supported the training of 150 Village Health Workers (VHWs) to become community counsellors (CCs) in each district. Trainings were held at a health centre near the community. Trained CCs linked to a small number of pregnant women or infant-mother pairs to

continue practicing their skills and to establish and facilitate a mother-to-mother support group.

A total of 2,000 CCs were trained to support 20,000 women.

To ensure adequate support for CCs, VHW trainers and one nurse from every health institution were also trained and equipped with a checklist to enable supportive supervision. The supportive supervision system encourages a sense of accountability by each VHW for ensuring optimal IYCF practices and greater understanding of barriers to implementing good IYCF practices in their community. A simple register lists all pregnant mothers and infants/children aged 0-24 months. Monthly meetings are held with health centre staff. In response, health centre staff are requesting additional training and support to enable them to effectively support and supervise the CCs.

The programme is showing promising results and is being rolled out in additional districts.

Proceedings of UNICEF/Global Nutrition Cluster (GNC)/Save the Children UK (SCUK) workshop on IYCF¹

This workshop aimed to share experiences and challenges with IYCF in development and emergency contexts, to disseminate policies and capacity development tools and to discuss recent developments in programming, assessment, monitoring and evaluation and coordination.

The workshop highlighted that policies, strategies and tools for IYCF are available. A Programming Guide on Infant and Young Child Feeding (2012) was highlighted as a key resource (see 'Tools' section for web link). However, IYCF in emergencies still lacks key tools to support implementation.

Three conclusions were reached at the workshop:

- There is a need to improve the programmatic links between IYCF in development and IYCF in emergencies. Practical 'how to' guidelines, including agreed core monitoring and

evaluation indicators for IYCF in emergency contexts are needed.

- There is a need to better 'package' IYCF in emergencies to encourage more buy-in from senior management and communications/advocacy teams, as well as from donors.
- There needs to be greater clarity about role and responsibilities for IYCF in all contexts taking into account existing UN mandates, agency expertise and capacity.

For more information, contact Ali Maclaine, SCUK, A.Maclaine@savethechildren.org.uk

¹ Access the full report at http://www.unicef.org/nutritioncluster/files/IYCF_-_IYCF-E_workshop_report_2012.pdf





A community IYCF session

Addressing poor IYCF practices in Baluchistan, Pakistan

Authors: Muhammad Sheraz and Dr. Ali Nasir Bugti



Muhammad Sheraz is the Information Management Officer in the Nutrition Cell of the Provincial Health Directorate in the Government of Baluchistan. He is responsible for providing Information Management services to stakeholders and is a master trainer on IYCF, CMAM, IDD and is involved in provincial & district level trainings for the cell.



Dr. Ali Nasir Bugti is the Deputy Director of Nutrition and WFP liaison for the Nutrition Cell, Provincial Health Directorate in the Government of Baluchistan. He is responsible for the design, planning, implementation, operations, supervision, monitoring and evaluation of Nutrition Projects in Baluchistan Province.

Baluchistan is one of the least developed provinces of Pakistan and has an alarmingly high prevalence of child undernutrition: stunting is 52%, underweight is 39.6%, and wasting is 16.1%. Baluchistan's nutrition crisis reflects the accumulation of poor feeding practices, low rates of exclusive breastfeeding and other factors.

Obstacles in the promotion and implementation of optimal IYCF practices include local taboos and customs, low literacy rates in rural areas, lack of awareness about the importance of breastfeeding, lack of support for breastfeeding women, and the belief amongst some women – perpetuated by Health Care Providers – that using formula milk is healthier for babies.

Several measures have been taken to address poor IYCF practices at the policy level by the Provincial Nutrition Cell in Baluchistan.¹

- At the policy level, legislation on the Code of Marketing of Breastfeeding Substitutes (referred to as the Code) was approved in 2002 and the National Assembly approved rules and regulations for the implementation of the Code in 2009. However, no concrete measures have been taken to implement the rules and regulations. Currently the Nutrition Cell in Baluchistan is lobbying with policy makers to approve and roll out the Code.
- To increase the rate of early initiation and exclusive breast feeding in the province, the Nutrition Cell, in collaboration with UNICEF & HELP (Health, Education & Literacy programme, a national NGO) is implementing two different projects aimed at lobbying policy makers to strengthen IYCF training, implementation of activities in the communities and to include IYCF strategy in undergraduate curricula.
- The Nutrition Cell, with support from UNICEF has trained more than 3450 LHWs (Lady Health Workers) and 1150 HCPs (Health Care Providers) during the last three years on IYCF. The

strategy involves capacity building of the health care staff who interact most frequently with the communities. The trainings not only aim to create mass awareness regarding IYCF but also facilitate commitments to action in support of IYCF by influential members in the community such as traditional birth attendants, teachers and religious leaders. The Nutrition Cell plans to continue these trainings in the coming years and to focus on districts not previously covered.

The authors conclude that, until the necessary rules and regulations are implemented to uphold the 'Code', trainings and other efforts will have limited impact on IYCF practices and undernutrition.

For further information please contact Muhammad Sheraz, mohammad.sheraz@live.com.

¹ The Nutrition Cell is the unit within the Provincial Health Directorate tasked with addressing prevention and treatment of malnutrition.



