



Integrating Nutrition and Food Security programming For Emergency response and Resilience Building



Case Study / Sharing Good practices - Template

The following template serves to gather examples of case studies or good practices on project, programme or initiative that aims to better integrate food security and nutrition (in terms of situation analysis, response analysis, project design, M&E, impact assessment, coordination etc.) with a particular emphasis on lessons learned. The case studies and good practices will be used to share experiences during the training events and organized in the context of the FAO Capacity Building project for better Nutrition and Food Security programming.

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SECTION 1: OVERVIEW.

Title of project/programme/initiative	ACF Food Security and Livelihoods intervention for 2012 Sahel Crisis Phase I: Emergency response Phase II: From response to recovery Phase III: From Recovery to Resilience	
Implementing/responsible organisations(s)	Action Contre la Faim – International West Africa Regional Office	
Geographical Coverage (region, country, area)	West Africa: Mauritania, Mali, Burkina Faso, Niger, Chad	
Duration of project/programme/initiative: Start date:	End date:	Ongoing: <input checked="" type="checkbox"/>
Contact person (name, e-mail):	Barbara Frattaruolo West Africa Regional Food Security and Livelihood Advisor	
Humanitarian context (i.e. emergency response, post-crisis, resilience-building):	All of them (one for each phase)	
Type of context (urban, rural, camps, ...):	Rural	
Phases of humanitarian project cycle. Please tick boxes in the list below (several choices possible)		
<input type="checkbox"/> Situation analysis <input type="checkbox"/> Response analysis <input checked="" type="checkbox"/> Project design	<input checked="" type="checkbox"/> Project monitoring <input type="checkbox"/> Evaluation <input checked="" type="checkbox"/> Impact assessment	
Number of household beneficiaries and target groups (i.e. women, pastoralist, children under five, etc)	Food Assistance: 72316 persons / approx. 10330 Livelihood: 109067 persons / approx. 15581 WASH: 18000 persons / approx. 2571	
Main topic(s). Please tick boxes in the list below (several choices possible)		
<input checked="" type="checkbox"/> Livestock and Nutrition <input checked="" type="checkbox"/> Cash Transfer Programming and Nutrition <input checked="" type="checkbox"/> Nutrition counselling / education <input checked="" type="checkbox"/> Diversifying local production <input checked="" type="checkbox"/> Supporting local livelihoods <input type="checkbox"/> Nutrition sensitive value chains (including bio/fortification) <input type="checkbox"/> Micronutrients-rich food and crops <input checked="" type="checkbox"/> Income Generating Activities and nutrition <input checked="" type="checkbox"/> Food aid and nutrition	<input type="checkbox"/> Urban settings and nutrition <input checked="" type="checkbox"/> Joint Food Security and Nutrition assessment <input checked="" type="checkbox"/> Multi-sectoral planning for nutrition <input checked="" type="checkbox"/> Joint implementation <input type="checkbox"/> Others. Please specify: _____ _____ _____	

