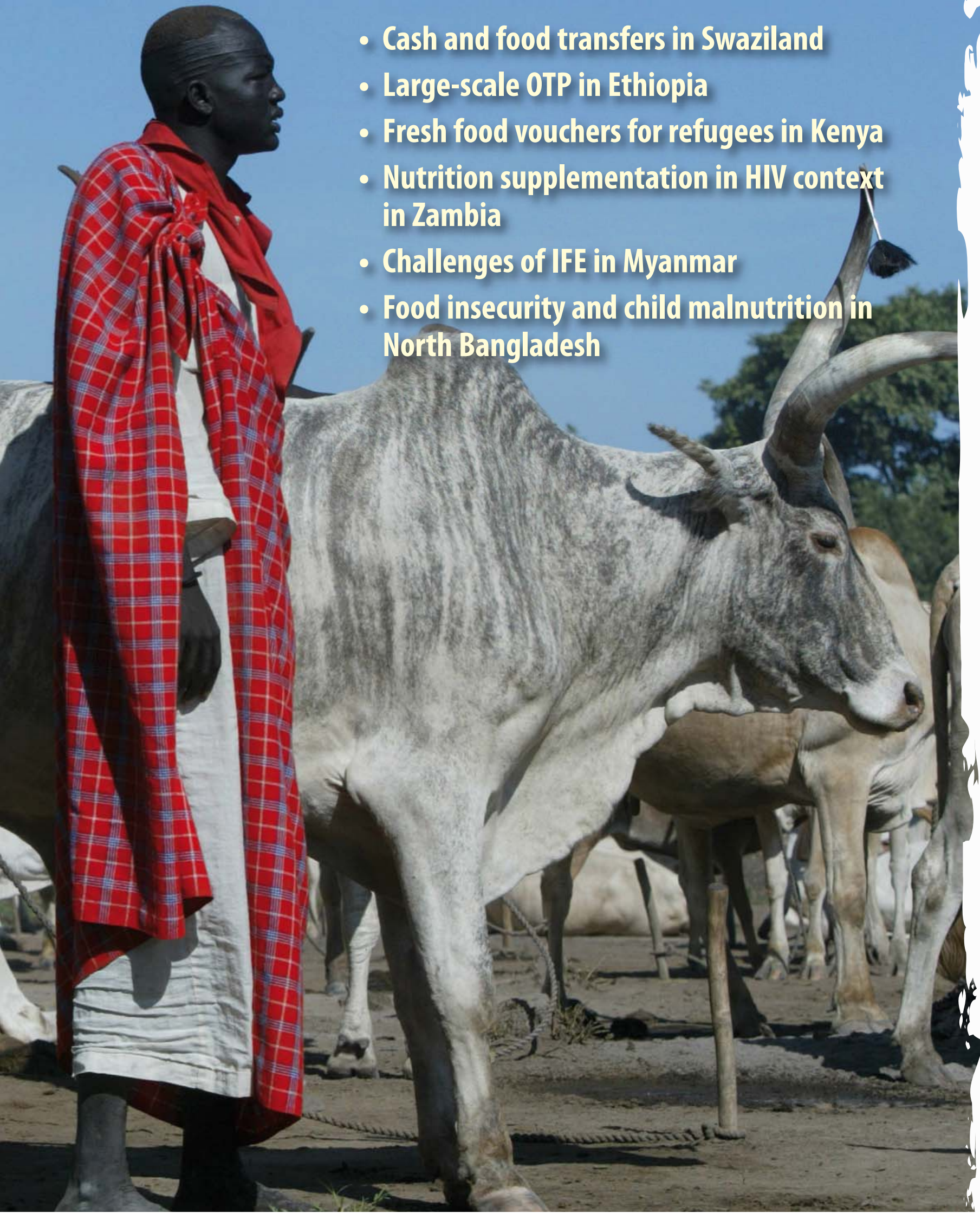


Field Exchange

Emergency Nutrition Network

- **Cash and food transfers in Swaziland**
- **Large-scale OTP in Ethiopia**
- **Fresh food vouchers for refugees in Kenya**
- **Nutrition supplementation in HIV context in Zambia**
- **Challenges of IFE in Myanmar**
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From the Editor

Four of the six field articles in this issue of Field Exchange endeavour to demonstrate some form of intervention impact. The programmes are all very different; nutrition supplementation of HIV positive individuals in Zambia, community based nutrition programming in Bangladesh, a voucher scheme for fresh fruit and vegetables in a Dadaab refugee camp in Kenya and a joint cash and food programme in drought affected Swaziland. The programmes are either novel, i.e. the voucher scheme in Dadaab, are pilots contributing to a growing body of evidence, i.e. Zambia and Swaziland, or follow an approach for which there is a weak evidence base, i.e. the community-based nutrition programme in Bangladesh. All programmes therefore have a need to generate robust evidence of impact. The need for more evidence based programming is increasingly being emphasised in the nutrition sector. The recently published Lancet series on nutrition highlighted the lack of evidence for much of what is done in the name of nutrition programming. The ENN has also raised this issue on numerous occasions and published studies showing the lack of robust evidence for emergency nutrition programming (Duffield et al, 2004¹). The efforts to demonstrate impact in the programmes included in this issue of Field Exchange are therefore to be welcomed. However, it is important to examine closely the quality of the evidence for impact cited in these articles and the way in which impact assessments were carried out.