District level IYCF training of LHWs



©WFP/Stephanie Savariraud

Food by Prescription: Measuring the impact and cost-effectiveness of prescribed food on recovery from malnutrition and HIV disease progression among HIV+ adult clients in Ethiopia



By K. Sadler, et al¹ (Tufts University)

Great strides have been made over the last 20 years in the long-term management of HIV infection in developing countries, resulting in improved immune function, reduced mortality, and prolonged survival. However, underlying malnutrition continues to reduce positive health outcomes, and HIV infection in turn worsens malnutrition. The Ethiopia Food by Prescription (FBP) programme, implemented since 2010 by Save the Children US (SC US), USAID/Ethiopia, and the Ethiopian Ministry of Health, provides therapeutic food along with nutritional assessment and counselling to malnourished HIV+ individuals. The Tufts University Friedman School of Nutrition Science and Policy undertook research into the effectiveness of the programme.

The study aimed to examine the effect on health and nutrition outcomes of food offered “by prescription” to malnourished adults living with HIV/AIDS who were at different stages of treatment. Stages of treatment included: pre-Anti-Retroviral Therapy (ART), ART for less than six months, and ART for more than six months. The food offered by prescription was Plumpy’NutTM – a ready-to-use therapeutic food (RUTF).

Nutritional status of participants was classified as either severe or moderate acute malnutrition, defined by BMI ≤ 16 , and BMI > 16 < 18.5 , respectively. Cost-effectiveness was assessed by measuring

the marginal cost of incorporating the food supplement into the treatment programme for HIV+ patients, and then relating it to the marginal benefits (specific health and nutrition outcomes) of this intervention.

Results

Patients who received food were significantly more likely to recover from malnutrition than those who did not. Treatment with RUTF was much more successful, and more cost-effective, when malnourished individuals were identified and treated early. Additionally, patients who recovered through the addition of RUTF experienced long-lasting positive effects on their health and nutrition status. While the cost per patient was high, the cost of improving nutritional status by at least one BMI point was much lower – an important finding considering the link between weight loss and increased risk of mortality.

Based on these results, the authors recommended that nutritional assessment counselling and support remains an integral component of ART programmes in Ethiopia and that it should continue to be part of the National Nutrition Programme.

¹ Full article available <http://sites.tufts.edu/feinstein/2012/food-by-prescription>

Transforming cash transfers: beneficiary and community perspectives on social protection programming

Overseas Development Institute

The Overseas Development Institute (ODI) has published six reports on Transforming cash transfers: beneficiary and community perspectives on social protection programming.

Commissioned by the UK Department for International Development (DFID) the research was conducted in five countries where DFID is supporting cash transfer programmes (Kenya, Mozambique, Occupied Palestinian Territories, Uganda and Yemen).

The purpose of the research was to provide robust evidence from the perspective of beneficiaries and their communities on the quality and effectiveness of cash transfer programmes.

While there is growing evidence that cash transfers have a range of positive effects and are good value for money the evidence base varies. Evidence is strong on the effects of cash transfers in reducing poverty and hunger and increasing access to health and education services but it is weaker on transformational effects such as empowerment, gender equality, social cohesion and state building.

The report authors conclude that including beneficiaries and their communities more systematically in monitoring and evaluation of cash transfer programmes should improve programme effectiveness in at least three ways:

- Value for money – participatory methods can help capture benefits and costs (particularly social) and effects (particularly transformational) which are harder to measure, and sometimes unintended.
- Feedback loops – beneficiary and community views on programme design, implementation (what is working and what is not) and effects, offer a different perspective. Combined with other monitoring and evaluation information, this strengthens the evidence base from which programme and policy improvements can be made.
- Accountability – participation in programme monitoring and evaluation enables citizens to better hold their governments and development partners to account.

To read the reports or more about the project visit <http://transformingcashtransfers.org/>



© WFP/Anne Karine Brodeur, Ecuador, 2003

School Feeding Operations in Ecuador

Impact of WFPs Cash, Food Voucher, and Food Transfer interventions in Ecuador

Summary of evaluation¹

Ecuador has the largest refugee population in Latin America (approximately 121,000 refugees and 50,000 asylum seekers in 2010), the majority of which are from Colombia. A UNHCR/WFP study on the food and nutrition situation of the refugees revealed that 28% of the Colombian refugee population is food insecure and suffers from low dietary diversity. In addition, 48% of children under five are anaemic.

This study estimated the relative impact and cost-effectiveness of cash, food vouchers, and food transfers on household food security and other complimentary indicators.

Overview of intervention

The intervention consisted of six transfers of food, food vouchers, or cash to refugees and poor Ecuadorian households in selected

urban areas on a monthly basis. The value of the monthly transfer was standardised at \$40/month/household across all interventions and was delivered as pre-programmed debit cards or food vouchers redeemable at central supermarkets.

Key findings:

- **Participant experience.** The cash transfer incurred the lowest costs to participants in terms of waiting times and transportation costs. A higher percentage of participants preferred the transfer in cash as opposed to food or vouchers.
- **Complaints.** The main complaints of voucher recipients were lack of food items and higher prices in supermarkets. The main complaint of food recipients was torn food packaging, and the main complaint of cash recipients was the lack of understanding on how to use the debit cards.

