

COUNTRY CASE STUDIES

WORKING TO
ZERO HUNGER

BURUNDI, INDIA
AND MALAWI



welt
hunger
hilfe

CONCERN
worldwide

CONTENTS



INTRODUCTION	3
BURUNDI: SECURING A FUTURE WITHOUT HUNGER	4
INDIA: MAKING FOOD A RIGHT FOR ALL	12
MALAWI: BUILDING RESILIENT SYSTEMS FOR FOOD AND NUTRITION	20
BIBLIOGRAPHY	28

This publication is a supplement of the 2016 Global Hunger Index and is published by Concern Worldwide and Welthungerhilfe.

INTRODUCTION

The United Nations Sustainable Development Goals are an inspiring and essential call to action. We are being called upon to end hunger by 2030 for everyone – forever. So how do we respond? How can we make this a reality?

The following case studies from Burundi, India and Malawi highlight several steps which are being taken towards achieving ‘zero hunger’ in three very different countries. They focus on the complex challenges faced and the progress made so far, and demonstrate how lessons are being learned along the way.

The 2016 Global Hunger Index (GHI) attributes hunger scores to India and Malawi which are considered ‘serious’. Although their contexts and stories vary considerably, the data available is a cause for grave concern for both countries. In India, a significantly higher percentage of children suffer from wasting compared to those in Malawi. While both countries have similarly high levels of stunting in children under the age of five, India has made more progress in reducing this in the past two decades.

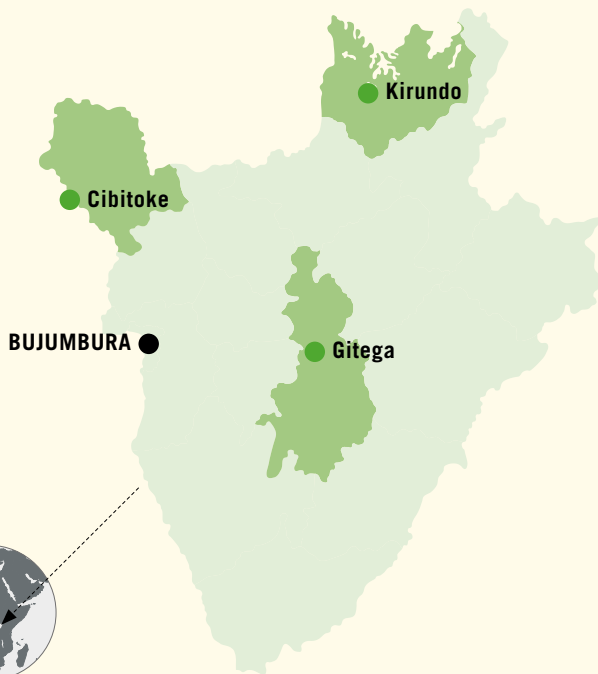
In the case of Burundi, no GHI score was able to be calculated because some of the required data was not available. However, the most recent GHI score for the country (2014) indicated that the situation is ‘extremely alarming’. Based on the data which is available, Burundi remains a country of significant concern. Progress is nevertheless possible.

The following case studies highlight the work of Concern Worldwide and Welthungerhilfe as part of efforts towards achieving zero hunger. Drawing on many years of experience and well-founded evidence, we work with governments and partner organisations to scale up solutions which are both sustainable and sustained.

People are at the heart of these programmes. Their stories highlight the diversity of challenges faced by ordinary people every day: coping with conflict while building resilience, living with as well as tackling social inequality, and dealing with and mitigating the impacts of climate change. Although these challenges are enormous, so, too, is the potential to turn the ambition of the Sustainable Development Goals into a reality for everyone.

BURUNDI: SECURING A FUTURE WITHOUT HUNGER

One of the most densely populated countries in sub-Saharan Africa with a burgeoning youth population, the landlocked central African country of Burundi is also one of the poorest in the world. Economic activity has been impacted in recent years and food and nutrition security is precarious.



- Capital/Concern's country office
- Concern's project office
- Concern's programme area



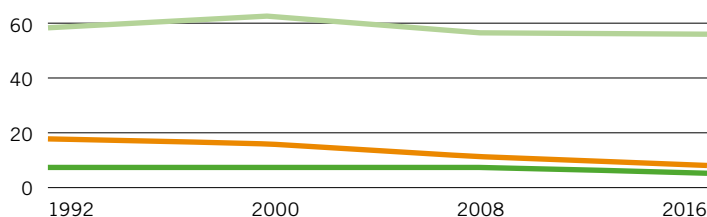
WITH A POPULATION OF 11 MILLION PEOPLE, Burundi has been beset by greater volatility in recent years due to climate shocks as well as an ever-shifting socio-economic and political environment. Burundians are facing a myriad of challenges, from land scarcity and rapid population growth to poor agricultural practices and increasing food and nutrition insecurity.

Despite relative stability and progress since the end of the 15-year civil war in 2005, poverty and undernutrition rates across Burundi remain high. Stunting among children under the age of five is at 57.5%, with wasting at 6.1% and underweight at 29.1%. In the 2014 Global Hunger Index report (latest available data), Burundi had the worst score of all of the countries in the report and was considered to be in the 'extremely alarming' category. A staggering 81% of Burundians are classified as poor, with 50% living in severe poverty. The mortality rate in children under the age of five is 82 per 1,000 live births. The health system is under severe pressure, with public health care expenditure accounting for just 2.89% of GDP in 2011. Only 44% of the population had health coverage in 2010.

Since April 2015, Burundi has been undergoing a period of socio-political instability and insecurity, resulting in increasing humanitarian needs and a drastic reduction in foreign bilateral aid. Against this backdrop, the already fragile economy of the country is experiencing a significant downturn. Between April 2015 and July 2016 over 274,000 Burundians fled the country, mainly to neighbouring states such as Tanzania, Rwanda, Uganda and the Democratic Republic of Congo, and a growing number of people have been internally displaced. Despite these challenges, Burundi has enormous potential, including fertile land, a moderate climate and opportunities for increased trade with its numerous neighbouring countries (based on its mineral wealth, comparative advantage in the agricultural sector and geographical location).

GLOBAL HUNGER INDEX TRENDS FOR BURUNDI*

Levels of wasting and stunting have stagnated in Burundi since 1992 while child mortality has reduced slightly.



- Prevalence of wasting in children under five years (%)
- Prevalence of stunting in children under five years (%)
- Under-five mortality rate (%)

*No data is currently available for the indicator 'proportion of the population that is undernourished'

57.5%

of children under five are **stunted** (low height for their age), reflecting chronic undernutrition

6.1%

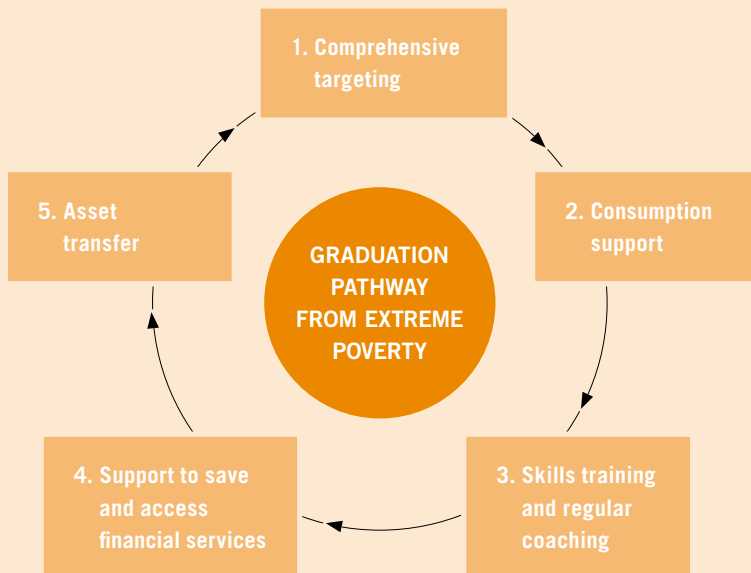
of children under five are **wasted** (low weight for their height), reflecting acute undernutrition

8.2%

of children **die** before the age of five

WHAT IS MEANT BY THE GRADUATION MODEL?

The Terintambwe 'Take a Step Forward' programme, which is based on Concern's Graduation Model, is an integrated and sequenced support package designed (i) to facilitate improved returns on new and existing assets, (ii) to address inequality, and (iii) to reduce risk and vulnerability (these are the three dimensions of how Concern understands extreme poverty). Concern's Graduation Model is an adaptation of the approach first developed and championed by BRAC in Bangladesh and subsequently piloted in eight other countries by the Consultative Group to Assist the Poor (CGAP) and the Ford Foundation. Support for the programme is usually provided over a period of two to three years and has five key components:



- 1. Comprehensive targeting** to ensure that extremely poor households are included as programme participants
- 2. Consumption/income support** in the form of a regular cash transfer to help participants meet their basic needs while they work to expand and diversify their livelihood strategies
- 3. Provision of skills training and regular coaching,** focusing on human capital and providing access to practical training as well as routine coaching and mentoring visits
- 4. Facilitating access** to savings facilities (and credit where feasible)
- 5. An asset or capital transfer** to start new or expand existing economic activities and help participants to establish themselves as small businesses or seek more formal employment

Terintambwe uses a graduation approach which has been tailored to the contextual realities and the needs of the population in Burundi. It targets the extremely poor with labour capacity and aims to create and capitalise on opportunities to create sustainable pathways out of poverty and increase people's ability to cope with unforeseeable situations and volatility in the longer term.

Leaving No-One Behind

Concern works to help people living in extreme poverty bring about major improvements to their lives. The way in which Concern understands extreme poverty informs where and how Concern works as an organisation. This is a concept echoed in its commitment in Agenda 2030 to 'leave no-one behind'. Concern has been operational in Burundi since 1997. In that time, it has worked in the areas of community-based health, including child survival, agriculture, nutrition, education and livelihood development. Most recently, Concern – with the support of the Irish Government – has been working with communities in Cibitoke and Kirundo provinces through the Terintambwe 'Take a Step Forward' programme, which is based on Concern's Graduation Model.

