Never before has the world had such abundant resources of money, knowledge and food. And yet hunger continues to ravage the lives of millions of people. The great injustice is that the youngest children, the most vulnerable and innocent of all human beings, continue to go hungry through no fault of their own, simply because they do not have access to vital nutrients, where and when they are needed.

Their parents have only the best intentions for them and do the best they can. However they are forced to watch as their children grow weak from hunger and become malnourished – surely there is no greater pain for a parent than that.

We all know a little about feeling hungry. We all feel pangs of hunger at some point or another, sometimes on a daily basis, sometimes less often. But too many children in this world live with hunger constantly, and endure it until their bodies become so malnourished that their lives are put at risk. In fact, acute malnutrition can become so normal that entire communities simply learn to accept it, believing it to be inevitable.

The acceptance of child acute malnutrition as a fact of life is one of the most shocking realities of the condition; especially when it is truly possible to make access to adequate nutrition the rule and not the exception.

Action Against Hunger is a remarkable organisation with a staff of energetic, enthusiastic and deeply committed people who are determined to make a difference to those who do not have access to food, good nutrition, health services, clean water and good sanitation.

Making children the focus of their work and mission, Action Against Hunger tackles undernutrition by providing direct support to children and their families, including those who are faced with a life of grinding poverty or who are the victims of conflicts or natural disasters. They also help governments who cannot provide this essential support themselves.

By putting themselves in the shoes of the people they are helping whose lives are endangered by undernutrition, Action Against Hunger demonstrates that compassion is central to humanitarian action. They are taking determined and decisive action to end one of the major injustices of all times: being denied access to good nutrition.

I would like to commend Action Against Hunger on this fine publication and on the rest of the essential work that they do around the world. I also welcome this opportunity to express my support and urge you to do the same.

Archbishop Desmond Mpilo Tutu
WELCOME

It is my pleasure to once again introduce Hunger Matters, Action Against Hunger | ACF International’s flagship annual publication. Whether you are a supporter, partner, employee or funder, the articles in this issue will give you a taste of the sheer diversity of support ACF provides to thousands of vulnerable communities in its mission to achieve a world without hunger.

The theme this year is Access to Good Nutrition.

Access is the common factor across the world hunger map. The world has enough food for no one to go hungry – many simply cannot access it. Access becomes all the more complex when parents or carers are striving to ensure their children grow up well nourished. Supporting families to provide their children with the essential elements of good nutrition is the cornerstone of ACF’s efforts. Without an understanding of what these elements are, no progress can be made.

This year’s issue of Hunger Matters explores the most critical of these elements and demonstrates how ACF’s programmes empower communities to overcome the barriers standing in their way. To grow and develop in the first few years of their lives, children must eat an adequate diet of nutritious food; provided by parents or carers who understand their needs in an environment where health services, good sanitation and clean water are accessible and affordable.

Access to these basic needs is influenced by factors in a family’s immediate and wider environment (see the conceptual framework on page 10). In late 2011, Typhoon Washi destroyed many homes and health care facilities in the coastal city of Iligan in the Philippines leaving carers with nowhere to safely raise their children. During the 2012 food crisis in West Africa, increased staple crop prices and reduced harvests forced many poor families to scale back on the regularity of meals.

ACF assesses each situation where rates of undernutrition are – or have the potential to be – dangerously high and tailors its support to meet the needs of those affected. By understanding that undernutrition has multidimensional causes, ACF delivers multisectoral, holistic responses which are integrated with existing governance bodies in order to ensure the longevity of its impacts.

Sometimes social and political factors exacerbate the immediate causes of undernutrition. Few countries officially recognise the human right to food. ACF helps those that don’t, like Paraguay, to enshrine the right to food in national law and enable citizens to hold their government to account when their children go hungry.

With its extensive experience and expertise, ACF provides long-term technical support across health, nutrition, food security, water and sanitation sectors. Where needed it also continues to provide assistance directly to communities during emergencies.

The pathway to good nutrition is clearly marked. Acute and chronic malnutrition are conditions that no child need suffer from. We hope that this publication makes it clear that children do not slip into the grip of undernutrition just through lack of food. Ending undernutrition requires action to improve access to the complete range of factors that ensure good nutrition – all essential in their own right. We encourage you to join us on our journey to end all forms of undernutrition.

Denis Metzger
Chairman, International Chairman’s Council
Action Against Hunger | ACF International

Our mission is to save lives by eliminating hunger through the prevention, detection and treatment of malnutrition, especially during and after emergency situations of conflict, war and natural disaster. From crisis to sustainability, we tackle the underlying causes of malnutrition and its effects. By integrating our programmes with local and national systems we further ensure that short-term interventions become long-term solutions.

Hunger Matters
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4 Hunger Matters. Building the Foundations for Good Nutrition
6 Global Hunger
8 Root cause: a holistic approach to tackling undernutrition
   The factors behind good nutrition and how ACF identifies beneficiaries and prioritises its support.
10 The pathway to good nutrition
12 Access denied: The struggle of farmers in the occupied Palestinian territory
   Farmers earning a living in the occupied Palestinian territory face many barriers – Louise Finan explains what ACF is doing to help them.
15 A day in the life: diary of an ACF fieldworker
   Lyziel Ampo describes what she and her team do every day to support communities in the Philippines.
16 Tipping the balance: the Sahel food crisis in 2012
   An overview of the food and nutrition crisis in the West African Sahel in 2012 and its impact for one landless farming family in Niger.
21 Care practices in Iligan City
   How ACF’s work has helped parents to care for their children in the wake of Typhoon Washi.
24 Mental health and child care practices
   Outlining the care practices that are essential in the first few years of a child’s life, and how ACF supports carers to provide them.
26 Strengthening health systems
   Health system strengthening constitutes much of ACF’s work in development contexts – Dr Sandra Mutuma explains why it is done and the impact it has had in Nigeria.
29 Out in the WASH: Taking action on water, sanitation and hygiene
   Why clean water and good sanitation are essential if children are to grow up free from undernutrition.
32 Considering cultures: Grasping local traditions to fight hunger
   Bronwen Gillespie explores the cultural factors driving consistently high rates of anaemia in the Peruvian Andes.
36 Gender matters
   A lack of access to decision-making by women can perpetuate high rates of undernutrition, as Morwenna Sullivan explains.
39 Hunger and citizenship: The Right to Food in today’s world
   Bapu Vaitla argues that a world free from hunger is only possible if all countries recognise access to food as a human right.
42 Last word: Making the airwaves with nutrition
   The Executive Director of ACF in the UK argues that ending child undernutrition should be a priority for world leaders.
Despite progress in the last few years, hunger continues to retain its grip on many around the world. The food crisis in West Africa exposed some of the world’s most vulnerable communities to additional hardship in their already perilous lives. Natural disasters and volatile food prices left millions around the world unable to provide nutritious and regular meals for their families, while conflicts forced many to abandon their homes, communities and livelihoods.

In all of these cases, children were deprived of their essential nutritional needs leading to the onset of undernutrition – a condition that at best permanently stunts physical and mental development, and at worst takes young lives.

Across the world, Action Against Hunger’s (ACF) field programmes help communities to address undernutrition and prevent hunger for future generations.
**Central African Republic**
Clashes between rebels and government forces flared up in January 2013, limiting communities’ access to public services and preventing humanitarian agencies from reaching those most in need of help. As a result, 30% of the population of the Central African Republic are now unable to cover their food needs and families are struggling to access markets. ACF’s priorities in the country are to gain access to vulnerable communities, treat children suffering from acute malnutrition and provide families with the means to access food.

**Democratic Republic of Congo**
Since early 2012 ethnic tensions have led to renewed violence in the east and north-east of the country, resulting in more than 2.2 million people being forced from their homes. Rates of sexual and gender-based violence are high with security issues and poor access to communities making it hard to deliver humanitarian support. Despite these obstacles ACF has stepped up supply of life-saving aid and therapeutic care for over 42,000 children across the country.

**Philippines**
Typhoon Bopha devastated the Philippines at the end of 2012. Over 6.2 million people were affected, with more than 1,000 killed and 850,000 left homeless. With so many houses destroyed and so much agricultural land rendered unusable, ACF’s teams have been helping families rebuild their lives, focusing on shelter, food, agriculture, water and sanitation. Thanks to ACF’s work, more than 90,000 people gained access to clean water in the worst affected areas of the Philippines in 2012 alone.

**Yemen**
Yemen is the poorest country in the Middle East and water scarcity, high food prices, political instability and conflict have made it the 11th most food insecure country in the world. Five million individuals are severely food insecure and the lives of over 250,000 children are threatened by severe acute malnutrition. ACF is working to help those most at risk and get to the root causes of Yemen’s high rates of undernutrition.
If you live without enough food, the effects on daily life are profound – but it’s often other issues, with broader implications than just access to food, that lie behind the problem. To fight undernutrition in communities, we need to understand those root causes. Sandra Mutuma, Senior Nutrition Advisor at Action Against Hunger in the UK, explains how.