SECTION 2: PROJECT/PROGRAMME/INITIATIVE DESCRIPTION

<p>Main objectives of the project including nutritional objectives (please specify if these objectives are included in the logical framework)</p>	<p>PHASE I: Impact: The nutritional Status of Children Under-5 has remained stable or improved in areas of intervention Outcome: Protect livelihoods of most vulnerable populations (poor and very poor) in key drought affected areas of Sahel in 2012 Outputs: 1. A minimum coverage of food needs is provided for households at risk of deficiency in 'means of survival' and livelihoods during the lean period 2. The loss of livelihoods is limited for pastoral populations during the lean period and this intervention will allow quick recovery of pastoral economies at the start of the rainy season</p> <p>PHASE II: Impact: The nutritional Status of Children Under-5 has remained stable or improved in areas of intervention Outcome: the Access to quality food and water is improved during the lean season in areas of intervention Outputs: 1. Access to drinkable water at Health Centres and Community Level is improved in areas of intervention 2. The number of months of cereal-needs coverage at household level is increased in areas of intervention 3. The Diversity & Quality of Children's' & Households Diets is improved in areas of intervention</p> <p>PHASE III: Expected Impact: The Poor and Very Poor Households nutritional security has improved Outcome: Seasonal and Structural vulnerabilities of Poor and Very Poor HH are reduced Outputs: 1. Risk of seasonal peak of malnutrition for U5 of Poor and Very Poor HH is reduced through safety nets, diet diversification and measures protecting P-VP HH from seasonal price fluctuation (warrantage) 2. Livelihood full recovery from 2012 crisis is ensured for P-VP beneficiary HH's by supporting the restoration of productive assets, and by improving HH capacities for effective exploitation. 3. Reinforce approaches on information systems and food security surveillance for improved early warning and enhanced response capacity 4. Improve access to water in Northern Mali</p>
<p>Main food security and nutrition issues addressed by the project (including issues of target groups, causes of food insecurity and malnutrition)</p>	<p><i>Food Security:</i> Access – Support Poor and Very poor access to food during the lean season through Cash Based Initiative and food distribution Availability – Support for protection and enhancement of livelihood in agropastoral zone through livestock restocking, seeds distribution, animal fodder, etc.. Utilization – Support to diet diversification and improved cooking and hygiene practices through Health Gardens and Hygiene Kits distribution Stability – Protection from prices fluctuation and volatility through warrantage and Community Cereal Banks initiatives</p> <p><i>Nutrition:</i> Prevention of acute and chronic malnutrition through targeting via the Window of opportunity - Priority targeting for PLW and under 2 children; the Follow up on nutritional status of under 5 and the intervention on diet diversification and nutrition, care and hygiene practices</p>
<p>Implementation process and activities</p>	<p>Phase I of the project has been designed as short term response to 2012 Sahel Food Crisis, but has then evolved into a more complex integrated and long term intervention able to accompany affected population into a process of recovery and resilience building. All project phases has been coordinated at regional level by the WARO office, and implemented in the field by national offices in collaboration with relevant governmental and non-governmental institutions. External M&E have been granted by URD.</p>

	<p>Activities have engaged Food Security, Nutrition and WASH team from conception to implementation and monitoring. This collaboration has improved throughout the three phases and have served as example for other national integrated initiatives.</p> <p>Main activities (Phase III):</p> <p>OUTPUT 1: Risk of seasonal peak of malnutrition for U5 of Poor and Very Poor HH is reduced through safety nets, diet diversification and measures protecting P-VP HH from seasonal price fluctuation (warrantage)</p> <p>Activity 1.1. Safety nets: Cash Transfer Programs targeting HH with U5 malnourished children during the lean season</p> <p>Activity 1.2. Promotion of diet diversification: Health Gardens</p> <p>Activity 1.3. Protection for seasonal price fluctuation: Warrantage / Community Cereal Bank (CCB)</p> <p>OUTPUT 2. Livelihood full recovery from 2012 crisis is ensured for P-VP beneficiaries HH, by supporting the restoration of productive assets and improve HH capacities for effective exploitation</p> <p>Activity 2.1. Restoration and protection of productive assets: Agro-pastoral input distribution (seeds, livestock, animal fodder, etc..)</p> <p>Activity 2.2. Effective exploitation of productive assets: Capacity enhancement</p> <p>OUTPUT 3. Reinforce approaches on information systems and food security surveillance for improved early warning and enhanced response capacity</p> <p>Activity 3.1. Baseline Surveys and Evaluations on household food security and vulnerability</p> <p>Activity 3.2. Coordination and Information sharing with other actors</p> <p>OUTPUT 4. Improve access to water in Northern Mali</p> <p>Activity 1. Assessments of priority rehabilitation needs and infrastructures rehabilitation</p> <p>(Phase I and II also included WASH IN NUT package at health center and HH level)</p>
Actors/ coordination mechanisms involved	<p>Microfinance Institutions and Local Civil Based Organization</p> <p>Community volunteers for screening</p> <p>Ministry of Health (district level)</p> <p>Ministry of Agriculture and Rural development (district level)</p> <p>Line/ relevant Clusters, Working Groups and Task Forces for coordination</p>
How gender and accountability are taken into consideration?	<p>Gender – targeting priority on PLW for food security and nutrition interventions + targeting priority on women in reproductive age for livelihood activities</p> <p>Accountability – community feedback mechanisms such as complaints committees, women’s groups, etc..</p>
Specific tools/methodology (developed or used)	<p>In targeting: HEA socio economic criteria coupled with nutrition vulnerability criteria (window of opportunity).</p>