A relatively small network of INGOs is present in the country and supports the Government and local communities in the socio-economic development of Burundi. Concern's Alliance2015 partner and co-author of the GHI, Welthungerhilfe (WHH), has been working in Burundi since 2001. Starting with various emergency interventions, it gradually shifted its focus onto development work with national NGO partners. In the past, WHH has focused on sustainable agriculture, natural resource protection, peace and reconciliation, WASH and adaptation to climate change. In 2015, Concern Burundi reached 91,000 people directly.

Terintambwe participants engage in the five steps of graduation, receiving the equivalent of approximately EUR 13.00 in cash per month for 14 months via mobile phone cash transfers. Cash transfers are used to help ensure people have enough to eat at all times. Over this same period, participants receive coaching through home visits, including training that addresses hygiene, domestic relations, family planning, HIV and AIDS, literacy and business skills. Encouraged to take part in Savings and Internal Lending Community (SILC) groups, participants regularly save part of their income in order to improve their ability to cope with shocks and plan for future events. An asset transfer (grant) of approximately EUR 82.00 is provided, which is intended to be invested in income-generating activities (IGAs). Participants choose their IGAs based on a market study in each programme area. Common activities include vegetable trading, banana juice making, animal rearing and farming.

Impact of the Terintambwe Programme

Concern collaborated with the UK-based Institute of Development Studies (IDS) to collect evidence on the impact of the programme. By comparing baseline (2012) and end-line (2015) data from programme participants and non-participants, three types of interrelated and complementary impact were identified: material, behavioural and social. Additionally, programme evaluations highlighted the positive knock-on effect that this had on the wider community through behavioural changes and positive outcomes for communities as a whole. End-line data collection took place two years after participants received the monthly cash transfer component, thereby indicating that many of the outcomes of the programme have been sustained over time.

Terintambwe is Kirundi for 'taking a step forward' and is the name of Concern's Graduation Model in Burundi.



“Now I have good trousers and beautiful shirts, and I look very put together. Now I have a high standing in my community.”

Elie Ntiganirwa,
Terintambwe programme participant

1. Material Impact

The material impact includes improved living conditions, better household sanitation facilities, diversification of sources of revenue and access to a wider range of small and large household assets. More than 50% of the programme's participants had made improvements to the roofs of their houses by the end of the programme. In comparison, only 10% of non-participants were recorded to have done the same. There was a seven-fold increase in the value of household assets (e.g. kitchen utensils, furniture, bedding, bicycles, mobile phones and radios) for participants between the baseline and end-line surveys compared to a three-fold increase for non-participants. Using an index that calculates the total value of assets owned (including household assets, farming assets and livestock), a substantial improvement was measured, with participants doubling their asset ownership in comparison to non-participants.

Another impact was that participants changed their primary occupation. Where 68% of Terintambwe participants had previously relied on casual labour, this figure had decreased to 12.9% at the end of the programme. Reliance on casual labour as a primary occupation is regarded as an indicator of vulnerability. This was therefore a positive change. Programme participants also diversified their sources of revenue, with 17.8% involved in IGAs as their primary occupation and 40% as their secondary occupation. By contrast, non-participants recorded only a marginal involvement in IGAs and continued to be highly reliant on casual labour.

A closer look at the programme results identifies slow and fast movers through the programme due to a number of enabling and constraining factors. This includes household characteristics such as the initial level of deprivation, domestic relations or the level of entrepreneurship, and external factors such as the viability of business choices. While slow movers may start by investing in household assets, the fast movers quickly set up IGAs and earn profit from activities.

2. Behavioural Impact including Food and Nutrition

Security

There was a significant reduction in the number of months per year in which participants reported going hungry, namely from a six-month hunger gap at baseline to one-and-a-half months at end-line. Non-participants continued to record a hunger gap of more than six months per year at end-line. Furthermore, 81% of adult partici-

pants in the programme were eating only one meal per day at baseline; at end-line, this percentage had fallen to 8%. By providing regular coaching, the programme also increased knowledge about nutrition and promoted improved food consumption and dietary diversity.

For the participants in the programme, household dietary diversity (calculated based on how many food groups a household is able to access per day) more than doubled between the baseline and end-line, namely from 2.3 food groups per day to 5.1. Meanwhile, dietary diversity increased to just 3.1 for non-participants over the same period. Child nutrition also doubled from 1.7 food groups per day to 3.4 per day for participants (an increase of 100%). By contrast, the increase was only 50% for non-participants.

There were improvements in school attendance, a decline in the proportion of children working outside the home, an increase in the number of visits to health centres, an exponential rise in the number of households saving regularly (45 times more at end-line compared to baseline for participants against an increase of just 5 times for non-participants), and improved hygiene practices such as washing hands at critical times.

All participants received health insurance cards at the start of the programme, which made formal health care more affordable. They also reported that prescribed medication was more accessible than before, most likely because they could use part of their income to cover these costs. In total, 56% of participants attended health facilities at baseline compared to 94% at end-line. The increase among non-participants was much lower (from 53% to 68%).

The behavioural impact was not limited to participants in the programme alone. Non-participants also replicated certain programme activities, such as building kitchen gardens, latrines, tippy taps, utensil stands and establishing savings groups.

3. Social Impact

Social impact can be more difficult to measure for a number of reasons, including the fact that it goes beyond community groups and the existence of interpersonal bonds and depends significantly on the quality of these bonds. Terintambwe registered a positive impact on social capital, as reflected in the engagement of participants in community group activities (school management, community health, disaster risk reduction, women's committees and cooperatives) and atten-

dance at and contribution to social events (weddings and other ceremonies).

Quantitative results show an increase in group membership. Where at first 72.7% of participants were involved in community groups, this figure increased to more than 95.4%. By contrast, non-participants recorded almost no increased participation whatsoever. Qualitative studies suggest that as a result of the programme, participants gained self-confidence and a sense of respect in the community. At household level, results suggest that joint decision-making within the household improved. Men ceded control in certain areas (women's income in particular) where previously they made the decisions. Improvements in social capital benefitted both participants and the wider community as a whole.

Reaching Zero Hunger Faster

By supporting programme participants in stabilising their food consumption level, reinforcing good practices in terms of nutrition, education and domestic relations and enabling households to implement their own income-generating activities, graduation is offering a faster way to reach zero hunger. Through the programme, Concern targets the extremely poor and addresses the underlying determinants of extreme poverty, such as inequality, risk and vulnerability and a lack of and/or low return on assets. Graduation creates and capitalises on opportunities to create sustainable pathways out of poverty even in complex circumstances. It increases the ability of programme participants to cope with shocks and volatility in the longer term. One Terintambwe participant, Béatrice Kankera, from Kirundo province in the northeast of the country, shared her experience of the programme with the Concern team (see case study on page 10).

Moving Forward: What Will it Take?

There is a growing body of evidence – not only from Burundi but from Concern and other graduation programmes (Rwanda, Haiti, Bangladesh and Zambia) – which shows that graduation approaches can lift people out of extreme poverty and hunger in a sustainable way. Graduation programmes are multi-faceted. Like many other programmes, the graduation approach requires political will, predictable funding, coordination, an in-depth understanding of the context and careful implementation in order to ensure that the whole is greater than the sum of its individual parts. Researchers from institutions such as IDS and CGAP are furthering the case by identifying those aspects of the programme which are integral to its effectiveness in specific contexts and demonstrating the impact of the programme.

Government institutions in Burundi, including the Ministry of Education, Ministry of Health, Ministry of National Solidarity and Ministry of Gender are key partners in terms of service delivery to the community. The Burundian government has been highly supportive of the programme and is using Concern's Graduation Model as the basis for the development of its National Social Protection Strategy. Community-

67.8%

of participating households were dependent on casual labour at baseline

12.9%

were dependent on casual labour at end-line

More than

50%

of non-participants were dependent on casual labour at end-line

led approaches and sound partnerships continue to be vital for effective implementation. Thus far, strong implementing partners have included Biraturaba, Forum for African Women Educationalists, Burundi Business Incubator, Emuso (literacy partner) and the Burundi Red Cross. Similar key support from national authorities can also be observed in Rwanda, where the Concern graduation programme is closely linked to the National Social Protection Strategy (VUP2020). Meanwhile, research in Zambia has focused on the effects of training and coaching and found that business skills and conservation agriculture practices can be sustained. The provision of train-

ing in specific skills builds people's confidence as well as their ability to generate income and knowledge. As a result, these effects continue well into the longer term.

There are still areas that require further research, such as proving the impact of the combined graduation package on children's nutrition as a means of assessing whether the inter-generational cycle of poverty has been broken. Finding better ways to measure social capital is also essential. As we continue to learn more and acquire evidence, the clear message is that graduation can help us reach zero hunger faster. It can tackle the multi-dimensional aspects of poverty, ranging from inequality

GRADUATING FROM EXTREME POVERTY

Béatrice Kankera, a Terintambwe participant, is a widow and has two daughters, Aline and Nabelle. The Concern team met her back in 2012 when her house collapsed during a storm. Selected for Terintambwe, she received a monthly cash transfer and regular coaching throughout the programme. She was also encouraged to become a member of a Savings and Internal Lending Community (SILC) group, which she did. The team visited her again in July 2016 to evaluate the impact of the graduation programme on her life.

In 2012, Béatrice was in an extremely vulnerable situation. She almost had to remove her children from school as she did not have enough to feed them. Back then, she and her children could only eat cassava, potatoes and beans. When she was ill, she did

not have the means to go to the health centre or pay for medicine. Béatrice did not own any land, and could not afford to rent land for cultivation. Her only option was to find casual labour in other people's fields. She was not able to read or write and would exclude herself from social gatherings because she felt that she was too poor.

