

## **DISCUSSION: MEASURING HOUSEHOLD FSN, WITH A FOCUS ON HIV AFFECTED HOUSEHOLDS**

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## I. GENERAL INFORMATION

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Duration:	5. 02 - 22. 02. 2007
Number of participants:	12
Number of Contributions:	25

## II. INTRODUCTION OF THE TOPIC

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I am a public health nutritionist and food technologist working for Valid International [[www.validinternational.org](http://www.validinternational.org)]. I am interested in the relation between **adult malnutrition and household food insecurity in high HIV prevalence areas**.

I am about to start a **large clinical trial in Eastern Africa** in this area of research. One of the operational research focus consists in **measuring the food security of households containing adults malnourished with HIV under ART** (anti-retroviral therapy). I want to use tools, indicators and methods which would be used by most of the other agencies working in this area of interest in order to compare the results later on across countries/region with similar patterns. I am thinking of adopting the **Household Diet Diversity score developed by FANTA** (Food and Nutrition Technical Assistance) [see at <http://www.comminit.com/en/node/71588>]. But there might be other suitable and friendly method to employ. **Is anybody available to share opinions about this?**

IMPORTANT: contributions to this appeal are welcome to lead to opportunities to multi-center studies. The results, in high demand right now, will be very useful for donors, policy makers and field officers interested in planning, monitoring and evaluating food aid or food security programs in high HIV prevalence areas.

Thanks for your kind attention.

My very best regards.

Filippo di Bari

Valid International

### **III. LIST OF CONTRIBUTIONS;**

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#### **Contribution by Cheikh Ahmadou LO, Technology and Food Nutritionist**

Hello dear colleague,

Fillipo as you I am a technologist and food nutritionist, and it's my pleasure to find other people in the same area. However, I think you can find useful informations about those issues at the standing committee on nutrition website see:

[http://www.unsystem.org/SCN/Publications/AnnualMeeting/hiv\\_reference/nut\\_and\\_hiv\\_aids.htm](http://www.unsystem.org/SCN/Publications/AnnualMeeting/hiv_reference/nut_and_hiv_aids.htm)

The IFRC (international federation red cross/crescent) website have a topic on nutrition, food security and HIV

see:

[www.ifrc.org](http://www.ifrc.org)

Cheikh Ahmadou

#### **Contribution by Amélie Solal-Celigny, Food Security and Nutrition Consultant, FAO**

My name is Amélie Solal-Céligny, I am a food security and nutrition consultant and have been working for FAO's Nutrition and Consumer Protection Division for nearly 3 years. Prior to my work with FAO, I worked in Burkina Faso for the Ministry of Agriculture in collaboration with the *Institut de Recherche pour le Développement* (IRD) on the integration of nutrition indicators (including the Mid Upper Arm Circumference) within the food security information system

My current work with FAO mainly focuses on the provision of technical assistance to governments for the **adaptation, use, analysis and interpretation of simple household food security and nutrition monitoring tools**. These tools provide information on dietary diversity and access to food and can be used in early warning systems, as monitoring indicators for food security and nutrition information systems or for impact evaluation of specific interventions aiming at improving the diet. They are simple and can therefore also be administered and analysed at decentralized level.

I believe that nutrition information, and especially information related to the diet, is key to any comprehensive analysis of the food security situation at household level. As anthropometry is not food specific (nutritional status is directly influenced by food deficit *or/and* health status), costly and often too complex (it requires specialized skills to analyse), it is important to have simple indicators to provide timely and useful information on food security from a nutrition perspective. I would be very interested in knowing more about your views and experiences on this topic.

Amélie

#### **Contribution by Professor George Kent, Department of Political Science, University of Hawaii, USA**

A good deal of attention has been given to the impacts of HIV/AIDS on nutrition status. There should also be some research on whether poor nutrition status increases one's vulnerability to HIV/AIDS.