The ENN has argued for several years now that lack of an evidence base for certain types of intervention has allowed the same interventions to be rolled out uncritically and that, in some cases, this may lead to ineffective programming. The recent experience of piloting CTC/CMAM² and the systematic effort to generate a robust evidence base demonstrates how important it is to take this approach. CTC/CMAM is now being rolled out and scaled up in numerous countries with great confidence and secure funding (see article in this issue on decentralising outpatient treatment of severe acute malnutrition (SAM) in Ethiopia). Yet, the CTC/CMAM story is fairly unique in our sector. Other new and promising intervention designs, while continuing to be piloted, rarely, if ever, seem to attract the same level of support from donors because of the absence of robust evidence of impact. New and potentially improved approaches and advances therefore arguably take longer to establish.

The four programmes described in articles in this issue all take different approaches to impact assessment. The most rigorous is the nutrition supplementation study in Zambia where patients were separated into an intervention group receiving a nutritional supplement, a group receiving Home Based Care rations and a control group who received no food support. Outcomes were measured and compared for food consumption, coping strategies, functional ability and anthropometry. In contrast, the nutritional statuses of the population groups targeted under the community nutrition programme in Bangladesh were not rigorously compared with control groups. Comparisons were made with national data and between discrete time periods. The findings were therefore not statistically meaningful. The refugee voucher programme in Dadaab refugee camp assessed impact in terms of dietary diversity and selective feeding programme coverage (the voucher acting as an incentive for mothers to bring children to the selective feeding programme). Programme impact on nutrition status and infant and young child feeding indicators were not therefore measured. The food and cash transfer programme in Swaziland assessed impact on the basis of a number of criteria including dietary diversity, expenditure patterns, coping strategies and empowerment of women. Again, impact on nutritional status was not measured.

It is not our intention to criticise the lack of robust impact assessment carried out by agencies implementing the type of nutrition interventions outlined in these field articles but rather to highlight the difficulty agencies face in generating a solid evidence base for what

they do. Most agencies are hard pushed enough just to implement a programme, let alone pilot an innovative approach. Conducting rigorous research to demonstrate impact as part of programme implementation is just a step too far for most agencies. Although donors require monitoring and evaluation of programmes, most donors do not insist on robust evidence of impact. They tend to be happy with evidence of process, i.e. that the programme delivered the outputs set out in the proposal. As a rule, agencies would love to be able to generate harder scientific evidence of impact. However, to do this they would need funding (research is not cheap) and expert support from research groups (most agencies do not have in-house expertise to design rigorous studies). For their part, research groups in the academic sector need a form of flexible funding. Even where research groups have strong working relationships with implementing UN agencies or non-governmental organisations, they can never be sure when an emergency programme is going to be implemented and for how long. The challenge for them is therefore how to secure funding for research that is flexible, i.e. can be mobilised when a research opportunity materialises. Typical donors for this type of operational research tend to require proposals with a long lead time and that expenditure of the grant takes place within discrete periods (although no-cost extensions are often permissible).

Overall, therefore, there are weak mechanisms in place to facilitate operational research and rigorous impact assessment involving randomised case control studies – the gold standard of research. It has been argued that ethical issues would, in any case, prevent this type of research or that it would be difficult to find control groups. However, step-wedged design is often feasible and a means of getting around this problem.

It is clear that donors need more technical expertise within their organisations and more flexible funding mechanisms that allow operational research. At the same time, implementing agencies must be more honest about whether there is an adequate evidence base for the type of intervention they are implementing and should endeavour to build up a body of evidence for effectiveness and impact at every opportunity. Without this, new and promising approaches will take many years to be adopted and rolled out, while more questionable programme approaches will continue to be implemented as a default position and because there is a track record of funding. The emergency nutrition sector is awash with the creative energy and drive to improve practice. All we need now is a better system which expedites the critical research needed to underpin this.

There are many other articles of interest in this issue of Field Exchange. The research summaries cover a broad range of topics. These include the relationship between protein energy malnutrition and genetic mutation, the impact of introducing new breeds of livestock as part of emergency restocking programmes on local genetic stocks in Bosnia-Herzegovina, and an Action Contre la Faim (ACF) study on the impact of the current food price crisis on rates of malnutrition in four African countries.

