Rehabilitation centres and vegetable gardens - Malawi -

PROJECT TITLE

'Support to NRUs: promotion of household diet diversification through vegetable gardens for malnourished groups and HIV affected and infected communities'

PROJECT OBJECTIVE

Contribute to the national intervention to reduce the risk of mortality due to malnutrition, by complementing the work of **Nutrition Rehabilitation Units (NRUs)** with a support to diet diversification through the establishment of vegetable gardens in NRUs and at community level.

CONTEXT

Severe acute malnutrition is a persistent problem in Malawi. Statistics from NRUs suggest that children (and thus probably also the rest of the communities) suffer from a diet quality problem rather than a deficiency of food energy, particularly for poorer families that lack financial means to buy protein and vitamin-rich foods during the hunger season, from December to April, and whose diet relies mainly on the traditional '*nsima*', a maize-based staple food. The high prevalence of HIV/AIDS in Malawi further aggravates the situation.

VULNERABLE POPULATIONS TARGETED

The project, implemented in 2004-2005, targeted caretakers (mostly women) accompanying children for therapeutic feeding in NRUs (malnourished groups and HIV affected communities). Other beneficiaries, who were not reached through NRUs and supplementary feeding programmes, were identified at community level and selected according to their malnutrition rate and to their social status: families living with chronically ill people, with handicapped members, female and orphan-headed households and elderly with no family support.

THE PROJECT

Implementation of Kitchen and Community Gardens

Seven NRUs were selected by AAH according to several factors: location, malnutrition and HIV rates, number of admissions, interest in the project and capacity to implement it, access to land and water. For each, a Garden Officer and a Garden Monitor were recruited among local health institutions and trained by specialists on health and sanitation, nutrition, principles of home gardening, livestock production and child health. For each NRUs, a kitchen garden and a traditional henhouse (*kholas*) were established, fenced with local material and guarded day and night.

Three communities were selected with the support of Garden Officers, home craft workers and Health Surveillance Assistants (hospital staff members working at NRUs). At community level, Home Based Care (HBC) groups and Village Development Committees helped identify vulnerable households who should benefit from the project and establish Garden Committees responsible for the management of the community gardens.

Training

- Theoretical lessons on complementary child feeding, nutrition and HIV/AIDS, health and sanitation, basics on low-cost kitchen gardens and on small-scale livestock production.
- Practical lessons with hands-on experiences – carried out in the NRUs' and community kitchen gardens and henhouses – on making and using compost manure, planting fruit trees, making seedbeds, transplanting seedlings, producing seeds, watering vegetables, making trenches, etc.
- Cooking demonstrations using the products of the kitchen gardens and henhouses were carried out when possible, on preparing cassava tubers with chicken or beans and rape, for a good mix of carbohydrate, protein and vitamins/minerals, instead of the nutritionally-poor *nsima*.

At NRUs, the mothers and caretakers of recovered children that were participating in the project attended these training sessions and were supported by the Garden Monitor, through consultations and refresher trainings, to setup their own gardens once back in their villages.

In communities, training was carried out by the visiting NRU Garden Officer twice a week.

Kits of tools and seeds (vegetables, medicinal and pest control plants) were distributed to the beneficiaries that lived within reach of the NRUs at the end of the trainings. Most seeds were of non-local plants, to introduce new and more nutrient vegetables in local diets. As some of the first beneficiaries had not implemented their kitchen garden after more than one month, subsequent deliveries of material were carried out only if the beneficiaries proved their good will by preparing in advance the fenced *dimba* area for the garden and some compost manure.

Contacts

George MVULA
Emergency & Rehab. Coordinator
FAO Emergency Coordination and Rehabilitation Unit
george.mvula@fao.org

Fenced community garden, FAO/AAH

Lunch prepared during a cooking demonstration, FAO/AAH

STAKEHOLDERS

Under the supervision of FAO, the project was implemented by AAH with the collaboration of local institutions and NGOs, in a health/agriculture partnership. NRUs and hospitals participated by providing structures and staff, the Ministry of Health (MoH), AAH, the Church Health Association of Malawi and Goal participated in the training of the Garden Officers and Monitors, while FAO provided the kits. At community level, HBCs and Village Development Committees participated in the preparation and implementation of the project through a participatory approach.

CAPACITY BUILDING

- Local stakeholders involved in field activities (NRUs and hospital staff, HBCs and village authorities) all benefited directly or indirectly from the training received by Garden Officers and Monitors, were sensitized on the importance of community gardens and diet diversification and motivated by results.
- Beneficiaries trained by project staff teachers themselves in turn, transferring lessons learnt to neighbours and families, helping them to build their own gardens.

POSITIVE RESULTS

- 85% of the beneficiaries who received a kit and were monitored established a garden
- NRU staff and mothers declared that gardens were contributing to reduce the number of relapses
- Beneficiaries learnt how to grow vegetables all year round, therefore covering thus the lean period, and transmitted their acquired knowledge to non-beneficiaries.
- Vulnerable families were able to face their nutritional needs, to reduce on the cost of vegetables, previously bought at the market, and in some cases to sell surplus.

CHALLENGES AND CONSTRAINTS

- Provision of inputs to NRUs was not always on time.
- The first set of kits distributed was incomplete (tools missing, seeds missing or not viable).
- Initially, one of the criteria for the distribution of the kits was the proximity of the beneficiary's house to the NRU, to facilitate follow-up. However most beneficiaries lived far from NRUs, and this criterion had to be revised (from 15km to 50km from NRU).
- Lack of means and staff hindered the implementation of certain activities (cooking demonstration and health trainings) and the monitoring of beneficiaries living far from the NRUs.
- Some participants lived too far from the NRUs to be monitored and thus received no kit after the trainings.
- Setting gardens close to beneficiaries' houses, in the communities, was difficult because of water scarcity (water left from household use was not sufficient and drawing water from sources was too cumbersome).

Assessment, monitoring and evaluation

- The monitoring of Training sessions was carried out through forms filled out by the Garden Officers.
- Monitoring of community gardens' implementation was carried out by Garden Monitors through regular visits.
- Monitoring of impact on malnutrition was made through observation of number of relapses at NRUs and through interviews to mothers. The number of relapses at NRUs can also be used as indicator for the long-term impact of gardens.

Storage of water in a kitchen garden, FAO/AAH

UPSCALING/REPLICABILITY OF THE PROJECT

The good acceptance and immediate impact on household nutrition of this project calls for upscaling to new areas or replication in similar contexts, with the following recommendations:

- Select NRUs according to: rates of malnutrition and HIV/AIDS in the area of the NRU, number of admissions, interest of the staff in the project, access to land and water.
- Recruit project staff within local resources and involve local partners in the selection process.
- Actively involve NRU/MoH staff in the project activities, to ensure appropriation, and thus sustainability, of the project.
- Involve village authorities and self-help groups in community garden activities and management.
- Check that the content of seeds and tools kits is appropriate before distribution.
- Distribute the kit only to beneficiaries who have received all trainings and proved their willingness by preparing the grounds for sowing (preparation of compost manure, construction of fences, keyhole garden or other as relevant).
- For areas with water scarcity, suggest locating the gardens near the community water source or using household waste waters, storing water in containers and consider solutions that reduce water dispersion in the soil, such as keyhole gardens and container gardens.
- Plan accurately the monitoring process and coordinate with the Ministry of Agriculture to rely on national Agricultural Extension Development Officers, usually located in villages, for the monitoring of garden activities in remote areas.
- Encourage trained beneficiaries to assist non-beneficiaries interested in setting up their garden.