When asked to share her impressions about the Terintambwe programme, she says that Concern helped her extensively and that she no longer goes to sleep without eating. The most important aspect was the support she received from Concern to start an income-generating activity, and the money she was able to use to rebuild her house. Although she did have to stop this activity for a while because she was not making enough profit, she restarted it again recently thanks to her membership in



Béatrice's home was damaged in 2012. She set aside some of her cash transfer to purchase iron sheeting and rebuilt her house for her and her two daughters (1st photo: 2012; 2nd photo: 2015).



and lack of assets to risk and vulnerability. For the growing number of people in Burundi affected by food insecurity and for individuals such as Béatrice who could be at risk of falling back into poverty and hunger, this approach – along with the evidence and lessons learned in relation to it – merits attention and support at both national and international level.

the SILC group. She received BIF 37,500 (EUR 20.40) as a result of her savings contributions. With these funds and the training she received, she was able to continue her banana juice making business and also start selling avocados. Béatrice is an active member of a SILC group and continues to attend SILC meetings even if she has no money to save.

Although she does not remember every aspect of the coaching, she does recall the hygiene and HIV and AIDS sessions. She feels that the coaching on matters of hygiene was extremely useful.

Béatrice currently receives a dividend every month of BIF 12,000 (EUR 6.50) from the banana juice business and BIF 16,500 (EUR 9.00) from selling avocados. With this money she is able to rent land in order to farm crops. Before the programme, she states that she was only able to sell her skills as a labourer. Even if she does not yet own a large piece of land (she has two acres on which she grows bananas), she can now rent it. Even today, however, her food security can come under threat. Between April and October (the lean season), she does not have much to eat. However, she considers the situation to be much different than before, as she is nevertheless able to eat and provide her children with enough sustenance. Generally speaking, Béatrice and her two girls eat twice a day. Sometimes they are even able to eat three times. She is thankful, because farmers in Burundi generally only eat twice. Her regular meal now consists of rice and beans and sometimes bananas. She also has vegetables when they are in season, as she has a kitchen garden. She adds salt and palm oil to her food whereas she did not before. Her two children are attending school, and her eldest daughter (15 years old) is about to finish primary school.

Today, Béatrice says she can attend social events with others and is even called on to give advice to households when conflict arises. When she has the means to do so, Béatrice aspires to buy land for herself and her children and dreams of growing beans, cassava and bananas.



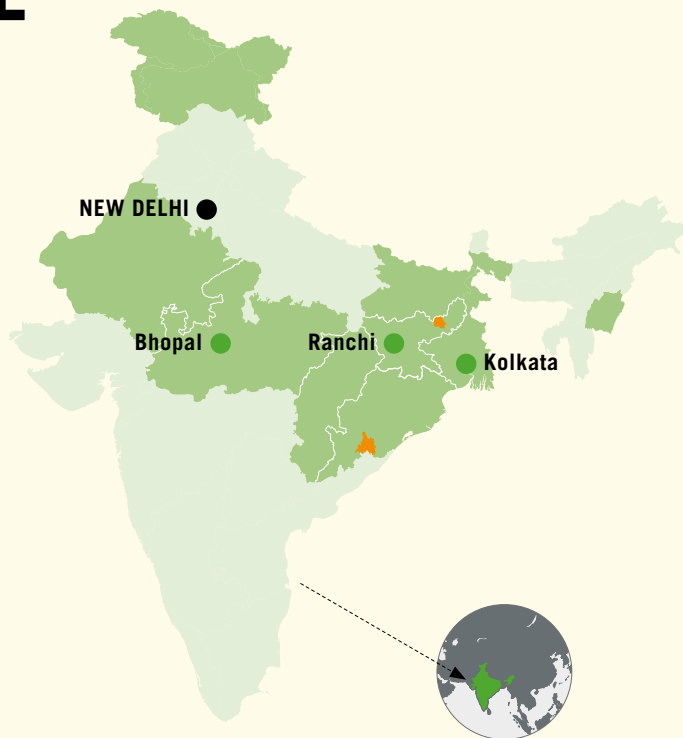
“We used a medicinal plant called ‘umubirizi’. We were trying to persuade ourselves that we would be healed.”

“From time to time I can even buy banana juice. Before, I would not have been able to afford it at all.”

Béatrice Kankera,
Terintambwe programme participant

INDIA: MAKING FOOD A RIGHT FOR ALL

India has made considerable progress in tackling hunger and undernutrition in the past two decades, yet this pace of change has been uneven and many have been left behind. Now is the time to assert the right to food for all and make Zero Hunger a reality for everyone.



- Capital/Welthungerhilfe's country office
- Welthungerhilfe's project office
- Welthungerhilfe's programme area
- Case study project area



INDIA IS A COUNTRY OF STARK CONTRASTS. In total, 22% of its population lives below the poverty line (Government of India 2013). At the same time, it is home to 84 of the world’s billionaires (Forbes 2016). India’s top 1% own more than 50% of the country’s wealth. It is the world’s second largest food producer and yet is also home to the second-highest population of undernourished people in the world (FAO 2015).

One side of this story is clear from the score for India on the Global Hunger Index (GHI) – 28.5 (von Grebmer et al 2016). By contrast, Brazil, Russia, China and South Africa, all of whom share the BRICS high table with India, have a single-digit score. India’s neighbours, including Bangladesh, Nepal, Sri Lanka and Myanmar, have better GHI scores as well. Although the country has managed to reduce instances of stunting among children by nearly half in the past decade compared to the previous one (IFPRI 2015), India remains home to one-third of the world’s stunted children (UNICEF et al. 2016). It therefore falls into the ‘serious’ category in this year’s GHI.

Now, the 2030 Agenda for Sustainable Development is seeking to end hunger, achieve food security, improve nutrition and promote sustainable agriculture. The tangible outcomes will be to eradicate instances of stunting among children and guarantee every citizen with access to adequate food throughout the year through sustainable food systems, the doubling of smallholder productivity and income, and zero food loss or waste.

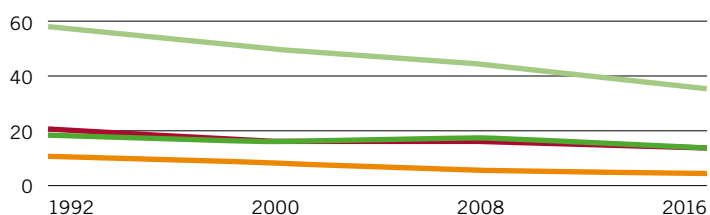
Although rainfed agriculture supports nearly 40% of India’s population (Government of India 2012), these farmers are highly sensitive to drought, which can cause crops to fail and lead to spiralling debt.

The key driver behind the goal to reach Zero Hunger and malnutrition is to ensure that no one is left behind in the pursuit of food and nutrition security. In the Indian context, this will also mean greatly improving the health of women and children.

The Government of India enacted the National Food Security Act (NFSA) in 2013, a law seeking to “provide for food and nutritional

GLOBAL HUNGER INDEX TRENDS FOR INDIA

The four Global Hunger Index indicators for India show progress, yet this has been uneven across the country.



- Proportion of the population that is undernourished (%)
- Prevalence of wasting in children under five years (%)
- Prevalence of stunting in children under five years (%)
- Under-five mortality rate (%)

“When you have your godowns (warehouses) full and people are starving, what is the benefit? You cannot have two Indias.”

Dalveer Bhandari

Judge of India’s Supreme Court, 21 April 2011

15.2%

of the Indian population is **undernourished**, meaning that they do not receive enough calories per day

38.7%

of children under five are **stunted** (low height for their age), reflecting chronic undernutrition

15.1%

of children under five are **wasted** (low weight for their height), reflecting acute undernutrition

4.8%

of children **die** before the age of five

security [...] by ensuring access to adequate quantity of quality food at affordable prices to people to live a life with dignity” (Ministry of Law and Justice 2013).

The 2013 NFSA created legal entitlements to existing governmental food and nutrition security programmes. Most significantly, it has changed the nature of discourse on food, making it a human right and putting the onus on the state to guarantee basic entitlements. However, the question is whether the quality of life has actually improved for everyone in the meantime. The food provided by the Government through its procurement and disbursement schemes serves the calorific requirement for some of the population. However, the system has also altered their food habits, made them dependent on rice and wheat and eliminated traditional diet diversity, thereby reducing the micronutrient content of the food on their plates.

Those Left Behind

Among the poorest people in India are those who belong to Scheduled Castes and Scheduled Tribes – traditionally oppressed classes for whom the Indian constitution provides special affirmative provisions to promote and protect their social, educational and economic interests. The Scheduled Castes include millions of Dalits, or ‘untouchables’, who continue to be subject to endemic discrimination. This is also the case for the Scheduled Tribes, which comprise indigenous people, also known as Adivasis, who are often disadvantaged, in part because of the forested geographies in which they live.

As a consequence, Dalits and Adivasis are over-proportionally affected by poverty. With 104 million people belonging to nearly 700 distinct ethnic groups, India has the second-largest tribal population in the world (Government of India 2011). 47% of the rural tribal population lives below the national poverty line, compared to the national average for rural areas of 28% (Rao 2012). The level of poverty and food and nutrition insecurity of the tribal people continues to be a major issue, despite the affirmative action put in place by the architects of India’s Constitution for their protection and welfare.

The Adivasis have borne witness to the appropriation of their lands, destruction of their environment and commoditisation of their traditional knowledge – a lopsided bargain which has come at the cost of their way of life and well-being, beginning with their health and the security of resources for future generations. Safeguards such as informed consent have been thrown to the winds

in the rush to acquire and trade forest produce and land on a large scale.

The problems faced by the indigenous people of India are further iterated by a recent study conducted by the United Nations Children’s Fund (UNICEF). Covering 11 states, it shows that every second Adivasi child is stunted, 68% of Adivasi mothers are less than 20 years old, 48% are undernourished and 76% are anaemic. Furthermore, the study states that the risk of severe stunting is nearly twice as high among girls aged 6-23 months compared to boys (UNICEF 2014). This may be due to food distribution practices within households and gender discrimination, resulting in women receiving less food or men being served the best portions.

The efforts of the Food Security Act and a range of other laws to tackle these issues have encountered many challenges. Adivasi hamlets are often remote and poorly connected, making logistics and monitoring difficult. Indeed, the plight of those who suffer from hunger is only addressed when deaths resulting from starvation momentarily lead to public outrage. These are the groups that need support most urgently.

