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Mind the Gap: Nutrition to Bridge Humanitarian and Development Efforts

by Jordan Teague



Jordan Teague/Bread for the World Institute

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“The intersection of humanitarian and development is resilience building...Unless we do all of those things, we won’t succeed.”

– Mark Green, Administrator, USAID

SUMMARY AND HIGHLIGHTS

Because the world has made so much progress against hunger in recent decades, those who face hunger, malnutrition, and extreme poverty are increasingly likely to live in areas currently experiencing or recovering from crises. Improving the lives of the most vulnerable people requires a focus on both meeting their immediate needs and enabling families and communities to move toward resilience. Improving maternal and child nutrition must be a top priority. It is critical that the United States continue to provide support to vulnerable populations in effective ways that maximize improvements in nutrition.

Case studies from Uganda and Malawi help us understand:

- Improving nutrition must be a goal of any decisions regarding the funding or implementation of U.S. food assistance programs.
- It is necessary for *all* aspects and areas of Food for Peace to emphasize and invest in better nutrition as an explicit objective.
- The United States must protect and continue funding for multi-sectoral food security and nutrition development programs for the most vulnerable populations.

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Introduction

Many countries and communities have emerged from crisis and are working to make the transition to sustainable development. This situation is likely to remain a common one in the coming years because of prolonged conflict, climate change, and the persistence of hunger and malnutrition in vulnerable communities.

Mothers and young children are most vulnerable to malnutrition and its complications, which can include death or permanent damage to a person's health and development. Thus, ensuring proper maternal/child nutrition is important whether a country is in a crisis, transition, or stable development phase.

This paper explores three case studies of how the U.S. Agency for International Development (USAID) Food for Peace (FFP) development projects in Uganda and Malawi approach nutrition in communities in transition, and the potential impact of these programs.

Since 2000, the global community has made significant strides in human and economic development. Developing countries worked hard to meet the Millennium Development Goals. The goal of cutting extreme poverty in half by 2015 was met five years early, while global hunger was nearly cut in half between 1990 and 2015. In the same 25-year period, deaths among children younger than 5 were cut by more than half.

“It would be shortsighted and costly to focus only on immediate needs without considering long-term development goals.”

Despite this exciting progress, millions of people still suffer from extreme poverty, hunger, malnutrition, and a heightened risk of preventable death, and their situations present increasingly urgent global challenges. New goals were set in 2015 as part of the 2030 Agenda for human development, including ending hunger and all forms of malnutrition.

A larger proportion of people who are hungry and malnourished are harder to reach now. Many people in the more accessible communities—those considered the “low-hanging fruit”—escaped hunger during the Millennium Development Goals era. Many of those who remain live in countries in crisis, whether that is armed conflict or recurrent shocks such as more frequent droughts or flooding due to climate change. By 2030, two-thirds of the people who experience hunger could live in fragile states,¹ where the barriers to overcoming hunger and malnutrition are highest.

Crises like conflict, natural disasters, and drought have immediate impacts in affected communities—such as loss of property, lack of food and shelter, and acute malnutrition. Humanitarian aid workers respond with provision of shelter, safe drinking water, cash and food assistance, and health services to meet people's basic survival needs. But crises also undermine prospects for longer-term human and economic development gains. One of the most common and devastating effects of early childhood malnutrition is stunting—permanent damage to a child's health and development. Stunting results in lower lifetime earnings for individuals, so high stunting rates also reduce a country's economic growth.² Instability and insecurity due to conflict can destroy livelihoods and rapidly increase food insecurity and malnutrition, since communities suffer restricted freedom of movement, loss of income and property, and distrust.

To sustain global gains and continue to make progress against malnutrition, hunger, and extreme poverty, all concerned must focus on how to cope with contexts of chronic and recurrent crisis. Fragile contexts and recurrent shocks mean that many countries need emergency humani-

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tarian assistance for years at a time. However, it would be shortsighted and costly to focus only on immediate needs without considering long-term development goals. The two must be addressed simultaneously, ensuring that immediate and life-threatening needs are met while also helping communities identify lasting solutions and begin to move toward greater resilience in the face of crises and shocks.

José Graziano da Silva, Executive Director of the U.N. Food and Agriculture Organization, underscored the need for the international community to further support humanitarian efforts and urged additional funding to address the unprecedented four famine crises of 2017. “We could do much more,” he said. “If we don’t have a comprehensive view of these crises, we won’t be able to solve them.”

USAID defines resilience as...

The ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth.³

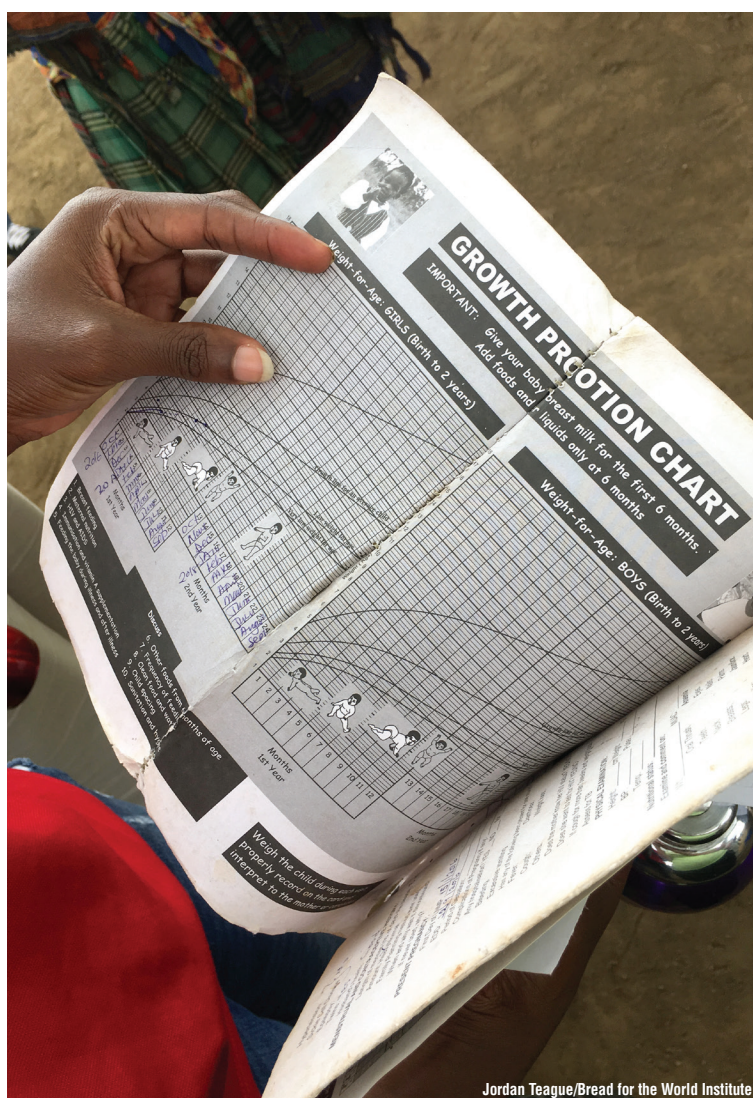
Resilience is more important than ever since crises are more frequent and last longer than in the past. In fiscal year 2013, USAID responded to 52 crises worldwide. USAID reports in its 2017 fact sheet that it now responds to an average of 65 crises and disasters each year.⁴ Examples include the 2016 drought and heightened hunger in East and Southern Africa, the 2015 Ebola outbreak in West Africa, the 2015 earthquake in Nepal, and Typhoon Haiyan in the Philippines in 2013. Emergencies are increasingly complex—in 2017, these include the civil war in Syria, the conflict in South Sudan that has caused famine, and other situations putting people at immediate risk of starvation, such as the conflicts in Nigeria, Somalia, and Yemen.