ROOT CAUSE

a holistic approach to tackling undernutrition
The damage caused by undernutrition across the world is hard to overstate. In 2009, 8.1 million children died before their fifth birthday. Estimates vary, but between 35% and 56% of these deaths would have been associated with undernutrition.

Undernutrition is a condition that results from insufficient food intake, repeated infectious diseases and poor care practices; often due to economic, political and socio-cultural factors. For many living with the condition it is something that will have been with them since before they were born and many mothers will pass it on to their children.

Good nutrition is important throughout childhood, but especially in the first thousand days of life – from the time a woman becomes pregnant until her child’s second birthday. During this time, the child’s body is going through its most critical phase of development. Breastfeeding is particularly important, especially in the first six months after birth, as the mother’s milk boosts their child’s weak immune defences.

Children are, pound for pound, more intensive users of energy than adults, but their capacity to store it is lower as they have smaller organs. They therefore require more frequent meals during childhood, which is why in periods of stress and food shortage children are the first to be affected by undernutrition.

Without consistently good nutrition during these early years a child’s body is less able to develop and is less likely to reach its full growth potential. This has a profound impact on the rest of their life, with some effects more obvious than others.

**Multiple signs**
Severe weight loss or ‘wasting’ is a familiar symptom of acute malnutrition and can be combined with the swelling of the body as a result of oedema. Stunted growth is a clear impact of chronic malnutrition, where the body never achieves its full potential height and weight. In other cases blindness can occur due to deficiency of Vitamin A in the diet.

A hidden effect of undernutrition is that it can impair mental development too, rendering individuals less productive in adulthood. Where it is widespread, productivity may suffer on a national scale. Research suggests that developing countries can lose as much as 3% of their Gross Domestic Product because of poor productivity caused by undernutrition.

Its impacts can also be invisible until middle age or later in life. Those who were undernourished when they were young are more at risk from heart disease and cancer later in life.

Mothers with stunted growth are much more likely to give birth to undernourished children and suffer more complications during pregnancy and delivery. Successive generations may experience the same effects – which by virtue of being continuous may not seem abnormal.

Compounded by the inaction of governments that fail to see the true long-term impacts of undernutrition, this apparent normality of stunted growth in a population undermines the ability of the people affected by it to recognise the problem, let alone make the choice to fight it.

**Consistency is key**
All of the underlying factors in ACF’s Conceptual Framework for Nutrition (pages 10 & 11) need to be present – and consistently accessible – for a child to grow and develop to their full potential. It’s when those caring for children are unable to access one or more of the immediate factors that ACF steps in.

Traditionally ACF has provided support during humanitarian emergencies. However, as the organisation has grown ACF’s mandate has evolved to include addressing the underlying factors of undernutrition as well, to assure more long-term and sustainable solutions to future emergencies.

This includes helping vulnerable communities bolster their reserves of food and money, both before and after the most difficult periods.

**Defining the problem**
At this point, if we are to intervene successfully, it’s crucial that we understand the reasons why a caregiver cannot access the basic factors needed to provide their children with adequate nourishment.

Sometimes the caregiver simply cannot afford the necessary resources. That could be due to chronic poverty, high food prices or unequal distribution of money at household level.

Physical access to those resources may be the problem, made impossible by conflict, distance to markets or simply because they do not exist.

The caregiver might not know how to maintain good nutrition in their children due to a lack of education (particularly for women) or inherited cultural beliefs. Or they may know that their child needs treatment for undernutrition but be unaware of relevant services available to them in their area. Social barriers, such as discrimination or cultural practices, can also be significant.

**A human problem – a human solution**
Hunger and undernutrition are not inevitable. They are human-made and therefore can be ‘human-solved’. Lack of action is a violation of the rights of millions of children the world over.

While hunger can be solved by providing food or the ability to grow food, tackling undernutrition demands a more sophisticated set of responses rooted in a real grasp of what creates the problem for different communities. To overcome it, we must understand it.

*See ACF’s Conceptual Framework for Nutrition on pages 10 & 11.*

actionagainsthunger.org.uk
Action Against Hunger uses the Conceptual Framework for Nutrition to identify the factors needed to ensure a child’s good nutrition. The factors in a child’s immediate environment are reliant on underlying factors in households and communities. These, in turn, depend on the effective functioning of elements at the national level – the basic factors. If any of the basic or underlying factors are missing, it is likely that the immediate factors will not be present and the child will be at increased risk of undernutrition.

IMMEDIATE FACTORS

Adequate dietary intake

Disease-free, preventive and curative environment

UNDERLYING FACTORS

Food security and livelihoods

- Access to affordable and nutritious food at all times
- Adequate food production
- Year-round employment opportunities
- Ownership of / access to land

Optimal care practices

- Optimal breastfeeding
- Adequate and appropriate complementary feeding of infants and children
- Development of the parent-child bond and the child’s social skills and cognitive stimulation
- Positive hygiene and health practices (limiting the impact of harmful cultural practices)

Health services and healthy environment

- Physical, social and economic access to adequate health services
- Adequate sanitary facilities and clean water
- Safe environment at home
- Predictable and manageable natural environment
**Political**
- Democratic governance systems
- Absence of conflict and instability
- Absence of discrimination
- Transparent, corruption-free government
- Respect for and promotion of human rights
- Adequate land rights

**Economy**
- Economic growth and sustainable development
- Stable, predictable food prices
- Transparent companies which pay the tax that is due
- Equitable distribution of incomes

**Society**
- Environmental protection and recycling of resources
- Gender equality (including women’s education and protection of girls from underage marriages)

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**Basic Factors**

**CONFLICT**
A country loses an average of 30 years of economic growth to civil war and its international trade takes on average 20 years to recover (The State of the World Atlas, 2013).

**FOOD PRICES**
In 2008 a 6.8% rise in food prices worldwide increased the number of malnourished people by an estimated 44 million (FAO Food Price Index 2013)

**GENDER EQUALITY**
Women produce between 60 and 80 percent of the food in most developing countries yet they own less than two percent of the land (OXFAM 2013)

**LAND RIGHTS**
Land acquired through large-scale land acquisitions in the last decade is enough to feed a billion people (OXFAM 2012)

**TAX REVENUE**
Low-income countries collect an average of 13% of their gross domestic product through tax revenues compared to 35% in high-income countries (British International Development Committee 2012)

**CLIMATE CHANGE**
By the end of this century climate change is likely to double the frequency of extreme droughts and increase their duration by six times (Stern Review 2006)
On his small farm in Gaza, Hussein Lawalha once grew cucumbers in rows of greenhouses for profitable export, as his family had done for 40 years before him. Six years ago, everything changed with the beginning of the blockade of the Gaza Strip. Now his greenhouses’ windows lie broken as a consequence of the region’s conflict, and even if he could afford to fix them, Hussein would not be allowed to sell his produce outside Gaza.

“Life has totally changed”, says Hussein, who is in his early 50s. “We only eat the cheaper food now – lentils, some vegetables and on rare occasions meat or fish. I’ve been trying to make money selling other farmers’ produce in local markets here. I don’t even know how much income I’ve lost.”

It’s a similar story for 30 year old Hani Qdaih. Hani and his wife have two children and also provide for his mother and two sisters. He took over the running of his family’s farm when his father died a few years ago. He owns two dunums of land (one dunum is roughly 1,000 square metres) suitable for cultivating vegetables such as tomatoes, lettuce and onions. However, most of his land is located within 200 metres of the security barrier that forms the border between Gaza and Israel and thus he is banned from using it. He now has access to just half a dunum, and his income has more than halved as a result.

“I was growing enough vegetables here to provide me and my family with around 1,500 NIS [equivalent to about US$400] per month. What I grow now and earn from work programmes provided by aid agencies only generates around 500 NIS [US$135] per month. Also I have to be careful with what I plant as now the water is too salty for a lot of crops and they will die.”

The blockade has been enforced by the Israeli military since 2007, following the victory of Hamas over its political rivals in the Gaza Strip. The blockade has virtually stopped Palestinian farmers in Gaza from selling their crops. Exports have dropped from 4,769 truckloads between January and May of 2007 to just 132 truckloads in the same period in 2012.

During this time farmers in Gaza have steadily lost access to their land, while obtaining water for irrigation has become almost impossible in many places, with 90% of wells containing saline water that is unfit for agriculture.

Conflict across the occupied Palestinian territory (oPt) is compounding the insecurities of communities, causing socio-economic conditions to stagnate or deteriorate. An estimated 1.3 million Palestinians now live without adequate access to food – some 44% of the population in the Gaza Strip and 27% of all Palestinian households throughout the oPt.
Two boys help plant grazing fodder for local herders in the hills above Az Zuwdein, Hebron.
Help for herders

ACF is working with herders in the West Bank to support and improve their income, enhancing their resilience against forced displacement from their land. Demonstration farms have been established to promote alternative activities such as cheese-making and animal husbandry programmes. ACF also helps herders to improve productivity and reduce production costs by supporting herding cooperatives to purchase in bulk and to process, store and sell improved fodder at competitive prices.