Finally, we hope you enjoy your 'free gift' with this issue. Funded by the Global Nutrition Cluster, the entire archive of Field Exchange (35 issues produced since 1996) has been catalogued into an online search database that is replicated on the CD enclosed. Feel free to copy the CD to share with others, or make your own from the link on the ENN website.

Enjoy!

Jeremy Shoham
Editor

Any contributions, ideas or topics for future issues of Field Exchange? Contact the editorial team on email: office@ennonline.net

¹ Duffield A, Reid G, Walker D, Shoham J (2004). Review of the published literature for the impact and cost-effectiveness of six nutrition related emergency interventions. Report for the Emergency Nutrition Network. December 2004.

² Community Therapeutic Care/Community management of acute malnutrition



Queuing for cash transfer

SC UK, Swaziland, 2008



A cooking demonstration in Dagahaley

ACF, Dadaab, Kenya, 2008

Field article

The town of Dadaab in North Eastern Kenya is home to three refugee camps, Hagadera, Dagahaley and Ifo, together hosting over 240,000¹ people. The camps were established in mid-1992 after the closure of the Liboi camp, which was too close to the Kenya/Somali border to ensure adequate security for the refugees. The current camps host refugee communities from various countries, i.e. Somalia, Ethiopia, Democratic Republic of the Congo (DRC) and Sudan, but the Somali population is the biggest in numbers. Due to ongoing insecurity in Somalia, regular influx into the camps has continued, with the population increasing at an average rate of 5000 per month during 2008.

The three camps are managed by the United Nations High Commission for Refugees (UNHCR). Food is provided by the World Food Programme (WFP) as a general dry ration, comprised of cereal, legumes, oil and sugar. Currently the ration provided to all residents does not include fresh foods, such as vegetables or fruit, and many residents have little access to food beyond that which is provided. Each of the camps has a market where resident vendors sell a variety of items, including fresh foods. However, since residents are prohibited from employment, their ability to access these foods is closely related to the limited external support they get from remittances or through the sale of part of the general food ration.

Malnutrition rates have been high in the camps (22% global acute malnutrition, 4.5% severe acute malnutrition (2006))² but through concerted inter-agency action, had fallen considerably to an average of 14.7% GAM and 2.9% SAM for the three camps by June 2007³. Lack of nutritional diversity was identified as an ongoing underlying cause of malnutrition. To increase the consumption of nutritious fresh foods by the refugee population, a voucher programme was implemented by Action Against Hunger USA (ACF - USA) between September 2007 and April 2009, funded by the French Government.

Programme objectives

The programme targeted children 6 months to under five years of age enrolled in GTZ (Gesellschaft fuer technische Zusammenarbeit) and International Rescue Committee (IRC) selective feeding programmes⁴. It provided their caregiver with vouchers worth 600KSh per month to enable them to buy fresh vegetables and fruit, milk and eggs in the local market. The programme also aimed to address the sub-optimal practices of primary caregivers in terms of infant and young child feeding practices, balanced diets and good food hygiene. Follow up at household level was carried out to reinforce the health education messages given during the voucher distribution, as well as to observe the households and the children.

Since each camp has functioning markets with vendors specialising in the sale of fresh fruit and vegetables, a local supply⁵ was easily accessible to the beneficiaries. In addition, vendors were able to increase their supply if there was a guaranteed demand. The proximity of the markets and the availability of local produce meant that in-kind distributions would be unnecessary and a cash or voucher response would be more appropriate.

By providing a voucher for a defined list of items instead of providing cash, ACF has been able to maintain some control over beneficiary spending and in doing so, has been able to meet the objectives of the programme.

Targeting

The ACF programme targeted households with malnourished children. To reduce the workload on the small number of ACF staff and avoid duplication, the programme directly targeted a sub-set of GTZ/ IRC nutrition programme beneficiaries. As such, the targeting procedures are dependent on GTZ/IRC staff ability to correctly admit and discharge beneficiaries.

The selection criteria for inclusion in the ACF voucher programme were:

- Households with severely malnourished children enrolled in the GTZ/IRC outpatient therapeutic care programme (OTP).
- Households with moderately malnourished children enrolled in the GTZ/IRC supplementary feeding programme (SFP)
- Households with mothers who have recently been discharged from the GTZ/IRC antenatal care programme and now have a baby at complementary feeding age (6 months).

Clear targeting criteria helped the transparency of the programme as the community understood that the programme targeted malnourished children, with the purpose of improving their nutrition status.