- **Use.** Across all three modalities the transfers were reportedly mainly used for food consumption; however, voucher recipients spent a larger percentage on food than cash recipients. Almost none of the food transfer or voucher were sold to buy other items. Besides food consumption, food recipients tended to share their transfer with friends or family, or save their transfer for later use. Cash recipients reported saving a small share of their cash for later use and spending a small portion on non-food items.
- **Nutrition knowledge.** Nutrition knowledge increased from baseline to follow-up. The most notable increase in knowledge was around food items that are rich sources of iron and vitamin A and good feeding practices for infants.
- **Food security.** All three modalities significantly increased food

- consumption, caloric intake and dietary diversity.
- **Anaemia.** Overall participation in the programme did not lead to significant changes in haemoglobin levels or anemia in young children or adolescent girls. The programme did, however, lead to a significant decrease in hemoglobin levels and increase in anaemia for children in the food group. This is thought to be due to the limited diversity in the food transfer.
- **Cost.** In terms of cost-effectiveness, vouchers were the least costly means to improve food security outcomes while food was the most costly.

¹ IFPRI/WFP Impact Evaluation of Cash, Food Vouchers, and Food Transfers among Colombian Refugees and Poor Ecuadorians in Carchi and Sucumbios (Final Report) By M. Hidrobo et. al. October 17, 2012.



Women and Men in a Kilifi community working on a large water pan

World Renew (CRWRC), Kenya, 2012

Food, goats and cash for assets programmes during emergency drought response in Kenya

by G. Brouwer (World Renew)

Original article in *Field Exchange* 44, p38

While the vast majority of humanitarian aid is provided as in-kind transfers (such as food and livestock), cash distributions are becoming more widespread. World Renew, an international NGO, conducted a comparative study of four projects; Cash-for-Assets (CFA), Goat-for-Assets (GFA), and two Food-for-Assets (FFA) implemented in Kenya to understand and compare these different approaches.

FFA and CFA projects aimed to increase food consumption and improve resilience to drought. FFA provided short-term food distribution and CFA provided 2500 Kenya shillings per month in exchange for participation in community based work.

The GFA project aimed to improve livestock health and increase household food security. It provided a hybrid, milk-producing goat for each target family in exchange for participation in work activities.

The study used quantitative and qualitative methods to assess impact. Focus group discussions were held and interviews with key informants including beneficiaries, local government officers, project coordinators and community leaders were conducted.

Findings

- There was a disproportionate involvement of female participants in the FFA work schemes (as high as 95%) with men more involved in the CFA project. This was reportedly due to the fact that men were more interested in receiving cash and the FFA work required activities traditionally associated with women's responsibilities.
- Food rations were often shared and therefore often lasted the household less than a month.
- Difficulties in delivery of cash through the banking system –

some beneficiaries struggled to establish an account due to lack of identification or being declined creating negative feedback about the project.

- Both the CFA and FFA increased household food consumption and retention of livestock.
- Cash deposits were larger than many had experienced before and it was often all spent shortly after receiving it (not lasting the whole month).
- Both food and cash transfers were reported to assist in the resolution of family conflicts. However several CFA beneficiaries described how the influx of cash also brought about new conflicts.
- The majority of those receiving goats and food preferred these transfers to that of cash. Reasons included the potential loss of purchasing power and their inability to limit spending.
- A majority of CFA beneficiaries reported a preference for food though several preferred cash. Those that preferred cash had limited opportunities to earn income. Of those preferring cash, participants reported that cash allowed them to address a number of needs, and gave them a choice.
- While spending habits changed throughout the programme, the largest expenditure was on food throughout the duration of the projects.

This study suggests that while CFAs might be superior to food distributions in areas where markets are functioning, other factors such as gender participation, beneficiary preference, adverse impacts and behavioural responses should be considered in the design. Ultimately, while there are many similarities between different models of asset exchange, they are not interchangeable and cannot be expected to achieve identical results.

A new way of measuring hunger and food insecurity



UN Food and Agriculture Organization (FAO)

A faster and more precise way of measuring hunger and food insecurity across the world is soon to be field-tested by the FAO. Currently, the FAO monitors food availability at the national level. A new indicator will measure food access at the individual level, and will provide a clearer idea of personal experiences with food insecurity.

The new approach – known as the Voices of the Hungry project – relies on gathering nationally representative information on the extent and severity of hunger from a sample of 1,000 to 5,000 people (depending on country population size) through an annual survey.

The answers to eight questions (see Box 1) will reveal whether and how respondents have experienced food insecurity in the previous 12 months.

A pilot in four countries – Angola, Ethiopia, Malawi and Niger – will start in March 2013. It will be rolled out into up to 150 countries. The project will run for five years and will lead to the establishment of a new FAO-certified standard for food security monitoring that could then be adopted by other household surveys.

Results of the surveys take a few days to compile, allowing FAO to take a real-time snapshot of a nation's food insecurity situation. This will be the first occasion that FAO takes on responsibility for data collection. In parallel, FAO will assist countries to include the approach in their on-going survey plans and programmes to ensure future sustainability

Box 1: Eight questions

During the last 12 months, was there a time when, because of lack of money or other resources:

1. You were worried you would run out of food?
2. You were unable to eat healthy and nutritious food?
3. You ate only a few kinds of foods?
4. You had to skip a meal?
5. You ate less than you thought you should?
6. Your household ran out of food?
7. You were hungry but did not eat?
8. You went without eating for a whole day?