“This is the second year I’ve been involved in the animal husbandry project, and it’s really increased my flock,” says Khadra Issa Taha Tarayrah, a female farmer in Bani Na’im, in the Hebron Hills: “Our last season saw the birth of 10 lambs and I now have 30 sheep. We keep them here in the yard and I feed them hay and silage. It’s going well so far, and I make cheese from the sheep’s milk, which we eat in the house.”

Denied water

In Area C of the West Bank – the landlocked Palestinian territory where Israel retains full control over both security and civil administration – communities are unable to access water networks without permits. These are tough to obtain, and over 60,000 people living in Area C are not connected to a water network at all, leaving them reliant on rainwater and water trucked into the area by private vendors and agencies like Action Against Hunger (ACF) during the dry season. For those Palestinian communities who are connected, supplies can be infrequent and deliver on average 50 litres per person per day, as opposed to an average of 300 litres provided to Israeli settlements.

In addition, herders face restrictions in accessing the land they traditionally used for grazing their animals. The wall separating the West Bank from Israel in addition to checkpoints, settlements, and closed military zones crisscross much of the West Bank, leaving herders with little option but to overgraze small parcels of land and run the risk of degrading the soil. A quarter of all land in the West Bank has already been declared a closed military area, where Palestinian residents are effectively denied all rights to exercise their livelihoods. Illegal Israeli settlements and their continued expansion contribute to an ever greater loss of Palestinian land.

“We can’t move with our herd like we used to and it’s now very difficult to maintain the same number of animals,” says Hassan Hamdeen, 31, a herder in a small village outside Jerusalem. “We are Bedouins and herding animals has always been our way of life, but it is getting very difficult. There is a settlement around us and we are not allowed to go near the land it’s on with our animals. We now have to buy fodder for the herds, but it’s very expensive so the number of animals we can afford to keep is always going down.”

Exports from Gaza have dropped from 4,769 truckloads between January and May of 2007 to just 132 truckloads in the same period in 2012

In Gaza, ACF runs a pilot project to reuse ‘grey water’ (water that has already been used in the household) for crop irrigation. This brings substantial savings to farmers who normally have to purchase water at inflated rates. At the same time, education is provided on the types of plants that are tolerant to the lower-quality water available in Gaza.

At a community level, small-scale solutions to the obstacles faced by farmers and herders in Gaza and the West Bank can be found, but the wider situation is unsustainable. Unless there is an end to the Gaza blockade, Palestinian farmers in Gaza will never be able to grow and export a sufficient quantity of crops to sustain themselves and their families. And in the West Bank, specifically Area C, the lack of access to permits for communities to build essential infrastructure and restrictions on land and water use will continue to undermine livelihoods.

Find out more about our work in the oPt: www.actionagainsthunger.org.uk/opt

Above: Mousa Muhammad Ibrahim Abu Arram and his family in front of their house, which was demolished hours before. Ad Deir, South Hebron Hills

Above: Hani Qdaih has erected a small greenhouse to grow tomatoes but needs more investment and space to grow enough to sell at market.
Profile

A day in the life:
diary of an ACF Field Worker

Lyziel L. Ampo has worked as a Food Security and Livelihoods Technical Supervisor for Action Against Hunger for nearly four years. Based in her home country of the Philippines, she is currently assisting with the emergency response to Typhoon Pablo in Surigao del Sur, a province in the south of the Philippines.

Waking at five each morning gives me time to meditate, exercise and eat a breakfast of rice, omelette, fruit and coffee. At eight I start work at our office, which is in the city of Bislig, by checking my work plan and updating any paperwork.

The climate here is jokingly described as “wet or very wet” as it rains all year. At least three times a week I go to the local areas known as “barangays” which are located in the rolling terrain along the coast of Surigao del Sur province. The barangays are only accessible with four-wheel-drive vehicles or on foot or, in some cases, only by canoe. My first port of call is always the local government office as we need municipal and barangay permission to implement our activities.

As part of Action Against Hunger’s (ACF) emergency response project my team addresses the immediate and lifesaving needs of the most vulnerable populations affected by Typhoon Pablo, which passed through the region last December. As the Food Security and Livelihoods Supervisor, I assess the food availability and shelter of communities in the region, and coordinate the distribution of food kits, non-food items and shelter repair kits.

Fishing is the main income source in the region, but it means that communities build their homes perilously close to the high tide mark, where they are vulnerable to extreme weather.

In December 2012, the typhoon’s high winds and heavy rainfall resulted in tidal surges and landslides affecting more than 7,000 families (nearly 40,000 people) in Surigao del Sur. There had been plans to relocate homes and farmers vulnerable to typhoons, but financial limitations had prevented the government from implementing them.

At lunchtime I eat with the communities: I particularly enjoy the seafood found in the coastal areas. Walking around the villages and talking to different people gives me a good opportunity to assess the situation. As a member of the local indigenous Manobo tribe I understand the communities’ culture and working with them allows me to understand the challenges from their perspective.

ACF’s projects aim to support farming by advising farmers and teaching them sustainable alternatives to practices such as “slash and burn”, which involves clearing forests for farmland – decreasing forest land in the highlands and increasing the risk of landslides in the lowlands. Farming small parcels of land and composting waste vegetation for fertiliser can yield the same volume of crops over smaller areas, serving the dual purpose of increasing food security while ensuring ecological sustainability.

When we are in the barangays, the weather can change rapidly and we are careful not to get stuck overnight. We leave in good time to return to the office by five. My colleagues and I often have dinner together in the evenings. We usually eat seafood and vegetables. I then occasionally do the hula-hoop for exercise.

Finding lasting solutions to the challenges faced in the barangays will not be easy. Because of the poor state of roads, links with markets and government agencies to support farmers’ needs are poor and need to be enhanced, and local government units should invest more to protect communities from the impact of natural disasters.

The sense of fulfilment I get from working to make people’s lives better is a great reward. Every time someone approaches me and thanks me for what I have done I feel happy, and that is more than enough to make my day. In the future I want to stay involved in humanitarian work and continue to make a difference.
Tipping the balance

The Sahel food crisis in 2012

Millions of families in the semi-arid regions of the Sahel live in a constant state of hardship, as witnessed by Samuel Hauenstein Swan, Senior Policy and Research Advisor at Action Against Hunger (ACF), when he met Zara and her family in the West African Sahel.
Zara steps silently out of the cool darkness of her hut, stooping to avoid the low doorframe, and sits down surrounded by her family under the blistering sun in Guidan Koura in eastern Niger.

Zara and her husband (shown on the left in their village with their family) are farmers in Niger. However, with access to just a tiny plot of land around their home, they are effectively “landless farmers”. Their story is one of years of hardship, characterised by seasonal peaks of hunger. Zara’s struggle to provide even the most basic needs for her children to grow and develop becomes almost impossible when shocks to their lives, such as failed rains or conflict, prevent her and her husband from earning an income.

Farmers and livestock herders in the West African Sahel depend on agriculture and natural resources for their livelihoods and are confronted with some of the most challenging environmental conditions in the world in which to grow food and rear cattle. Caused by a range of factors, a major food crisis took hold in the Sahel in early 2012 leaving an estimated 1.1 million children at risk of severe acute malnutrition – the most deadly form of hunger.

For Zara and her family, the conditions leading to the food crisis started to deteriorate in late 2011. Consecutive poor harvests due to droughts meant that their own stock of harvested crops was exhausted after just a couple of months. The family had also lost its main source of income as increased political instability and conflict in neighbouring countries such as Libya and Nigeria prevented more than 200,000 migrant workers, including Zara’s husband, from travelling to find work. This meant that their families lost a vital lifeline and Zara – already struggling to find enough food for her children – had another mouth to feed. They were therefore forced to adopt increasingly drastic coping strategies such as cutting back on the frequency and quality of meals.

Zara had once earned a small income by selling firewood to her neighbours, but when this halved due to decreasing demand she was forced to feed her children wild leaves to survive. Although leaves are a rich source of vitamins and minerals, they provide little in terms of energy. Zara uses the small money she does earn to buy peanut butter balls or stock cubes to make the leaves more palatable.

Free, clean water is also a rare luxury for Zara and her family. A recently installed water pump in the village has provided a new life source for the community. To cover maintenance and to encourage community members to look after it, a cost recovery scheme has been set up which involves charging community members to draw water from the pump. While the cost is relatively small, Zara can rarely afford it, and instead walks several hours to the nearest derelict well to fill a container with unclean water.

“MILLIONS OF FAMILIES LIKE ZARA’S REMAIN CRITICALLY VULNERABLE IN 2013, STILL STRUGGLING TO RECOVER FROM THE MULTIPLE SHOCKS OF PREVIOUS YEARS”
The response delivered immediate, life-saving support to many of the most desperate families, enabling them to survive until the next harvest in late 2012. At the same time, ACF helped to build the capacity of poor households to produce or buy food, helping to prevent a dangerous deterioration in their food and nutrition situation.