The voucher process

The value of the voucher was defined based on the 'ideal' complementary⁶ food basket and the value of items within it calculated based on market prices (October 2007). This came to 1494 KSh per child per month (see Table 1). However, because the team were planning to target children in selective feeding programmes who would also be receiving ready-to-use therapeutic food, or fortified foods such as Corn Soy Blend (CSB), vouchers to purchase around half of the ideal complementary food basket were distributed. Thus, each child in the nutrition programme was entitled to a voucher worth 600KSh per month that could be divided easily into two 300 KSh vouchers. Once a child was discharged from the selective feeding programme, they were discharged from the voucher scheme.

The voucher approach consisted of three main implementation processes as shown in Figure 1.

1. Voucher distribution to beneficiaries
2. Voucher redemption by beneficiaries at designated fruit and vegetable vendors in the local market.
3. Vendor payment by ACF.

To complement the voucher component, health education was provided to all beneficiaries as part of the voucher distribution process. Health education sessions focused on food hygiene and balanced diet and included cooking demonstrations, as well as information on how to use the voucher with the market vendors.

Programme implementation

The programme has been implemented by a small team of contracted ACF staff, with significant

Fresh food vouchers for refugees in Kenya

By Lani Trenouth, Jude Powel and Silke Pietzsch



Lani Trenouth and Jude Powel were the ACF Food Security and Livelihood programme managers who implemented the programme in Dadaab.



Silke Pietzsch is the Food Security & Livelihood Advisor for ACF-USA, supporting the Kenya mission.

Special thanks go to Sophia Dunn (Consultant) and the ACF Dadaab team for the implementation of the programme. The funding support of the French government is gratefully acknowledged.

This article outlines an intervention by ACF in Dadaab to improve the nutritional intake and dietary diversity of the refugee population of Dadaab, Kenya, through a complementary food voucher scheme targeted at malnourished children.

¹ UNHCR figures (January, 2009) indicate a population of 247,182 people: Hagadera – 25,388 households (91,634 people), Dagahaley – 20,391 households (71,768 people), Ifo – 24,421 households (83,780 people)

² Source of figures: GTZ, 2006

³ UNHCR interagency annual survey, June 2007: global malnutrition rates of 12.5% (Dag); 10.4% (Hag), 12.9% (Ifo), severe acute malnutrition rates of 2.4% (Dag); 1.0 % (Hag); 1.5% (Ifo).

⁴ The GTZ and the IRC are running the supplementary and therapeutic feeding programmes in the Dadaab camps. IRC has only taken on some parts of the programme since 2008.

⁵ From Garissa, the next biggest market town with good connections to Nairobi and local vegetable production

⁶ Here, complementary food refers to foods, beyond the basic food aid commodities, given to an affected population to diversify their intake and complement the ration.

support from camp based incentive workers and volunteer mothers. In addition, local camp management and the community have appreciated ACF efforts to keep them informed throughout the programme.

To pay the vendors when redeeming the received vouchers, the programme utilised the services of the Kenya Postal Service (PostaPay), who were responsible for cash carrying and distribution to vendors in Dadaab. During the rainy season, some problems were encountered due to poor road conditions which resulted in payment delays to the vendors and affected their supply line in some cases.

Programme Results

Beneficiary Numbers

The intended beneficiary numbers and the actually realised numbers differ vastly, mainly due to the continuous high admission rates to the GTZ/IRC nutrition programmes (see Table 2). By February 2009, a total of 63,930 households have received fresh food vouchers, which amounts to 182% of the initially set objective. This was only possible due to the extension of the running contract with the French Government and their commitment to additional funds for the programme.

Increased household dietary diversity

Dietary diversity is a qualitative measure of food consumption that reflects household access to a wide variety of foods. It is also a proxy indicator of the nutrient adequacy of the diet for individuals⁹. As indicated in Figure 2, before the voucher distribution, most households were reporting consumption of 5-7 food groups (cereal, pulses, oil, miscellaneous, sugar and some vegetables), most of which are provided by WFP. After the voucher distribution, households reported increased consumption of eggs, milk, vegetables and fruit (average of 10 food groups) as intended. This is a positive outcome and shows that it is possible for refugee households to consume a balanced and varied diet.

Information on the percentage of households reporting consumption of each food group is documented in Figures 3 and 4. Comparison of the data from March 2008 to January 2009 shows that even consumption of many of the food groups pre-voucher distribution has reportedly increased. Beneficiaries attributed the change in their consumption to health education and improved availability of fruit and vegetable items in the market.

OTP beneficiaries reported that the cooking demonstrations provided them with increased awareness of new vegetables, especially sukuma wiki (dark green leafy vegetable) and cabbage. Beneficiaries and ACF staff also reported improved knowledge levels on a range of health education topics, although putting certain education messages into practice still causes some challenges. Though the programme concentrated on food hygiene messages, some non-food related messages were also included. Cleaning the compound regularly, washing hands after using the latrine and before food handling, are all messages that beneficiaries reportedly found easy to put into practice.

