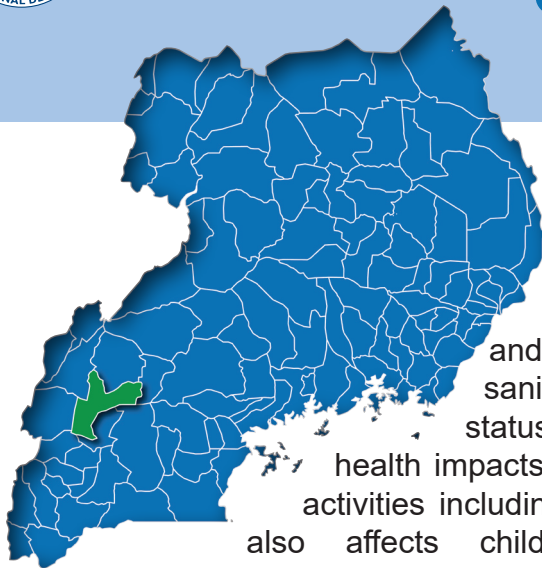




# Graduating to Resilience

## Nutrition



### CONTEXT

The nutritional status of a person is determined by a combination of factors including the availability, accessibility, and affordability of food, environment, food safety, and water, sanitation, and hygiene (WASH) practices. An individual's nutritional status has immediate health impacts that affect day-to-day activities including labor productivity. It also affects children's physical and psychological development which can impact their longer-term development potential. Despite great strides made at national and settlement-level, the Rwamwanja Refugee Settlement and the neighboring host community residents continue to face serious nutrition-related challenges, disproportionately affecting children under 5 years and women of reproductive age. According to the 2020 Food Security and Nutrition Assessment, the prevalence of global acute malnutrition (GAM) remained within the acceptable standard in many refugee settlements in Uganda. However, a nutrition screening of recent arrivals of Congolese refugees in western Uganda in 2018, indicated that both GAM and severe acute malnutrition (SAM) were above emergency thresholds, at 11% and 3% respectively.<sup>1</sup>

### Quick Facts

#### Worldwide

More than two-thirds of deaths in children under age five worldwide are directly or indirectly related to malnutrition (World Health Organization, 2018).

#### Uganda

7.7 million children under the age of five in Uganda. Of these, 29% are stunted and 11% are underweight (USAID, 2018).

#### Rwamwanja Settlement

The 2020 Food Security and Nutrition Assessment (FSNA) estimated global acute malnutrition to be 2%; total stunting for children under five was estimated at 45% (the second highest in the region) and the rate of total anemia was 46%; the rate of anemia in non-pregnant women was 32%.<sup>3</sup>

**The Graduating to Resilience Activity** is a USAID/Bureau for Humanitarian Assistance (BHA) Resilience Food Security Activity (RFSA) led by AVSI Foundation in partnership with Trickle Up and AIR, which seeks to test the Graduation Approach's ability to graduate ultra-poor refugee and host community households in Kamwenge District from food insecurity and fragile livelihoods to self-reliance and resilience. This seven-year Activity will engage 13,200 households that are economically active, but chronically unable to meet their basic needs without some form of assistance, in two cohort periods.



### WHAT WE DID

Although the standard Graduation Approach does not typically include nutrition components, understanding the interconnectedness between nutrition, economic activity, and household resilience, the Graduating to Resilience Activity (the Activity) incorporated nutrition programming into the Activity's design. The initial Nutrition and WASH Knowledge, Attitude and Practice (KAP) Assessment conducted by the Activity in 2019 revealed that host and refugee populations in Kamwenge faced serious nutrition challenges particularly related to infant and young child feeding and nutrition for pregnant and lactating women (PLW). First, poverty and a lack of access to food affected household food availability for infants, young children,

Data used in this brief are performance monitoring data or data collected for the formative assessments conducted by the Activity. The data are not intended to measure impact.

<sup>1</sup> Graduating to Resilience Programming Guide (2019)

<sup>2</sup> [https://pdf.usaid.gov/pdf\\_docs/PA00W4N9.pdf](https://pdf.usaid.gov/pdf_docs/PA00W4N9.pdf)

<sup>3</sup> Security and Nutrition Assessment (FSNA) Dec 2020. <https://data.unhcr.org/en/documents/details/88328>

and PLW, especially regarding the frequency of meals, amount of food, and variety of food consumed. Second, lack of access to food was exacerbated by households selling food rations or food grown at home to purchase other household necessities. Third, a lack of knowledge around good nutritional practices, and awareness among males of the importance of breastfeeding, young child feeding, and nutrition for PLW, both affected household nutritional status. This lack of knowledge was compounded by taboos, myths, and beliefs related to diet and culture. For example, the assessment found that certain cultures and clans within the Activity's implementation area had beliefs regarding specific foods that women should not eat, such as chicken, eggs, and fish, as well as beliefs related to gender in the household, such as the prioritization of male household members eating when food is scarce.