By analysing satellite images of the semi-arid regions and monitoring the quantities of vegetation, ACF was able to warn donors and other humanitarian organisations about areas with potential pasture and water shortages in late 2011 and so trigger distribution of animal fodder and water. Using local radio stations, ACF also warned livestock herders in the affected regions about the availability of fodder and changes to livestock prices, enabling them to congregate in locations where emergency fodder was available or to go to markets where they could sell their livestock for the most.

Much progress has been made since the Horn of Africa crisis. The emergency response in the Sahel was swifter, better coordinated and more timely. However, while the crisis is officially over and rains have improved harvests and pastures, millions of families like Zara’s remain critically vulnerable in 2013, still struggling to recover from the multiple shocks of previous years.

More investment is needed from West African governments, external donors and agencies to help families build their capacity to survive future shocks. All too frequently attention is diverted away from an area immediately after a crisis. Programmes linking nutrition, health and water and sanitation can prevent families from resorting to harmful coping strategies. For example, by continuing to support health systems that treat acute malnutrition while providing seasonal work programmes and training on water retention techniques. Communities can therefore strengthen their resilience and build up their resources before or after shocks, enabling families like Zara’s to flatten the peaks of crises driven by factors outside their control.

Living on the edge of crisis

The poor harvest experienced by Zara and others forced many families to buy food from markets. This increase in demand caused the price of staple crops to rocket. Compounded by a rise in prices on international markets and a lack of transparency around available stock in national reserves, the price of crops such as corn rose by up to 80 per cent. For the estimated 10 million households in the region who, like Zara, are extremely poor and spend up to 80 per cent of their income on food, these spiralling food prices meant access to food became a much bigger issue than sheer availability. Food price volatility is a global problem, but with unequal local impacts.

This dangerous situation came to a head less than two years after the region’s devastating 2009-2010 food crisis. While Sahelian families might have been able to weather a one-off shock to their livelihood, they were still in the process of recovering and rebuilding their household assets when conditions took another turn for the worse in 2012.

Trapped in this cycle of deprivation and hardship, mothers like Zara are barely able to access the basics they need to keep their children alive, such as fresh water and nutritious food, meaning they are unlikely to grow and develop to their full potential. All too often, they face stark choices such as choosing between spending time finding food and taking their ill children to the health centre. Even a relatively small change in her circumstances, such as a minor injury, can result in a profound impact on her own health and that of her children.

Learning lessons to save more lives

Humanitarian organisations and donors provided a swift response to the deteriorating conditions in the Sahel in 2012. Early warning systems, notably absent from the Horn of Africa a year earlier, raised the alarm as early as October 2011. This prompted donors to initiate a large-scale emergency response across the region in early 2012.

Read more about the impact of food price rises: www.actionagainsthunger.org.uk/foodprices
When Typhoon Washi swept through Iligan City in the Philippines in December 2011, homes and community health facilities were destroyed, making it tough for many parents to care for their children. Martin Parreno, Health and Nutrition Coordinator for Action Against Hunger (ACF) in the Philippines, describes how ACF responded.
Typhoon Washi, in December 2011, was one of the strongest tropical cyclones ever to hit the city. In its wake it left widespread destruction – homes were destroyed, large areas of the city flooded, electricity supplies were disrupted and drinking water contaminated. Hospitals and health centres were also affected and became inaccessible to many in need.

Health indicators were already low due to poor healthcare services. Immunisation coverage of children was inadequate and statistics were particularly concerning for pregnant and nursing mothers – just 45% received appropriate care from trained staff during their pregnancies and only 37% breastfed their children up to their second birthday.

Caregivers were particularly affected by the typhoon: limited space in transition camps for mothers meant they could not bond with their babies, health centres and other structures where caregivers learnt about child care were destroyed and the emotional stress in the aftermath of the typhoon reduced the mental capacity of caregivers. If no additional care had been provided for mothers and children at this stage, the city would have witnessed an inevitable rise in rates of child undernutrition.

Implementing nutrition, health and care practices together

In the aftermath of Typhoon Washi, ACF pioneered emergency care practices programmes in “mother-baby friendly tents” in transition camps. The programmes have since been rolled out in local health centres as the communities have recovered. Caregivers can receive support and information about caring for their children from psychosocial workers, while health workers address their nutritional needs. As well as providing a space to treat acutely malnourished children, the programmes also enable health workers to monitor the links between the various causes of undernutrition. Even in the chaotic aftermath of the typhoon, the programmes have prompted a significant increase in mothers seeking health advice, prenatal services and immunisations for their children.

Josephine Restauro, a young mother of three, survived the typhoon and has first-hand experience of the benefits of the programme. “By joining the care practices programme, I realised that some of my old beliefs were preventing me from providing the best care for my child,” she says. “For instance, I used to believe that it was taboo for a pregnant woman to wear black or bathe on Tuesdays and Fridays. I also now know the importance and meaning of exclusive breastfeeding and have shared this knowledge with fellow mothers.”

Josephine and her husband volunteer at the health centres to pass on what they have learnt to others and to demonstrate the correct way to bathe and massage babies. Workshops, group discussions and hands-on activities, like art therapy and baby massage, teach carers the value of interacting with their children, giving them the skills and knowledge to foster healthy growth and development. What makes ACF’s programmes stand out from other care practices programmes is the emphasis on all potential carers of the child participating, not just the parents.
Melissa, a mother of two, describes how the focus group discussions informed her of the importance of immunising her children against preventable diseases. A lack of money for transportation and a heavy workload usually mean that unless her children are very ill, she can’t take them to health centres for vaccinations or health checks. The care practices sessions made her realise that investing her time and money in regular check-ups for her children is a lot cheaper than treating them when they are sick.

Teenage pregnancy was also becoming widespread in the aftermath of the emergency. Most teenagers who fell pregnant hide it from their parents and do not receive advice on how to care for themselves during pregnancy. As such in many cases their baby does not develop properly. The mother-baby friendly tents provide a location for young mothers to share their concerns with health workers, and to seek refuge if necessary.

“ACF’S CARE PRACTICES PROGRAMME HAS BEEN INSTRUMENTAL IN PROVIDING KNOWLEDGE AND SUPPORT TO FAMILIES DURING TURBULENT TIMES”

Integrating care practices at the national level

Ensuring sustainability means transferring skills and knowledge to local staff and providing materials for use in future training sessions. Where possible ACF staff involve local health professionals and volunteers in training sessions to foster partnerships and educate more people about the importance of good care practices.

With the support of the local government, ACF’s approach to care practices is being promoted through all health centres. Since July 2012, training programmes have been rolled out across the six barangays (districts) of the city. From now on, when parents take their children to health centres for vaccinations or pregnant women go for check-ups, there will be dedicated spaces for them to learn about and improve their care practices. The results of this carefully coordinated effort have been very promising so far. At one health centre, the number of pregnant or breastfeeding mothers visiting the programme rose from 930 to nearly 1,200 in the month following its introduction.

Along with other aid agencies in the country, ACF has also contributed to the development of the Philippine government’s “Emergency Nutrition Programme” toolkit for the use of health workers. While the toolkit is not yet finalised, learnings from ACF’s response to Typhoon Bopha in late 2012 have contributed to its development. Like Typhoon Washi, ACF’s immediate response to Typhoon Bopha included establishing emergency care practices programmes to provide privacy and advice to mothers and fathers with young children who had lost everything.

ACF has the potential to transform the way families meet the essential needs of their children but the success and sustainability of this programme will depend on the commitment of all involved – from parents and healthcare workers to local authorities and national government.

Learn more about care practices and ACF’s work in the Philippines: www.actionagainsthunger.org.uk/carepractices and www.actionagainsthunger.org.uk/philippines

Translating food and healthcare into good nutrition

Care practices are the behaviours and practices provided by carers that ensure children receive the food (including exclusive breastfeeding for the first six months), healthcare, stimulation and emotional support needed for growth and development.

Rates of undernutrition in Iligan City have remained high despite the government previously undertaking a range of programmes to tackle the other underlying causes of undernutrition, such as a lack of access to nutritious food and a healthy environment. Health authorities have therefore concluded the consistently high rates are due to a lack of care practices.

ACF’s programmes therefore focus on care practices and include the following activities: care of women, advice on breastfeeding and complementary feeding, food preparation, psychosocial care of children, hygiene and home healthcare.
Mental Health and Child Care Practices

What are child care practices and why are they so important?

They are the behaviours and practices of caregivers that provide the food, stimulation and support necessary for a child’s healthy growth and development. They are the means by which food security and health care are converted into a child’s well-being.

The six care practices:

1. **Care for Women**
   - Women need adequate food, rest, protection and advice before and after they give birth.

2. **Breastfeeding and Complementary Feeding Practices**
   - Exclusive breastfeeding is vital for the first six months of a child’s life, knowing which foods to introduce after the first six months, and how to prepare them, is also essential.