Growing Rich Diversity with Limited Land

Welthungerhilfe has been working in India since 1965. As part of its current efforts, it is increasingly focusing on mobilising and raising awareness among the marginalised and poor rural communities in order to help them access their rights and entitlements in relation to hunger and poverty. Welthungerhilfe’s approaches address the four pillars of food and nutrition security, namely ensuring the availability of food of sufficient quantity and quality, guaranteeing that people have physical and economic access to this food, providing health and sanitation conditions that enable them to truly benefit from this food, and ensuring that these factors are stable all year round.

Welthungerhilfe works with a number of civil society partners across the country implementing a rights-based approach that addresses these four aspects of food and nutrition security. Many of these projects are established in states and regions suffering from extremely high levels of malnutrition.

Living Farms, a partner NGO, works with landless, small and marginalised farmers in the dry, hilly region of the state of Odisha in Eastern India to help them assert their food sovereignty and improve their well-being by means of an ecological and sustainable approach to agriculture. To this end, Living Farms is working to re-

establish the control of these farmers over food and farming systems through the conservation, renewal and rejuvenation of biodiversity. Availability of food is improved at household level by initiating a series of interventions to enhance productivity on the limited land they have.

In the Kerandiguda village of Rayagada, Living Farms is working with Loknath Nauri, a farmer in his sixties who draws inspiration from how tribal people practised agriculture decades ago. Loknath is a repository of wisdom. For example, he can tell the direction the yearly rains will come from based on how a local bird's nest is positioned. He can also predict when it will rain purely using the beans in the pods of a local creeping plant. These are just two of the many lessons he shares with other farmers. Although Loknath owns just 2.5 acres (1ha) of land, his food stocks at home are plentiful. He grows 72 different varieties of crops on his farm. "Growing multiple varieties of crops reduces the risks from drought and other farm stress. I harvest from September until January and have vegetables throughout the year," Loknath says.

Living Farms has an extensive list of small land-holding farmers who grow over 50 different varieties on their farms. Thousands more cultivate over 20 crop varieties and no longer have to endure the type of crisis faced by farmers in other rain-fed agricultural regions around the country. This stability is important, as farmers can otherwise become lured into growing cash crops instead, such as cotton, cashew, palm oil, sugarcane and eucalyptus, which reduces food availability. Debejet Sarangi from Living Farms explains that the NGO is working with researchers to rediscover the virtues of traditional local crop varieties that can withstand erratic rainfall and soaring temperatures and still produce bountiful yields. "The community already has traditional rice varieties that are rich in micronutrients, zinc, iron, magnesium and calcium, while scientists are working on creating such seeds in laboratories around the world," Debejet says, adding that the Adivasis avoid using chemicals on their farms and make their own compost instead.

In Jharkhand, Pravah, another Welthungerhilfe partner, encourages landless families to set up kitchen gardens in their homesteads and harness common fallows to grow food for the family. On the farmlands, diversity is returning through the 'Sustainable Integrated Farming Systems' approach, which functions according to the principle of farm planning and the use of all available resources, including time and space, as efficiently as possible. Hardy, drought-resilient millet crops are now being reintroduced to the cropping cycle. Waste from livestock, poultry and aquaculture is recycled through a bio-digester in order to provide rich farm manure, and agroforestry is practised to provide fodder for animals. Space on the homestead as well as on the farm is used to grow different crops, sometimes in multiple tiers. Crops are planned in such a way that food is available throughout the year, thereby resulting in different food products for the market. In addition, this directly addresses micronutrient deficiency and leads to diet diversity among the population.

Pravah has worked closely with farmers like Nandlal Singh, who owns 2.5 acres of land. Nandlal's story was similar to any other farmer's



"Growing multiple varieties of crops reduces the risks from drought and other farm stress. I harvest from September until January and have vegetables throughout the year."

Loknath Nauri,
Kerandiguda village, Rayagada, Odisha



"My friends were avoiding farming. I told them that we can't afford to let the varieties of our village get lost. Last year, I grew 70 varieties. It sufficed us for the year. This year I have told fellow villagers to grow 80 varieties."

Adi Kumbruka,
Young farmer in Kanduguda village, Odisha

in the region, namely one of debt, crop failure, migration and mortgages. His situation has now changed. Thanks to farm planning and integrated farming Nandlal has not only cleared his old debts, but has money in the bank. Pravah's training on vermicomposting, organic farming and integrated pest and nutrient management techniques have proven successful and led to the production costs on Nandlal's farm being reduced.

The family has a diverse diet which incorporates up to eight food groups, including cereals, lentils, fruits and vegetables. Nandlal grows these vegetables throughout the year while also rearing cattle, fish and ducks on what was once a patch of wasteland.

A striking feature of the work of both organisations is the low incidence of indebted households among the farmers involved in the programme. Small and marginal farmers like Nandlal Singh and Loknath are not short of the resources they need for this kind of farming. This reduces their reliance on loans and avoids the problems associated with debt. Deajeet Sarangi from Living Farms cites examples of how farmers who used to be impoverished now grow multiple crops per year and how, together with poultry and animal husbandry, they are able to safeguard their families against food and nutrition insecurity. But, most importantly, Deajeet says, they depend on forests.

Securing Forests to Secure Nutrition

"The diet of the Adivasi people used to be a highly diverse one. However, years of planning and the Government's control over resources meant that these tribal farmers began to lose the ability to cultivate the seeds that kept their people fed for generations," explains Deajeet. "One result of these developments is that the diversity of the crops grown and of the available forest resources has shrunk massively over the years."

Deajeet alludes to evidence that vast swathes of forests are being acquired fraudulently. "Officials only see it as lost forest when in actual fact the loss of these forests is also affecting the eating habits and the nutrition of the tribal people," he says. "The range of forest fauna, flowers, fruits, vegetables and mushrooms previously consumed by tribal people has diminished over time due to governmental policies. Tribal people collect 25 varieties of roots and tubers, 35 kinds of fruits and various oil seeds from the forests. The forest also provides 40 different leaf vegetables, mushrooms and various birds, animals, edible insects and other food sources

throughout the year. In addition, the bodies of water belonging to the forests are home to an abundance of snails, fish and crab," Deajeet explains. This diversity offered by the forests is now under threat and entire species have disappeared, thus depriving families of a varied diet.

Women in Rayagada are now resisting the forest department's attempts to plant commercial trees, demanding that multipurpose trees are planted instead. The move has led to the protection of forest cover and the revival of over 275 varieties of wild foods that provide food rich in micronutrients. Rua Ulaka, a farmer from the village of Lanji, Rayagada, is part of this active citizenship movement, as evidenced by the level of care that she shows for her forests and its ecosystem. By working together, the Adivasis are able to ensure that this asset is not commercialised. Ultimately, the work carried out by Living Farms and Pravah has shown that families with very small landholdings and continued access to the forest are more than able to survive another year. With dignity.

Fighting the Day-to-Day Nutrition Crisis

As well as working to ensure the availability of sufficient and nutritious food, both organisations promote awareness and changes in behaviour at community level in terms of health care and infant and young child feeding practices.

A promising approach introduced by Pravah in the villages of Jharkhand consists of 'Positive Deviance Sessions', whose aim is to improve the health of moderately malnourished children. With 15% of children below five years of age being classified as underweight for their height, India's acute malnutrition rate is at the international threshold that indicates a nutrition emergency.

"80% of the children in the nutrition camps have recorded weight gain and have shifted from the Moderate Acute Malnutrition (MAM) category to the category of healthy children," explains Babita Sinha, Pravah's Programme Manager. "This is due in part to a 15-day hands-on camp to introduce young and pregnant mothers to new, nutritious recipes, gathering and using nutritious, uncultivated food, child-care practices and hand-washing," she says. These 'Positive Deviance Camps' have also implemented de-worming programmes and helped to change the behaviour of young parents in various villages. According to Babita, the mothers realised that their children were responding positively to these initia-

tives when they were weighed. “Seeing a gain of 500 grams in the child’s weight gave the mothers tremendous joy,” she recalls.

The sensitisation process was revealing for the experts at Pravah as well. “We were able to understand why children in the red category (meaning those belonging to the lowest-weight-for-age section of the WHO Growth Monitoring Charts, signifying malnutrition) belonged to families from certain clusters of the villages,” states Sweta Banerjee, Nutrition Specialist with Welthungerhilfe in India. Sweta bore witness to how the process taught the village communities to link nutrition with good agriculture practices and proper management of natural resources. As she states, “We realised it was not a coincidence that these children came from families that were either landless or owned land uphill that was not irrigated. As such, the nutrition programme had to be amended to benefit them.”

One key breakthrough was that women were able to grasp how the nutrition chain between generations could be broken by paying attention to the nutritional needs of different age and gender groups and by including adolescent girls, expectant mothers and women nursing children. The Pravah team noted that close to half of the households in the villages in which they were working have since improved their food and diet practices. There have also been visible changes in personal hygiene practices at household level. Combined, these actions will have a lasting impact on the health of the people living in these villages.

Putting the Right to Food into Action

The *Fight Hunger First Initiative* implemented by Welthungerhilfe in cooperation with several Indian partner organisations, including Living Farms and Pravah, is based on the premise that it is only possible for people to break out of the cycle of inequality and discrimination permanently if adequate welfare systems are in place and basic rights are fulfilled. This includes access to proper education, sufficient and adequate access to food and income, better health services and treatment as equal citizens by the state.

The right to food guaranteed by the Food Security Act is translated into a number of entitlements ensured through different programs. Examples include the Integrated Child Development Services (ICDS), which provides health and nutrition services to pregnant women and young children, and the Mid-Day Meals (MDM) scheme, which is aimed at providing free lunches and thereby improving the nutritional status and attendance of school children. Meanwhile, the National Rural Employment Guarantee Act (NREGA) guarantees the provision of paid employment to rural families. In some cases, it has reduced reliance on the Public Distribution System (PDS), which distributes subsidised food rations to those who are most in need.