When emergencies drag on and on, they become “protracted” crises. The Overseas Development Institute defines protracted crisis as “when a significant proportion of the population is vulnerable to death, disease, or disruption of their livelihoods over a long period of time.”⁵ It is inevitable that more severe and longer-lasting crises will create more short-term and more long-term needs. Bridging the gap between the two timeframes has the potential to enable communities to better prevent crises, respond to shocks, and eventually need less humanitarian assistance.

Global Frameworks

There have been efforts at the global level to emphasize the importance of responding to both short-term and long-term needs for food security and nutrition. For example, in the wake of the global food price crisis of 2007-2008—during which the prices of staple grains spiked rapidly—global leaders gathered in Rome for the World Summit on Food Security. Among the principles adopted by participating governments was the importance of working toward a comprehensive twin-track approach to food security, through both meeting immediate food needs and finding solutions to the root causes of hunger and poverty.⁶

Village Health Teams keep track of children’s growth over time to be able to identify acute malnutrition quickly.



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Similarly, in 2016, the World Humanitarian Summit brought together more than 9,000 global leaders from governments, donors, civil society, and other stakeholders to develop responses to mounting humanitarian crises. The Summit catalyzed more than 3,000 commitments to reduce suffering and deliver better assistance for people in need around the world.⁷ The outcomes included a call for greater alignment between humanitarian and development assistance to better serve populations in acute or recurrent crises. Humanitarian and development actors are to “work together, toward collective outcomes that ensure humanitarian needs are met, while at the same time reducing risk and vulnerability over multiple years.”⁸ While the Summit had some significant limitations, such as no new financial commitments, it is a step forward in building the will to approach foreign assistance differently.

U.S. Policies to Build Resilience in Nutrition and Food Security

The U.S. government, especially USAID, has recognized for some time the need to work differently in the “space” between humanitarian response to emergencies and longer-term development, especially in their work on food security and nutrition. USAID has dual mandates: to provide lifesaving humanitarian aid and to provide longer-term development assistance.

- **Building Resilience to Recurrent Crisis: USAID Program and Policy Guidance** – In 2012, USAID issued policy and program guidance on building resilience to recurrent crisis. The Resilience Policy focuses on places “where chronic poverty intersects with shocks and stresses to produce recurrent crises and undermine development gains.”⁹ USAID aims to identify opportunities to “layer, integrate, and sequence” (see Box 1) both humanitarian and development activities to better respond to current situations while reducing future vulnerability.

- **USAID Multi-Sectoral Nutrition Strategy** – Launched in 2014, the Nutrition Strategy committed USAID to “undertake long-term programming linked to humanitarian response, in chronically vulnerable communities, to enhance their resilience in the face of climate-related and other shocks and stresses.”¹¹ The Nutrition Strategy is integrated across USAID and includes policies and programming in the Bureau of Global Health; Feed the Future; the Democracy, Conflict, and Humanitarian Assistance Bureau; and efforts to build resilience, among others. Its Strategic Objective is to “scale up effective, integrated nutrition-specific and -sensitive interventions, programs, and systems across humanitarian and development contexts.” This includes

better joint planning across humanitarian and development contexts (IR 3.1) through coordinated funding streams; efforts to target resources to high-risk communities; and coordinated strategic planning to reduce vulnerabilities and increase development opportunities. Along with the whole-agency strategy, USAID developed new indicators to measure the impact of these efforts.

- **Food for Peace Food Assistance and Food Security Strategy** – The Office of Food for Peace at USAID works with chronically food insecure populations in emergency, early recovery, and development contexts. At the 2016 World Humanitarian Summit, the United States committed its FFP program to forging better collaboration between its humanitarian and development assistance efforts and expanding its resilience work in fragile communities.¹² Six months after the Summit, FFP launched its Food Assistance and Food Security Strategy for 2016-2025. The new strategy increases FFP’s focus on making sustainable impacts, including improvements in food security and nutrition in both humanitarian and development situations.
- **U.S. Government Global Food Security Strategy** – The Global Food Security Act of 2016 (P.L. 114-195) recognizes that innovative humanitarian approaches can be key to

BOX 1: Layer, Integrate, Sequence¹⁰

Layer – multiple programs and funding streams are present in the same communities at the same time

Integrate – one program integrates multiple sectors to tackle multidimensional challenges

Sequence – strategic sequencing of multiple programs over time to maximize long-term impact

building resilience and supporting early recovery from shocks.¹³ The pursuant U.S. Government Global Food Security Strategy builds on the Feed the Future framework. It adds an objective to increase resilience while maintaining nutrition as a top priority.¹⁴ The Strategy notes that the right humanitarian tools, used at the right times, can help prevent increases in poverty and reduce the loss of development gains during crises. It emphasizes improving communities' ability to reduce risks, as well as to mitigate or manage them once they arise.



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Nutrition in Both Humanitarian and Development Assistance

Maternal and child nutrition is a good example of the need to work across emergency and development phases, focusing on both immediate and long-term impacts. Women and children experiencing malnutrition need immediate care: acute malnutrition needs to be treated with supplementary or therapeutic feeding, micronutrient deficiencies need to be treated with supplementation, and malnutrition caused by infections needs to be treated with medications such as deworming or malaria prophylaxis. These responses address the short-term nutritional needs of women and children.

But treating malnutrition is not enough by itself to end hunger and malnutrition. In addition to meeting immediate needs, nutrition programs must strive to prevent malnutrition. The necessary measures include, for example, promoting exclusive breastfeeding, providing nutrition education for healthy infant and young child feeding and hygiene practices, providing iron and folic acid supplements for adolescent girls, promoting dietary diversity, providing safe drinking water and sanitation, and fortifying staple foods.

Crises and continual emergencies put at risk our global ability to end hunger and malnutrition by 2030 as envisioned by the goal adopted in 2015. It is imperative for the global community to work toward addressing food security and nutrition needs in a sustainable manner across humanitarian and development contexts.

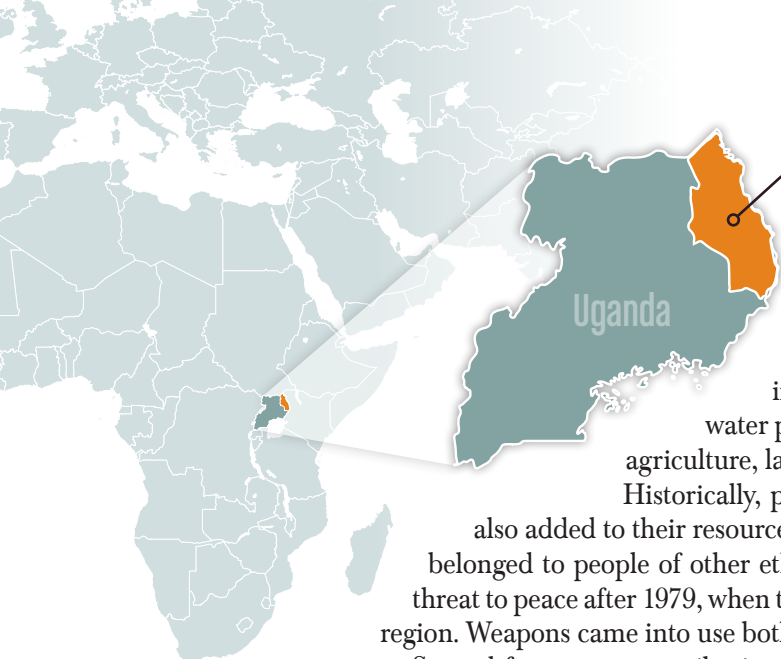
U.S. government maternal and child nutrition efforts offer good case studies of this work. The Office of Food for Peace's development food security activities focus on chronically vulnerable populations.