3. **Psychosocial Care of Children**
   - Playing and interacting with children increases their autonomy, builds their confidence to explore and encourages them to interact with others.

4. **Food Preparation, Storage and Distribution**
   - Preparing and storing food in hygienic conditions, cooking it so that it retains natural vitamins and nutrients and sharing it according to the needs of each household member.

5. **Hygiene Practices**
   - Children live in a safe and clean home, wash their hands regularly, dispose of waste and use nearby, clean latrines.

6. **Home Health Practices**
   - Caregivers have the capacity to prevent and diagnose illnesses at home (such as malaria) and know what to do if their child does fall sick.
How are carers affected by emergency situations and in resource-poor environments?

1. Conflict and natural disasters can cause serious mental strains on caregivers and destroy the facilities needed to deliver care practices.

2. Poverty and conflict can displace families leaving fewer people for caregivers to call on.

3. The autonomy of female caregivers may be restricted due to the gender dynamics of the society.

4. The time that caregivers have may be in short supply due to heavy workloads.

5. Limited financial resources mean that other household needs may be prioritised over essential child care resources.

6. Caregivers may not be aware of the six child care practices as there may be no-one in their immediate families to advise them or no professional advice available due to weak health systems.

7. Some cultural beliefs and traditional child care practices may be harmful to children and to the caregivers themselves.

What support does ACF provide in these situations?

ACF helps caregivers to increase their resources so that they are in a better position to carry out the six care practices.

1. Caregivers learn to care for their child when they visit health centres with their malnourished children through baby-massage or play sessions and discussions with psychosocial workers. Training is also provided to health centre staff on essential child care practices.

2. Psychosocial workers organise focus group discussions with community members to learn about the challenges faced by caregivers and to work out suitable solutions together. They also visit the most vulnerable households to support and reinforce behaviour changes at home.

3. Psychosocial and psychological support is provided to caregivers and children affected by natural disasters, conflict or discrimination in dedicated spaces such as “mother and baby tents” in displacement camps.
Weak health systems in low and middle-income countries can be a leading cause of child undernutrition. Action Against Hunger (ACF) works with ministries of health and local health authorities to bolster their capacity to address the condition. One way is to work with governments to help them integrate the Community-based Management of Acute Malnutrition (CMAM) approach, which can help correct and prevent the long-term impact of severe acute malnutrition on a community.

Strengthening health systems
National healthcare systems that have been weakened by civil wars, natural disasters or political instability are often both the cause of undernutrition and the reason why it persists. In countries with weak health systems child mortality, illness and undernutrition are common. Political leaders in these countries need to make a firm commitment to building health systems that are strong enough to prevent and treat diseases and maintain the lifelong good health of all men, women and children indiscriminately. This includes addressing the causes and effects of undernutrition.

Many national governments are starting to work with international agencies, donors and the private sector to increase the ability of their health systems to deliver better outcomes. In countries with high rates of acute malnutrition, ACF uses the six building blocks of the World Health Organisation’s Framework for Action (see box on page 28) as a guide to support and strengthen a country’s health system.

Strengthening a health system is a complex process requiring long-term commitment. Significant improvements in the overall health of the population may not be seen for several years, but will benefit the whole community for generations to come. As with all development initiatives the process must be tailored to the individual community. A programme that sees success in one location will not necessarily suit another and there is every chance that initial activity will need to be tested and redesigned before any benefits begin to take effect.

**Community-based approach**
The Community-based Management of Acute Malnutrition (CMAM) approach promotes the treatment of acute malnutrition within communities and the home. It helps malnourished children access the treatment they need, without the need for their parents or carers to make long trips to hospitals.

As the name suggests, CMAM must be managed within the community. Health centres will still be needed to treat children with severe acute malnutrition (SAM), but volunteers from the community (known as Community Health Workers) can provide essential support. The CMAM approach means that tens of thousands of acutely malnourished children can receive the treatment they need at home or within their community before their condition becomes critical.

In 21 of its missions around the world, ACF works to strengthen health systems by promoting and integrating the CMAM approach. Crucially, this means that the improved health system will have the capacity to continue the work when ACF leaves the country or region.

**Meeting a widespread need in Nigeria**
Nigeria has, after India, the second highest number of acutely malnourished children in the world. It is particularly widespread in northern Nigeria where an estimated 800,000 young children (European Commission, 2010) suffer from SAM – the most deadly form of hunger. Throughout 2012, ACF worked with the local health authorities of Yobe State in northern Nigeria, to integrate aspects of the CMAM approach into its health services.

**“STRENGTHENING A HEALTH SYSTEM IS A COMPLEX PROCESS REQUIRING LONG-TERM COMMITMENT”**

Before ACF arrived in Yobe State, the knowledge and skills to diagnose and treat SAM in children were limited to specially trained nurses and doctors in regional hospitals. ACF focused on training individuals and groups who were in the best position to tackle acute malnutrition in the predominantly rural communities. This included training ministry of health and local health authority employees to identify and treat the condition, and helping community health workers, volunteers and key individuals such as village chiefs, traditional healers and hairdressers – often the hub of information sharing amongst women in communities – to identify SAM and refer children for treatment. On ACF’s recommendation, local health authorities organised street theatre sessions in markets and features on radio shows to educate the general public about what acute malnutrition is and why it is so harmful to children.

### WHAT IS A HEALTH SYSTEM?
A health system includes all the organisations, institutions and resources whose primary purpose is to improve the health of the local population. A good health system should make tangible improvements to peoples’ lives every day.

For example, a mother who gives her children Vitamin A and deworming tablets twice a year to prevent life-threatening illness is benefiting from a health system. The same is true for a family accessing clean water at a well-maintained village water pump built by a government-sponsored sanitation project, or a child with severe acute malnutrition who receives ready-to-use therapeutic food, nutritional counselling and regular check-ups at an affordable or free clinic.
ACF’s support was not limited to training and raising awareness. It also helped mainstream the CMAM approach in local health services by strengthening other health system building blocks. For example, it assisted with the logistics of supplying essential materials and therapeutic foods to remote communities, supported data collection and analysis, and advised health authority managing bodies on leadership and governance.

The benefits of ACF’s work to integrate the CMAM approach into Yobe’s health system are clear. In 2011, before ACF started to support the health system, around 11,000 children received treatment for acute malnutrition. In 2012, the first full year of the programme, this grew to 23,000 and, with more children coming to health centres, immunisation against preventable diseases increased. The integration of CMAM also boosted the reputation of the health facilities and the credibility of health workers within the community. Health workers are now thanked by community leaders for the work that they do to tackle acute malnutrition, instilling in them a sense of pride.

As local health authorities and communities in remote areas learned how to tackle the condition without the need for direct support, ACF was able gradually to close field offices. In a region where civil insecurity and unrest have escalated in recent times, the security risk to ACF staff has therefore been reduced.

**A significant step in the process**

ACF’s work in northern Nigeria is an example of how strengthening health systems, from state to community level, can provide local communities with long-lasting, sustainable access to the prevention and treatment of acute malnutrition. Its experiences in Yobe State also show that health systems cannot simply be defined as a governing body, professional health workers and the hospitals or health centres that deliver health care. They also include the community members themselves.

The process of strengthening Nigeria’s health system to deliver a key feature of the CMAM approach is still in its infancy but the impacts of the changes initiated by ACF are already evident. It can take years to see the positive, long-lasting impacts of successful interventions. However, following many years of experience in different countries, ACF has learned how to meet the immediate needs of affected communities whilst at the same time building the country’s ability to tackle the problem on its own and to make progress in eradicating acute malnutrition for good.

Listen to Saul Guerrero, ACF UK’s Head of Technical Development, talk more about integrating CMAM into health systems: [www.actionagainsthunger.org.uk/cmamaudio](http://www.actionagainsthunger.org.uk/cmamaudio)

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**SIX BUILDING BLOCKS FOR A FUNCTIONING HEALTH SYSTEM**

The World Health Organisation’s Framework for Action identifies six components.

1. **Service delivery**
   The provision of effective, safe, quality health interventions to those who need them with minimum waste of resources in hospitals, health centres, pharmacies, operating theatres and community-based groups.

2. **Supply of medical products, vaccines and appropriate technology**

3. **Health workforce**
   Sufficient personnel at all levels from nurses, doctors and nutritionists to porters and ambulance drivers who are evenly distributed to provide efficient, fair and responsive health care.

4. **Health financing**

5. **Health information systems**
   The production, analysis, dissemination and use of reliable and timely information on the local population’s health, health system performance and health status.

6. **Leadership and governance**
   Ensures that strategic policy frameworks exist and are combined with effective oversight, coalition-building between key stakeholders, regulation, attention to system design and accountability.