Enforcement of the National Food Security Act is a challenge, especially in far-flung villages. In addition, many families have little access to work for wages that could be used to buy food, educate children and cover other household expenses.



“Previously, women would not have their babies weighed or breast-feed their newborns due to superstition. This has changed. Mothers now ask me how much their child weighs. Women wear slippers, families have toilets, girls are resisting early marriage and babies are being born in hospitals. Not a single child has died in this village over the past five years.”

Sharmishta Raj,
Anganwadi worker at the center of Laxmipur village in Odisha



The traditional game of Snakes and Ladders has been adapted to inform mothers about infant care and health. Ladders represent good practices, while snakes highlight dangers, Pahtri village, Deoghar, Jharkhand.

At national level, for example, households covered by the Rural Employment Act, on average, only received 41 days of work per year between 2011/12 and 2013/14 (Desai et al 2015). This equates to less than half the amount set out in the constitutional provisions. The situation is similar in Jharkhand. Rather ironically, the Government has increased the minimum number of days of work to which the households are entitled under the law to 150.

As part of the *Fight Hunger First Initiative*, community-based organisations are formed or strengthened and social accountability mechanisms such as community score cards are introduced as a means of empowering community members to access various forms of entitlements and holding service providers accountable. In the state of Jharkhand, Pravah successfully campaigned with 13 Non-Governmental Organisations (NGOs) for the inclusion of eggs in the Mid-Day-Meals at schools three times a week. Likewise, Living Farms has been able to persuade Government authorities to include millets in the ICDS programme, especially in the form of take-home rations for pregnant women. Persuading ICDS officials to appreciate community inputs has been a lesson in advocacy. “Community members feel the services do not make sense. On the other hand, service providers also feel handicapped. The gap is evident and the community participation tools we have employed help to bridge this gap,” says Babita Sinha.

A federation of self-help groups promoted by Pravah offers numerous examples of how leadership has been nurtured among women, who are now able to confront agents working at public distribution system outlets or others charged with managing governmental service provision agencies. At the same time, workers at the Anganwadi centres are now on equal terms with the village women. Rua Ulaka is now aware of her rights and entitlements as a citizen, what she can expect from the village’s own self-governance institution, the Panchayat, and of her right to participate in the Gramsabha (village assembly). Awareness of these aspects of governance ensures that Adivasi women can demand accountability from those governing them. As a result of the work carried out by Pravah and Living Farms, more households are now receiving work. Furthermore, community access to an array of welfare schemes run by the Government has vastly improved, thereby breaking the cycle of poverty and building the community’s resilience.

By engaging with the Village Health and Nutrition Days and working with institutions like the Village Health Sanitation & Nutrition Committees, the project also strengthens the government health service delivery mechanisms regarding its coverage and quality. Sharmishta Raj and her colleagues from the Anganwadi child care centre in Lakhimpur highlight the difference that working with Living Farms has made thanks to effective communication between the centre and the community. “Not a single child has died in this village over the past five years,” she says, her face brimming with pride. This is a reflection of how much a small group of front-line government functionaries has achieved through a partnership with a civil society organisation in a remote corner of the country.

Ending a Nutrition Paradox

India’s agricultural growth rate increased phenomenally in the decades following the green revolution that turned the country from a “ship-to-mouth economy” into a land able to provide food security. This growth was propelled by technological changes, major investment in infrastructure such as irrigation, markets and roads, the development of credit institutions, auxiliary services and the facilitation of pricing policies. However, the revolution has come with several significant limitations. As a result, a more ecologically and socially sustainable ‘evergreen revolution’ is needed.

India still faces a long road ahead in its quest to achieve Zero Hunger. Over 25 years since India ushered in its economic reforms, the country’s economy has undergone significant structural transformations, encouraging planners to turn their focus away from agriculture and instead towards the service and manufacturing sectors. The priority now is to return attention to agriculture and its central role of providing food security, reducing poverty and generating employment. Turning one’s back on agriculture, particularly in a time when the climate is changing considerably, will put the food security of the 1.25 billion people living in India in jeopardy.

The Government has recently set an ambitious target to double the income of farmers by 2022 (The Economic Times 2016). This corresponds to targeted annual agricultural growth of more than 14% per year. More needs to be done to enhance the role that agriculture can play in improving nutrition outcomes, for example via the implementation of cross-sector policies and programmes at national and sub-national levels.

Efforts must also be made to ensure that small-scale, marginal and landless farmers are the true beneficiaries of these policies, as too many people are being left behind in India's efforts to reach Zero Hunger. This goal can only be achieved when the people who are most excluded are placed at the centre of all action and thinking.

Indian civil society, including Welthungerhilfe's partners, has been working with these communities to enable them to take control of their own lives and demand their right to food. It has also been working in close cooperation with the Government to implement a range of innovative ideas that address issues of food insecurity and malnutrition in remote corners of the country. Above all, in this land of plenty it will only become possible to overcome the national nutrition paradox by challenging the social, economic and political structures that lead to the discrimination of the most vulnerable people in India.



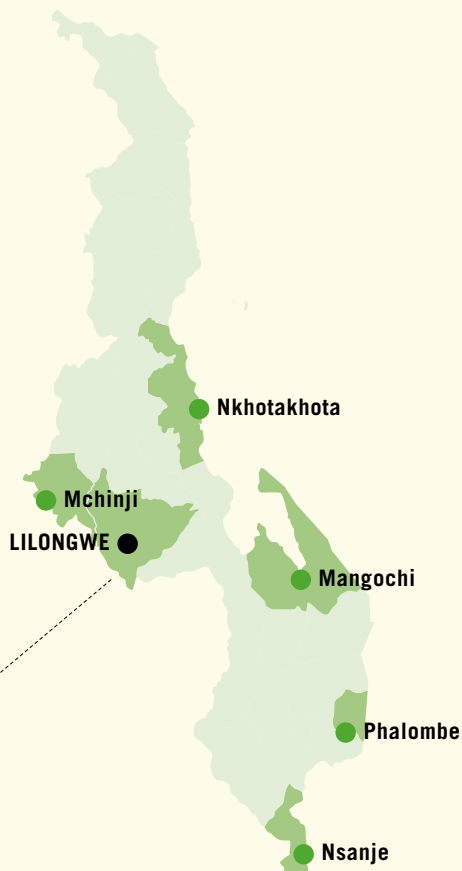
"I grow enough and earn enough and can also take advantage of the government's food schemes. We even have fish once a week and enough fruits and vegetables."

Geeta Devya,
Dhanway Naya village in
Jharkhand

MALAWI: BUILDING RESILIENT SYSTEMS FOR FOOD AND NUTRITION

A landlocked country with an estimated population of 17.2 million, Malawi has experienced rapid recent growth in the agricultural sector. The proportion of malnourished children remains one of the highest in the world. With a 2016 GHI score of 26.9, Malawi's hunger score is categorised as serious.

- Capital/Concern's country office
- Concern's project office
- Concern's programme area



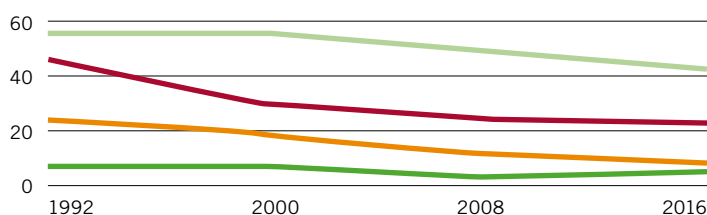
FARMING IS THE MAINSTAY of Malawian life. More than 80% of the population is reliant on subsistence farming, with the main staple being maize. Macroeconomic instability coupled with the impact of climate change and El Niño in particular have hit the country hard in recent years, with floods and droughts causing devastation for many of Malawi's smallholder farmers and increasing the rate of acute malnutrition across the wider population. While crop diversification is an explicit goal of the Government of Malawi, the steps towards this goal and the pathways towards improved nutritional outcomes are challenging, as highlighted by the International Food Policy Research Institute (IFPRI, 2015). A high population growth rate and fertility rate (3.07%, and an 'average total fertility rate' of 4.4 in 2014 according to the World Bank) among young women further compound the challenge to ensure food security and the provision of adequate basic services to vulnerable Malawians.

The 2016 Global Hunger Index reports that the hunger situation in Malawi as 'serious'. According to the Malawi SMART Survey 2016, one in three households are classified as experiencing inadequate food consumption, while the conclusion of the Malawi Vulnerability Assessment Committee (MVAC) in its annual assessment and analysis is that 6.5 million people – or 1 in 3 Malawians – will be unable to meet their minimum food requirements in 2016/2017. The issue of chronic malnutrition is also one of grave concern. According to the preliminary report recently published by the Demographic Health Survey (DHS), 37% of children under the age of five are considered short for their age or stunted, with 11% being severely stunted. While this figure has fallen compared to 42% in 2014 and 47% in 2010, the figures are nevertheless alarming.

Concern Worldwide has been working in Malawi since 2002, supporting the Government in its efforts to tackle malnutrition and working with communities on a range of interventions, from emergency response to livelihoods, healthcare, nutrition, and education. Throughout the course of 2015, Concern Malawi reached over 380,000 people direct-

GLOBAL HUNGER INDEX TRENDS FOR MALAWI

Progress has been made on reducing the reducing undernourishment and under five mortality, with moderate progress for stunting and wasting.



- Proportion of the population that is undernourished (%)
- Prevalence of wasting in children under five years (%)
- Prevalence of stunting in children under five years (%)
- Under-five mortality rate (%)

20.7%

of the population is **under-nourished**, meaning they do not receive enough calories per day

37%*

of children under five are **stunted** (low height for their age), reflecting chronic undernutrition

3%*

of children under five are **wasted** (low weight for their height), reflecting acute undernutrition

6.4%

of children **die** before the age of five

* preliminary data from DHS Survey Malawi 2015/16

ly. As well as helping farmers improve production, the focus is increasingly on encouraging consumption by educating farmers about nutrition. As one of the first countries to pilot and adopt a community-based management approach to malnutrition – as well as one of the first to become a member of the Scaling Up Nutrition (SUN) movement – Malawi has demonstrated its political commitment to addressing undernutrition. Furthermore, at the Nutrition for Growth event hosted in the UK in 2013, Malawi made several financial and policy-related commitments, which have survived several changes in Government, thereby illustrating broad policy-based support. Resource allocation, however, remains low.

