The bond between the caregiver and children was enhanced during the food introduction and sensory workshops. Brazil, 2022

Field Article

Supporting positive young child feeding practices among Venezuelan migrants and refugees living in Brazil

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KEY MESSAGES

- This article describes the "participatory kitchens" that were established in three shelters in Brazil to support positive infant and young child feeding practices among Venezuelan migrants and refugees.
- The organisation of a network of potential local food producers and suppliers has allowed for the provision of higher-quality and lower-cost food to shelters for refugees and migrants and promotes the local economy within the context of a humanitarian crisis.
- In emergency contexts and humanitarian crises, the promotion of healthy eating behaviours in spaces such as shelters for refugees and migrants must consider the cultural specificities of each group and their need for appropriate spaces and structures for the preparation and consumption of healthy food.

Background

The state of Roraima in Brazil has experienced a high influx of refugees and migrants from Venezuela. Roraima has been the primary target of activities developed by UNICEF and its partners. These initiatives have mainly focused on the implementation of primary health care services, including nutrition, in official shelters; informal settlements; and Local Health Facilities in the most affected municipalities (Boa Vista and Pacaraima). Currently, Roraima has nine shelters for migrants and refugees from Venezuela, which are managed by the Ministry of Citizenship, the United Nations High Commission for Refugees and its partner organisations. Shelters are vital services for the health and well-being of refugees and migrants. When managed well, they can contribute to restoring self-reliance, dignity, and nutritional recovery. Most people stay for an average period of four months, although often much longer. After leaving the shelters, some families are relocated to other states in Brazil, following a national programme of integration; others decide to stay in Roraima, living outside shelters.

There is a high level of malnutrition among Venezuelan refugees and migrants, with a recent survey finding that 11% and 3% of children under the age of five were moderately and severely wasted respectively. The same survey found that 18% of children under the age of five were stunted (UNICEF, 2022). Roraima has no formal food security strategy for refugees and migrants. In the shelters, families are provided with three meals per day. However, the family food ration has low dietary diversity due to the lack of local food suppliers, and does not consider the specific needs of young children.

In response to this gap in the family food ration, and building on our commitment to children, we have developed an intervention to support the feeding of infants and young children aged 0-24 months by establishing "participatory kitchens", engaging with the existing community.

Participatory kitchens

The participatory kitchens pilot project was implemented between January and May 2021 in three shelters in Boa Vista Municipality in Roraima. The project was implemented in partnership with UNICEF Brazil, the Volunteer Association for International Service (in Portuguese: Associação Voluntarios para o serviço internacional – Brasil), and the Center for Nutritional Recovery and Education (in Portuguese: Centro para Recuperação e Educação Nutricional), and financed by the United States Department of State's Office for Population, Refugees and Migration. It aimed to empower caregivers to prepare adequate complementary food using existing and accessible food, thus contributing to improved access to adequate food within the context of a refugee crisis.

Formative research

We identified and interviewed a network of local suppliers that could potentially contribute to the participatory kitchens with the support of local humanitarian agencies (Table 1). We interviewed nutrition professionals working at the shelters, local humanitarian organisations, and caregivers to inform the design of the participatory kitchens model and provide insights into the nutritional needs and dietary habits of Venezuelan children. In total, 156 interviews and focus groups were held with 82 caregivers living in the shelters.

Of the caregivers interviewed, 89% indicated that they would use the

Table 1 Potential collaborations for the participatory kitchens

Type of organisation	Potential for contribution
Farmers' Associations, local markets and supermarkets	Donating food or providing food at a reduced cost
Federal University of Roraima	Free training on food production in a community garden and facilitating possible partnerships with local cooperatives
Private organisations from the food industry sector	Training in the areas of food production, food safety, and the establishment and maintenance of vegetable gardens; possibility of including community kitchens as beneficiaries entitled to receive donations
Boa Vista Municipality – managers	Funding the technical nutrition team that provides project supervision, helping ensure the sustainability of the project; an opportunity for the project to be a beneficiary of the Food Acquisition Program
Secretary of Agriculture and Social Management	Allocation of land for the development of a community garden, and allocation of inputs for planting and maintenance
Operation Welcome ("Operação Acohilda"), conducted by the Brazilian government/Army	The project could be integrated into formal national programmes of integration, such as Operação Acohilda. The training of caregivers of children could become a livelihood strategy and contribute to caregivers' integration into Brazilian society