SECTION 3: LESSONS LEARNED IN INTEGRATING FOOD SECURITY AND NUTRITION PROGRAMMING

How the outcomes/ impacts has been measured (process and indicators; existence of base/endline)	<p>Expected Impact: The Poor and Very Poor Households nutritional security has improved. Indicator: <i>Number of beneficiaries with Food Consumption Score above 35. Target: Number of beneficiaries with acceptable FCS is increased by at least 25%</i></p> <p>Outcome: Seasonal and Structural vulnerabilities of Poor and Very Poor HH are reduced. Indicators: <i>Average HFIAS - Household Food Insecurity Access Scale</i> <i>MAHFP - Months of Adequate Households Food Provisioning</i> <i>IDDS – Individual Diet Diversification Score</i></p> <p>In order to ensure indicators have been captured in different moments of the year a part from baseline and endline: for the third phase of the project country teams have adopted a system of <u>simplified</u> midlines to be repeated each three months.</p>
Main results/impacts achieved	<p>On indicators of phase I and II (phase III ongoing) of the grant (indicators collected on beneficiaries of integrated packages), where collected:</p> <ul style="list-style-type: none"> - GAM rates remain stable across the lean season

	<ul style="list-style-type: none"> - FCS rate remain stable across the lean season in Niger and Burkina Faso - CSI improved across the lean season - HFIAS deteriorated in the lean season (53%) but improved over the intervention period (25%) compared to the baseline (40%) - MAHFP remained stable - Water treatment improved dramatically (from 10% to 93%) - IDDS of under 2 improved dramatically (doubled the number of children with IDDS >=4)
<p>What has worked and what has NOT worked or difficulties and why?</p>	<p>PROJECT CYCLE :</p> <p>Particular attention is brought on the project cycle being built with the objective of maximizing the impact on nutrition:</p> <ul style="list-style-type: none"> ➤ ‘under-nutrition-led’ definition of the area of intervention: ACF only intervenes in areas with a GAM prevalence >15% (or >10% with aggravating factors); ➤ ‘nutrition vulnerability-led’ targeting: activities aiming to improve food security mainly target according to socio-economic criteria’s (HEA-Poor and Very Poor Households), however interventions in other sectors target according to nutrition vulnerability criteria, ensuring a larger scope and impact ➤ ‘children care-led’ programming: a gender pathway, behavior change and Early Childhood Development: activities proposed ACF projects aim to reinforce women role and means, however with care in the evaluation of the impact of the time spent in projects-related activities as a trade off with the time dedicated to ECD, with particular care on women, especially PLW, nutritional status and always associating multi-sector activities with sensitization on nutrition and child care ➤ ‘nutrition indicators-led’ follow up of multi-sector intervention: ACF nutrition sensitive projects systematically include nutrition indicators. This has proven to be a successful strategy: although methodologically impossible to “isolate” the nutritional impact of a project (if not a project that intervene at the same time with the same beneficiaries on all the malnutrition causes) this strategy will allow to monitor nutrition sensitive intervention and to provide evidence in the long run. ➤ ‘nutrition oriented early surveillance system’: this grant has supported the scale up of the Listening Posts: sentinel sites collecting indicators on all pillars of food security and nutritional status of a sample of under five children is followed (together with admissions rates) to establish correlation and alerts on food security and nutrition situation, especially on the impact of the first on the latest. <p>ACTIVITIES:</p> <ul style="list-style-type: none"> ➤ WASH&NUTRITION: “Wash In Nutrition”. The WaSH in Nutrition (WiN) strategy was developed by regional humanitarian actors during the Sahel crisis in 2012. This approach is geared towards breaking the cycle of diarrhoea and malnutrition by fully underpinning nutrition interventions with WaSH activities. The strategy is focussed around 4 main objectives: <ol style="list-style-type: none"> 1. Prioritising malnourished children and carers with WaSH interventions 2. Reinforcing the necessity of the minimum WaSH package 3. Targeting household behaviour change around hygiene issues 4. Prioritising regions according to SA M prevalence and according to hydric or biomass deficits. <p>ACF provided health centres with the minimum WaSH package including water point rehabilitation, water storage protection, building of laundry and hand washing areas, hygiene kit distribution and education. Exit hygiene kits were distributed to mothers at the conclusion of their children’s nutrition treatment. Through specific hygiene sensitisation campaigns, community workers then helped families to put in place and use the hand washing kits at household level. For example in Burkina Faso 93% of</p>

Poor and Very Poor households targeted by the program treat water at household level (93% with chlorine treatment only, and 98.5% including other types of treatment); while in Niger 52% of Keita Households beneficiaries asked ACF to continue support on water treatment, and 7% asked for supplementary kits. In Mayahi, 12% of household beneficiaries asked for further support with kits, as well as improved coverage, 57% of them also required further intervention in water infrastructure building.