The causes of malnutrition in Malawi are numerous and multifaceted, from direct factors to underlying contributors. Reaching ‘zero hunger’ will require a comprehensive approach across sectors and stakeholders that focuses on the range of causes. The effective scaling up of prevention and treatment interventions are essential to this work. This study looks back at a specific initiative around the treatment of malnutrition, which Concern and the Malawian Government partnered on and invested significantly in, and from which much learning can be drawn. It reflects on the gains made and the challenges faced, before looking to the future and the evolving focus on prevention of undernutrition through programmes, partnerships, advocacy and improved maternal and child health services. The study is supported by desk research and a range of interviews carried out in July 2016 at national level and within the district of Mchinji. It is inspired by Concern Malawi’s stated goal that ‘extremely poor households have improved food and nutrition security and increased resilience to shock and hazards’ (Strategic Plan 2014-2018).

Institutionalising Community-based Management of Acute Malnutrition: Experience and Learning to Date

Between 2002 and 2006, Concern Worldwide partnered with Valid International to pilot a community-based approach to addressing acute malnutrition in Malawi. The approach has four key components:

- **COMMUNITY MOBILISATION:** outreach to raise awareness, screening and identification of cases in the community using a middle-upper arm circumference band (MUAC), and follow-up with caregivers and malnourished children.
- **SUPPLEMENTARY FEEDING PROGRAMS:** provision of take-home rations (e.g. fortified blended foods) and routine

medical care for children with moderate acute malnutrition.

- **OUTPATIENT THERAPEUTIC PROGRAM:** provision of high-energy therapeutic food and regular check-ups for children who are severely malnourished without medical complications. As a key point, the children are treated at home in their communities.
- **NUTRITION REHABILITATION UNITS:** provision of inpatient care for acutely malnourished children with medical complications.

By 2004, the Malawi pilot project had demonstrated excellent treatment outcomes, achieved high coverage, received a high level of acceptance from the community and proved to be a cost-effective solution to expensive inpatient treatment.

In 2006, the Ministry of Health announced its intention to standardise this approach, which became known as Community-based Management of Acute Malnutrition (CMAM), and to scale it up to incorporate all 29 districts across the country. A five-year partnership between Concern Malawi and the Government was established to develop the capacity of the CMAM delivery services at all levels, including the rollout of guidelines and policy and the standardisation of service provision. Another aim of the partnership was to advocate the scaling up and integration of the approach into the health system. To facilitate this work, the CMAM Advisory Service (CAS) was established, with funding support from USAID. In 2013, the Ministry of Health assumed all of the key functions as Concern took a step back from the project.

By this time, CMAM services were available in all districts. The approach had been integrated into national policies and guidelines and into the existing health infrastructure in terms of training, supply management and supervision. Focal points were identified at all levels, national and district-level training teams were established, supervision was incorporated into District Health Offices, and evidence and learning was documented. District Health Officers were trained on how to budget for CMAM and instructed on how to factor costs into district implementation plans.

A considerable amount had been achieved. Alongside these successes and achievements, however, issues arose once external support ceased with regard to the sustainability of the approach and the comparative inability to adapt CMAM for government-level systems.

The final evaluation of the Community-based Therapeutic Care Institutionalisation in Malawi carried out towards the end of 2013, at the request of USAID and the Canadian International Development Agency, highlighted a number of challenges:

- while CAS had helped to extend capacity and scale up CMAM services at national level, those services had not been fully institutionalised/ integrated into the health system
- organisational development within the Ministry of Health that would enable it to assume the project's advisory and technical functions at sub-national level had not been part of the project design and did not take place
- there was a lack of alignment of CAS activities in conjunction with the decentralisation process

To assess the effectiveness of CMAM coverage, the government subsequently carried out a bottleneck analysis in 2014, which highlighted some further challenges, including:

- inadequate supply of CMAM commodities
- a lack of adequately trained staff to implement CMAM, with few clinicians, nurses and health surveillance assistants having received comprehensive CMAM training
- low levels of effective coverage, with 36% of severe acute malnutrition and 15% of MAM cases discharged as cured, thus demonstrating the poor quality of case management

The interviews conducted for this study supported many of these findings and raised further issues for reflection, including the challenge of securing funding to support health services and thereby overcome these institutional issues. Other challenges which persist are highly practical in nature. Many Health Surveillance Assistants (HSAs) and other health staff are overstretched and under-motivated. Supply management and the timely delivery of supplies are sometimes problematic, and 'ready-to-use therapeutic foods' are unavailable at times. There is also a heavy reliance on support from external agencies and organisations to acquire the necessary supplies.

A lack of transport and fuel is also cited as a practical problem facing health staff at district level. HSAs are responsible for carrying out growth monitoring in villages on a monthly basis and, along with District Nutrition Officers, are meant to make regular visits to communities in order to monitor CMAM activities. A lack of transport impedes their ability to carry out active case findings and screenings and to make referrals.

The acquisition of data and how it is used for decision-making is another challenge. CMAM data passes through a number of steps and channels, and delayed submissions can affect the timeliness of a response. District Nutrition Coordination Committees (DNCC), which bring together key nutrition stakeholders, are supposed to receive and discuss consolidated health facility information. However, this does not always happen due to time constraints and an irregular meeting schedule.



“I enjoy the chance to teach mothers in the community. I've learnt about good sanitation, hygiene and nutrition. I know the importance of the six food groups now and I've been able to pass this onto other mothers.”

Josephine Oscar,
Lead Mother in SNIC project, Zizwa Village, Mchinji



“Before, the children were eating a corn-only mix. We received the seeds and training to harvest more crops and now they have a more diverse diet.”

Lustilla Mathew,
Caregiver in CBCC, Mbachundu village, Mchinji

In addition, the monitoring and admission forms which health staff are expected to complete are complex, with some staff feeling unable to complete certain sections. Further, while each HSA has the support of around 10 health volunteers in the community, training for volunteers tends to vary, with different training being provided to different volunteers depending on the donor and project being implemented. Out of a team of ten, only three volunteers may be trained in CMAM. No standard training 'package' is provided.

Addressing the Challenges: National Nutrition Policy 2016-2020

The Government has recognised these challenges and the need to address them, and has been working on a new 2016-2020 National Nutrition Policy. It has also prepared an accompanying Operational Plan, which explicitly recognises the barriers to institutionalisation and effective coverage of CMAM delivery, seeking to deal with them in a comprehensive manner.

The policy highlights the low capacity and participation of clinicians in the management of severe acute malnutrition, insufficient community outreach and mobilisation, weak supply chain management and the overall low quality of CMAM service delivery. Some of the strategic areas for action include:

- enhancing the institutional and human capacity of service providers
- improving availability and access to CMAM supplies and equipment
- increasing government ownership and financing of acute malnutrition interventions
- pre-service and in-service training which will be prioritised under the new policy

The operational plan also seeks to improve the current institutional arrangement for coordinating CMAM at national, district, health facility and community levels, as well as strengthening the links between CMAM and other nutrition-specific and nutrition-sensitive interventions. Attention will also be given to the generation and use of accurate and reliable monitoring and evaluation data.

This new policy and plan is arriving at a time when action and ambition are essential, especially given seasonal climate change-related shocks. Although spikes in cases of acute malnutrition may be becoming increasingly predictable, there is no system in place at district level to plan for, identify or provide a rapid response via

a 'surge mechanism', instead relying on short-term emergency responses by government and partners.

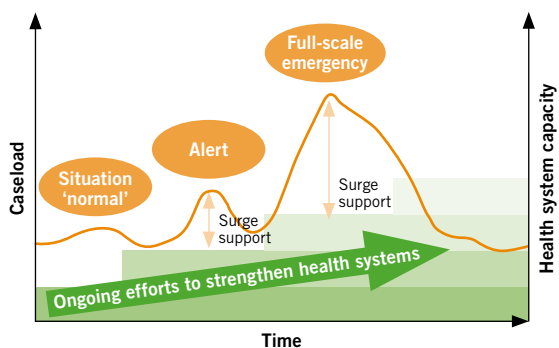
From CMAM to CMAM Surge

To address this challenge and to play a further role in supporting the Government's efforts, Concern Malawi is designing a CMAM Surge capacity-building programme that comprises a set of tools intended to assist government health teams to respond to surges in acute malnutrition more effectively while building health system resilience over the long term.

An emergency nutrition response often runs parallel to the health system and is implemented in 'start-stop' episodes of external response. The Surge programme aims to (i) strengthen the capacity of the health structures at district level and (ii) encourage coordination bodies to use early warning information for decision-making and response. Interventions focus on two core areas: health facility-level surveillance and district coordination capacity. Health facility staff are encouraged to analyse and contextualise the drivers of seasonal spikes and increased caseloads of acute malnutrition. They identify the thresholds that are intended to trigger additional support and monitor against these thresholds on a monthly basis. The thresholds are set by each health facility. Once exceeded, the health facility notifies the district, mobilises its own resources, and, if necessary, requests the provision of additional support, thereby enabling the facility to cope with an increased caseload without compromising the quality of the health services. The provision of

CMAM SURGE MODEL

This CMAM Surge model has been successfully implemented by Concern in Kenya and Uganda. It is hoped that this approach can now be adopted in Malawi.



* Adapted from P. Hailey and D. Tewoldeberha, ENN, 2010, Issue 39

surge support, including the type and level of support and how and when to scale up and down, is agreed at district level prior to implementation of the approach.