These initiatives provide humanitarian assistance and services to respond to acute malnutrition and other immediate needs, while also working to help communities prevent stunting and other chronic problems caused by malnutrition. This paper explores three case studies,* drawn from among FFP programs that approach improving nutrition in ways that bridge the gap between humanitarian response and development assistance.

RWANU used the Care Group model to educate mothers and caregivers about important health and nutrition behaviors.

“Maternal and child nutrition is a good example of the need to work across emergency and development phases.”

* This paper does not include a full discussion of the range of activities of each FFP program; rather, the case studies highlight particular activities or interventions that are most effective in and relevant to improving nutrition and bridging the gap between emergency and development assistance.



Karamoja Region, Uganda

THE SETTING

The Karamoja Region of Uganda is a semi-arid region with erratic rainfall, making pastoralism the most realistic and reliable livelihood strategy. Pastoralism requires a semi-nomadic lifestyle, with people and their livestock moving around the region in accordance with the seasonal availability of grazing areas and water points. People in Karamoja supplement their livelihoods with some agriculture, largely staple crops such as sorghum, cassava, and maize.¹⁵

Historically, people here and in neighboring parts of South Sudan and Kenya also added to their resources through large-scale cattle raiding. Cattle and other livestock that belonged to people of other ethnic groups were particular targets. The practice posed a greater threat to peace after 1979, when the fall of the Idi Amin dictatorship led to an influx of arms into the region. Weapons came into use both to commit cattle raids and to prevent cattle from being stolen.¹⁶

Several factors are contributing to the hunger, malnutrition, and food insecurity that many Karamojong face today. Some result from the national government's attempts to force pastoralists into a more settled agricultural lifestyle and to reduce the incidence of mass cattle raids. Tactics such as closing the region's borders and restricting freedom of movement have made it very difficult for pastoralists to manage their herds—and, as just mentioned, this is a semi-arid region with erratic rainfall, not well suited to agriculture as a sole means of livelihood. Climate change has also taken a toll on Karamoja's fragile ecosystem.

The combination of insecurity, restricted mobility, violence associated with cattle raiding, and other factors has led to the loss of approximately 70 percent of the region's livestock since 2008.¹⁷ For pastoralists, this means a drastic decline in their ability to earn income and provide food for their families. Violence, loss of life, and disruption of pastoralist practices also mean that much detailed knowledge of how pastoralism, agriculture, and nutrition work in this specific context has been lost, rather than handed down to children and grandchildren.

As of 2017, however, tensions based on ethnicity are easing, there is greater freedom of movement, and the government's campaign has largely succeeded in disarming civilians. Violence and insecurity still exist, but no longer on a large or widespread scale.

Karamoja is still grossly underdeveloped compared to the rest of Uganda. This carries consequences for people's overall well-being and their access to essential infrastructure such as roads, health facilities, schools, and water and sanitation services. The Ugandan government has developed the Karamoja Integrated Disarmament and Development Plan¹⁸ to encourage economic and human development in the region. The Plan is a framework that seeks to coordinate all the development and aid actors in Karamoja and integrate development, conflict mitigation, and peacebuilding for the region.

The main drivers of child malnutrition here are sub-optimal feeding (including lack of access to and availability of food), frequent illness with little access to health care, lack of income and poor livelihoods, and poor maternal health and well-being. The region is still recovering from conflict, insecurity, and policies of neglect that damaged households' and communities' capacity to develop their well-being and to improve maternal and child nutrition.

Gender inequality is also an enormous barrier to improving maternal and child nutrition in Karamoja. Women in Karamoja have burdensome household and childcare workloads and are rarely educated. Domestic violence is also widespread. Among the many problems it causes, domestic violence compromises both women's and their children's nutrition and health.¹⁹

In 2016, the global acute malnutrition (GAM) rate, meaning all acutely malnourished children, was 10 percent.* Just over 35 percent of all children were stunted, meaning that they had suffered

* For global acute malnutrition, less than 5 percent is considered acceptable; between 5 and 9 percent is classified as poor; 10 to 14 percent is considered serious; and 15 percent and above is labelled critical.

irreversible damage because of chronic malnutrition in early childhood.²⁰ While stunting rates have decreased significantly in the last five years, marking a moderate improvement in overall nutrition, acute malnutrition remains a problem, particularly with unpredictable weather patterns and poor crop yields. The lower stunting rate of more than 35 percent is still very high.

In fiscal year 2012, USAID's Office of Food for Peace began Karamoja's first-ever development food assistance projects, Resiliency through Wealth, Agriculture, and Nutrition (RWANU), and Growth, Health, and Governance (GHG). Previous food assistance had been provided on an emergency basis; FFP worked with partners such as the World Food Program to provide food rations to people in need. With the region now recovering from a long period of conflict and insecurity, the two FFP programs sought to reduce food insecurity among chronically food insecure households through strengthening livelihoods, and to improve nutrition among children under 5.²¹ These programs were designed to support Karamoja in its recovery from the cycle of conflict and insecurity and to increase people's resilience to future shocks such as drought.

RWANU*

Resiliency through Wealth, Agriculture, and Nutrition (RWANU) in Karamoja was a FFP development food assistance project led by ACDI/VOCA with Concern Worldwide and Welthungerhilfe. RWANU's goal, for its implementation period 2012 to 2017, was to reduce food insecurity among vulnerable people in southern Karamoja. To achieve this goal, RWANU activities had two objectives:

- Improved access to food for both men and women
- Reduced malnutrition in pregnant and lactating mothers and children under 2

Given Karamoja's continued high levels of need and food insecurity, RWANU combined in-kind food aid with market and private sector development, agricultural extension, nutrition education, and health systems strengthening. RWANU received multiple types of FFP funding—Title II, the main funding source of international food assistance from the U.S. government, and Community Development Funds (see Box 2).

Preventing acute malnutrition and stunting

In Karamoja, the Ugandan health system, along with all other basic services, is beginning to recover from the previous years of insecurity and neglect. Each health facility's capacity is very limited. It is especially difficult to reach people who live more than 5 kilometers from the facility.

Without access to a health center, of course, pregnant women and young children face increased risks to their health and nutrition. Women cannot access prenatal care for healthier pregnancies, malnourished children are less likely to access and receive treatment to recover quickly, and children may not receive essential immunizations. Given the current lack of capacity of the Ugandan health system to reach all vulnerable populations in Karamoja, RWANU focused on supporting the health system by hosting health outreach activities in communities further than 5 kilometers from a health center.

Health outreaches worked through existing health system structures, supplying extra capacity to help reach more distant populations. RWANU provided logistical, material, and supervisory support to the nurses, midwives, and Village Health Teams (VHTs) who delivered the health and nutrition services at the outreaches, thus enabling them to reach people who would otherwise be less likely to receive health care. See Box 3 for the health services offered at the health outreaches.

BOX 2: Community Development Funds

Community Development Funds (CDF) is funding allocated to FFP by USAID's Bureau for Food Security under the authority of the Foreign Assistance Act. CDF complements Title II resources and "supports development activities aimed at increasing the resilience of the rural poor and accelerating their participation in agricultural development and food security programs."²² Programs that receive CDF avoid having to monetize commodities in order to secure funds for development activities—an inefficient use of resources that was, however, unavoidable in some past contexts. This greater efficiency increases programs' ability to reach more people with basic services. CDF also helps link FFP and Feed the Future programming more closely, providing a mechanism to better streamline the U.S. government's food security and nutrition work.

* Information for this section comes largely from the author's visits to RWANU activities in Karamoja in April 2017. Thanks go to Mark Mitchell (ACDI/VOCA) and the Concern Worldwide RWANU team for their time and expertise.

BOX 3: Services Offered at Health Outreaches

- Prenatal and postnatal care
- HIV screening and prevention of mother-to-child transmission
- Immunization
- Deworming
- Vitamin A supplementation
- Mid-Upper Arm Circumference malnutrition screening and referrals
- Growth monitoring and promotion
- Basic curative services
- Health education

RWANU estimated an average cost of \$0.33 per intervention at health outreaches.