The benefits of the health education sessions are likely to have been disseminated to non-beneficiaries because many households live within the same compound. Health education sessions given at the health posts are often attended by non-beneficiaries and by GTZ incentive workers too, and hence provide an ideal ground for trickle-out effects to the community.

Improved coverage of nutrition programmes

The ACF fresh food voucher has clearly been a strong influence on mothers' motivation to bring their children to the GTZ/IRC nutrition programmes. As a result, GTZ staff noted a decreased need for active case finding by community health workers. In previous nutrition surveys (GTZ 2003-

⁷ Other fruit and vegetable items could be purchased with the voucher, depending on availability/ seasonality.

⁸ The Weaning Babies Programme refers to the number of malnourished infants aged 6-12 months admitted to the selective feeding programme and enrolled on the voucher scheme. This age-group were recognised as especially vulnerable to malnutrition.

⁹ Household Dietary Diversity Score (HDDS) for Measurement of Household Food Access: Indicator Guide, FANTA 2006

Food Group	Locally available items	Serving/day	Serving/month	Cost/day	Cost/month	Cost per food group/month
		kg	kg	KSh	KSh	KSh
Fruits	Mango	0.66	19.8	15	297	
	Orange	0.66	19.8	10	198	
	Banana	0.66	19.8	5	99	594
Vegetables	Sakuma wiki	0.2	6	10	60	
	Tomatoes	0.065	1.95	40	78	
	Potatoes	0.065	1.95	40	78	216
Protein	Eggs	0.28 eggs	8.4 eggs	10	84	84
Dairy	Cow's milk	1 cup	30 cups	20	600	600
Value of Ideal Complementary Food Basket (Oct 2007)						1494 KSh/month

Table 2: Difference between planned and actual voucher beneficiaries

Beneficiary Group	Planned number of households per month	Actual number of households per month (Jan 2009)
OTP	170	250
SFP	2600	6000
Weaning Babies Programme ⁸	500	1500
Total	3270	7750

Figure 1: The voucher process

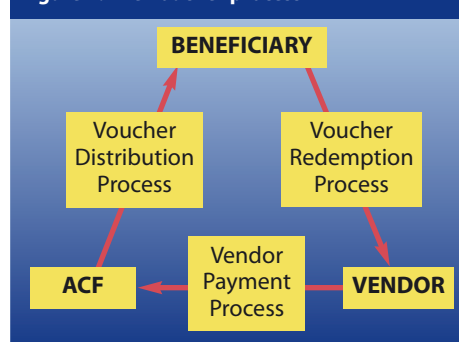


Figure 2: Changes in Household Dietary Diversity Score (HDDS) by number of consumed food groups

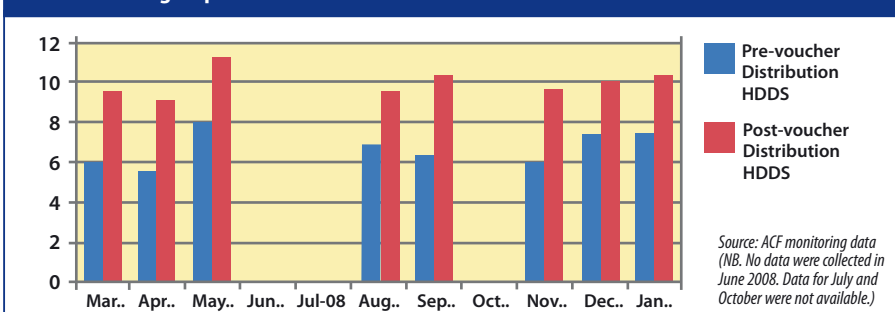


Figure 3: Percentage of households reporting consumption of each food group pre and post voucher distribution (March 2008)