Aloha, George Kent

#### **Contribution by Alexandra Crosskey, Livelihoods and Food Security Advisor, PACAPS (Pastoral Areas Coordination, Analysis, and Policy Support), Horn of Africa**

I conducted a study for Save the Children UK in Western Kenya looking at the **impact of HIV/AIDS on household food security** using the **Household Economy Approach (HEA)**. HEA looks at food access rather than quality of the diet but there is no reason you couldn't use the data (household food production/purchase & consumption) in your study. I would be happy to

share the reports and data spreadsheets

Thanks,

Alexandra Crosskey

**Contribution by Angela Murugi, Nutrition Student, University of Nairobi, Kenya**

Hi,

I have come across your message on measuring household FSN of PLWHA and i am a nutrition student at the university of Nairobi in Kenya. I am interested in this project especially if it will be in East Africa as this is my home area. If you are carrying this project in East Africa I would like to take part in it and help in any way whatsoever.

Thank you

Angela ([akmurugi@yahoo.com](mailto:akmurugi@yahoo.com))

**Contribution by Samwel Mbugua Site Coordinator and Food and Nutrition Security Researcher, CIP-Urban Harvest Nakuru Project**

Alexandra,

I am involved in a project in Nakuru Kenya, on **FSN and micro- livestock and horticulture intervention among HIV/AIDS affected households** (at least one member is HIV positive) in Nakuru Municipality.

In the baseline survey we used the **FANTA developed HFIAS** (Household Food Insecurity Access Scale) and **HDDS** (Household Dietary Diversity Score) and **24hr dietary recall, anthropometrics for an index child and livelihoods assessment based on the SLA framework**. I cannot share the reports at the moment as we are in the process of submitting abstracts on the same, but would be glad to hear the experiences of others in operationalizing the different tools.

Samwel Mbugua

**Contribution by Alemu Asfaw Food Security Analyst, SIFSI-Northern States, FAO-Sudan**

I found the following PowerPoint presentations very informative, acknowledgement to FEWS NET (The Famine Early Warning Systems Network, <http://www.fews.net/Pages/default.aspx> ) and FEG (The Food Economy Group, <http://www.foodeconomy.com/whatWeDo/index.html>.)

- HIV/AIDS and Food Security-W Africa:

[http://km.fao.org/fsn/resources/fsn\\_viewresdet.html?no\\_cache=1&r=360&nocache=1](http://km.fao.org/fsn/resources/fsn_viewresdet.html?no_cache=1&r=360&nocache=1)

- HIV/AIDS and Food Security: Kenya and Zambia:

[http://km.fao.org/fsn/resources/fsn\\_viewresdet.html?no\\_cache=1&r=361&nocache=1](http://km.fao.org/fsn/resources/fsn_viewresdet.html?no_cache=1&r=361&nocache=1)

- HIV/AIDS impact on Food Security - One Page Concepts

[http://km.fao.org/fsn/resources/fsn\\_viewresdet.html?no\\_cache=1&r=362&nocache=1](http://km.fao.org/fsn/resources/fsn_viewresdet.html?no_cache=1&r=362&nocache=1)

Regards,

Alemu Asfaw

## **Contribution by Amelie Solal-Celigny (Facilitator) and Terri Ballard (FAO's Nutrition and Consumer Protection Division)**

The Nutrition and Consumer Protection Division of FAO works in many countries to **improve measurement of food access and dietary quality through the use of simple tools**, in particular the **Household Food Insecurity Access Scale (HFIAS) and Dietary Diversity (DD) questionnaires**. We would like to share **some results from a few countries to show how these indicators can be used and what kind of information they can provide**.

**In central Mozambique**, two surveys were conducted with our technical assistance in districts along a major transportation corridor (with high levels of HIV/AIDS) and districts located away from the corridor. The first survey took place in the pre-harvest period and the 2nd during post-harvest. Each sample was independently chosen using a 2-stage cluster design. The HFIAS was administered in both surveys to measure changes in food access over the intervening period, with the expectation of seeing improvements from time 1 to time 2. In the district on the transportation corridor, the HFIAS was able to detect changes in households with at least one person chronically ill in the past 3 months - a proxy for a Person Living with AIDS. The higher the HFIAS score (ranging from 0 - 27), the greater the food insecurity with respect to access. At time 1, the mean HFIAS score for the district was 13.8 with no differences between households with or without an ill person. At time 2, while an overall improvement was seen for the district (mean of 10.6, statistically different from time 1), the food security status of households with ill persons was significantly worse than of other households (14.4 vs 10.6).