Further efforts to prevent malnutrition, both acute malnutrition and stunting, included supplementary food distribution to vulnerable populations—specifically, pregnant women and children ages 6 to 23 months. These rations were distributed to households year-round but increased during the lean season, the period before the harvest when food stores from the last harvest are running out. Acute malnutrition typically increases since children and women simply do not have enough to eat. Episodes of acute malnutrition also contribute to higher risks of childhood stunting.

RWANU used a Mother Care Group model, peer-to-peer learning with a multiplier effect, to promote essential nutrition and health behaviors. RWANU

employed health promoters who trained Lead Mothers in nutrition and health practices. The Lead Mothers then passed along this knowledge to their local Mother Care Groups. In total, RWANU reached nearly 52,000 households with nutrition education.

The behaviors promoted through the Mother Care Groups help prevent both acute malnutrition in the short term and stunting in the long term. The Mother Care Group models included lessons on the importance of exclusive breastfeeding for at least six months, diverse diets for nutrition, and basic hygiene.

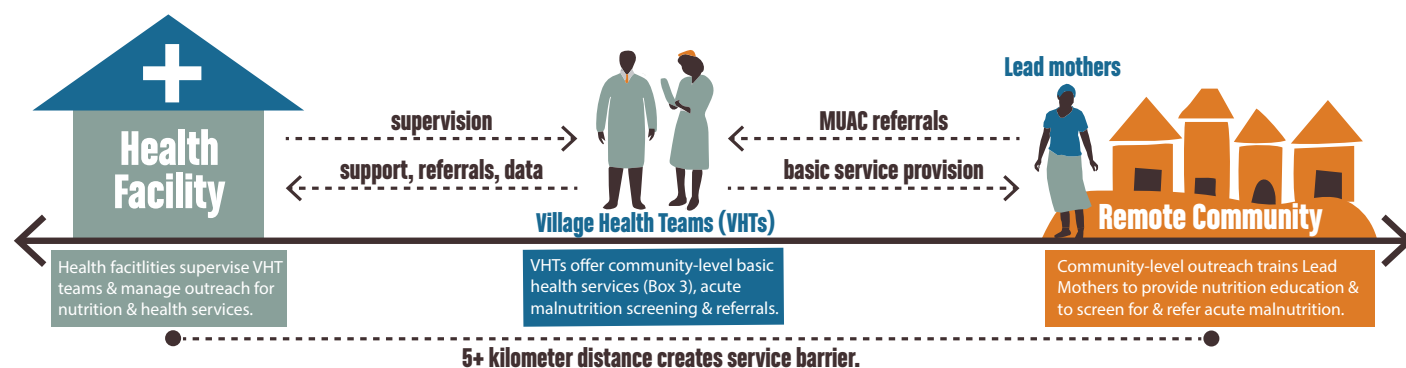
Treating acute malnutrition

RWANU also used its Mother Care Group structures to strengthen the referral system for acute malnutrition, whose goal was ensuring early identification of malnutrition for quick treatment.

In addition to learning how to disseminate messages about nutrition behaviors to other women and caregivers, Lead Mothers were trained to screen for acute malnutrition using the Mid-Upper Arm Circumference measurement. In their communities and care groups, Lead Mothers would regularly screen children for early identification of acute malnutrition. If a child was found to be acutely malnourished, the Lead Mother referred the child and his/her caregiver to the Village Health Team (VHT), part of the Ugandan health system. The VHT would confirm malnutrition and refer the child to the appropriate treatment program, run by the Government of Uganda with help from either the World Food Program or UNICEF (depending on the severity of the child's condition). Figure 1 demonstrates how RWANU, through Concern Worldwide, supported the Ugandan government health system in providing basic services and treating malnutrition.

In this way, RWANU enabled the health system to reach more vulnerable populations than they otherwise would have. RWANU also supported the VHTs to more quickly and efficiently identify malnourished children and get them into treatment.

FIGURE 1: How Village Health Teams Bridge Service Gaps in Remote Areas



Source: Adapted from USAID/RWANU & Concern Worldwide | Graphic by Derek Schwabe/Bread for the World Institute

Growth, Health, and Governance (GHG) in Karamoja was a FFP development food assistance project led by Mercy Corps. GHG's goal, for its implementation period of 2012 to 2017, was to improve food security and build peace in northern Karamoja. To achieve this goal, GHG's activities focused on three objectives:

- Strengthening livelihoods
- Improved nutrition among children under 2
- Improved governance and local capacity for conflict mitigation

GHG combined in-kind food aid with market and private sector development, agricultural extension, nutrition education, health systems strengthening, and local capacity building for governance. GHG also received multiple types of funding through FFP, as RWANU did: Title II and Community Development Funds (CDF - see Box 2).

Facilitating treatment and prevention of acute malnutrition

For short-term relief, GHG provided rations to pregnant women and children from 6 to 23 months year-round, with additional food during the lean season. These rations were meant to prevent acute malnutrition during the time before the harvest, when households do not have any more food stored and they have few resources or access to purchase food in the markets.

GHG focused on building the capacity of the health sector by improving the social accountability of the health system for delivering services. This allowed for building the capacity of the region's health centers to treat and prevent acute malnutrition as well as to improve coverage and quality of services. GHG built the capacity of the health system in two ways: through physical infrastructure designed to reduce barriers to accessing care, particularly facility-based care; and through building the health staff's capacity to respond to patient needs and maintain systems to help them provide better services.

For acute malnutrition treatment, GHG worked with implementing partners, including WFP and UNICEF, that provide supplementary and therapeutic foods. Together, they strengthened the capacity of the health facilities to manage these services effectively and efficiently.

GHG also focused on addressing the underlying causes of malnutrition in Karamoja through community-based behavior change approaches such as Care Groups. For example, they discussed infant and young child feeding practices, and gender inequities, in pursuit of improved nutrition.

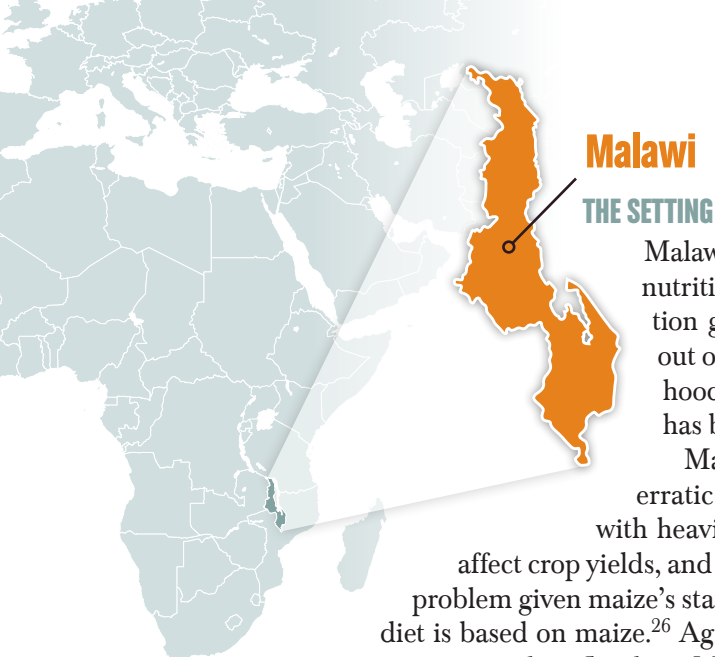
Rebuilding markets with the potential to improve nutrition

The conflict and instability in Karamoja prevented crop and livestock markets from developing and growing. Further constraints include long distances, rough roads, and fragmentation or disorganization among market actors.²³ In addition to helping farmers and herders increase their productivity and livelihoods, GHG also worked with private sector actors, agro-dealers, and their associated agriculture extension workers to improve their business skills and connections with customers. The goal was to improve market access and the business environment.