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Credit: ACF Burkina Faso, courtesy of R Leeney

Credit: ACF DRC, Courtesy of R Leeney
Karl Lellouche & Dr. Jean Lapegue are water, sanitation and hygiene (WASH) advisors based in Action Against Hunger’s Paris office. In this interview they explain why access to clean water is essential for childhood nutrition.
How big is the global WASH crisis?
It is a massive problem, and it is growing. Across the globe a staggering 2.5 billion people do not have access to basic sanitation and 783 million have no access to clean water (UNICEF & WHO, 2012). Around 3.5 million people die from waterborne diseases every year.

Children are at most risk: diarrhoea kills 1.2 million children under five each year, 80% of whom are aged two or less, and together with cholera it kills more children than Aids, malaria and measles combined.

Waterborne parasitic infections also affect two billion people; they are not always deadly, but reduce nutritional intake, and damage overall health and cognitive capacity. Treating them uses a significant proportion of health budgets.

How do water, sanitation and hygiene affect a child’s health?
Clean and abundant water, good sanitation and appropriate hygiene are key to maintaining a healthy environment, especially for a child. Without access to basic sanitation and clean water for drinking, cooking and cleaning, children are more likely to suffer from diseases such as diarrhoea and parasitic infections.

Diarrhoea reduces the body’s capacity to absorb nutrients, diminishes appetite and increases dehydration, leading to undernutrition. This weakens the immune system and makes the body more vulnerable to infections. Parasitic infections such as intestinal worms and malaria, caused by inadequate sanitation and hygiene, can lead to anaemia and impede physical and cognitive development, which can follow a child into adulthood.
Collecting water uses valuable resources – both time and money. Those without access to a clean water source may need to buy it from vendors, leaving less money for food, essential medicines or hygiene products, like soap. Time spent collecting water takes time away from other activities, such as education, which can have a lifelong effect on a child’s wellbeing and economic status. It can also put them at risk – for example women and girls are often assaulted while collecting water far from their dwellings.

Is it possible to deal with water, sanitation, and hygiene as separate issues?

Water, sanitation and hygiene are interdependent and should not be separated in any programme tackling water-related disease. Diseases like diarrhoea spread through contaminated drinking water or food, or direct or indirect contact with faeces, either via ‘vectors’ in the environment (such as flies) or interpersonal contamination (the hands and clothes of others). Drinking water needs to be protected from human and animal waste with effective sanitation; and good hygiene practices with clean water avoid recontamination.

A safe WASH environment is particularly important for breastfeeding mothers, reducing the unnecessary strain of collecting water, helping to avoid illness and facilitating positive care and hygiene practices, such as bathing babies.

At what point does ACF decide to initiate WASH programmes?

Two main factors influence ACF’s decision to initiate WASH programmes in communities.

In the aftermath of natural disasters or when families flee conflict, the quantity and quality of water tends to be low and the sanitary environment poor, increasing the risk of epidemics and water-related disease. To prevent health crises ACF builds emergency latrines, provides hygiene kits for families and delivers clean water directly to communities via trucks or temporary water bladders.

In rehabilitation (post-emergency) and non-emergency contexts, WASH programmes are implemented alongside nutrition programmes to support the treatment of undernutrition and prevent infections. This involves longer-term measures to improve clean water supply and sanitation, including building latrines, installing water pumps and improving drainage, with a strong emphasis on the communities themselves taking control of the ownership and maintenance of these facilities. Teams also promote important hygiene awareness-raising to families and children at schools, in health centres or at home, especially through community health workers.

In its efforts to provide communities with sustainable access to clean water and adequate sanitation, ACF also promotes the right to water and sanitation at national level. The right to water and sanitation was formally recognised as an international human right in 2010. ACF encourages governments to formally enshrine the right in national law and provides them with the necessary guidance to do so. In this way communities can hold their government to account when they fail to provide a clean supply of water and adequate sanitation.

Implementing WASH in communities

Increasingly, ACF and other international organisations are recognising the need to implement nutrition and WASH programmes together.

In Mali, UNICEF has estimated that almost 210,000 children suffered from severe acute malnutrition in 2012 and that 50% of these cases were linked to diarrhoea and other waterborne diseases. As such they have started to implement WASH activities alongside nutrition interventions. First they identify those most at risk, usually mothers with severely malnourished children, and refer them to health centres with their children for treatment. When the mothers arrive at the health centres, UNICEF staff treat their children and give each of them a hygiene kit with instructions on their use. The kits contain soap, water purification tablets, jerry cans to store water and a bucket with a cover. Such simple equipment enables parents to purify water at home and practice basic hygiene, such as washing hands. At health centres, families are also able to access clean water, hand-washing points and clean toilets. Families are then visited once a month to ensure that their water is being properly stored and treated.

These measures go a long way to ensuring that the best possible WASH conditions are in place so that one of the most prominent underlying causes of undernutrition can be avoided. ACF is piloting an integrated programme like this one, known as a “WASH in Nut” programme, in its Niger mission.

Learn more about our WASH programmes: www.actionagainsthunger.org.uk/wash
Considering cultures

Grasping local traditions to fight hunger

Drawing on Action Against Hunger’s experience in the Peruvian Andes, Bronwen Gillespie explores the importance of considering cultural factors in the fight against hunger and presents some key concepts governing ACF’s approach to tackling anaemia in children in the region.
Maria looks up from the pot she is stirring on the open fire which contains blood from a sheep she killed earlier. “It’s cooked, so now we have to drain it and squeeze it into tiny pieces to spread it out to dry”.

Maria is demonstrating the ancestral technique of blood charqui – cooking, drying and storing blood for later use in meals – a practice that has virtually disappeared in communities in the Peruvian Andes. With extremely high rates of child anaemia in the region, blood can provide much-needed iron to a child’s diet and Action Against Hunger (ACF) is reintroducing communities to the forgotten custom.

While blood is a culturally acceptable ingredient in traditional recipes, for a new generation of mothers it has fallen out of favour, a victim of its association with use by the poorest families in the High Andes. Unaware of its nutritional value, most now rarely cook with it, let alone dry it, and when livestock are slaughtered, the blood is left for the dogs.

It is just a single example of how culture can influence a child’s nutrition. It is why, when assessing a situation, we must know how cultural factors are affecting the choices made by those looking after children. The better we understand the causes, the more appropriate a solution can be found, and the greater the chance that a positive impact will be made.

To better grasp the local context, ACF draws on concepts and methods from sociocultural anthropology, the study of human society and practices across cultures.

ACF’s experiences in Peru have highlighted several key areas to consider when taking a cultural approach to tackling hunger.

**Define the problem with care**

In the Andean Highlands, it has often been assumed by health and nutrition practitioners that health advice is not followed because families lack information about undernutrition. Mothers have been judged to have malnourished children because they do not care, or because their culture is somehow backwards.

Yet ACF has seen that mothers care about the health and wellbeing of their children more than anything else. Over generations they have learnt how to identify and treat different ailments, and many do their best to follow national child nutrition guidelines. The biggest barrier to them following expert advice is not ignorance, but limited time and resources.

For rural families, the exhausting routines of agriculture and livestock-rearing are the main sources of income and food. In the absence of the men, who are often forced to migrate to other parts of the country to earn more money, women are left to tend to their herds and fields. Unsurprisingly, care of the household and children can suffer as a consequence.

At the same time, Peruvian families place great importance on their children’s education. A family may well commit more of the household’s resources to sending a child to a secondary school in a neighbouring town than on a diverse, iron-rich diet for the whole family.

**ANAEMIA**

**What is anaemia?**

A lack of red blood cells, or low capacity of these cells to carry oxygen. The most common form is iron deficiency anaemia, caused by a lack of iron in the diet. Parasitic infections and genetic disorders can also lead to anaemia.

**Short-term effects:**

Fatigue, susceptibility to infections, loss of appetite.

**Long-term effects:**

Reduced brain development, leading to decreased learning capacity.

**How big a problem?**

A major health challenge – for example, in the Peruvian province of Huanta, Ayacucho, 75% of children under three suffer from anaemia.

**Solution?**

Awareness – ACF has worked at a national level in Peru to increase understanding that anaemia is a problem.
Adapt guidelines to local ways

Sometimes it is the impractical nature of advice that prevents it from having an impact. Nutrition guidelines from the Peruvian Government and international organisations recommend feeding babies with pureed or finely chopped food at regular intervals at home throughout the day. Yet few rural mothers can commit to this kind of feeding schedule alongside their heavy workload, and staying in the kitchen is often perceived as ‘lazy’.

Soup is the most common dish in the Andes, as it is easy to cook and is perceived as providing sufficient energy for a day’s work. ACF has therefore worked with the Ministry of Health to help mothers see how they can prepare food for all working members of the household, and feed their young children, without adding more effort or ingredients. Mothers are now advised to separate out a portion of the solid food in the soup to be mashed up for the baby.

“THE BIGGEST BARRIER TO MOTHERS FOLLOWING EXPERT ADVICE IS NOTignorance, but limited time and resources”

Meanwhile mothers are also recommended to include meat, cheese or eggs in the qaqaw, a traditional snack of potatoes or corn that can be eaten in the fields, avoiding the need to insist on a home-based routine for feeding the children.