Photo: AVSI Foundation

Findings from the initial Nutrition and WASH Assessment informed the Activity's approach to improving household-level food availability and nutritional status by addressing the underlying causes of food insecurity and malnutrition. Specifically, in Cohort One the Activity focused on:

- Increasing the agricultural productivity of households by 1) promoting the use and adoption of climate-smart improved agricultural practices using a **farmer field business school approach (FFBS)** and 2) increasing access to improved agricultural inputs through **private sector engagement and linkages**.
- Delivering **nutrition education messaging** to households, targeting both male and female members, with a special focus on women of reproductive age, children under five, and pregnant and lactating mothers through one-on-one and group coaching. Messaging topics included the basics of food and nutrition, nutrition for pregnant and lactating women, infant and young child feeding (IYCF), meal planning and cooking demonstrations, WASH, and preventative health.
- Identifying nutrition-related health cases through home visits, coaching sessions, and nutrition screenings, including routine middle-upper arm circumference (MUAC) and oedema assessments of children 6 to 59 months, and **referring** household members to appropriate health facilities and services as needed.
- Providing **consumption support** in the form of a monthly cash transfer to all refugee and host community participants for a period of 12 months to help households meet basic food and dietary needs.
- Delivering **business skills training** accompanied by an **asset transfer**<sup>4</sup>, in the form of a cash transfer totaling 1,100,000 UGX<sup>5</sup>, to households to enable them to start and operate an income-generating activity (IGA), providing a constant financial stream that they can use to address immediate household nutrition and health needs or rely on to manage shocks.
- Increasing access to informal financial services through establishment of **village savings and loans associations (VSLAs)** within refugee and host communities, contributing to income smoothing to help households meet their basic needs.

<sup>4</sup> The asset transfer was only provided to two Cohort One implementation arms: the standard adapted model and the group coaching model.

<sup>5</sup> Approximately USD 300

Through this integrated and holistic approach to addressing the root causes of malnutrition, the Activity achieved the following nutrition related outcomes in Cohort One:



71% of households with an acceptable Food Consumption Score (FCS)

94% of women 15-49 years who consume targeted nutrient rich crops and livestock



66% of women of reproductive age consume a diet of minimum diversity



96% of children 6-23 months consumer minimum meal frequency

58% of children 6-23 months consume a minimum dietary diversity



## WHAT WE LEARNED

Throughout Cohort One implementation, the Activity drew on monitoring data; feedback from community members, project staff, and other key stakeholders; and formative research to continually assess the Activity's assumptions around nutrition and adapt implementation approaches and strategies in real-time based on participant needs and the realities on the ground. Key learnings from Cohort One include:

**Household's knowledge, attitudes, and practices around nutrition improved throughout Cohort One.** Participant's knowledge and attitudes towards nutrition best practices increased over time. Specifically, participants gained knowledge about different food groups and their nutritional benefits, the kinds of foods to feed children aged 6 to 23 months, the link between pregnant women's diets and fetal development, and the importance of breastfeeding, among other topics. Shifts in knowledge were accompanied by improved nutrition practices as demonstrated by increases in food consumption, meal frequency, and dietary diversity, including for children and pregnant women.



Photo: AVSI Foundation

**Engagement of full household and follow-up by coaching were essential to helping households improve nutrition practices.** Through coaching, participants gained knowledge of good nutrition practices which resulted in positive household level nutrition outcomes. Coaches also reinforced the importance of joint decision-making and technical knowledge from nutrition-sensitive interventions like FFBS which contributed to a more stable supply of food in the household as well as improvements in food storage. Engagement of the broader household, whether through individual or group coaching, was highlighted as a key driver to adopt and adhere to the recommended nutrition practices. Home visits by coaches, in particular, translated into greater overall household engagement with the Activity, including by spouses, youth, and adolescents, and increased motivation to reach household nutrition goals. This one-on-one relationship with the coaches created a more counseling type relationship, whereby participants could ask questions and refine their understanding based on their specific needs and concerns.