Group at a Khasdhalai flood shelter in Bangladesh

J. Beesley/Oxfam, Bangladesh, 2002

Disaster risk management in post-2015 development goals: potential targets and indicators

by Tom Mitchell et al

Including measures to promote disaster risk management (DRM) in the post-2015 development goals is needed to incentivise investment in advance of shocks to protect lives and livelihoods and also save money. This ODI report examines options for including DRM in the post-2015 development framework. Its eight chapters, each authored by leading international experts, combine to explore three scenarios for including DRM:

1. A standalone goal on disasters, supported by targets. The report assesses targets on reducing mortality, reducing economic losses, preventing impoverishment and protecting and improving health systems;

2. A target on disasters within a goal on 'resilience', 'security' or 'tackling obstacles to development'; drawing on the detailed assessments of the targets mentioned above.
3. Integration of DRM into other goals. The report particularly highlights how DRM could be included in poverty reduction and education goals.



Report available on ODI website: <http://www.odi.org.uk>



Field work as part of a livelihood development project

Expert Consultation on Resilience Measurement for Food Security

Summary of meeting in Rome 19-21 February 2013

Resilience is a relatively recent concept within the wider development community and there is an understandable scarcity on the impact of resilience programming. A major milestone in achieving resilience at a significant scale will be the ability to measure resilience outcomes at the household, community and national levels. Various models for measuring resilience are currently under development though there is no standard.

FAO and WFP hosted an Expert Consultation on Resilience Measurement for Food Security in partnership with the Food Security Information Network (FSIN) to consult with stakeholders, donors and practitioners on two main topics:

- What are the main needs and challenges in integrating resilience measurement into ongoing programmes?
- What approaches are currently being used by different organisations for measuring resilience?

The aim was to promote a common understanding of the key issues regarding resilience measurement, and to agree on next steps for improving these approaches in order to meet the information needs of decision makers.

The expert group recommended that the FSIN take on a major role in moving Resilience Measurement forward by facilitating the establishment of:

- **A Community of Practice** dedicated to food and nutrition security resilience measurement as a forum to vet ideas among practitioners.
- A small, task-oriented **Technical Working Group** on resilience measurement to develop an analytical framework, guidelines, principles and good practices for measuring resilience, review case studies and pilots, or conduct further tests of existing approaches in various contexts.
- **Harmonized methods:** FSIN will help reach agreement on a common overarching analytical framework and development of a common set of indicators for measuring resilience related to food security.

For more information on the FSIN or outputs from the consultation, please contact luca.russo@fao.org or mark.smulders@fao.org.

Additional information and papers on resilience:

- Conceptual analysis of livelihoods and resilience: addressing the 'insecurity of agency' by Adam Pain and Simon Levine, November 2012. <http://www.odi.org.uk/publications/6976-resilience-livelihoods-agency-socio-economic-security>
- Resilience and livelihood change in Tigray, Ethiopia by Bapu Vaitla and Dan Maxwell, November 2012. <http://sites.tufts.edu/feinstein/2012/resilience-and-livelihoods-change-in-tigray-ethiopia>
- Resilience: New Utopia or New Tyranny? Reflection about the Potentials and Limits of the Concept of Resilience in Relation to Vulnerability Reduction Programmes by Christophe Béné, Rachel Godfrey Wood, Andrew Newsham and Mark Davies, September 2012. <http://www.ids.ac.uk/files/dmfile/Wp405.pdf>



Village model farmer demonstrates adding compost to pumpkins planted in pit crop system

HKT, Bangladesh, 2012

Helping homestead gardeners mitigate the impact of soil salinity in Bangladesh

By Erica Roy Khetrin, Helen Keller International
Original article in Field Exchange 44, p63

Homestead food production (HFP) can be an effective way to help families increase access to nutritious food and new sources of income. The changing climate requires that new practices be integrated into HFP programmes, particularly in areas vulnerable to periodic flooding and resulting increase in soil salinity.

Helen Keller International conducted a survey in May 2012 in Shymnagar, a sub-district in south western Bangladesh bordering the Bay of Bengal, to identify the most tolerant varieties of vegetables, document local practices to cope with soil salinity and develop recommendations to assist families in areas with high salinity to continue vegetable production.

Key practices utilised to mitigate the impact of soil salinity on home gardens were documented:

- Mulching (covering the ground) with rice straw, coconut coir (natural fibre from coconut husks) or other locally available organic materials to increase water retention of the soil
- Development of compost pits and use of compost in preparing and managing the soil
- Use of lime to treat saline soil
- Leaching with water (passing water through the soil to cause the salt to come out)
- Sowing seeds in beds with good soil (that has been leached and prepared with mulch and compost) and transplanting them to fields after heavy rain
- Pit cropping- sowing seeds in small pits where soil is leached to reduce salinity and enriched with compost.

Crops with greater resilience to salinity included Indian spinach, sweet gourd, okra and Kangkong- a leafy green vegetable rich in vitamins A and C as well as iron and calcium.

In areas most affected by soil salinity, container gardening using nylon bags, jute (fibre) shopping bags, old metal and plastic buckets, and clay pots offered an effective way to increase the number of planting seasons and garden diversity. These techniques may be appropriate beyond Bangladesh in areas affected by floods or drought resulting in saline soils.