GHG supported agro-dealers in building their businesses by guaranteeing their credit with input suppliers (such as seed companies) and supporting their retail agents in getting the products out to farmers. GHG helped build trust between the private sector and smallholder farmers to ensure better market access and efficiency both during and after the project.

In addition to seeds for staple crops such as maize and sorghum, the agro-dealers stocked seeds for vegetables and greens, such as tomato, onion, carrot, and kale. Families participated in Mother Care Groups, as discussed earlier; in agricultural extension activities; or both. The topics covered included not only why diverse diets are important, but also techniques for growing vegetables and greens. Growing customer demand encouraged agro-dealers to stock diverse seeds. Increased income from improved agricultural production, coupled with education on diverse diets and the importance of improving nutrition—both of which increased the demand for more nutritious diets—has the potential to greatly improve maternal and child nutrition in Karamoja.

* Information for this section comes largely from the author's visits to GHG activities in Karamoja in April 2017. Thanks go to the Mercy Corps team in Karamoja, particularly Kay Klumphy, for their time and expertise.



Malawi

THE SETTING

Malawi, a landlocked country in southern Africa, faces food security and nutrition challenges due to poverty, environmental degradation, rapid population growth, and an over-reliance on staple crops, particularly maize. Four out of every five Malawians work in agriculture,²⁴ relying on it for their livelihoods and income, as well as their diets. But in recent years, climate change has been damaging the productivity and quality of agriculture in Malawi.

Malawi has just one rainy season, and rainfall has become increasingly erratic with more frequent droughts. Flooding is also an annual event now with heavier rains, especially in the valley areas.²⁵ Both droughts and flooding affect crop yields, and maize is not hardy enough to withstand these conditions—a significant problem given maize’s status as a staple crop. In fact, about three-fourths of a typical Malawian’s diet is based on maize.²⁶ Agricultural problems go beyond the weather: even if there were consistent rain and no flooding, Malawi has massive landscape and soil degradation that is projected to lead to lower agricultural yields every year.

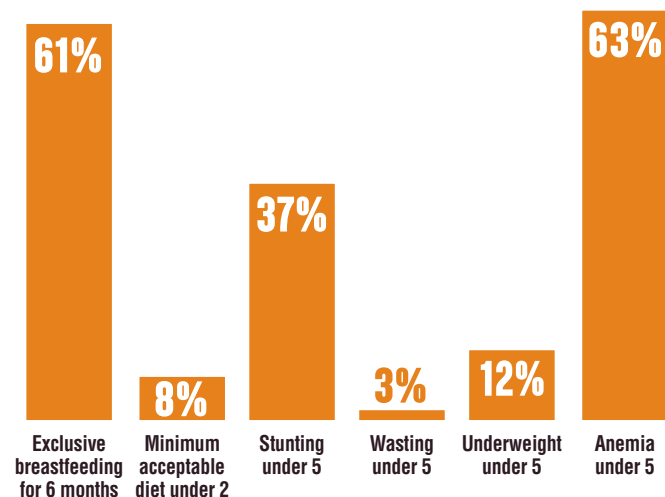
The reliance on maize contributes heavily to low dietary diversity. In turn, low dietary diversity is a main driver of maternal and child malnutrition. Fortunately, exclusive breastfeeding is fairly common in Malawi, at 61 percent of infants. The risk of malnutrition rises sharply when babies reach the age of 6 months, when breastmilk alone can no longer meet their nutritional needs. Only 8 percent of children under 2 receive what is called a minimum acceptable diet, meaning enough different food groups, including breastmilk, enough times each day. A particularly striking lack in children’s diets is iron; 63 percent of children under 5 are anemic. Lack of dietary diversity, sufficient food, and essential micronutrients affect a child’s health and development in the long term. In 2010, 47 percent of children under 5 were stunted, causing lifelong health problems and reducing educational attainment and adult earnings. By 2015, significant progress had been made,

with stunting down to 37 percent, but that is still far too high. Figure 2 shows further nutrition information for children in Malawi.²⁷

Malawi was an early participant in the Scaling Up Nutrition (SUN) Movement, joining SUN in 2011 after its launch in September 2010. It established its National Nutrition Committee in the Office of the President.* Malawi then established the SUN 1,000 Special Days Initiative, which scaled up its program for promoting community health and nutrition using Mother Care Groups. The Mother Care Groups model was based on previous work by FFP development food assistance projects in the country. The Malawi government adopted the best practices identified and the materials created during these programs.²⁸

In fiscal year 2014, USAID’s Office of Food for Peace began two new food security projects under its development account. This is the third “round” of FFP development activities in Malawi. The main objective is to “reduce chronic malnutrition and food insecurity and build resilience among vulnerable populations in Malawi.”²⁹

FIGURE 2: Nutrition Information for Children in Malawi



Source: 2016 Malawi Demographic and Health Survey

Repeated cycles of droughts and floods mean that many households are vulnerable—they are unable to recover and build up resources for the next shock before it arrives. The FFP programs aim to support families in their efforts to build livelihoods that are sustainable despite shocks.

* It has since been moved into the Ministry of Health.

This approach, even beyond preventing families from suffering from hunger and the constant anxiety that accompanies it, often saves money compared to waiting for a shock to occur and then delivering emergency assistance. In 2016, the U.S. humanitarian response to the flooding in Malawi totaled \$126 million. Per the World Food Program, the average cost of delivering food to one household over a nine-month period was \$390 per month. By contrast, a FFP program invested an estimated \$376 *total per household, over five years* ending in 2014, in a previously food-insecure community. This community did not require food assistance during the 2016-17 humanitarian emergency and is now thriving.³⁰

UBALE*

One of two FFP development food security projects launched in 2014 is United in Building and Advancing Life Expectations (UBALE), active in three districts of Malawi's southern region and led by Catholic Relief Services with a consortium of 11 partners for implementation, technical expertise, and research. CARE, CADECOM, and Save the Children are the implementing partners. UBALE's goal, for its implementing period of 2014 to 2019, is to reduce chronic malnutrition and food insecurity and build resilience among vulnerable populations in the three districts in which it works.

To achieve this goal, UBALE's activities focus on three purposes:

- Increased incomes of vulnerable households
- Improved nutritional status among pregnant and lactating women, and children under age 2
- Communities more empowered to contribute to their own sustainable development

Underlying all program activities is the intentional strengthening of foundational systems and structures that govern how communities are able to plan and implement their own development.³¹ UBALE works nearly exclusively within existing structures, particularly those put in place by the government of Malawi. In many cases, UBALE builds the capacity of communities to activate local governance structures such as Village Development Committees. UBALE also contributes capacity to government strategies and plans. One example is implementing Mother Care Groups as part of the national government's SUN 1,000 Days Special Initiative; another is training Malawian government external agriculture agents.

Given the threats to food security and nutrition in Malawi, UBALE combines in-kind food assistance, promoting diversified production, business development services, promoting home-stead gardening, education on complementary feeding for young children, and strengthening disaster risk management structures in communities. UBALE has multiple types of funding for the five-year project. In addition to Title II, UBALE receives about two-thirds of its funding through the Bureau for Food Security in the form of Community Development Funds (CDF) and Feed the Future funds.

Supply and demand: diverse diets

Because lack of dietary diversity is a main driver of malnutrition in Malawi, UBALE addresses the topic of diverse diets across its purpose areas. The idea is to build both a supply of diverse and nutritious foods, and demand for and consumption of those foods. To increase the diversity of



Jordan Teague/Bread for the World Institute

At UBALE's cooking demonstrations, the children eat the nutritious porridges the caregivers prepared from foods available in the local market or in home gardens.