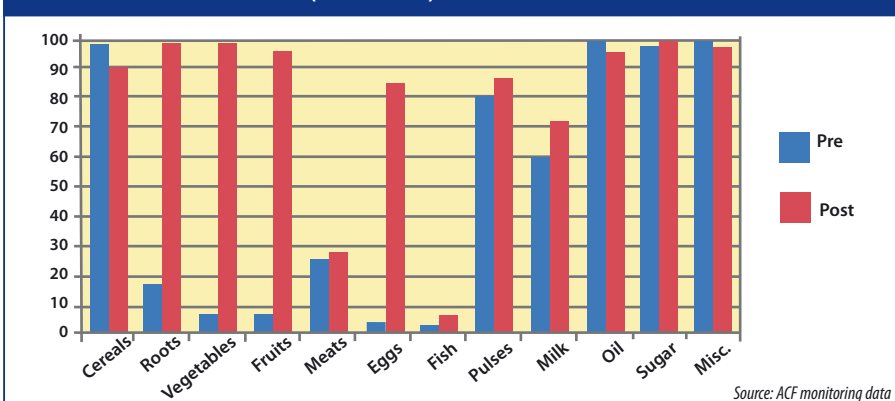
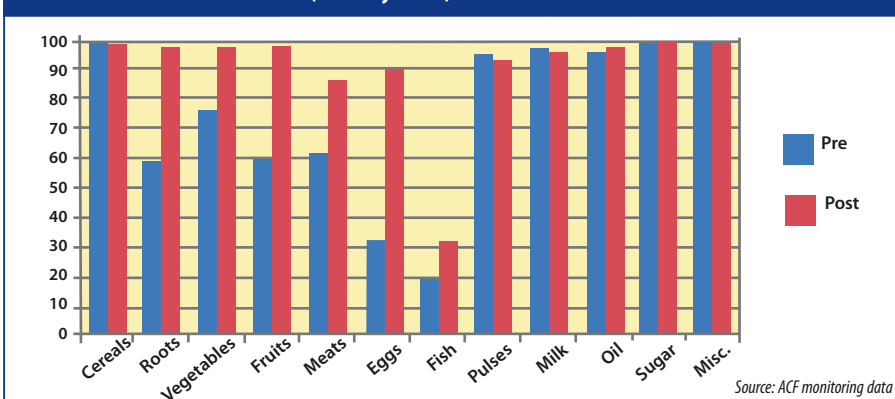


Figure 4: Percentage of households reporting consumption of each food group pre and post voucher distribution (January 2009)



Field article



Nutrition education session in Dagahaly

ACF, Dadaab, Kenya, 2008

2007), SFP coverage rates have been as low as 25.1% (2003) due to lack of food provided to caregivers, non-palatability of CSB and poor quality health services. Admission numbers and coverage rates to the nutrition programmes have since markedly increased, despite an improvement in the overall malnutrition rates in each of the three camps (average of 11.3% GAM and 1.3% SAM for the three camps, August 2008, UNHCR). Increased admissions may partly reflect influx into the camps in late 2008/early 2009. The latest nutrition survey conducted by GTZ (August 2008) indicated SFP coverage rates of 57.8%¹⁰.

Improved market supply

Unfortunately, no data were collected about the changes in the business of vendors participating in the programme until November 2008. However, informal evidence from beneficiaries, non-beneficiaries and other key stakeholders point to a number of changes in the market as a result of the ACF programme. The programme intended to improve beneficiary access to fresh food, fruit and vegetables. While this has clearly been the case, an unintended impact of the programme has been a general increase in the availability of fresh fruit and vegetables in the market. The range of fruit and vegetable items in the market has improved, notably the range of leafy green vegetables. Sukuma wiki and cabbage are now regularly available in the market, even though they were unfamiliar vegetables to many Somali refugees before the programme started. Eggs are also available in larger quantities.

Improved business of programme vendors

The programme has helped improve the business of the programme vendors in camp. ACF data since November 2008 indicates that the programme vendors have increased their business profits by up to 45% and their stock by up to 60%. Their customer base has also risen. This has enabled them to expand their business and take on extra employees. Local milk suppliers have benefited also from the programme. Many of the fruit and vegetable vendors did not sell milk before the ACF programme. In order to meet the list of items for the programme vouchers, some vendors have made informal agreements with milk vendors to sell milk at their shops. In return, the milk suppliers were paid in cash by the programme vendor when beneficiaries elected to purchase milk.

Further considerations

Two adverse effects of the programme were noted.

Some of the key informants felt that by targeting malnourished children, the programme was in conflict with prevention messages about eating a balanced diet, i.e. it was “rewarding negative behaviour contributing to malnutrition”. If the programme were to be continued, it might be worth looking into the possibility of linking the targeting to a ‘positive action’, such as growth monitoring, rather than “rewarding” a negative action or benefiting from having a malnourished child. However, informal investigation with the community indicated that the voucher scheme was not an incentive to ‘keep’ a child malnourished and participating in the programme.

The delays in paying vendors by 3-4 weeks damaged their credit rating with their suppliers. While not having a long term negative consequence, the impact was passed onto programme beneficiaries when some vendors increased their prices to ensure their costs could be covered. A review of the vendor payment system would probably remove this problem.

Considerations for improving the current programme are:

Programme target groups

The ACF programme has generated much interest from the community and nutrition/health non-governmental organisations and United Nations agencies as a possible tool for preventing anaemia and improving the general health of the refugee population. If the programme is to be continued, there should be a review of the programme objective (and the target groups) in order to meet the specific health needs of the refugee community. Targeting population groups most at risk of anaemia, e.g. under 5’s and pregnant women, may be a good place to start. Additionally, other vulnerable groups, like HIV positive individuals and the elderly, could be considered.