From Treatment to Prevention: Reaching Zero Hunger Faster

Concern is also committed to looking beyond the treatment of under-nutrition. It is placing an increased focus on prevention and working with the Government to this end. The Government of Malawi is well aware of the need for a comprehensive, sustainable approach to under-nutrition, and has therefore declared its support for the recently launched Sustainable Development Goals (SDGs). The Government has included the prevention and treatment of malnourished children in its critical national development priorities as part of the Malawi Growth and Development Strategy II (2011-2016). The management of acute malnutrition is also a key goal of the Malawi Health Sector Strategic Plan (2011-2016), the National Nutrition Policy 2016-2020, and the Infant and Young Child Feeding Policy 2009. Furthermore, the prevention of undernutrition is the first priority area under the revised National Nutrition Policy. The policy aims to build on lessons learned and achievements made over the past decade, and will promote the implementation and integration of high-impact, nutrition-specific and nutrition-sensitive interventions across the relevant core sector policies, strategies, implementation plans and budgets.

The government has been partnering with the World Bank and the Canadian International Development Agency (CIDA), which have supported the Nutrition and HIV/AIDS project since 2012. One aspect of this project is the 'Support for Nutrition Improvement Component' (SNIC), which is being implemented in 15 districts across the country with support from a range of implementing partners. The project aims to strengthen service delivery by increasing access to and utilisation of services which are known to contribute to a reduction in child stunting and maternal and child anaemia. In March 2014, Concern began its support of SNIC, becoming the implementing partner in the district of Mchinji, which, according to the 2010 DHS, has the fourth-highest stunting rate in the country at 54%. Through its support of SNIC, Concern has adopted a multi-sector approach that links nutrition education, social and behavioural change, water and sanitation, food security and local capacity building.

Community mobilisation is a core strategy for ensuring that nutrition-based interventions are sustainable, benefit from ownership at local level and increase participation in and knowledge and adoption of optimal practices. Concern supports the establishment of community structures and groups and their capacity-building processes. The founding of Care Groups – consisting of around a dozen Lead Mothers – is a key way to improve access to a minimum package of care and services for mothers in the community. Care Group Promoters support these Care Groups and facilitate group sessions, individual counselling and home visits. Promoters receive training on

61%

of children are exclusively breastfed for 6 months

Source: Malawi DHS 2015-2016

Life expectancy

57/60 (m/f)

Source: World Health Organisation, Latest data available from the Global Health Observatory



“Before we started teaching the programme, only a few houses in my village had toilets. Many more households have built them now after learning about the benefits. Also, more women understand the importance of antenatal visits and go to the doctor when pregnant. I became a Care Group Promoter because I wanted to help my people to live healthier lives.”

Gift Kamanga,

Farmer and volunteer
Care Group Promoter,
Mkanda village, Mchinji

sanitation and hygiene, maternal nutrition, exclusive breastfeeding and complementary feeding. This training is passed on to Lead Mothers, who in turn support other mothers in the community.

While they are eager to help their communities, the retention and motivation of Promoters and Care Group Lead Mothers can be challenging, as there is an expectation of financial incentives. When asked about additional training that they wish to receive, Promoters suggested training on how to deal with gender-based violence and malaria. They also pointed out how overstretched they can be and were conscious of the fact that the support they provide is not always enough, with one Promoter estimating that he was only able to access 80% of the community. Care Groups, meanwhile, face their own challenges. At first, the mothers these groups worked with in the community were reluctant to adopt the measures promoted through the training. A common barrier identified by the Lead Mothers was the lack of available diversified foods and seeds, making it difficult for cluster members to apply the lessons they had learned about diversifying one's diet. To address this and to provide a more comprehensive approach, Care Groups are now provided with vegetable seeds, including orange-fleshed sweet potato vines, groundnuts and fruit trees saplings, and the mothers become members of a goat-sharing pass on scheme.

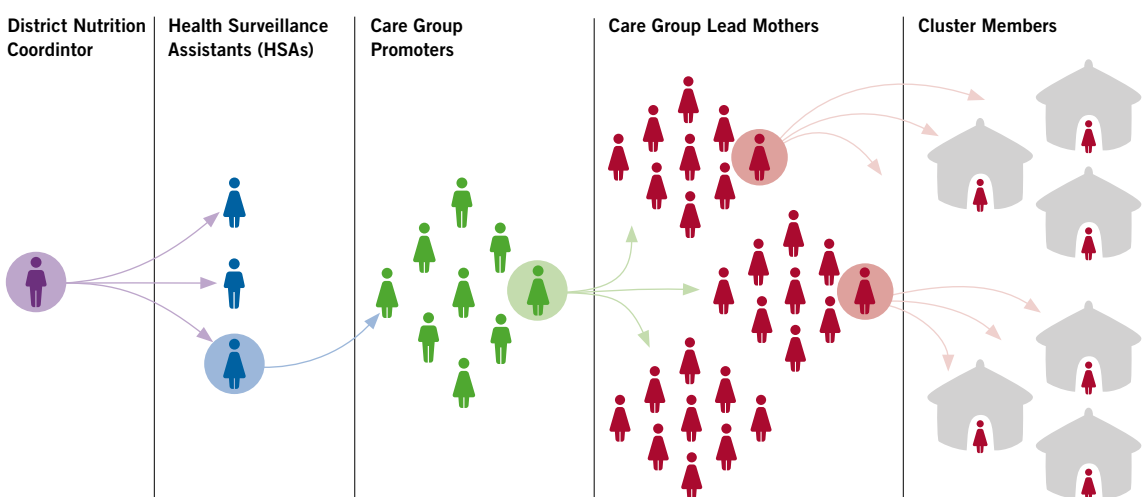
As part of a continuum of care, additional key objectives of the programme are to ensure that children who suffer from wasting are identified and are able to be referred for treatment. Health volunteers and Village Development Committees (VDCs) receive training on active case finding. Furthermore, support is given to Community-based Child Care Centres (CBCC), which facilitate early child development for children under the age of five. CBCCs have proved to be a key entry point with regard to increasing coverage of health and nutrition interventions and connecting children with health services. Concern has been providing inputs for vegetable gardens as a means of enabling CBCC caregivers to provide more nutritious food for the children. Support also includes the provision of water filters, hygiene promotion training and growth monitoring training. Many other interventions implemented by NGOs partnering with the Government (e.g. Alliance 2015 member Welthungerhilfe's school feeding programme and Alliance2015 projects by other organisations involving care groups) have shown good results and generated strong learning and scaling-up potential.

The Way Forward

Over the last decade, Malawi has shown leadership in the area of nutrition through its innovative nutrition journey. The revised National Nutrition Policy and Operational Plan provide strong guidance and direction on a way forward.

CARE GROUP MODEL

The Care Group model links health facility staff with Care Group Promoters and Care Groups (CGs). Each Promoter supports around 3-4 Care Groups. CGs consist of 10-15 Lead Mothers on average, who in turn support an additional 10 mothers - or cluster members - in the community.



According to a budget analysis carried out by the Civil Society Organisations Nutrition Alliance (CSONA) and Save the Children for the 2016/2017 budget, the government of Malawi has reached its N4G commitment to spend 0.3% of its overall budget on nutrition. This is to be commended. There is a real need, however, for additional domestic resources. With an estimated 1.268 million stunted children in Malawi (CoHA 2015), the government spends an average of MWK 268 (USD 0.35) per child on nutrition interventions. Moreover, there remains a heavy reliance on support from external agencies and organisations when it comes to implementing CMAM programming and carrying out active case finding.

The government of Malawi is committed to improving the quality of its nutrition programmes. Lessons learned so far highlight the importance of ensuring that there are formal structures and operating procedures in place. Given the context of cyclical crises, there is a clear need to work with and strengthen the health system. Revised CMAM guidelines are in the process of being finalised and a series of training courses are planned as part of its rollout. This will provide the opportunity to include and plan for the dedicated mentoring of health staff. With the increased emphasis on ensuring a continuum of care in mind, the Government is working to strengthen its links between sector-based and stakeholder programmes at district level. To support this, joint plans and the coordination of interventions at facility level are pivotal if the overall impact and quality are to be improved. By way of example, clear links between CMAM programmes and care groups need to be established. Imperative to this will be connecting children who have been discharged from a CMAM programme with a care group in their community. To support this, the integration of mass routine screening into the regular day-to-day responsibilities of the HSAs needs to be defined more clearly. Utilisation of the existing system can be improved, making use of child health days and other opportunities and channels such as CBCCs to support screenings and the promotion of nutrition-based communication and support.

Malawi is in the process of finalising its National Development Plan. This provides the opportunity to build on the lessons learned and experience gained to date and to sustainably embed Malawi's commitment to addressing malnutrition, thereby ensuring that nutrition remains a priority in terms of policy and programmes. The new plan will see Malawi consolidating its development efforts in order to achieve the SDGs. The foundations are in place. With sustained prioritisation and increased resource allocation from domestic and international sources, Malawi can make great strides towards ensuring that zero hunger and the sustainable development goals are achieved.



“I’ve seen a change in how the cluster members and the Lead Mothers practice hygiene and sanitation. I feel good to be encouraging women to change their behaviour for the better and to be helping my community.”

Ireen Chinglanda,
Volunteer Care Group
Promoter, Mkanda
village, Mchinji

8%

of children age 6-23
months are fed in accordance with a minimum acceptable diet

Source: Malawi DHS 2015-2016

BIBLIOGRAPHY

Burundi

B

Banerjee et al. 2015. **A multifaceted program causes lasting progress for the very poor: Evidence from six countries.** Science Magazine, Vol. 348, Issue 6236, 15 May 2015.

Burundi Demographic and Health Survey. 2010.

C

Concern Burundi **Graduation Model Programme Final Evaluation Report**, 31 December 2015, Institute of Development Studies.

D

Devereux and Sabates-Wheeler. 2015. **Graduating from Social Protection?** Editorial Introduction.

E

Estimates Developed by the UN Inter-agency Group for **Child Mortality Estimation** (UNICEF, WHO, World Bank, UN DESA Population Division). 2015.

I

ILO **World Social Protection Report 2014/15: Building economic recovery, inclusive development and social justice.** ILO: Geneva.

N

Note d'information humanitaire OCHA 18 juillet 2016.