* Information for this section comes largely from the author's visits to UBALE activities in Malawi in May 2017. Thanks go to Dane Fredenburg (CRS) and the rest of the UBALE team for their time and expertise.

crops planted by farmers, UBALE hosts semi-annual Diversity and Nutrition for Enhanced Resilience (DiNER) Fairs that bring together private sector seed vendors with farmers, who are given vouchers to choose and purchase seeds for diverse and nutritious crops. In addition to maize, which has a large market in Malawi, DiNER fairs offer access to crops such as orange-flesh sweet potatoes, zinc fortified beans, tomatoes, and onions.

UBALE also uses the Care Group model to disseminate knowledge about nutrition and optimal feeding practices—for pregnant and lactating women and for infants and young children. Care Groups present four modules that cover essential nutrition actions such as exclusive breastfeeding for six months, appropriate complementary feeding, and recognizing acute malnutrition. UBALE also hosts Community-Led Complementary Feeding and Learning Sessions (CCFLS) twice each year. CCFLS is a full 12 days of sessions. Children are monitored for acute malnutrition, there are cooking demonstrations, caregivers and children participate in active feeding sessions, and participants learn about nutrition.

Through the cooking demonstrations, UBALE promotes six food groups and encourages women to feed themselves and their children at least four of the six at each meal. UBALE uses foods found in local markets or grown by households themselves to create meals that incorporate multiple food groups. Its instructors demonstrate ways to prepare meals that are appropriate for different age groups, such as pregnant women, or children between 6 months and 2 years. The impact of CCFLS on acute malnutrition can be seen immediately (see photo at left).

UBALE's theory of change for CCFLS as well as the other programs just mentioned has two aspects. The first is that the sessions will prevent acute malnutrition because mothers and caregivers

will be better able to feed their children the appropriate amounts of food frequently enough. The second is that a more diverse diet and fewer cases of acute malnutrition will reduce the incidence of childhood stunting.

Lessons Learned

The three case studies illustrate the wide range of circumstances that communities face in the period between the end of a humanitarian crisis and the beginning of sustainable development. People often remain vulnerable once a crisis is over without support to help them build their capacity to recover and improve their lives. Failure to address long-term consequences contributes to a cycle of crises and responses. Even more immediate, failure to meet people's daily needs in this transition period (in addition to supporting long-term development) could make it far more difficult, if not impossible, to make sustainable development gains.

In the case of maternal and child nutrition, both short-term and long-term consequences of malnutrition should be addressed simultaneously. The FFP programs explored here do just that through their comprehensive approaches to improving the lives and livelihoods of vulnerable populations, particularly when it comes to food security and nutrition. We can draw some lessons for strategies to approach the gap between humanitarian response and development assistance from the programs profiled in this report.

CREATIVE AND FLEXIBLE FUNDING STREAMS

All three FFP programs accessed a variety of funding modalities to support their activities. As mentioned earlier, each received Title II funds, including what is called Section 202(e) funding. (See Box 4).

This child's nutrition has improved through UBALE's Community Led Complementary Feeding and Learning Sessions. On the first day of the program, she weighed 7.2 kilograms. On this day, the 7th day, she weighed 8 kilograms! The women say they now know what they should feed their children to improve their nutrition. Before, they just made maize porridge, but now they know they can add vegetables and other nutritious foods for a diverse diet.



BOX 4: Section 202(e) Funding

Section 202(e) funds are part of the Title II account used for FFP activities. Dedicated to meeting the administrative expenses of Title II programs, Section 202(e) funds were increased and given greater flexibility in the 2014 Farm Bill. One reason for this was to provide a viable substitute to “monetization,” or the older and less efficient practice of selling commodities in local markets to help pay for administrative and other costs. Since the 2014 expansion, FFP has used enhanced Section 202(e) funds to reach more people with multiple food assistance tools and to support development programs’ efforts to respond to the underlying causes of malnutrition and food insecurity.³²

Each project also received CDF to support their development activities without the need to monetize commodities—useful since it bypassed the common but inefficient use of commodity monetization to pay for development activities.³³

In fact, the FFP program in Malawi, UBALE, received a majority of its funding through CDF. UBALE has such a large program that it works through two separate funding awards. One is through FFP (in the Democracy, Conflict, and Humanitarian Assistance Bureau) and one through the Bureau for Food Security, which provided the CDF portion. It is unusual for a FFP development project to have two separate awards and agreements, but this shows creativity in combining funding streams to support both the types and the scale of activities necessary to promote recovery and development in Malawi. While having two separate awards is not typical, many FFP development food security programs use less traditional, more creative funding arrangements.

This is important since some funding streams can be used only for certain purposes because of how Congress appropriated the funding and/or how USAID distributes it. For example, some funding is only for purchasing and distributing commodities, while other sources are dedicated to providing long-term development assistance. Communities currently in the gap between an emergency situation and the stage where they can focus solely on sustainable development have a variety of needs. **It is crucial that USAID maintain the flexibility to combine different funding streams and programs in ways that enable support for crisis, recovery, and development contexts as needed.**

In the FFP development case studies, multiple funding streams enabled the implementing partners to provide immediate support such as rations in the form of in-kind commodities during the lean season (prior to the next harvest). These commodities went to the most vulnerable—pregnant and lactating women and children under 2—and helped prevent acute malnutrition when families were most likely to be facing hunger. Having both Section 202(e) and CDF funding made it easier for implementing organizations to simultaneously provide longer-term interventions such as nutrition education, support for farmers in diversifying their crops, and improving livelihoods for increased incomes—all without having to monetize, or sell some of the commodities designated for lean season rations to obtain money for these activities. In the Karamoja region of Uganda and in southern Malawi, funding flexibility enabled FFP to address the challenges to food security and nutrition more comprehensively.

ABILITY TO RESPOND TO CONTEXT

Although all three programs profiled above come under the FFP strategy and framework, **each was designed and implemented in ways that addressed the main drivers of maternal and child malnutrition and responded to the main challenges of each context.** RWANU noted that a main problem was the health system’s lack of capacity to identify and treat acute malnutrition, so its efforts focused on supporting the government of Uganda in efforts to help people in harder to reach areas. GHG saw that markets were struggling to recover from conflict and insecurity, so it worked to build the capacity of private sector actors to reach farmers with seeds for diverse and healthy crops. UBALE saw that women and children were not consuming many diverse foods even though they were available in the market, so its response included providing comprehensive education on healthy diets.

These are just small examples of how these FFP programs were able to design their activities based on local context and the main drivers of malnutrition. Local context is particularly impor-

tant to FFP programs, since they take place in areas prone to crisis and shocks where circumstances could quickly change. Recognizing this, FFP in 2016 began a pilot approach called “Refine and Implement.”³⁴

For the first year of a project, the Refine and Implement approach focuses on meeting with communities and assessing, studying, and researching the details and nuances of local context. The first year is a formative period that will inform the project’s theory of change and allow implementing partners to refine their activities so that they best fit local needs and context. Full-scale implementation begins at Year 2, with the refined project design helping to ensure an effective approach

to improving nutrition and food security in communities. Implementation continues for five or six years. Refine and Implement aims to ensure a focus on building local capacity to improve nutrition and food security. This will multiply the impact of FFP in subsequent years.

PARTNERSHIPS

Of course, FFP projects do not operate in vacuums. They cannot provide all the necessary services for improved nutrition and food security on their own, nor should they. For both financial reasons and the need to ensure that programs and impacts are sustainable, partnerships among all stakeholders are



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These farmers benefited from UBALE’s DiNER fairs to access seeds to grow nutritious crops in addition to staple crops, such as maize.

critical for efforts in a given context to be truly effective.

For example, UBALE partnered with the government of Malawi to strengthen its implementation of Mother Care Groups for nutrition and to strengthen the capacity of government structures at various levels, such as village committees. RWANU and GHG helped build relationships among local private sector agro-dealers and seed companies.