The value of the voucher

Throughout the period of implementation, the value of the ideal food basket has changed, from 1494 KSh in October 2007 to 1600 KSh in January 2009 (range = 1554-1649 KSh), with seasonal price fluctuations in between. Unfortunately the value of the food voucher remained unchanged until January 2009. In addition to the price rises, it became clear that some programme vendors charged more for some items to voucher beneficiaries, due to the delays in payment and vendors wanting to ensure that their costs would be covered. As a result, the voucher no longer provided the intended 50% value of the ideal basket. The main effect of the reduced ‘value’ of the voucher was to diminish impact on the household’s dietary diversity, i.e. it was shorter-lived (on average households had less than 10 days benefit per month from the voucher). After this period, the household’s dietary diversity score probably returned to the baseline of five groups provided by WFP. A longer-lasting and more consistent impact may have been achieved had the value of the voucher been better monitored and modified according to market price changes.

Programme monitoring & sustainability

The ACF programme has addressed a clear, long term need of the refugee population but was never designed to be sustainable. One of the intentions of the programme was to demonstrate that a voucher approach to providing

complementary foods could work. Hence monitoring was a crucial programme component, so that data could be used as proof of success. However, programme monitoring has been difficult for the programme due to several changes to the monitoring system, staff turnover and a review of the monitoring methodology.

Conclusions

The context provided by the Dadaab camps, with local, functioning markets and a clear need for complementary foods has been an ideal opportunity for ACF to demonstrate that a voucher approach is an appropriate means of providing fresh foods to a refugee population. The programme has also demonstrated this to be a means of addressing the needs of a large population without the necessity for large logistical input. In addition, since the approach utilises the existing market infrastructure, the method helps improve the local economy while providing the required foods to beneficiaries.

The ACF programme has had a range of positive impacts; it improved the dietary diversity of refugee households while also helping to improve the coverage rates of the nutrition programmes. The community has appreciated the voucher approach as it provided them with an increased level of choice about the foods to purchase.

The Dietary Diversity Score has proven to be a good tool to measure and follow up on dietary changes of the targeted population. At the same time, the presentation and practicality of the tool has been useful in focus group discussions and education sessions.

The camp community is dependent on aid organisations to meet their basic needs, and while this programme has also provided items of food assistance to beneficiaries, it has done so in an indirect way that has maintained the dignity of the beneficiaries and should therefore be a preferred approach where feasible.

However, a long term solution needs to be found for the ongoing provision of complementary foods to this refugee population. The ACF programme funding ended in April 2009 and to date, no interest in taking over the programme has been expressed by partners working in the camps. Discussions and advocacy to transfer programme activities to other interested partners are currently ongoing.

For further information, contact: Silke Pietzsch, email: spietzsch@actionagainsthunger.org



ACF, Dadaab, Kenya, 2008

A voucher trader in Hagadera camp

¹⁰ Calculated from weight for height median (coverage rate 69.2% by MUAC).

Interagency IYCF programme in Dadaab, Kenya

By Mary Lung'aho, CARE USA, and Allison Oman, UNHCR

During the period 2006 through the present, CARE, UNHCR, GTZ, IRC, NCCK and other partners have worked in an interagency collaboration (the Dadaab IYCF Team) to provide support for improved infant and young child feeding (IYCF) in the Dadaab Camps.

We would like to congratulate ACF on their efforts to improve the quality and diversity of complementary foods for young children in the Dadaab Camps.

Should the voucher programme continue, we would like to suggest that assessment at admission should be carefully conducted in collaboration with the interagency Dadaab IYCF programme to ensure that mothers of infants under 6 months are encouraged to exclusively breastfeed, that they receive skilled assistance for any difficulties they may experience, and that the voucher programme does not act as an incentive to reduce the period when an infant should exclusively breastfeed (0-6 months).

To support this effort, we would like to further suggest that a name change be considered for the 'Weaning Babies Programme'. While the term 'weaning' appears to be used by the Dadaab voucher programme to refer to children during the period of complementary feeding, weaning can also be taken to mean the 'cessation of breastfeeding'. Breastmilk continues to contribute over half a 6-12 month olds nutrient needs, and one-third of energy needs in a 1-2 year old – in many difficult situations, breastmilk may be amongst the best quality foods that a child receives. To stress the importance of the addition of complementary foods rather than the process of stopping breastfeeding, the programme might be renamed to reflect this (e.g. Programme for Complementary Feeding of Young Children, Complementary Feeding Children's Programme).