Communicate the right way

Posters of sickly babies and descriptions of the symptoms of anaemia (weak, pale and slow at school) do not always resonate with rural parents. “My boy may be short, but he is fast and clever,” said one father in Santillana, a district in the Peruvian Highlands.

ACF tries to describe anaemia in ways that make more sense to families. For example, it advises people that eating blood and organs strengthens the blood and feeds the brain, increasing intelligence and ensuring their children will be good students.

The solutions provided to prevent undernutrition must be promoted in a way that is sensitive to the local community. The Peruvian Government’s response to the high rates of anaemia has been large-scale investment in micronutrients via ‘sprinkles’ – nutrient-rich powders that are sprinkled onto food. However, these are not well accepted in rural Quechua speaking populations as mothers lack adequate information about the supplements, claim their children can detect the taste and are suspicious of the Government’s motives. ACF is therefore responding to the concerns of families by explaining to parents that the sprinkles make up for a lack of meat in their children’s diets.

Revalue local food traditions

As supply chains improve, rural Andean communities find that they have better access to more modern processed foods from local markets. These non-traditional foods, such as pasta, rice, fried foods and soft drinks, are replacing traditional, nutrient-rich foods such as quinoa, native potato varieties, wild greens and corn or barley-based drinks. Increased consumption of these ‘modern’ foods can create nutrition deficiencies, and has been seen to contribute to a higher incidence of diabetes and obesity in Perú’s capital Lima and in the coastal region.

Local foods can offer the most affordable, accessible and culturally acceptable response to nutrition problems. ACF is promoting the consumption of local foods and challenging the tendency of families to see traditional foods as ‘low status’. One example of this is the work to promote blood charqui described earlier. ACF has also produced nutrition advice materials for national healthworkers following a consultative process with rural families, that take into account cultural norms and the rural lifestyles of the communities. Meanwhile outreach programmes encourage female leaders in each village to lead nutrition groups with mothers to discuss local resources, seasons and traditional knowledge, rather than simply following general national health advice which can translate poorly to individual cultural groups.

A cultural approach

Considering ACF’s experiences in Peru and many other parts of the world, it is clear that a deep understanding of local cultures is hugely important in making effective, long-lasting impacts on hunger. The most powerful solutions are culturally resonant, made in light of the reality of the lives of the people they seek to help.

ACF believes that to make this happen we must continue to reject a view of communities as recipients of aid, and work together with them as partners in the fight against undernutrition. Only in this way will we get to the heart of each challenge and create solutions that endure.

◆ Read more about Peru and the cultural approach to tackling undernutrition: www.actionagainsthunger.org.uk/peru
Maria demonstrates the ancestral technique of blood charqui – cooking, drying and storing blood for later use in meals.
Hunger Matters.

Building the Foundations for Good Nutrition

Credit: ACF Pakistan, courtesy of Nicholas\

36 Hunger Matters. Building the Foundations for Good Nutrition
Women are the cornerstone of family nutrition. Preventing childhood undernutrition starts with them. It is usually women – mothers, grandmothers, daughters and aunts – who take the lead in caring for children and who produce, prepare and distribute food to the whole family. Despite this, in many countries women have little influence on how the family income is spent and lack access to professional advice on how to care for children. This is why ACF focuses on empowering women to actively participate in efforts to tackle undernutrition.

Focus on empowerment
ACF’s experiences indicate that women are more likely to make best use of the limited resources their households have. In Bangladesh women use money more productively and wisely than men, preferring to spend it on schooling and nutritious foods. The evidence is equally strong for agriculture, with female farmers more likely to take on new farming techniques than men, and less likely to employ unnecessary labour.

In northern Uganda, ACF supports the economic empowerment of women and reduction of gender-based violence by promoting gender equality with awareness-raising sessions and training. Female entrepreneurship is encouraged through cash grants, training in business and management skills and access to loans. As a result, participants have enjoyed better income and agricultural production and many have set up shops and other micro-enterprises.

Women in the region are now able to access social services and health care more readily than before. With reduced financial pressures, fewer couples are now fighting and decision-making is increasingly shared between couples.

Focus on education
Compelling evidence from a range of developing countries proves that female education makes the single greatest contribution to bringing down rates of child undernutrition (Smith and Haddad 2002). However in many societies women do not even have access to basic education.
Deeply entrenched cultural beliefs can determine what children are given to eat and drink and often increase the risk of undernutrition. In Afghanistan, it is common for women to feed their babies tea before they are six months old – but if made with contaminated water this can lead to diarrhoea, a cause of undernutrition. In South Sudan, a common belief is that if a mother who is breastfeeding becomes pregnant, her breast milk becomes ‘polluted’ and will make the infant ill. She may therefore stop breastfeeding early, putting her child at risk.

For mothers of children suffering from acute malnutrition, ACF organises training sessions on health and child-feeding practices. Women are taught essential skills to improve nutrition at home, ranging from cookery demonstrations using local foods, to work in vegetable gardens where they learn how to grow fruit and vegetables and store and process the food safely. These sessions give women the independence they need to manage the nutrition and health of their families.

**New territories, new challenges**

ACF has recently started nutrition treatment programmes in Yemen where 58% of children are estimated to be chronically malnourished – the second highest rate in the world after Afghanistan. Customs and cultural practices in some parts of Yemen govern what women can and cannot do. ACF is therefore working with communities and authorities in the country to tackle child undernutrition in the most appropriate, and culturally sensitive, ways.

In many cases women are not allowed to leave their home without their husband or a male relative. So if a child is suffering from acute malnutrition, they must be accompanied to ACF’s Therapeutic Feeding Centre by both parents. This can mean a significant cost as the household loses a day’s income. It also means that mothers who stay at home are unlikely to hear about nearby feeding centres. Similar traditional practices exist in the Sindh province of Pakistan, limiting the movements of mothers and ACF female staff members (see case study).

To reach as many children as possible, ACF’s mission in Yemen therefore needs to carefully consider how to implement programmes in a way that respects traditional practices. One solution is for health workers employed by ACF to make house-to-house visits to raise awareness about undernutrition amongst housebound women and to refer any acutely malnourished children they find to the feeding centres.

**The leading role**

ACF’s experiences show that the active involvement of women in education, income-generating activities and the management of household income consistently contributes to lower rates of undernutrition, and ultimately to stronger development of nations. Of course, to achieve this, it is not enough to engage with women alone. Men too must be part of the discussions, to build the trust and understanding across communities that is needed to make a lasting positive impact.

All ACF’s missions work hard to appreciate the gender dynamics of the communities they work with. With this crucial knowledge they are in a better position to design programmes that empower and educate women, equipping them with the necessary skills to care for their growing children, detect the early signs of undernutrition and have the confidence to act to protect their children’s health.

**Gender dimensions in Pakistan**

Farzana works as a Community Mobiliser in Sindh Province, Pakistan. She visits villages to identify undernourished children and refer them to treatment centres, and she raises awareness of undernutrition among carers of children.

As a woman, Farzana is not allowed to share the back seat of a car with a man and so inventive methods are needed for her to travel around the district. When she works away from home for a number of days, ACF arranges transport and accommodation for both her and a male relative.

In some cases the same customs can work to her benefit. Unlike her male colleagues, Farzana can visit homes and facilitate group sessions inside the villages. To conduct the same activities, Amir, a male Community Mobiliser, has to stop at the village entrance and ask the men to bring mothers and children to him. In some cases, he isn’t even able to speak directly to the women.

While these considerations do not make ACF’s work impossible, they do increase programme costs. To address the barriers preventing women from travelling independently to take children to treatment sites, or from attending Farzana’s awareness-raising sessions, ACF engages with the Imam, the religious leader in the district, to explain its activities and how they benefit the community. Simple actions such as this can do much to improve the effectiveness and impact of ACF’s work in Pakistan.
For centuries we’ve known that hunger’s causes, and solutions, are overwhelmingly within human control. More recently, it’s the relationship between the citizen and the state that has become the focus for those campaigning to create a world free from hunger, as Food Security Expert Bapu Vaitla explains.

**Hunger and citizenship**

The Right to Food in today’s world

In 1632, in the aftermath of one of England’s last great food emergencies, the Archbishop of Canterbury, William Laud, grimly noted that “last yeares famin was made by man and not by God” (Walter and Wrightson 1976). Laud was speaking of grain hoarding by local merchants that resulted in destitute families not being able to access affordable food, but his condemnation could have been broader. He could have also pointed to unaccountable public officials failing to provide food relief; to the inequality in land ownership that forced small farmers to live tenuously between meagre harvests; to the lack of legal avenues by which poor families could argue for the simple justice of surviving a bad harvest.