Perhaps the best example of such partnerships are the structures that support the health system in identifying and treating malnourished children. Both RWANU and GHG trained Lead Mothers to screen children for acute malnutrition and to refer the children they identified to a Village Health Team (VHT). RWANU also organized and hosted health outreach activities that brought people in isolated communities together in central areas where VHTs could engage with them and monitor children’s growth and nutrition.

When a child was identified as and confirmed to be acutely malnourished, he or she was referred via the VHT to one of two treatment programs. Moderately malnourished children were referred to the Supplementary Feeding Program, run by the government of Uganda with the help of the World Food Program. Children were given supplementary food rations to ensure that they were consuming enough calories and the right nutrients each day. These rations consisted of local foods such as rice and beans, blended cereals such as CSB+ provided by the U.S. government, and sometimes high-energy and protein biscuits. Children and their families were sent home with these foods, and all the children were monitored at regular intervals.

Severely malnourished children were referred for outpatient therapeutic feeding, or, for the most life-threatening cases, for inpatient therapeutic feeding. Therapeutic feeding programs were managed by the government of Uganda with support from UNICEF, which provides ready-to-use therapeutic foods (RUTF). RUTF, a life-saving product for children with severe acute malnutrition, is a high-energy, nutritious food—a paste akin to peanut butter—that provides the right amounts and kinds of calories, protein, fats, vitamins, and minerals to treat severe malnutrition in children.³⁵

RWANU and GHG played an important role in helping malnourished children receive treat-

ment, but they could not do it all on their own. This small example of shepherding malnourished children through identification, referral, and treatment required the FFP project, the government of Uganda acting through its health system including grassroots health workers, and two United Nations agencies (WFP and UNICEF). **Preventing and treating malnutrition and improving food security is most effective with multiple actors working in coordination with each other.**

The United Nations plays a key role in improving nutrition and food security

The United States is the single largest donor to the United Nations, and WFP and UNICEF are the first and fourth largest recipients, respectively, of U.S. aid to the U.N.³⁶ Both agencies are critical to preventing and treating malnutrition. The U.N. work complements that of FFP by ensuring access to proper treatments for acute malnutrition. Reductions in WFP and UNICEF budgets would cost children's lives.

INTEGRATION IN FEED THE FUTURE

While FFP receives separate funding from Feed the Future and has its own systems and reporting requirements, its work is also incorporated into the new U.S. Government Global Food Security Strategy. This has enabled it to forge stronger links with Feed the Future. The funds invested in FFP development activities are included in the calculation of whole-of-government global food security investments, and FFP programs' reach and impact are included as a component of Feed the Future's annual progress.

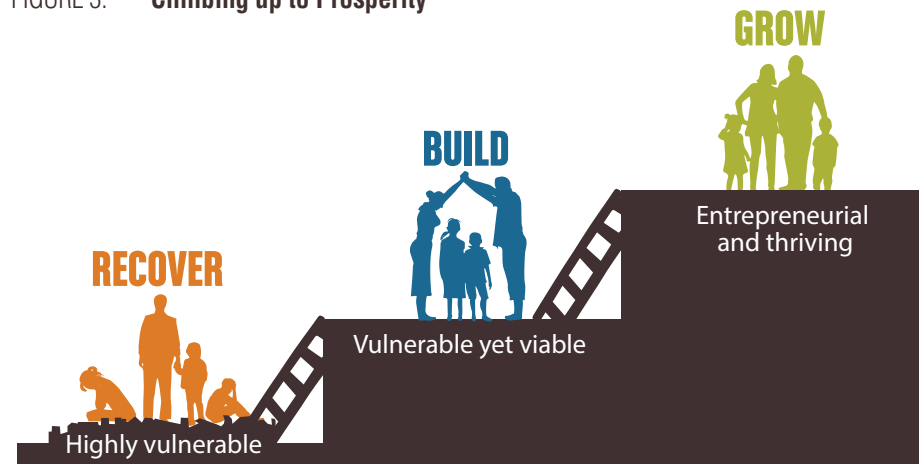
The number of children reached by FFP development activities with nutrition interventions contributed to Feed the Future's reach of 27 million children in 2016.³⁷ FFP projects also contribute to the reductions in childhood stunting tracked by Feed the Future. In addition, FFP receives CDF through the Feed the Future budget in the Bureau for Food Security.

The ultimate goal of USAID's global food security and nutrition efforts is to move communities up the "ladder" from FFP emergency assistance, to FFP development activities focused on building resilience, to being ready to participate in Feed the Future. The Global Food Security Strategy has identified resilience as an important objective, which brings FFP and Feed the Future together in a shared mission. While there is no formal strategy establishing this "ladder," some USAID missions have made it a strategic priority.

For example, the USAID mission in Uganda has designated Karamoja, where the FFP development activities are located, as a Feed the Future "secondary zone of influence."^{*} This is important because it signals the mission's intention to more closely streamline a transition of the Karamoja region from FFP food assistance to Feed the Future's sustainable development model.

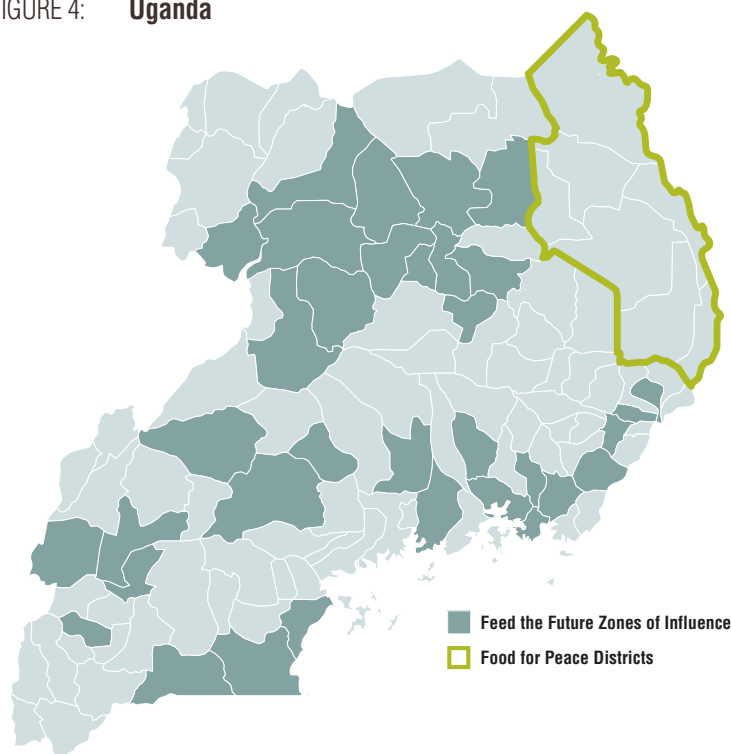
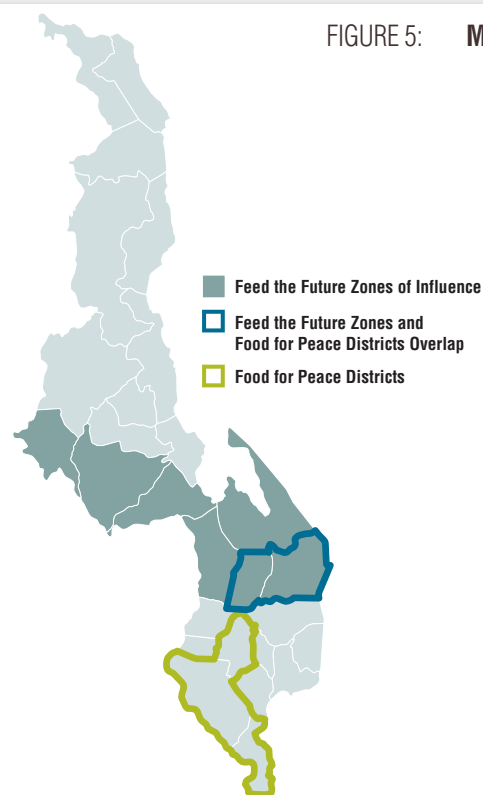
In Malawi, the most recent FFP development food security activities are geographically targeted based, of course, on food security and nutrition needs, but also on opportunities to either complement current Feed the Future activities, or expand Feed the Future's geographic priorities in the country.³⁸ The plan is for FFP activities in current Feed the Future districts to collaborate closely

FIGURE 3: Climbing up to Prosperity



Source: Adapted from CRS | Graphic by Derek Schwabe/Bread for the World Institute

^{*}"Zones of influence" refer to geographic areas prioritized by Feed the Future activities.

