

Integrating Nutrition and Food Security programming For Emergency response and Resilience Building



Case Study / Sharing Good practices - Template

WORLD VISION IN A CONSORTIUM WITH PATH (LEAD), EGPAF, JHPHIEGO, BROADREACH

APHIAPLUS WESTERN AND NYANZA

SECTION 1: OVERVIEW.

Title of project/programme/initiative	APHIAPLUS WESTERN KENYA PROJECT: PD HEARTH INITIATIVE AND NYANZA					
Implementing/responsible organisations(s)	WORLD VISION KENYA					
Geographical Coverage (region, country, area)	WESTERN AND NYANZA PROVINCE, KENYA					
Duration of project/programme/initiative: 5 Years						
Start date: 2011 En	nd date: 2015 Ongoing: 🖂					
Contact person (name, e-mail):	ANG'AWA ANDITI, Angawa_Anditi@wvi.org					
Humanitarian context (i.e. emergency response, post-crisis, resilience-building):	RESILIENCE BUILDING					
Type of context (urban, rural, camps,):	RURAL AND PERI - URBAN					
Phases of humanitarian project cycle. Please tick boxes in the list below (several choices possible)						
☐ Situation analysis ☐ Response analysis ☐ Project design	Project monitoring Evaluation Impact assessment					
Number of household beneficiaries and target groups (i.e. women, pastoralist, children under five, etc)	220,000 DIRECT BENEFICIARIES, FAMILIES AND ORPHANS, CHILDREN U5 AND WOMEN OF REPRODUCTIVE AGE					
Main topic(s). Please tick boxes in the list below (several choices possible)						
□ x Livestock and Nutrition □ Cash Transfer Programming and Nutrition ○ Nutrition counselling / education ○ Diversifying local production ○ Supporting local livelihoods ○ Nutrition sensitive value chains (including bio/fortion of the countrients of the countrients of the countrients of the countries of	Urban settings and nutrition ☐ Joint Food Security and Nutrition assessment ☐ Multi-sectoral planning for nutrition ☐ Joint implementation ☐ Others. Please specify: _Water , Sanitation & Hygiene (WASH)					

Main objectives of the project including nutritional objectives (please specify if these objectives are included in the logical framework) Main food security and nutrition issues addressed by the project (including issues of target groups, causes of food insecurity and malnutrition) Implementation process and activities (PD Hearth	Overall objective: Social determinants of health addressed to improve the well-being of marginalized, poor and underserved populations Specific: improved food security and nutrition for marginalized, poor and underserved populations Improve food production through farming and Post-harvest management Promote cooking and utilization of drought tolerant crops Promote rearing of small stock Promote adoption of good nutrition practices Promotion of best practices in addressing malnutrition (underweight) through Positive Deviance Hearth (PD Hearth)			
Initiative)	 approach Capacity building on management of malnutrition Nutrition surveillance and growth monitoring Positive Deviance Inquiry Development of nutrition messages Conducting hearth (nutrition education) sessions Graduation of rehabilitated children and referrals Linkage of caregivers and capacity building on improved agronomic practices and access to quality and nutritious planting materials 			
Actors/ coordination mechanisms involved	Ministry of Health, Ministry of Agriculture, Livestock and Fisheries, ECDE Teachers, Provincial Administration, FBOs, NGOs			
How gender and accountability are taken into consideration?	Pregnant and Lactating mothers, children under five years, care givers for children under five and men as influencers in nutrition			
Specific tools/methodology (developed or used)	PD Hearth tools, community based health information systems, District Health information systems			

SECTION 3: LESSONS LEARNED IN INTEGRATING FOOD SECURITY AND NUTRITION PROGRAMMING

How the outcomes/ impacts has been measured (process and indicators; existence of base/end line)	Weight gain for malnourished children Number of households with malnourished children linked to food security and economic empowerment		
Main results/impacts achieved	 The project directly reached over 2057 children through 195 nutrition education session facilitated by 54 health facilities. Increased understanding on benefits of locally available foods for improved nutrition Increased awareness for community on malnutrition and its causes Empowerment of care givers on addressing malnutrition using locally available foods and resources Linkage of nutrition and hygiene and sanitation practices Two thirds reduction in underweight prevalence among children who participated in the programme 		

What has worked and was has NOT worked or difficulties and why?	What worked well Use of locally available food materials leading to addressing malnutrition in an inexpensive way		
	Difficulties Personal taste and preference limiting consumption nutritious foods e.g. rabbits and sardines ('omena') Cultural beliefs associated with causes of malnutrition among children		
Main enabling/success and hindering/failure factors	 Strong stakeholders involvement and collaboration Extensive community mobilization 		
	Simplifying the nutrition education concepts		
Key messages to communicate	 Link nutrition education to locally available foods Improve community understanding on maternal and child malnutrition 		
	Capacity building on food preservation techniques		
Recommendations for the up-scaling of successful practices	Institutionalizing best practices within Government and community structures		

SECTION 4: REFERENCE/ILLUSTRATIONS

References for documentation (e.g. reports, surveys, etc.).

Programme documentation, `Multi – Sector and empowerment approach to address under-nutrition' by World Vision August 2013

Project Progress Reports, APHIAplus Western projects 2011- 2013

Trend of under-weight prevalence

	Admission	1 month	3 month	6 month	12 month
Prevalence of underweight	47.3%	31.1%	19.5%	19.1%	17.4%
Prevalence of moderate underweight	23.4%	18.6%	11.0%	9.6%	9.3%
Prevalence of severe underweight	23.9%	12.4%	8.5%	9.6%	8.1%

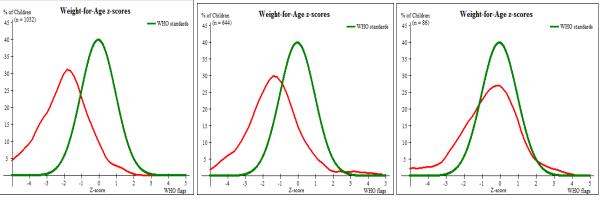


Figure 1:Initial status (Admission) Figure 2: One month (12 days + 2 weeks Follow Up) Figure 3: 12 months follow up Progression on health status of malnourished children