O

Oxford Multidimensional Poverty Index, **2015 Burundi Country Briefing.**

U

UN Data <http://data.un.org/CountryProfile.aspx?crName=burundi>

UNICEF **State of the World's Children 2016.** http://www.unicef.org/publications/files/UNICEF_SOWC_2016.pdf

W

World Trade Organization. 2012. **TRADE POLICY REVIEW: Burundi, Kenya, Rwanda, Tanzania and Uganda.** Trade Policy Review: East African Community (EAC) 21 and 23 November 2012; https://www.wto.org/english/tratop_e/tp_r_e/tp371_e.htm

Acknowledgements

The authors acknowledge the support of the Burundi graduation team: Claver Kabuhungu (Graduation Programme Coordinator), Pierre Claver Kayoyo (Programme Manager), Theophile Bujuje (Programme Manager), Irénée Nduwayezu (Communications Officer) and Philippe Rougier (Country Director). The case study was also reviewed by Chris Pain (Head, Technical Assistance), Jenny Swatton (Social Protection Advisor) and Lucia Ennis (Regional Director).

India

D

Desai, Sonalde, Prem Vashishtha and Omkar Joshi. 2015. **Mahatma Gandhi National Rural Employment Guarantee Act: A Catalyst for Rural Transformation**. New Delhi: National Council of Applied Economic Research.

F

FAO (Food and Agriculture Organization of the United Nations). 2015. **The State of Food Insecurity in the World 2015**. Meeting the 2015 international hunger targets: taking stock of uneven progress. Rome.

Forbes. 2016. **The World's Billionaires**. http://www.forbes.com/billionaires/list/#version:static_country:India; Accessed July 29, 2016

G

Government of India. Ministry of Home Affairs. 2011. **Census of India 2011**. Executive Summary. http://www.censusindia.gov.in/2011census/PCA/PCA_Highlights/pca_highlights_file/India/4Executive_Summary.pdf. Accessed July 28, 2016.

Government of India. Planning Commission. National Rainfed Area Authority. 2012. **Prioritization of Rainfed Areas in India**. New Delhi. <http://nraa.gov.in/>; Accessed July 28, 2016.

Government of India. Planning Commission. 2013. **Press Note on Poverty Estimates, 2011-12**. http://planningcommission.nic.in/news/pre_pov2307.pdf; Accessed July 28, 2016.

I

IFPRI (International Food Policy Research Institute). 2015. **Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development**. Washington, DC.

M

Ministry of Law and Justice. The Gazette of India Extraordinary. 2013. **The National Food Security Act**. No. 20 of 2013. New Delhi.

R

Rao, K. 2012. **Rural Development Statistics 2011-2012**. Hyderabad: National Institute of Rural Development.

S

Saxena, N.C. 2014. **"Children of a lesser god"**. Seminar 661. The Malnourished Tribal. A symposium on the continuing burden of hunger and illness in our tribal communities. http://www.india-seminar.com/2016/681/681_n_c_saxena.htm; Accessed July 28, 2016.

T

The Economic Times. 2016. **"PM has set target to double farmers' income by 2022: Radhamohan Singh"**. <http://economictimes.indiatimes.com/news/economy/agriculture/pm-has-set-target-to-double-farmers-income-by-2022-radhamohan-singh/articleshow/52576009.cms>; Accessed July 29, 2016.

U

UNICEF (United Nations Children's Fund). 2014. **Nutrition and Adivasis. A report on the nutrition situation of India's tribal children**. New Delhi.

UNICEF, World Health Organization and World Bank. 2016. **Levels and Trends in Child Malnutrition: UNICEF-WHO-The World Bank: Joint Malnutrition Estimates**, May 2016. New York, Geneva, and Washington, DC. <http://data.unicef.org/nutrition/malnutrition>

V

von Grebmer, Klaus, J. Bernstein, D. Nabarro, N. Prasai, S. Amin, Y. Yohannes, A. Sonntag, F. Patterson, O. Towey, and J. Thompson. 2016. **2016 Global Hunger Index: Getting to Zero Hunger**. Washington, DC: International Food Policy Research Institute; Bonn: Welthungerhilfe; and Dublin: Concern Worldwide.

Acknowledgements

Many thanks to all employees at Living farms, Pravah and Welthungerhilfe India who contributed to making this case study become a reality. The author also extends his thanks to everyone who participated in interviews in the villages in Jharkhand and Odisha.

Malawi

A

Aberman, NL., Meerman, J., Todd, B., editors. 2015. **Mapping the Linkages between Agriculture, Food Security and Nutrition**. IFPRI.

B

Beracochea, Dr E., Tisch, Dr S., Weber, S., Bickle, D., Zanera, D., Mndalira, A., 2013. **Final Evaluation of the Community-based Therapeutic Care Institutionalisation in Malawi (CTCIM)**. Social Impact on behalf of USAID and CIDA.

C

Concern Malawi 2014. **Malawi Country Strategic Plan 2014-2018**.

Concern Malawi, 2013. **Scaling Up Community-based Management of Acute Malnutrition: Implementing the CAS Programme in Malawi**.

Concern Malawi. 2016. **Annual Technical Progress Report on Support for Nutrition Improvement Component (SNIC)**.

Concern Malawi. 2016. **Concept Note for CMAM Surge Capacity Building Programme**.

L

Lelijveld, N., Molloy, E., Weiss, J., Hogley Cotes, G. 2015. **Timely expansion of nutrition development activities in response to an acute flooding emergency in Malawi**. Field Exchange 50. www.enonline.net/fex/50/malawiflooding

M

Government of Malawi, 2016. **Malawi Demographic and Health Survey 2015-16**. National Statistics Office & The DHS Program ICF International Rockville, Maryland, USA.

Government of Malawi, 2011. **Malawi Demographic and Health Survey 2010**. National Statistics Office & ICF Macro, Calverton, Maryland, USA.

Government of Malawi, 2015. **Malawi National Nutrition Policy 2016-2020**.

Ministry of Health (MOH). 2016. **National Community-based Management of Acute Malnutrition (CMAM) Operational Plan 2016-2020**. Lilongwe, Malawi: MOH.

Government of Malawi, Concern Malawi. 2016. **Support for Nutrition Improvement Component (SNIC): Mchinji District Phase II Funding February 2016-August 2017**.

U

UNICEF, Lilongwe University of Agriculture and Natural Resources (LUANAR). 2016. **SMART Survey Results, Short Summary**.

W

World Bank. 2014. **World Development Indicators**.

Acknowledgments

The author extends her thanks to a number of people who generously provided their time to be interviewed, including: Felix Phiri (Director of the Department of Nutrition HIV and AIDS), Sylvester Kathumba (Principle Nutritionist, Ministry of Health), Kudakwashe Chimanya (Nutrition Specialist, UNICEF), Alice Nkoroi (Country Project Manager, Food and Nutrition Technical Assistance III (FANTA), Charlotte Walford (Independent Consultant), Bob Baulch (IFPRI Country Programme Manager), Noora-Lisa Aberman (Senior Research Fellow), Davis Sambikeni (Deputy District Nutrition Coordinator) and Gilberta Kagone (Representative of District Nutrition Coordinator). Invaluable contributions were also provided by Health Surveillance Assistants, Care Group Promoters, Care Group Lead Mothers, Community-Based Child Care Centre staff and Concern staff in Mchinji.

IMPRINT

Deutsche Welthungerhilfe e.V.

Friedrich-Ebert-Straße 1
53173 Bonn, Germany
Tel. +49 228-2288-0
Fax +49 228-2288-333
www.welthungerhilfe.de

Chief Executive Officer: Dr. Till Wahnbaeck

Concern Worldwide

52-55 Lower Camden Street
Dublin 2, Ireland
Tel. +353 1-417-7700
Fax +353 1-475-7362
www.concern.net

Chief Executive Officer: Dominic MacSorley

Authors:

Concern Worldwide:

Burundi Case Study: Rosaleen Martin (Desk Officer) and
Eléonore Dupré (Programme Support Officer)

Malawi Case Study: Jennifer Thompson, Advocacy Officer
for Hunger, Concern Worldwide

Welthungerhilfe:

Bijoy Basant Patro, Delhi-based development journalist
and writer

Editors:

Olive Towey (Concern Worldwide), Fraser Patterson (Welt-
hungerhilfe), Andrea Sonntag (Welthungerhilfe)

Layout:

muehlhausmoers corporate communications gmbh,
Cologne

Picture credits:

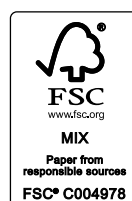
Cover photography: Daniel Rosenthal/Welthungerhilfe
2016. Faida Lakumbi (left) and Tinie Banda (right) are
preparing a lunch of porridge with Moringa (a nutritious
tree leaf) at the All Angels School in Salima, Malawi. Page
4: Theophile Bujeje. Page 5: Edward O'Carroll 2014. Por-
traits on pages 7 and 11: Irénée Nduwayezu 2015. Page
10 left: Fabien Babigire 2012. Page 10 right: Irénée Ndu-
wayezu 2015. Page 12: Enrico Fabian/Welthungerhilfe
2016. Page 17: Anjana Kishor 2014. Portraits on pages
15, 17, 19: Enrico Fabian/Welthungerhilfe 2016. Pages
20, 23, 25, 27: Concern Worldwide/Aoife O'Grady 2016.

Bonn/Dublin, October 2016

This publication is part of the European edition of the
2016 Global Hunger Index and published by Concern
Worldwide and Welthungerhilfe.

Disclaimer:

The boundaries and names shown and the designations
used on the maps herein do not imply official endorse-
ment or acceptance by Deutsche Welt-
hungerhilfe or Concern Worldwide.



Printing:

DFS Druck, Cologne

Deutsche Welthungerhilfe e. V.

Friedrich-Ebert-Straße 1
53173 Bonn, Germany
Tel. +49 228-2288-0
Fax +49 228-2288-333
www.welthungerhilfe.de
Member of Alliance2015

Concern Worldwide

52-55 Lower Camden Street
Dublin 2, Ireland
Tel. +353 1-417-7700
Fax +353 1-475-7362
www.concern.net
Member of Alliance2015