Fully damaged garden, with the garden's owner

HKT, Bangladesh, 2012

2013 is a significant year for nutrition. Nutrition is in the spotlight and is receiving unparalleled, country-wide and global level attention in an effort to combat widespread undernutrition. Below is a summary of the main events taking place in 2013 with a focus on nutrition

Scaling Up Nutrition movement senior-level meeting

14 – 15 March 2013, Brussels, Belgium



Hosted by the European Commission, representatives from SUN countries, donors, UN agencies, civil society, academia and the business community assembled to discuss how to ensure that nutrition remains at the top of the international development agenda. Participants debated the best ways to ensure that nutrition features in the post-Millennium Development Goals and Sustainable Development Goals frameworks; how to cost, fund and measure the impact of nutrition investments; and how to ensure principled and sustainable efforts are made by all key partners to eradicate undernutrition in all its forms.

For more information and outputs from the meeting, see <http://capacity4dev.ec.europa.eu/hunger-foodsecurity-nutrition/event/scaling-nutrition-sun-movement-senior-level-meeting>

UNSCN Meeting of the Minds on the nutrition impact of food systems

25 – 28 March 2013

This technical meeting discussed the nutritional impact of policies shaping food systems of countries and frameworks and tools to be used to describe and analyse national policies in the area of food and agriculture. The meeting contributed to an increased understanding of the role of agriculture/food security/food systems in the triple burden of malnutrition and highlighted the importance for stakeholders to consider the food supply chain from production to consumption. Recommendations from the meeting will guide the planning of the International Conference on Nutrition scheduled for November.



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The meeting brought together more than 70 experts and country practitioners from a range of organisations. For presentations from the meeting, see http://www.unscn.org/en/sessions/unscn_meetings_2013/mom_report_and_presentations.php

Nigeria National Health and Food Security Summit

25 – 27 August 2013, Uyo, Nigeria

Beyond 2015: The challenge of better food security and health for all in Nigeria. The summit aims to develop a feasible Health and Food Security Agenda for Nigeria for the next 50 years.

Conference on Hunger, Nutrition and Climate justice

Dublin, 15 – 16 April 2013

This conference brought together small scale food producers and senior nationals from over 100 countries, political leaders, advocates and decision-makers to learn about the local, federal and international links between climate, hunger and nutrition and the solutions to these interlinked problems.

For papers, webcasts and more on the conference see, <http://www.eu2013.ie/events/event-items/hncj>



HNCJ Day 2 – Tánaiste Eamon Gilmore and Al Gore

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International conference against child malnutrition.

Bridging the nutrition-security gap in Sub-Saharan Africa: a pathway to resilience and development

hosted by
UNICEF and Action Contra La Faim

May 14-15, Paris, France

The conference gathered around 400 participants and contributed to strengthen dialogue between stakeholders (members from Governments and Parliaments of Sub-Saharan Africa, local civil society representatives, international NGOs, United Nations agencies, donor countries, and the private sector). Presentations and debate centered on key challenges on integration, availability and accessibility of complementary foods, multisector strategies, and increasing political will.

For more information and outputs from the conference visit www.child-undernutrition-conference.org



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UK Hunger and Nutrition pre – G8 event. Nutrition for Growth, Beating Hunger through Business and Science

8 June London, UK

On June 8th, the UK Government, the Children's Investment Fund Foundation (CIFF), and the Government of Brazil co-hosted a high-level event to gain support and financial commitment for scaling up nutrition. A key result of the summit is the Nutrition for Growth Compact where donors and countries pledged over US\$4 billion to end child malnutrition- effectively doubling the annual contributions to US\$900million by 2020.

For further information visit <https://www.gov.uk/government/news/uk-to-host-high-level-meeting-on-global-nutrition-and-growth>



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International Conference on Nutrition (ICN +21)

13 – 15 November 2013, Rome

21 years after the first ICN, the ICN +21 will review the progress and achievements made since 1992 in scaling up nutrition specific and nutrition sensitive interventions and the policy measures needed to support this.

For more information visit http://www.fao.org/fileadmin/user_upload/agn/pdf/Prova_3corretta4_LOWRES.pdf



1000 Days Call to Action

10 June 2013, Washington DC

Concern Worldwide and Bread for the World hosted an event in Washington DC to mark the culmination of the 1000 Days Call to Action. It provided an opportunity to reflect on and celebrate progress over the last 1,000 days, renew the political commitment to scaling up nutrition and to formally launch the SUN CSO Network. Representatives from around the world attended the conference and a report will be available in the coming weeks.



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New Lancet Maternal and Child Nutrition Series!

13 June 2013

On June 6th, The Lancet released a series of 4 papers that reassess the problems of maternal and child malnutrition, highlighting that child malnutrition accounts for 45% of all child deaths. It also examines the growing problems of overweight and obesity for women and children and their consequences in low and middle-income countries. It outlines a new framework for the determinants of undernutrition and nutrition-specific and nutrition-sensitive interventions needed to address these. The authors recommend a package of 10 specific interventions and the importance of creating an enabling environment to reduce undernutrition.

<http://www.thelancet.com/series/maternal-and-child-nutrition>

International Congress on Nutrition

15 – 20 September, Granada, Spain

The 2013 Congress on Nutrition programme will cover plenary discussions and presentations on nutrition, feeding and dietetics. More than 4000 professionals in these areas are expected to attend.