**In Burkina Faso**, a survey including HFIAS and DD was conducted in three livelihood zones: predominant pastoralists, predominant cash crop (cotton) production and predominant cereals production. Results showed that in the pastoralist's zone, the diet was generally poor (mainly based on milk, cereals and vegetables) but people were not the most food insecure. Indeed, the mean HFIAS was 6.75 vs. 7.09 in cereal production zone. The indicator also showed that people tend to adopt different coping strategies when facing a lack of access to food, depending on their livelihood: in the pastoralist's zone, they seemed to consume non preferred food before reducing number of meals whereas cereal producers will more easily diminish the quantity of food consumed and/or skip a meal before consuming non preferred food. In the cash crop production zone, which is known to be richer, it was found that people had a varied diet (five groups consumed by more than 50 % of the population), consumed more fish, oil and vegetables and were on average much less food insecure (mean HFIAS: 4.89). However, almost 20 % of them were classified as severely food insecure.

In Mozambique, **the HFIAS was able to show that during a period when overall improvements in food access were expected, vulnerable households did not benefit and their food access/food security status remained invariable. In Burkina Faso, the indicators were able to show differences in behaviours and food consumption patterns by livelihoods.**

Amelie Solal-Celigny (Facilitator),  
and Terri Ballard (FAO's Nutrition and Consumer Protection Division)

## **Contribution by Filippo di Bari , Public Health Nutritionist and Food Technologist, Valid International**

Dear Alexandra,

Thanks so much for your valid contribution to the discussion. I would like to get in touch with you to know about your experience in using HEA. I have heard a lot about HEA and it seems to be very well designed.

Said that, correct me if I am wrong but it seems to be used mainly within Save the Children projects around the world. If this is wrong I apologize, it is just my limited knowledge of this area...

Since we are starting a large research in East Africa, we would like to use indicators that whose results we could easily compare with other programs which have used the same indicators.

My question is then: **what is the acceptability of the HEA among for example UN programs, other international NGO similar programs?**

Thanks for your kind interest and attention into that.

My best regards. Fil

### **Contribution by Alexandra Crosskey**

Dear Filippo,

I agree that HEA (*Household Economy Approach*) has been used predominantly by SC UK (*Save The Children UK*) around the world, although I have trained other organisations to use HEA (World Vision, Oxfam, World Food Programme, etc). In 2006/2007 I worked with Oxfam GB who used HEA assessment reports to contribute to their programme design. They have also been using the HEA livelihood assessment reports in their proposal to EC and ECHO (*European Commission Humanitarian Aid*) . At present I am collecting all existing livelihood profiles in the Horn of Africa, which have been products of HEA baseline assessments. This is a USAID funded Programme - RELPA (*Regional Enhanced Livelihoods for Pastoral Areas*). This information will be used by our implementing partners to help design their programmes, put together their contingency plans and help the M & E (Monitoring and Evaluation) process.

In terms of its acceptability - good question. It has been used in East Africa since 1992 to do livelihoods analysis. I have used HEA in the region since 1996 and haven't yet come across another robust approach in gathering and analysing livelihoods and food security (food access rather than quality of diet). SC UK have recently updated the user manuals on HEA - contact Michael O'Donnell for more information on this:

**m.o'donnell@savethechildren.org.uk**

Best regards,  
Alexandra

### **Contribution by Marie Claude Dop, Nutrition Officer, FAO**

Dear Filippo,

Since you are planning to conduct your study in several countries, you might want to consider **using standardized tools**. As you probably already know from Terri Ballard and Amelie Solal's postings, the FAO Nutrition and Consumer Protection Division is promoting the use of simple tools **to measure household food security and dietary diversity** (namely the HFIAS and DD from FANTA and FAO).

The tools have been used in many countries (see Terri's posting for some experiences). One of their main strengths is that the tools are standardised and therefore the **results can be compared over time and between different locations**. However, **prior to using them in the field, it is necessary to adapt them to the local context**. The adaptation generally consists in focus groups and key informants interviews in communities located in the area where the tools are intended to be used. It also includes the translation into local languages and provides essential information to ensure that the questions are well understood by the respondents.