kitchen to prepare food for their children and 90% stated they would accept additional responsibilities such as cleaning and distributing meals. The challenges identified were that 53% of caregivers had more than three children, 41% were single mothers, and 46% had no one to look after their children while they were outside the home. Through the interviews and focus group discussions, it was identified that one caregiver should be available daily for the role of meal preparation for every 20 children, and at least one caregiver should be available to clean the space. These would be rotating activities in which different caregivers would participate each day. We found that supervision of the kitchen by a single nutrition professional and the provision of a logistical technician was achievable at all shelters.

Implementation

Participatory kitchens were fully equipped and established inside three shelters to facilitate the participation of caregivers and ownership of the project. In this pilot phase, the three kitchens covered a catchment of five shelters. Caregivers from all five shelters participated in kitchen activities, with participation dependent on the kitchen's capacity and the shelter's COVID-19 protocols. A management model for the kitchens and food distribution was defined in partnership with the project staff (a nutrition coordinator, two nutritionists, and two qualified nutrition technicians), managers, and caregivers of each shelter. A local committee system composed of caregivers that focused on infant and young child feeding was established in each of five shelters to periodically discuss parental care, food preparation and hygiene, and logistics for the distribution of meals. It was established that the average monthly logistical cost of the project was USD 1,000 for the three participatory kitchens. However, this amount did vary depending on the size of the target population, the geographical conditions, and local political and social issues. The final cost for including one balanced complementary meal for children aged 6–24 months in each shelter was USD 1.5 per child per day – 40% lower than the cost incurred by the shelter management services pre-intervention.

Table 2 Topics covered in participatory workshops, targeted at caregivers of children aged 0–24 months

Main theme	Concrete gesture
The first 1,000 days	***Planting a seed:*** Each participant was given a plastic cup with a piece of cotton and bean seed to plant. The group discussed the need to care for the seed so that it would germinate and grow, and how this could represent the care children must receive to thrive
Breastfeeding	***Building a mandala (a geometric symbol):*** Each participant produced a mandala called "The God's Eye". This symbol originates in Latin American indigenous traditions and symbolises a child's care, protection, and good fortune
Introduction of complementary foods	***"Secret Santa" activity:*** Healthy complementary foods were presented to the children so they could become accustomed to the texture, shape, and appearance of these foods. At the end of the sessions, each participant chose a fruit or vegetable to gift to someone else in the group, and was asked to reflect on why they had chosen their specific fruit or vegetable as a gift
Brazil's nutrition guidelines and tools for children under the age of two	***Creating a meal:*** Each participant designed a plate of food using their recently acquired knowledge on complementary feeding. The plate had to include one food from each food group. This activity was adapted from the activity commonly used in nutrition education called "My Plate"[1]
Great Meal	***The Great Meal:*** To put into practice content from the previous sessions, a big meal was prepared and served to all children in the shelter

[1] https://www.myplate.gov/

Workshops and training

Three main forms of training took place within the project.

Caregiver training

Groups of up to 10 caregivers of children aged 0–24 months were established, with each group attending a total of five workshops. Each workshop covered a different theme relating to infant and young child feeding, with several sessions promoting the tasting of new and local foods to stimulate the senses of smell and taste. To promote greater engagement in the workshops, following practical demonstrations, caregivers created a symbolic craft work ("concrete gesture") and facilitated periods of relaxation to the sound of soft music. Table 2 describes the main themes of the five workshops, as well as the "concrete gestures" created in each workshop. Supporting material for participants were prepared in Spanish and Portuguese; they contained simplified information on infant and young child feeding and a menu of culturally adapted recipes using accessible local healthy foods and ingredients.

Caregiver training with certification

A partnership was made with private organisations to provide an additional professional course on safe food handling practices (comprising a workload of 20 hours). On completion of the course, caregivers were provided with a certificate that is valid throughout Brazil.

Training for health professionals

Additionally, workshops on nutrition during the first 1,000 days were conducted, targeting nutritionists and community health workers from different agencies working on the humanitarian response. The approach focused on increasing basic technical knowledge and showcasing alternative methods for conducting infant and young child feeding counselling during routine services. The training composed of four modules of two hours, applied weekly. The course covered four main topics: counselling on feeding practices that are responsive to identified needs; pregnancy and breastfeeding; the introduction of food items during complementary feeding; and nutritional surveillance in emergencies.