- ✓ **AGRICULTURE&NUTRITION: “Health Gardens”** (Implemented in Burkina Faso, Niger, Mali, Mauritania, Chad). Vegetable gardens are developed in collaboration with women targeted on the basis of their nutritional vulnerability /HH with children under 5. Vegetables are chosen on the basis of their nutritional value, gardening trainings are accompanied by sensitization on nutrition, breastfeeding, weaning and complemented with cooking demonstrations. Great attention is paid to the mother and child couple, with baby corners and other such initiatives. Community involvement in all stages of the Health Gardens ensured ownership of the initiative). A study has been commissioned across Sahel to evaluate the impact of Health Garden in this specific grant, however a previous evaluation in Mali has shown that, between 2008 and 2010 the GAM prevalence of children belonging to HH beneficiaries of health Gardens has decreased from 10,3% to 7,1%; the HDDS increased from 6 to 7 and HH revenues of beneficiaries HH were twice (2.4 times) those of non-beneficiaries. In DFID Project (Sahel I and Sahel II), between baseline (September 2012) and endline (March 2013) the results show a positive evolution of dietary diversity (HDDS), with a sharp increase in the proportion of children consuming at least four health food groups – 45% (baseline) to 85.5% (endline). **“Enriched Flours Production”** (Implemented in Burkina Faso, women cooperatives are engaged in the production of enriched flours that are both available on market for purchase and stocked for being distributed to children as nutrition supplement for MAM treatment).
- ✓ **FSL&NUTRITION: “Cash for Nut”** (A set of Cash Based intervention is organized –Cash for Work, Cash for Training, Cash for referral, etc.. - with the main objective of reduce food insecurity (as one of the underlying causes of under-nutrition) but taking advantage for passing through nutrition sensitization messages or to increase coverage by facilitating travel expenses reimbursement). Although results for this grant are not available yet, for example in North Nigeria, the program CDGP (Child Development Grant Programme DFID funded and implemented with SCI) allocates 22 USD per month to 60.000 PLW and U2 mothers during 5 years. Evidences are not available yet, but impact of the action is strictly monitored. This transfer is unconditional but accompanied by behavior change sensitization. In Burkina Faso, the project MAM’Out provides an unconditional minimum cash support to mother with children under 2 all along the year. A control group has been established to monitor the impact and cost effectiveness of the action.
- ✓ **FSL&NUTRITION: Food Security and Livelihood actions modulated on a “seasonal trend” of vulnerability to under-nutrition**, in which Cash for Work activities are organized in the very beginning of the lean season (as per (i) mitigation of depletion of food stock and price increase, (ii) prevention of selling of productive assets and (iii) livelihood and productivity enhancement -Water and Soil Conservation Techniques); unconditional Cash Transfer are organized during the lean season for the Very Poor HH; and **Warrantage** is organized to support P and VP HH in stocking their harvest and obtain a credit in exchange to allow them to invest in productive assets and take advantage of seasonal price fluctuation when the stock is restituted. PDM shows that 42% of respondents have invested more than half of the cash received as counterpart for stocking in livelihood improvement (sheep fattening and others), 20% undertake petty trading (selling condiment, apron, selling grain detail, ...) and 22% injected in small livestock including poultry. 100% of respondents confirmed that if there had been no warrantage they would have sell their harvest at very low prices. Warrantage allowed beneficiaries to according to their socio economic increase their monthly incomes ranging from 122.5 to 145%. **“Social Warrantage”** (A warrantage intervention is tailored to ensure very poor access to this facility and its advantages, and support this category of households in protecting their harvest and in providing