FIGURE 4: **Uganda**FIGURE 5: **Malawi**

Figures 4 and 5 demonstrate the geographic priorities and any overlap between Food for Peace and Feed the Future in Uganda and Malawi.

with Feed the Future's new Ag Diversification program and to coordinate with other established activities in the area. UBALE, which began in districts not previously covered by Feed the Future, expanded its programming to include a fuller spectrum of food security activities and focused more intensely on development assistance than it might have otherwise, because another of its goals was to expand the geographic reach of Feed the Future.

Things to Consider

MAKING THE NUTRITION CONNECTION

Reducing malnutrition was an important objective or goal of all three FFP case studies. Each had a strategic objective or purpose focused on nutrition, and each devoted resources to implementing nutrition-specific activities and promoting community-level behavior change to improve nutrition.

However, more could have been done to boost nutrition if nutrition had been included in other relevant objectives, such as increasing food security or strengthening livelihoods. Bread for the World Institute has previously pointed to the need to promote nutrition through a comprehensive strategy, including both nutrition-specific and nutrition-sensitive approaches.* It is possible, and even likely, that RWANU's livelihoods and private sector development activities, for example, improved maternal and child nutrition at least indirectly. However, improving nutrition was not a stated objective of the activities, and RWANU's required reporting and assessments did not attempt to make the connection between livelihood activities and any improvements in maternal and child nutrition.

The new FFP Strategy for 2016-2025 has elevated improving nutrition security. It is now included in the Strategy's overall goal. **Therefore, all feasible efforts should be made to maximize the nutritional impact of activities under each objective, not just those focused exclusively on**

* For more, see Bread for the World Institute's Briefing Paper No. 32, *Exploring a Comprehensive Approach to Nutrition through Nutrition-Specific and Nutrition-Sensitive Investments*.

nutrition. A first step would be to assess connections between program activities and nutritional outcomes.

For example, RWANU commissioned a study to assess the impact of its market systems interventions on the program objectives, including maternal and child nutrition. While RWANU's formal report was not required to make this connection, RWANU staff believed the market systems activities might have had an indirect impact on nutrition (along with the impacts of RWANU's nutrition-specific activities). There are early indications in the results of this study that improved market systems can affect nutritional outcomes.

More deliberate monitoring and assessment of nutrition outcomes, as related to a wider range of activities, would help make the nutrition connection across all Food for Peace activities. It would also provide examples of how to carry out smart and strategic programming for maximum nutritional impact.

IMPACT TAKES TIME

Many of the strategies used in FFP development programs include social change, behavior change, and local capacity-building to improve both food security and maternal and child nutrition. All of this takes time and patience, both on the part of implementing partners and from the point of view of people in communities to whom new ideas are being introduced. Before people actually change the way they do things—particularly if the change is going to last—they need repetition, demonstrations, and information presented using a variety of communication methods over a period of time. Culture, social norms, and social networks all influence a person's beliefs and behavior, and structural barriers may impede an individual's ability to change his or her behavior. To achieve results from programs aimed at persuading people to act on new information and adopt new guidelines, the most important ingredient is time.

Building local capacity to carry out development programs is also often a slow process.³⁹ Local government structures do not build themselves overnight, nor do private sector markets work effectively and efficiently immediately upon their opening. Both the public and private institutions need time and effort to build up the trust, networks, operating principles, physical infrastructure, and human capital to work properly.

On top of these challenges in “normal” situations, FFP development food security programs operate in places where residents are chronically unsure of whether they will have enough to eat. These areas are also often vulnerable to recurrent shocks or crises. Setbacks are bound to happen, whether natural disasters, resurgence of conflict, recurrent drought due to climate change, sudden spikes in food prices, or something else. Populations that are so vulner-

“To achieve results from programs aimed at persuading people to act on new information and adopt new guidelines, the most important ingredient is time.”

GHG worked with agro-dealers like this one to help farmers access seeds for staple and nutritious crops.



Jordan Teague/Bread for the World Institute

able to factors outside their control will likely take even longer to establish themselves on a sustainable development path than people in more stable situations. In such settings, FFP development projects help communities identify in what ways they are most vulnerable and how they can best build strategies, knowledge, and resources to “bounce back” from future crises.

Thus, it could take a long time to achieve noticeable results because of the realities in communities. It is usually unrealistic to expect results year by year, but there are encouraging signs that a longer-term trajectory will show positive outcomes.

Most FFP development programs operate on a five-year timeline. This is an improvement—longer than many programs in the past and some current USAID programs. But what is a realistic timeframe for achieving large-scale improvements in nutrition and food security, in vulnerable communities, with the added challenges of promoting behavior change and building local capacity? Is five years long enough?

The question of allocating enough time for each planned project is even more important because typically, there is a gap between the end of a FFP project in a specific geographical area and the beginning of a follow-on project. Anecdotal information indicates that these gaps hinder the progress of a project. For example, a field staff member of an implementing partner organization estimated that six months of no programming in a community vulnerable to malnutrition and recurrent shocks could lead to the loss of up to two years of progress on essential nutrition behaviors. **Steady, longer-term project cycles would help maximize the impact of Food for Peace development programs, especially on nutrition.**

Conclusion

Increasingly, those who face hunger, malnutrition, and extreme poverty will live in areas currently experiencing crisis or recovering from recent crisis. They are the hardest to reach and the most likely to be left behind. Enabling the most vulnerable people to improve their lives and their children’s lives requires a focus both on meeting immediate needs and on laying the foundation to move communities toward resilience.

Maternal and child nutrition must be a top priority in U.S. assistance, including in FFP development food security initiatives, because in the longer-term view, this is a nutritional “window of opportunity” that, once closed, cannot be opened again. Stunting occurs before age 2 and is irreversible; its effects last a lifetime. And, simply put, the shorter-term view—treating babies and toddlers for acute malnutrition—saves lives. Another critical reason to emphasize nutrition is that it affects so many other economic and development goals. Malnourished people do not have the energy they need to work, learn, and plan for the future. Finance ministers are taking notice as it becomes clear that malnutrition hits a country’s bottom line, reducing GDP by up to 11 percent each year.⁴⁰

The U.S. government plays a leadership role with other stakeholders in responding to crises, helping communities recover, and supporting countries in designing and implementing plans for sustainable development. It is critical that the United States continue to provide nutrition and other support in effective ways that will have the greatest impact. Any decisions about the structure, funding, or implementation of U.S. food assistance programs must be made with the goal of improving nutrition outcomes in vulnerable populations firmly in mind.

The United States must work within the global community to address both immediate and long-term needs in food security and nutrition, especially in fragile and vulnerable contexts.

The United States should:

- Emphasize and invest in nutrition as an explicit objective across all aspects of Food for Peace development food security programs
- Extend project timelines for development food security programs and ensure seamless transitions between projects
- Continue financial support for WFP and UNICEF as well as close working partnerships with these and other stakeholders on the ground
- Protect and continue funding for multi-sectoral food security programs for the most vulnerable, with explicit nutrition objectives, including through Community Development Funds (CDF)
- Establish more strategic and streamlined coordination between Food for Peace and Feed the Future at national levels

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