Successes, challenges, and lessons learned

Successes

The realisation of this pilot project represented an important achievement for the partnership between UNICEF Brazil, the Volunteer Association for International Service, and the Center for Nutritional Recovery and Education.

For the first type of training, 159 caregivers (98.7% female) participated in five workshop sessions (shown in Table 1). Ninety-nine (62.2%) caregivers participated in the professional training on safe food handling practices and were certified. For the third type of training, 52 health and humanitarian professionals were trained.

Pre- and post-evaluations were conducted with caregivers who attended the workshops to assess the extent to which they understood key themes and information and to measure the impact of the workshops. Pre-intervention, misconceptions about complementary feeding were common. Caregivers were uncertain about the right time to introduce complementary food, and about what foods should be given to a child given the restricted food available in the shelters. Post-intervention, it was observed that caregivers had a better understanding of positive infant and young child feeding practices.

Identification and engagement of different local food providers was a simple way to source healthy low-cost food rations in a context where no food security strategy was previously in place. The project identified a network of food suppliers that would allow for potential offers of free food from local food suppliers in future phases of the project. Engagement with small local producers might promote a more localised supply chain and a positive economic legacy of the migration crisis in the host community.

The co-management model for the participatory kitchens was more efficient when implemented through an integrated structure including representatives of the community, humanitarian agencies, and the formal managers of the shelters. It verified the importance of investing in the engagement of stakeholders throughout the entire system, a good illustration of which was through the rotation of caregivers for food preparation.

There was a high level of engagement in workshops. Participants were interested in the activities and followed each meeting with care and motivation. Sensory aspects of the workshops, in which children were able to have contact with *in natura* food (natural forms of food), proved to be an important initiative in the shelters where the environment did not allow for responsive feeding.

Professional training on safe food handling practices was important for broadening the knowledge of the caregivers and enhancing their possibilities of being formally employed in Brazil. This project has the potential to be integrated into formal integration programmes such as Operação Acohilda, encouraging the training of caregivers of children as a livelihood strategy and thus contributing to their adaptation to Brazilian society.


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Sensory workshops allow the presentation of foods in natural forms to children living in shelters. Brazil, 2022

Adherence to the shelter's water, sanitation, and hygiene measures in the kitchens was essential to maintaining hygienic and safe food preparation.

Existing activities for children run by the education sector in the shelter made it possible for caregivers to participate in co-management activities, showcasing the potential for inter-agency and intersectoral collaboration within the shelters.

Challenges

The evaluation showed that the workshops contributed to a better understanding and promotion of positive complementary feeding practices, which can consequently improve the growth and development of children in the first two years of life (a fundamental phase in the formation of eating habits). However, a significant proportion of participants still had doubts about some themes, highlighting the need for culturally sensitive approaches and of more time for discussions.

The co-management of participatory kitchens involves a risk of conflict between beneficiaries if the model's design does not promote the engagement of the community and its leaders from the beginning. To mitigate this risk, the local committee system was established and worked as a mechanism to involve the community in all decision-making processes. This model has the potential to increase community ownership of the project and empower committee members to become agents of change.

The lack of financial resources to support humanitarian aid (and specifically nutrition) in emergencies in the context of the migration humanitarian crisis in Brazil has been a constant challenge that has impeded the continuation of this project. Integration of this project into public policies depends on the resolution of political issues and interest at the local, federal, and international level.

Conclusion

The pilot project's development and the kitchens' rehabilitation empowered caregivers to prepare healthier meals for their children. The workshops contributed to increasing the knowledge of the caregivers on positive infant and young child feeding practices and promoted healthy eating among refugee and migrant children. Despite the difficulties in funding, UNICEF Brazil continues to seek funds and promote healthy eating in the context of the Venezuelan migration crisis. We continue to promote initiatives such as this to raise awareness among local shelter managers about the importance of putting communities at the centre of their feeding habits and to promote the food security and social–economic benefits of integrating nutrition programmes into emergency responses. The co-managed participatory kitchens provide a model that could be adapted and replicated in other humanitarian contexts.

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