Register now! For more information visit <http://icn2013.com/pages/welcome>





Toolkit on how to protect and promote the nutrition of mothers and children

A toolkit for stable, crisis and emergency situations in Latin America and the Caribbean. World Bank. (English and Spanish)

<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/LACEXT/EXTLACREGTOPHEANUTPOP/EXTLACREGTOPNUT/0,,contentMDK:23342299~pagePK:34004173~piPK:34003707~theSitePK:4160378,00.html>

International Policy on HIV and Breastfeeding: a Comprehensive Resource

The resource contains six sections that outline current policy, trace the evolution of past recommendations, track the impact of HIV on women and their infants, review past and current research on transmission of HIV through breastfeeding, give current counselling recommendations and list easily accessed informational and training materials.

The resource is intended for use by policy-makers, breastfeeding advocates, women's health activists and others working in public health in the community

<http://www.waba.org.my/whatwedo/hcp/ihiv.htm#kit> <http://www.waba.org.my/whatwedo/hcp/ihiv.htm#kit>



Tiño Lasa, ACF, Peru, 2009



L. Machibya/UNHCR, Tanzania, 2007



UNICEF IYCF Programming Guide

This Programme Guidance contains detailed information on IYCF in general and in especially difficult circumstances including in the context of HIV and in emergencies. It also briefly addresses maternal nutrition.

It serves as a single reference on IYCF programming with detailed and practical guidance on how to design and implement the recommended key IYCF action areas at scale in a comprehensive manner.

http://www.unicef.org/nutrition/files/Final_IYCF_programming_guide_2011.pdf

REACH Country Facilitator's Manual

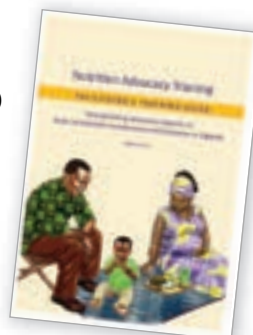
A manual for country facilitators was issued in December 2012. It describes how the REACH process unfolds, identifying the various phases of REACH and actors involved. It draws upon examples from the REACH pilot countries – Lao PDR, Mauritania and Sierra Leone – and highlights key outputs of these multi-sectoral analyses. While the facilitators are the primary audience of the manual, other country stakeholders may find the information presented to be useful and relevant to their work.

To request a copy of the manual please visit the REACH website (<http://www.reachpartnership.org/home>) or write to reachpartnership@wfp.org

Nutrition Advocacy Training: Strengthening Advocacy Capacity to Scale up Nutrition Investments and Outcomes in Uganda

This is a useful advocacy training kit that can be used and adapted for other countries:

http://www.fantaproject.org/publications/antibiotics_SAM_2012.shtml



Stephanie Laquiere (ACF), Sierra Leone, 2001



Child eating BP100 in Freetown TFC



A mother with her young child in Njemps

C Barrett, Kenya

BMI and BMI-for-Age Look-Up Tables for Children and Adolescents 5 – 18 Years of Age and BMI Look-Up Tables for Non-Pregnant, Non-Lactating Adults ≥ 19 Years of Age

Revised January 2013

These tables are a quick reference for health care providers to help determine the nutritional status of children over 5 years of age including adolescents; and non-pregnant, non-lactating adults. Practice exercises are available to assist health care providers in using the tables. The tables are available in English, French, Spanish, and Portuguese.

Originally published in 2012, a new version of the tool is available with corrected look-up tables. available at <http://www.fantaproject.org/publications/BMI-charts.shtml>

The One Health Tool is a new software tool designed to support the costing, budgeting, financing and development of national health and related nutrition sector strategies and to develop financing scenarios at the country level. It has been developed by UN agencies and the World Bank. The tool is designed for experts working in health planning.

To download the tool and see country examples where it has been used, visit, <http://www.futuresinstitute.org/onehealth.aspx>



Small-scale retailers say the low-cost MAPP sorghum is popular with customers

C-SAFE, Zimbabwe, 2004



Moderate Acute Malnutrition: (MAM) decision making tool

The MAM taskforce has developed a decision making tool to support practitioners in emergencies to decide which type of intervention is most appropriate for the prevention and treatment of moderate acute malnutrition. It is a working document.

To download the tool, visit http://www.unicef.org/nutritioncluster/index_cmam.html



The SQUEAC team looking for neighbourhood controls

© IRC, Chad

Semi-Quantitative Evaluation of Access and Coverage (SQUEAC)/Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) Technical Reference

FANTA, in collaboration with Valid International, Action Against Hunger, Concern Worldwide, Tufts University, and Brixton Health, have developed a technical reference guide for two new low-resource coverage assessment methods for evaluating access and coverage of Community-Based Management of Acute Malnutrition (CMAM) and other selective feeding programmes. The first method – Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) – combines routine programme monitoring data, qualitative information, and small-sample quantitative surveys. The second method – Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) – is a small-sample quantitative method that can be used to map and estimate coverage over large areas.

The technical reference is available at <http://www.fantaproject.org/publications/squeac-sleac.shtml>



Transforming Nutrition Ideas, Policy and Outcomes

Monday 15 July 2013 – Friday 19 July 2013,
Institute of Development Studies, Brighton



Participants are expected to be a highly diverse group of policy makers, influencers and practitioners from across the world, coming from Governments, Bilateral and Multilateral agencies, NGOs, media organisations and think tanks. This course is designed for those who want to accelerate and intensify their own efforts to reduce undernutrition and influence others in this area. Course fee is £2950 including accommodation and meals.