**Increased disposable income enabled households to improve their food security.** Using the economic resources from the consumption support, asset transfers, savings from VSLAs, and income from IGAs, households were able to purchase a greater amount and wider variety of food for the household, improving overall nutrition and health. With increased income, households were able to increase meal frequency and dietary diversity for the whole household, particularly for children and pregnant women. Participants were able to purchase foods that they could not produce themselves, including animal proteins like meat, fish (especially silver fish), rice, posho, and egg-laying hens. Participants were also able to stock food while waiting for the harvest, when cultivated crops were less available, increasing their resilience to future shocks. Households with economic resources tended to be more food secure, leaving them less vulnerable to food price volatility, and thus able to consistently consume nutritious diets.

**When males chose to be involved and support their households in improving nutrition, it served as a driver of improved nutrition practices.** Males' improved knowledge towards women's nutrition during pregnancy and infant feeding led to improved nutrition for women of reproductive age and more frequent breastfeeding when they elected to put their knowledge into practice. However, when males chose not to be involved in working towards improved practices, it served equally as a barrier. Although



Photo: AVSI Foundation

there were improvements in joint-decision making and household planning between women and men, there was less progress with respect to sharing household responsibilities, especially along gendered divisions of household labor that were relevant to nutrition, including kitchen gardens, preparing meals, and caring for children. For example, some households believed that men should only help with cultivation while women are responsible for most of the garden work including planting, weeding, fertilizing, applying pesticide, and harvesting, in addition to household chores like cooking and caring for children. In these cases, households tended to produce less from gardens given the time burdens faced by women, which negatively impacted nutrition within the household.

**The most significant barrier to improving household food security was weather.** Households rely on rain-fed agriculture, therefore, volatile weather impeded timely harvests and adversely affected crop success, including leading to low crop yields. These conditions in turn directly affected household food consumption. Households found it difficult to maintain their improved practices around meal frequency, as well as limited dietary diversity within households, including those with pregnant women and children aged 6 to 23 months.



## SUCCESS STORY

When they were one and a half years old, Moreen and Doreen were so small, frail, sick, and tired that they could barely sit up on their own. The twins' chance of survival was alarmingly low.

Scovia Arinaitwe, their mother had experienced firsthand how quickly a child's health can turn, but she did not realize what the cause might be. Florence Kabacwa, USAID Graduating to Resilience Activity nutrition coach took one look at the twins and knew what the problem was: malnutrition. As part of the USAID-funded Activity, thousands of families are visited by AVSI Foundation coaches in South Western Uganda every day.

*"I feared we were going to lose them, recalls Abdallah, their father with tears in his eyes."*

During the visit, Florence screens children for signs of malnutrition using a simple plastic tape that measures the upper arm's circumference. If a child falls in the red zone they have severe acute malnutrition, and the coach has to act fast. When the twins showed signs of malnutrition and deteriorating health, they were measured and immediately referred for treatment at the nearest health facility.

*"I had just started providing them with lessons on how to cook and eat locally accessible nutritious foods when I found that the twins were malnourished, remembers Florence."*

At that time, Scovia and her husband earned less than a dollar a day gardening, an amount hardly enough to afford a meal. Like many other

refugees and host communities living in South Western Uganda struggling with food insecurity, there wasn't food at home.

Scovia's determination to ensure her twins recover was remarkable. Despite having to walk long distances, the couple visited the health center each time they had an appointment. Their enrollment into the Activity also earned them a monthly cash assistance for food accompanied by regular coaching in good nutrition practices. In their meeting with the Activity coach, they learned how to make nutritious meals using locally available food and to keep their children healthy.

Over six months, Moreen and Doreen continued to show signs of improvement each time they visited the health center. Sometimes, it would just be a gram or two of weight that they gained. But they started to develop beyond just gaining weight. They started walking around, sitting up on their own, running around, and they began smiling at the other babies who were waiting to be weighed and measured. The cooking demonstrations and nutrition messages were working: Doreen and Moreen were finally healthy.

*"I'm so happy they are okay. I'm so thankful to Florence, my coach. She helped me learn, says Scovia. With Florence, I learnt how to cook nutritious food and how to feed them well, giving them silverfish, posho, and water."*

## HOW WE ADAPTED FOR COHORT TWO

Based on the learnings from Cohort One, the Activity made the following adaptations to the Cohort Two design to further reinforce household level knowledge, attitudes, and practices around nutrition and support more versatile farming and agriculture techniques to promote greater household resilience to shocks.