The authors mention tracking household dietary diversity using 10 food groups. We would like to recommend that the collection of data on dietary diversity also provides an opportunity to examine the improvement IYCF practices using the 2008 interagency (WHO, UNICEF, IFPRI, UC Davis, AED/FANTA and USAID) IYCF indicators. This would allow comparison of the results of this programme with the data collected on IYCF practices during the annual nutrition survey in Dadaab, as well as with data on IYCF practices in other camps and settings.

The indicator 'minimum dietary diversity' looks at the proportion of children 6-24 months who receive foods from 4 or more food groups (the 7 food groups defined for the tabulation of the complementary feeding indicators are: grains, roots and tubers; legumes and nuts; dairy products (milk, yogurt, cheese); flesh foods (meat, fish, poultry and liver/organ meats); eggs; vitamin-A rich fruits and vegetables; other fruits and vegetables. Consumption of any amount of food from each food group is sufficient to 'count' (i.e. there is no minimum quantity, except if a food item is used only as a condiment).

The cut-off of at least 4 of the 7 groups was selected because it is associated with better quality diets for both breastfed and non-breastfed children. Consumption of foods from at least 4 groups on the previous day would mean that, in most populations, the child had a high likelihood of consuming at least one animal-source food and at least one fruit or vegetable that day, in addition to a staple food (grain, root or tuber).

While financial shortfalls are often a reality, we would like to support the idea that in the Dadaab refugee camp setting, all children 6-24 months would benefit from access to additional complementary foods. There is no food in the current ration basket that fully addresses the nutrient needs and food habits of this group, though UNHCR and WFP are working to identify additional foods appropriate for this group as a parallel programme to the general ration. The yearly nutritional surveys in the camps show that the 6-24m age group has the highest rates of global acute malnutrition, iron-deficiency anaemia and stunting. There is now compelling evidence that the consumption of animal proteins in addition to required nutrients can prevent and reverse the effects of stunting on this age group. There are no animal protein foods provided in the general ration, and so these vouchers represent one avenue of providing these.

In terms of sustainability, it is not realistic to suggest that the food voucher programme could ever be fully sustainable since it is a 'give-away' programme. UNHCR will seek support from donors (such as the French Government who were generous with the above programme) in order to continue the scheme in 2009 and beyond.

For more information on the Dadaab IYCF programme, contact: Mary Lung'aho, email: mary@nutritionpolicypractice.org or Allison Oman, email: OMAN@unhcr.org

Indicators for Assessing Infant and Young Child Feeding Practices. Part 1 Definitions. Conclusions of a consensus meeting held 6-8 November 2007 in Washington, DC, USA 2008 Published by World Health Organisation. Available to download at www.ifpri.org/pubs/cp/childfeeding.asp or from www.who.int and search in 'publications'

UNICEF, Myanmar, 2008



A mother and her baby in a temporary shelter following Cyclone Nargis

Evaluation of regional IFE workshop

Summary of evaluation report¹

An evaluation was undertaken by the Emergency Nutrition Network (ENN) to determine the impact of a regional workshop on infant and young child feeding in emergencies (IFE), held in March 2008 in Bali, Indonesia². The workshop was a joint initiative between the IFE Core Group, UNICEF and MOH Indonesia and funded by the Inter-Agency Standing Committee (IASC) Nutrition Cluster and IBFAN-GIFA³.

Key outputs of the workshop were country/territory action plans, a model joint statement on IFE, and a pledge for action⁴ agreed by all individuals attending.

The objectives of the evaluation were:

- To identify how the workshop has contributed to work on IFE in countries in the Asia region.
- To identify any further areas of concern/supports required by practitioners to facilitate optimal operations in the area of IFE.
- To provide a mechanism for participants feedback for future workshop development on IFE.

Responses were solicited in this evaluation in relation to progress on specific goals agreed in country action plans. Two major emergencies occurred in the region since the workshop took place, Cyclone Nargis in Myanmar and the Sichuan Earthquake in China. Feedback on the impact of the workshop on IFE response to these specific emergencies was also sought, and a detailed analysis undertaken of media reports on IFE released during both responses.

Contact details were identified from participant lists. Participants were contacted with a questionnaire by email, with follow-up phone interviews. The response rate was 30% with fourteen countries represented.

Key findings

Key progress reported by participants included:

Policy: The majority of countries have now either completed or are planning to complete national policies on IFE (or are incorporating IFE into the national nutrition policies on Infant and

¹ Full evaluation report available at www.ennonline.net in Resources section, or email: marie@ennonline.net

² Regional IFE workshop in Bali. Field Exchange, Issue No 34, October 2008. p37. <http://fex.ennonline.net/34/regional.aspx>

³ International Baby Food Action Network – Geneva Infant Feeding Association

⁴ See Annexes 1,2 and 3 of Bali workshop report. Making it Happen. Proceedings of a regional strategy workshop. March 2008. ENN, UNICEF, IASC. Nutrition Cluster, IBFAN-GIFA.



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