	cash needed to access health care and other basic services). A study on Social warrantage has been commissioned but not available yet.
Main enabling/success and hindering/failure factors	<p>In phases I and II of this grant, the impact ACF sought to have (through the combination of interventions) was to prevent an increase of Acute Malnutrition in some drought affected areas of Sahel in 2012. ACF chose Global Acute Malnutrition (GAM) rates of children 0–59 months as an indicator and aimed to prevent an increase. From the data collected, only one intervention area (Keita in Niger) registered a decreased GAM rate whilst others either registered a higher rate (Mayahi in Niger) or were unable to measure GAM at the endline. Due to various reasons ACF failed to consistently measure the impact on acute malnutrition. One is the timing of baseline and endline data collection, which did not always coincide with the SMART surveys – the most accurate method for measuring a population’s nutritional status. Also, to be comparable, GAM rates should be compared from measurements take at the same time of year which, given the project cycle, was difficult to do.</p> <p>In the absence of a timely and comprehensive impact measurement strategy ACF was compelled to resort to proxy indicators (such as admissions to health centres or MUAC rates) to measure the impact of interventions. These indicators are limited in usefulness as they are easily influenced by the multitude of other variables that exist. The same applies to using outputs to measure impact, which is limited by issues of sampling, timing and analysis.</p> <p>To strengthen evidence in support of the change in or stability of GAM rates, rates should be measured over time and external factors should be factored in. This would require a broader more integrated framework than the DfID funded FSL programme allowed. For this reason, more adapted and realistic indicators (using FCS as an impact indicator) were chosen for Phase 3.</p> <p>Several FSL indicators to malnutrition were measured and showed progress (such as % of households in a situation of food insecurity, diet diversity scores and CSI) hence there has been, although limited in time, a measure of progress on some of the key underlying causes of malnutrition in ACF intervention areas (again, primarily FSL).</p> <p>The challenge is not so much to know whether or not the food security situation has improved but how sustainable the change is, and how consistently ACF can measure it. This end, a more robust and comprehensive M&E is necessary that would allow the measurement of both seasonal and structural vulnerability. This would require implementation over a longer period of time in order to enable the monitor of several peaks of food & nutrition insecurity, as well as more chronic features of nutritional security in the same intervention areas.</p> <p>Steps have been taken in this direction with Phase 3, but also within a more comprehensive resilience frame work undertaken within the country teams. Never the less, impact will remain conditioned by progress in multiple sectors (FSL, WaSH, IY CF and health), which will require enhanced integration and often coordination with other actors.</p> <p>Other main challenges:</p> <ul style="list-style-type: none"> ➤ Providing evidence of impact of preventive intervention on prevalence when the intervention doesn’t cover at the same time all the underlying causes with the same beneficiaries ➤ Improve seasonal approach has proven to be challenged by donors financial structures ➤ Promote a twin set of targeting criteria’s, using the HEA for addressing the food security component of under-nutrition and using the ‘1000 days’ window of opportunity when addressing the other underlying causes of under-nutrition. This implies a ‘two speeds’ targeting and working with two windows of beneficiaries in the same action. ➤ Funding of surveys and methodologies aiming at improving the accuracy of programming and targeting through Nutrition Causal Analysis, Under-nutrition Geospatial mapping, etc.. : humanitarian donors are more keen to fund direct interventions and development donors, who might be more open to fund mapping and researches- were up to excluded from the nutrition sector of intervention during 2012 Sahel Crisis.

Key messages to communicate	<p>To increase nutritional impact of food security intervention is fundamental to ‘think nutrition’ at all stages of the project cycle. Integration is not only needed between technical departments (FSL, NUT, WASH, MHCP), but also between technical and support departments (LOG, ADM, etc..) as procedures in different sectors might have speeds and costs that are not necessarily known by all team members.</p> <p>Integrated packages (FSL&NUT, WASH&NUT, etc..) or sectorial activities realized with nutrition targeting have certainly a positive impact, however its measurement is a major challenge since several factors can positively or negatively affect the indicators independently from the action itself.</p>
Recommendations for the up-scaling of successful practices	<p>Focus need to be put on providing evidences, however the complexity of the Nutrition Causality (basic, underlying and direct causes) also invites us to proceed simultaneously and with equal efforts on all its components, more than trying to identify shortcuts on the basis of cost efficiency that might leave behind one single factor, that could eventually be the reason of failure of the integrated strategy.</p>

SECTION 4: REFERENCE/ILLUSTRATIONS

<p>Please provide references for documentation (e.g. reports, surveys, etc.).</p>	<ul style="list-style-type: none"> - <i>ACF West Africa Strategy</i> - <i>Wash In Nutrition Strategy</i> - <i>Maximizing nutrition impact of xxx</i> - <i>Nutrition Security Policy (draft)</i> - <i>Paper on seasonality</i> - <i>Nutrition: what worked?</i> - <i>Gender Policy (draft)</i> - <i>Sowing the seeds of good nutrition: Making agriculture Policies Deliver Better Nutrition</i> - <i>Burkina Faso Capitalization on Enriched Flours Production</i> - <i>ACF Food Security and Livelihoods response to the Sahel Crisis 2012 – Learning Paper</i> - <i>Health System Strengthening Diagnostic (draft)</i> - <i>Sahel Regional Disaster Risk Profile</i> - <i>Tech the news n.16-2013 on cost effectiveness</i>
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If some pictures or charts or schemes have been produced to illustrate the project/programme/initiative, please join the most representative illustrations to this template.