Photo: AVSI Foundation

**Reinforced key dietary diversity topics in coaching curriculum.** The Cohort One coaching curriculum focused on reinforcing household practices around consuming balanced meals, focusing on Go, Glow, and Grow food groups and knowledge as to how to balance these categories. It also placed a heavy focus on farming vegetables to include in balanced meals, such as amaranthus, Sukuma wiki, and eggplant, among others, given the limited vegetable consumption among households at the start of the Cohort One. For Cohort Two, the Activity revised the coaching curriculum to include a greater emphasis on the differences in dietary diversity for adults, women of reproductive age, and children aged 6 to 23 months, including providing more guidance around the frequency at which nutrient-dense foods

should be consumed across the different demographics. Additionally, the curriculum emphasizes the consumption of animal protein sources that were less frequently consumed in Cohort One. At the same time, the coaching curriculum was also revised to include “refresher coaching sessions” on certain topics when household circumstances have changed, for example, a woman becomes pregnant, or a child reaches six months of age.

**Strengthened the FFBS curriculum to emphasize livestock.** Given the practice of purchasing certain food groups, such as flesh foods, milk, or eggs, and affordability barriers leading to lower consumption across the groups, in Cohort Two the Activity will include a greater focus to support participants in small livestock farming, including farming of goats. Small livestock are better able to adapt to climate conditions and are less vulnerable to weather-related changes, reproduce more quickly allowing for greater flexibility to sell or consume livestock, and can be a solution for households with small or infertile land plots. To ensure the success of this approach, the Activity’s private sector engagement approach for Cohort Two will also build out linkages to support livestock-related inputs, such as veterinarians and access to immunizations, as well as embed within the FFBS methodology relevant training on livestock management, such as pastoral and grazing, care and treatment of small ruminants, breeding, and handling and processing of milk.



Photo: AVSI Foundation

**Strengthened the environmental components of the FFBS curriculum.** Weather-related damage to crops emerged as a prominent issue that will continue to be a challenge for Cohort Two nutrition outcomes. For Cohort One interventions, the Activity facilitated access to drought-tolerant and fast-maturing seeds and a robust integrated production and pest management program within the FFBS methodology. For Cohort Two, the Activity revised the FFBS curriculum to include topics on safe inorganic pesticide use and disposal and sustainable use and management of wetland resources and riverbanks, to promote environmental

consciousness among Activity participants.

**Conduct routine home visits and targeted sessions to increase engagement of spouses and other household members to reinforce nutrition and food security practices.** The Cohort One coaching curriculum focused on ensuring spouses were present during individual and group coaching sessions, with the intent that other household members would be engaged during coaching and reap the benefits of the sensitizations. However, in practice, engagement of more members of the household for Cohort One seemed to have been more successful in the individual coaching model, where there were more frequent home visits than in the group coaching model. Home visits from coaches motivated



Photo: AVSI Foundation

participants' continued adherence to practices as well as served to engage other household members beyond the primary participant. Similarly, when other members of the household, including youth, were engaged in coaching, they provided valuable contributions by reminding their parents to follow practices or using their literacy skills to support activities such as family MUAC. For Cohort Two, given the evidence around the cost-efficiency of the group coaching, the Activity is only using a group coaching model. However, to build on the successes identified during Cohort One, in Cohort Two the Activity will incorporate home visits and targeted content or activities to engage other household members in order to increase their engagement and benefit in the Activity. Specific topics that are key to nutrition, including WASH, will be delivered through home visits to allow for demonstration and observation of practices such as the use of handwashing stations. Additionally, through home visits, coaches will be able to follow up and provide individualized support on nutrition issues to households if they are struggling.



## HOW WE WILL CONTINUE LEARNING

While the Activity made great strides in learning and adapting interventions to better address the specific nutrition-related constraints and issues facing participants, there is still much to be learned about how to promote long-term behavior change around nutrition, particularly when households are faced with unpredictable shocks and stressors. There is also still much to be learned about what package of agricultural interventions are most useful to households both to improve household-level nutrition and dietary diversity as well to improve household income. Findings from Cohort Two learning will be shared with donors, policymakers, local stakeholders, and other organizations implementing the Graduation Approach to contribute to the evidence base around the model and promote the most effective and efficient approach to supporting extremely poor households to become more self-reliant and resilient.



Photo: AVSI Foundation