<http://www.ids.ac.uk/events/transforming-nutrition-ideas-policy-and-outcomes-2013>



Programming for Nutrition Outcomes training module

FREE distance learning course offered by London School of Hygiene and Tropical Medicine. The training module contains core sessions on the causes and consequences of undernutrition, nutrition assessment and programming in addition to a variety of other related topics.

http://www.lshtm.ac.uk/eph/dph/research/nutrition/programming_nutrition_outcomes_module.html

Social safety nets e-learning course

To meet decision makers' need for understanding the role safety nets play in reducing poverty and building food security, FAO, in partnership with the World Bank's Safety Nets team, have produced a FREE e-learning course on Social Safety Nets. The course also contains resources for trainers that can be customised to local needs.

The course is available for free at

[http://www.foodsec.org/web/newsevents/news/newsdetail/en/?no_cache=1&dyna_fef\[backuri\]=%2Fweb&dyna_fef\[uid\]=116781](http://www.foodsec.org/web/newsevents/news/newsdetail/en/?no_cache=1&dyna_fef[backuri]=%2Fweb&dyna_fef[uid]=116781)

E-learning course on the treatment and management of childhood malnutrition



The University of Southampton (UK) and the International Malnutrition Task Force (IMTF) have produced a FREE course to train public health professionals in treatment and management of childhood malnutrition, based on WHO guidelines. Material can be used in a teaching environment.

<https://www.som.soton.ac.uk/learn/test/nutrition/Default.asp>

Erasmus Mundus 1-year Master Course in Public Health and Disasters



The programme is co-organised by teams in University of Oviedo (Spain), Karolinska Institute (Sweden) and CRED in University of Louvain (Belgium). The programme is sponsored by the European Commission, which also has financial support for nationals of countries outside the EU.
www.pubhealthdisasters.eu



MMcGrath/ENN, Namibia, 2006

Children help to collect food at a distribution site for OVCs in Caprivi



M Myatt, Ethiopia, 2007

Measuring MUAC in a small area survey



MMcGrath/ENN, Namibia, 2006

Children wait with their carers



Wet feeding in Jacmel

C. Rudez/UNICEF, Haiti, 2010



Nutrition-related resources for emergency and development practitioners

en-net is an online forum offering rapid technical support to those working in nutrition and food security sectors – both emergency and development. A user can post a question using his/her name or anonymously to others on the forum in one of several thematic areas including prevention and treatment of severe acute malnutrition (SAM), prevention and treatment of moderate acute malnutrition (MAM), assessment, infant and young child feeding interventions, general food distribution, livelihood interventions, humanitarian systems, micronutrients and urban programming, cross-cutting themes. The forum is moderated by an international panel of technical experts and overall moderation is provided by the ENN. Register to participate online at www.en-net.org.uk

2012 Global Food Policy Report developed by International Food Policy Research Institute (IFPRI), provides an in-depth look at major food policy developments and events throughout the year. <http://www.ifpri.org/publication/2012-global-food-policy-report-overview>



The **Cost of the Diet** is a software package developed by Save the Children that can help estimate the amount, combination and overall cost of local foods that are needed to provide a typical family with their average needs for energy and their recommended intakes of protein, fat and micronutrients. <http://www.savethechildren.org.uk/resources/online-library/the-cost-of-the-diet>

Tufts University Nutrition/Infection Unit has developed a resource page that provides information on HIV and nutrition including why good nutrition is important in HIV. <http://www.tufts.edu/med/nutrition-infection/hiv/health.html>

The FHI 360 Nutrition Update is a monthly compilation of citations and abstracts of articles related to nutrition and health, micronutrients, food security from a broad range of publications with a focus on developing country contexts. <http://www.pronutrition.org/documents.php>



Harmonized Training Package – new module on Older People in Emergencies The Harmonised Training Package: Resource Material for Training on Nutrition in Emergencies (the HTP) is a comprehensive documentation of the latest technical aspects of Nutrition in Emergencies (NiE). It is organised as a set of modules by subject, containing technical information, training exercises and a resource list for use in training course development.

Module 23 on Nutrition of Older People in Emergencies – a new module - has just been completed. It was produced and published by HelpAge International and NutritionWorks, funded by HelpAge International and in collaboration with the Global Nutrition Cluster (GNC).

The HTP and associated resources are hosted on the GNC website: <http://www.unicef.org/nutritioncluster> the UN Standing Committee on Nutrition (UNSCN) website: http://www.unscn.org/en/gnc_http/ and ENN website: <http://www.enonline.net/htpversion2>

The **Cash Learning Partnership (CaLP)** aims to improve the quality of emergency cash transfer and voucher programming across the humanitarian sector. CaLP provides leadership expertise and evidence to support cash transfer programming in humanitarian situations. Visit the website for more information and related resources <http://www.cashlearning.org>



© Zimbabwe/CaLP



A HIV infected mother and child receive a voucher that entitles them to household food items

WFP/David Orr, Zimbabwe, 2011



Cash for work programme in action

ACH, Guinea, 2010

Global Nutrition Cluster collection of IYCF-E resources:
http://www.unicef.org/nutritioncluster/index_iycf-e.html