Nearly four centuries on, the geography of hunger has changed – Europe has not known peacetime famine since the Finnish catastrophe of the late 1860s – but the political nature of its causes has not. From market manipulation to apathetic bureaucrats to wealth inequality; all continue to persist in today’s landscape of undernutrition in the developing world. Markets and states continue to work primarily
Hunger Matters. Building the Foundations for Good Nutrition

for those strong enough to influence their functioning, and the rest of the population often reaps little of the gains of economic and technological change. Even those families lucky enough to be assisted by aid organisations remain, ultimately, in a powerless position. Gifts are accepted, but the threat of the next harvest failure hovers, and future welfare continues to depend on the choices of the powerful.

In contrast, where famine and undernutrition have been defeated in the world, a recognition of citizenship, rather than simply that of beneficiary or consumer, has played the central role. Rights-holders have demanded that their elected executives and legislators make government and markets work for them, and sought legal redress when their grievances went unheard.

The human right to food is gradually gaining credence in both international forums and in domestic courts. The roots of its international recognition lie in the Universal Declaration of Human Rights of 1948, which mentions the right to food in Article 25. This document inspired the International Covenant on Economic, Social and Cultural Rights (ICESCR), which was brought into force in 1976 and makes specific reference to the right to adequate food. To date 160 countries have signed and ratified the ICESCR. In recent years, substantive steps have been taken to assist countries to realise the obligations of this and other treaties, including the appointment by the United Nations of a Special Rapporteur on the Right to Food and the introduction by the Food and Agriculture Organisation of guidelines to protect the right to food.

At national level, treaties can be enforced by the government in a number of different ways. In some countries, treaties take on the status of national law once they have been ratified by the country’s parliament or equivalent body. In others, framework legislation needs to be devised in line with the obligations of the treaty. An example of this is in Paraguay, whose experience is discussed in the box on the left.

The strongest form of domestic legal protection is, of course, constitutional. Eight countries – Bolivia, Brazil, Ecuador,
Guyana, Kenya, South Africa, Nepal, and Nicaragua – explicitly include the right to food as a separate, stand-alone right in their constitution. Others recognise the right to food as an objective of the state. India falls within this category, and the work of civil society movements in leveraging judicial authority to compel food and nutrition policy there is summarised in the box on the right.

The wide variety of emerging national right to food legislative frameworks teaches us that no one policy blueprint will end hunger and undernutrition. Different countries have different needs. Some focus on maternal and child health, others on smallholder agriculture, and still others on social protection for poor households. However, some broad patterns regarding the underlying political circumstances in which such changes are taking place can be identified.

A climate of reform is necessary, in which officials are either challenged by opponents wielding the language of human rights to describe grievances, or use such language themselves to offer solutions to prevailing inequalities. A strong and independent judiciary, especially at the constitutional court level, is necessary. Perhaps most importantly, powerful and mobilised civil society organisations are critical. Civil society groups need to be willing to engage all branches of government and to devise strategies that combine pressure on policymakers with a vision of electoral rewards for those who would support the right to food. In Brazil, for example, the unyielding influence of pro-poor social movements and non-governmental organisations has slowly but permanently pushed the issues of poverty, inequality and hunger to the centre of the political stage. The result, made manifest especially in the last decade, was the creation of a wide range of policies spanning many different sectors which set out to address the root causes of undernutrition.

International non-governmental organisations also play a key role in supporting domestic social movements to protect the right to food. While local civil society groups often have the advantage of contextual knowledge and long-term commitment, international organisations can transmit information about best practices from other countries, help to build technical and advocacy capacity, and assist in procuring international resources and political support for home-grown groups. Action Against Hunger (ACF) is undergoing a transformative phase in its own development by promoting and supporting the implementation of the right to food in some of the countries where it is present, such as in Paraguay, as described in the box on page 40.

What underpins ACF’s approach is its belief that food and nutrition security are public goods to which all citizens are entitled. Its actions include raising awareness of the right to food with local civil society groups and supporting their advocacy efforts to lobby governments. It also supports governments directly to devise appropriate regulations around food security, nutrition and water and sanitation, providing practical advice on the changes needed to ensure that their citizens benefit from the right to food.

As governments and markets across the world become more credible to all classes of society – as citizens acquire greater faith in the institutions they have created – legal norms become an increasingly powerful way to compel social change, especially when the will of policymakers has failed. The right to food is becoming as real and as fundamental as the political rights we have long held dear, and in the decades to come will guide the fight against hunger in our world.

Learn more about the Right to Food in an interview with Amador Gomez, ACF Spain’s Technical Director. www.actionagainsthunger.org.uk/ref

**INDIA**

With the support of the judiciary, civil society in India has spearheaded the effort to create formal legal protection of the right to food. Civil society-led reform first gained momentum in 2001, when a severe drought hit the northwestern state of Rajasthan, leading to deaths from starvation. Meanwhile, food grain stocks held by the central government were expanding greatly, reaching some 50 million metric tons by 2002. A civil society organisation called the People’s Union for Civil Liberties (PUCL) filed public interest litigation with India’s Supreme Court, asserting that the Indian government had a legal responsibility to release the grain stocks to the hungry. In particular, advocates referenced obligations under Article 21 of the country’s Constitution, which guarantees the “right to life”; their arguments were further bolstered by directive principles within the Constitution that commit the state to improve nutrition.

Over ten years later, a final decision on the case has not yet been reached. But since the original writ the focus of the litigation has broadened. The PUCL joined with a host of other organisations to create the Right to Food Campaign. The Supreme Court released a set of Interim Orders directing the state to improve the operation of ongoing food and nutrition-related programmes. Special Commissioners were appointed by the court to monitor whether administrative authorities are in compliance with the Interim Orders, and to hear and respond to grievances from citizens. The Supreme Court has in effect begun the process of transforming food and nutrition policy into legal entitlements and has created a framework for transparency.
Q. You’ve worked for ACF for over two decades. What motivates you?
A. From my experiences of working in Burma, Tajikistan, Bosnia, Malawi and Zimbabwe I have time and again seen the hidden, devastating physiological impact hunger has on children. Acutely malnourished children are extremely weak. The first thing you notice when entering a treatment centre is how still and quiet they are. The effects of undernutrition are irreversible. If children don’t develop as they should in the first critical 1000 days of their life they will not grow into healthy adults. This severely impacts their ability to raise a family and provide for their own children. Therefore addressing undernutrition is not only a moral imperative, it is an investment in the future economy and prosperity of a country.

The good news is that we know how to treat acute malnutrition. Plenty of evidence, built up by ACF and its partners over past decades, proves this. The challenge is to improve access to the treatment and prevention of undernutrition to the millions who desperately need it. In years to come, future generations will look back and wonder how we could have failed to act. ACF is determined to end undernutrition once and for all.

Undernutrition is a problem which many fail to grasp. How can we address this? The lack of understanding in poorer countries of what undernutrition is, and the impact it has, is one of the reasons why it persists. Many families need to be taught how to recognise it and what to do about it. Basic advice on how to prevent the condition can be lifesaving. The governments of these countries also need to acknowledge the problem and develop comprehensive plans to address it. Beyond the words, there should be actions.

In countries like the UK, the stream of images of starving children in destitute communities has led to public fatigue. It’s not that people don’t care – people just feel powerless. They wonder if previous work to fight hunger has failed and lose trust in the work that aid organisations do. In response we show our supporters the positive impact of our work and the families we have helped. There are plenty of successes in the global effort to eliminate hunger which we need to shout about. However I don’t think we should stop informing people about the harsh reality of acute hunger. We don’t want to create a veil of decency to hide the atrocities that continue to happen.

What must be done to reach all malnourished children? National governments, international donors and institutions, NGOs and communities need to have the motivation and, critically, must commit to ending undernutrition. Without commitments and strong accountability, efforts to end undernutrition will go no further than good intentions and pledges.

The UN’s Scaling Up Nutrition Movement has generated much needed momentum to tackle undernutrition at the international level, by fostering international collaboration between countries, UN organisations, civil society and the private sector. Whether this translates into concrete actions that improve the situation in households and communities remains to be seen. The momentum is there, but we need funding and commitment to put words into action.

Sustained, long-term funding must therefore be dedicated to improving nutrition and delivered to the communities that need it most. Around $11.8 billion is needed every year on top of what is currently being spent to address the immediate causes of undernutrition in the most vulnerable areas of the world. However ACF’s recent ‘Aid for Nutrition’ report series found that between 2005 and 2009 less than one per cent of this amount was delivered annually. If the necessary funding was divided across all countries and multilateral organisations, each would be making a relatively small contribution. Combined, these contributions would save the lives of hundreds of thousands of children.

Finally, and perhaps most importantly, pregnant and lactating women and children under five must be at the core of any policy, strategy and plan of action. It is they who will participate in and benefit from these investments directly. Concrete actions at community level are central to maximising the impact of these investments and to achieving universal coverage for the treatment of malnourished children.

Read Jean Michel’s full interview: www.actionagainsthunger.org.uk/jmginterview
Action Against Hunger | ACF International

Action Against Hunger’s vision is of a world without hunger. A world in which all children and adults have sufficient food and water, equitable access to the resources that sustain life, and are able to attain these with dignity.