The tools are applicable at decentralized level. The analysis is simple and doesn't require special software. Of course we do not suggest they be used in isolation as they only inform on the household level of food insecurity and consumption. You can find more info on the EC/FAO programme website at: [http://www.foodsec.org/tools\\_nut.htm](http://www.foodsec.org/tools_nut.htm)

Marie Claude Dop, MD, PhD

## **Contribution by Michele Pecora, Food Security & Nutrition Consultant**

Dear Filippo,

I recently conducted a **food security assessment in Niger** (Zinder Region) for MSF-CH (Médecin Sans Frontières) **using HEA in combination with food consumption indicators such as (weekly) Dietary Diversity and Frequency and Coping Strategies Index related to consumption strategies**. I agree with Marie-Claude on the need to use standardized and locally adapted tools to monitor regularly food consumption. In my perspective these are powerful food insecurity indicators able to predict increasing malnutrition rates (nutrition perspective) at a short-term time and comparable among different zones, which is a priority in countries with seasonal and localized food deficits such Niger.

Moreover, HEA is evolving towards standardized tools to make prediction of monthly shock related shortfalls in food access (food and cash income deficits for local minimum living standard) so with a seasonal viewpoint of scarcity. It aims to estimate size and type of social transfers to meet an agency objective. A calculator spreadsheet (HEA Smart Methodology) has been developed by John Seaman (one of the HEA founder) and tested in the field by several NGOs such as MSF and ACF. I used it in my study in Niger and am really interested in similar experiences and in sharing results. You can find it at the below address:

[http://www.smartindicators.org/SMART\\_FS.xls](http://www.smartindicators.org/SMART_FS.xls)

Another refinement of HEA is the **Individual Household Economy (IHM)** which is particularly relevant to the discussion: it has been developed to analyze shocks such as HIV/AIDS where more disaggregated analysis of household problems to acquire food and goods is needed. Even if at a early stage, you will find here results of several pilot assessments:

<http://www.evidencefordevelopment.com/how/work-we-have-done.html>

I would be happy to have forum members' impressions on these tools for livelihoods and related HIV/AIDS studies. I am starting a PhD research on the topic and would be nice being in touch with other field practitioners.

Thanks so much,

Michele Pecora  
[michelepecora@inwind.it](mailto:michelepecora@inwind.it)

## **Contribution by Alemu Asfaw, Food Security Analyst, FAO Sudan**

Whoever is interested in reading more about the **Household Economy Approach (HEA)**, I would recommend the following link for their recent guide: The practioners' Guide to the Household Economy Approach:

[http://www.savethechildren.org.uk/en/54\\_4200.htm](http://www.savethechildren.org.uk/en/54_4200.htm)

Other related links:

<http://www.wahenga.net/index.php/home/>

<http://www.foodeconomy.com/>

However, whoever is interested in discussing its applicability and experiences in other countries, the pros and cons of the methodology, etc, I can be reached at [alemu.asfaw@fao.org](mailto:alemu.asfaw@fao.org)

My best regards,

Alemu Asfaw

## **Contribution by Charles Teller, Adjunct Professor of Population and Development,**

## Population Studies and Research Center, Addis Abeba

### **WHY AREN'T ALL LOW-WEALTH HOUSEHOLDS, IN A VULNERABLE LIVELIHOOD ZONE, FOOD INSECURE AND MOST POOR CHILD MALNOURISHED?**

#### **QUICK OBSERVATIONS ON THE IMPROVED HEA GUIDE AND COMPLEMENTARIES/NUANCES SUGGESTED IN ADDRESSING HIGH CHRONIC MALNUTRITION AT SUB-LIVELIHOOD ZONES: BIASES OF A RURAL SOCIOLOGIST-DEMOGRAPHER**

Colleagues: I have not been able to follow all the rich and valuable information and experience exchange on FSN, but they are really enlightening.

While I am a practitioner and lecturer in the HEA approach and broader research methods on food and nutrition in Sub-Saharan Africa, it's important to complement it with other data that conceptually and empirically. From a sociological and demographic point of view, let me suggest some nuances:

**MICRO LEVELS OF ANALYSIS:** sub-clans, kinship systems, extended households, families, and individual do make a difference, particularly in coping capacity, "expandability" and vulnerability, age, sex.