Coverage Monitoring Network website updated with Coverage Assessments, reports, and other data: <http://www.coverage-monitoring.org/>

'New' Global Nutrition Cluster website has been launched. It provides tools, resources, guidance and training packages related to nutrition:
<http://www.unicef.org/nutritioncluster/>



Coordinated Assessments is a new information portal launched by UN OCHA that provides up-to-date information on tools, guidance, training events and work being done in the field on coordinated needs assessments in humanitarian crises:
<http://assessments.humanitarianresponse.info/>

A new **Urban Humanitarian Response Portal** has been developed by ALNAP and UN-Habitat. The portal is a knowledge-sharing platform, with a focus on disaster preparedness, relief and early recovery in urban crises. It aims to bring learning about urban humanitarian response together in one place. It contains a large collection of reports, evaluations, meeting documents and lessons papers related to humanitarian action in cities; information on upcoming events; and a forum to share questions, opinions and ideas. www.urban-response.org/

The CMAM forum aims to provide a robust information-sharing mechanism that expands the knowledge base on acute malnutrition. The website provides up-to-date resource on programming, policy and related research. www.cmamforum.org



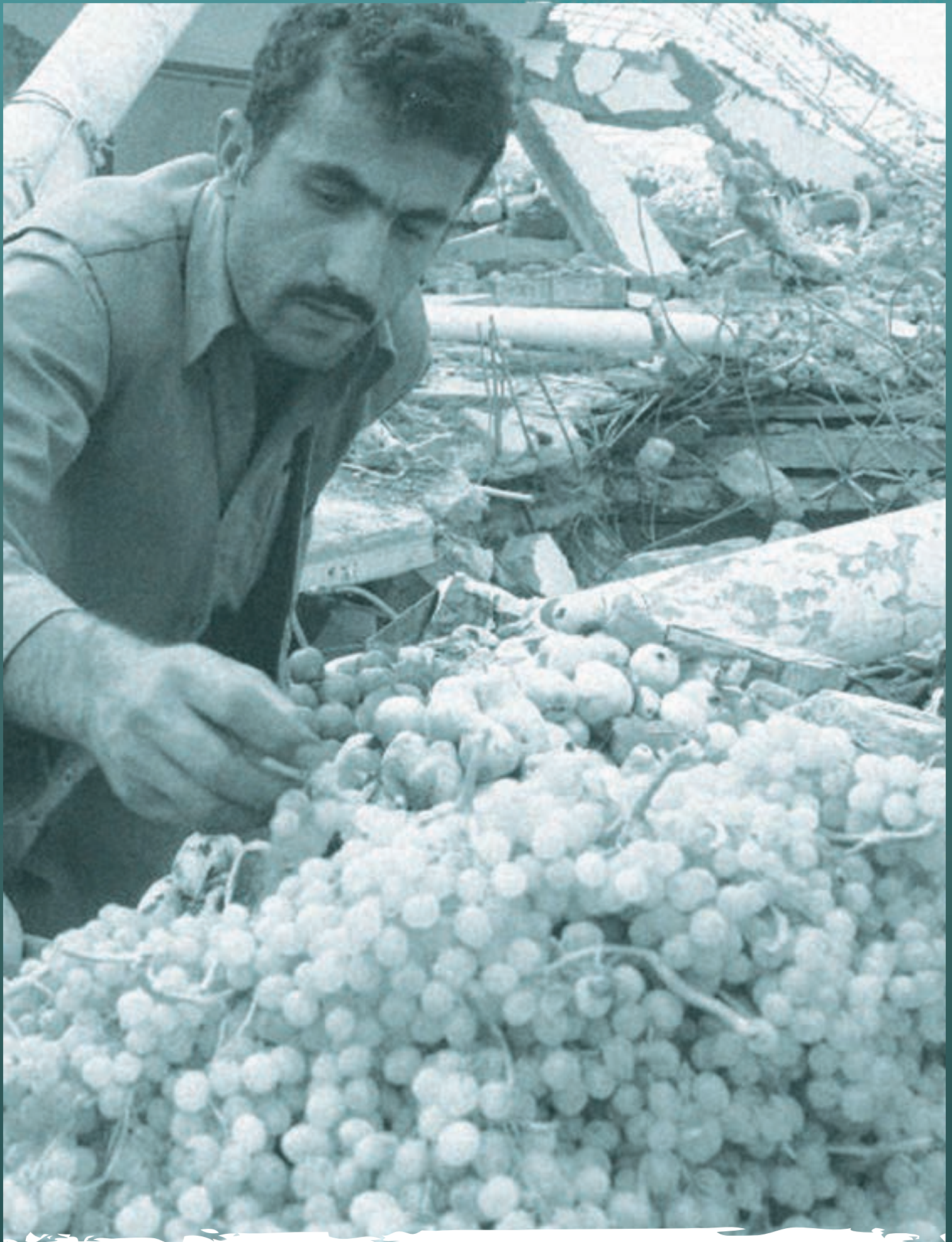
A woman cooking at home in Tanzania

Heather Kindness, Tanzania, 2007



Enriched porridge as part of the programme to manage moderate acute malnutrition

Fondation TdH, Guineea, 2011



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Charity registration no: 1115156. Company registration no: 4889844

To register for Nutrition Exchange go to
www.enonline.net