- 1- Household labor availability and migration differentials: off-farm labor and extended HH member "adult-labor equivalents" are often the main expandable and diversification strategy
- 2- Age and Gender considerations in household heads: HHs go through life cycles, and resource allocation and coping strategies differ
- 3- Demographic pressure on land and natural resource base: possibilities of extensification and intensification are limited by natural resources, as well as available technology
- 4- Intra-household allocation of food, nutrients, clean water, exclusive breastfeeding and maternal and child caring capacity affect young child malnutrition
- 5- Differential access to, and utilization of, health and education affects the social capital and human resource capacity

Thus, while the RRA approach to livelihood analysis is practical and participatory, better use of available data at the sub-HEA zone levels will increase it's effectiveness: Among those available in Africa are:

- 1- Agricultural and Population censuses for community, village and hh levels
- 2- Household health, welfare monitoring, food/health expenditures consumption and anthropometric longitudinal (seasonal) panel studies
- 3- Migration and labor force and social mobility studies; pull side factors in places of destination
- 4- HH head perceptions of vulnerability, risk, coping strategies

**Not ALL are needed, but WHEN they are available, USE them strategically to compliment the zonal and wealth-level HEA.**

Charles H. Teller, Ph.D

#### Contribution by FSN-Forum Moderator

On behalf of FSN Forum Moderator.

In 2007, the D-group Indicators bridging Food Security and Nutrition had a discussion on the use of simple tools that measure food security status from a nutrition point of view. The discussion was organized by the FAO's Nutrition and Consumer protection Division. This discussion focused on the use of the FANTA Household Food Insecurity Access Scale (HFAS) and the Dietary Diversity Questionnaire and many participants shared their experiences and insights.

Kindly find some contributions to this discussion, which are highly relevant to our present dialogue. They have been added in the 'Resources' section of the website, at this link: [http://km.fao.org/fsn/resources/fsn\\_viewresdet.html?no\\_cache=1&r=366&nocache=1](http://km.fao.org/fsn/resources/fsn_viewresdet.html?no_cache=1&r=366&nocache=1)

Please go to [http://www.dgroups.org/groups/fao/indicfsnut/index.cfm?op=act\\_login](http://www.dgroups.org/groups/fao/indicfsnut/index.cfm?op=act_login) if you want to read all posts of the forum "Indicators bridging Food Security and Nutrition". You may have to register if you are not a member of any D-Group.

FSN Forum Moderator

### **Contribution by Amélie Solal-Céligny**

Dear FSN members,

Thanks for participating in the discussion on "Measuring household FSN, with a focus on HIV affected households".

So far contributions mainly focused on the Household Economy Approach (HEA), a methodology to conduct a comprehensive analysis of food security and vulnerability through household economy and market information, with an emphasis on livelihood specificities.

Some of you also mentioned the use of the Household Food Insecurity Access Scale (HFAS), which is a simple tool that measures household food security, with a focus on food consumption strategies adopted by households when facing a lack of access to food. It can be incorporated into household survey instruments and complements other information to give a comprehensive picture of food and nutrition situations.

**The use of such methods or tools depends widely on the objective of the survey and the context in which they will be applied.**

Moreover, data on household FSN may already be collected either by governments through regular monitoring systems and/or by specialized agencies through surveys. Therefore it is important to be aware of different existing tools used in the area/country under consideration. Knowing what method has already been used in the past may help with the selection of the best tool to use to get specific information. This will promote standardization of approaches and enable comparison of results with previous assessments.

A few other indicators were mentioned in the discussion:

- Dietary Diversity and Food Consumption Score
- Coping Strategy Index
- Individual Household Economy

It would be interesting to know **in which context these indicators can be used and what criteria you would suggest for choosing one or the other.**

Finally, I would like to **thank Charles Teller for highlighting some aspects on which information is needed to carry out micro level food security analysis.** While it is important to avoid collecting unnecessary information (as it is often the case: many questions are included in a questionnaire but never analysed), this list can be very helpful for making sure not to miss important factors that can influence the food security and nutrition situation.

Looking forward to more contributions on household FSN indicators,

Thanks,

Amélie Solal-Céligny (Facilitator)

### **Contribution by Dalia Mattioni, Agricultural Development Economics Division (ESA), FAO**

Hello all,

My name is Dalia Mattioni and I have recently joined the Food Security Service here in FAO to help coordinate the Task Force on Assessment, Monitoring and Evaluation of the Standing Committee on Nutrition (SCN, <http://www.unsystem.org/scn/>).

The Task Force (TF) has recently (November 2007) drafted a Work plan ("Areas of Work document") that sets out its main **objectives**:

1. establish an agreed upon minimum **set of core indicators that measure food deprivation and malnutrition and that would be acceptable to all members** – the indicators would cover the three key areas of **food, care and health**.
2. serve as an effective sounding board for the SCN Working Groups and inter-agency activities (such as the HNTS) - this would also entail providing suggestions to, or peer reviewing, agreed activities and outputs.
3. provide a forum where members can exchange information on AME best practices, tools and methods.

At a recent meeting we had in January this year, the TF decided to narrow down its activities to produce **4 outputs by the end of the year**:

1. Develop a statement and a review paper on stunting as the "principle evaluative indicator of poverty reduction" as the SCN Action Plan mentions itself.
2. Considering the request coming from the field of simple and clear guidance on a number of key AME indicators, prepare a number of **fact sheets on selected food and nutrition security indicators or measures**. A template has been developed and the first 4 fact sheets on: **Mid-Upper Arm Circumference (MUAC), Stunting, Dietary Diversity and Household Food Insecurity Access Scale (HFIAS)**, have been written and are currently being revised and finalized.
3. Produce a **study/review of selected indicators and thresholds used in the IPC** (Integrated Food Security Phase Classification), as well as outside the IPC. The request is a result of a recent consensus to adapt the tool to a development context alongside the emergency contexts where it is already used.
4. Support the SMART (Standardized Monitoring and Assessment of Relief and Transition) team in the revision of Module 3 of the tool on Food Security Assessment.

Outputs 2 and 3 are highly relevant to the topic of our discussion. They are still in draft form and are being revised and discussed. **Anyone interested in these products can write to me directly**. In the meantime as the fact sheets get cleared and finalized I will share them with the Forum.

TF members include food security and nutrition specialists from the SCN's three constituents - UN agencies (so far there are members from FAO, WFP, UNICEF and IFAD), governments and NGOs/civil society. Currently the TF is made up of 12 members belonging to these three different constituencies and based in different continents. As in the case of SCN Working Groups, membership is open to anyone who is interested to join.

Considering its demand-driven nature, the **TF is open to any requests for support, especially those coming from the field.** Should you want more information on the TF I'd be happy to furnish it- please contact me ([dalia.mattioni@fao.org](mailto:dalia.mattioni@fao.org)) or the co-chair of the Task Force, Mark Smulders ([mark.smulders@fao.org](mailto:mark.smulders@fao.org)). Any comments on the above are also welcome.

Thanks and best regards,

Dalia

### **Contribution by Filippo di Bari**

Dear all,

I noticed that the very interesting interventions tended, sometimes, to forget the main focus: **HIV.** However all the comments and inputs have been very relevant. I tried to summarize the contributions into a matrix for a quick outlook on the outcome of the long list of interventions so far. **Please feel free to complete/modify/enrich this table.**

Thanks for this.

My best regards. Fil

Please see the table at this link:

[http://km.fao.org/fsn/resources/fsn\\_viewresdet.html?r=368](http://km.fao.org/fsn/resources/fsn_viewresdet.html?r=368)

### **Contribution by Filippo di Bari**

Dear all,

It seems like we are in the middle of an exciting phase: **[1] tools to measure F&NS in HIV have been developed, but [2] partially tested, plus [3] there is not consensus on all of their aspects (i.e. what they measure exactly, pros & cons, etc.).** I would like so much to know more about the technicalities of the method our colleagues adopted out there in the field to evaluate the quality of the final data...(sorry if I exceed in thoroughness, but you will agree that too often in FS, in the past, not-evidence based tools have been applied to come up with dodgy results).

I think the role of the Forum was to raise such nature of topics and related perplexities, but for the final answers is different. The raised contents do need now a **short (live?) workshop to systematize the outcomes of the past and soon concluded studies** (i.e. Terri). The result of such workshop, if properly facilitated (and supported from the appropriate lobby point of view), could lead to a very important outcome: **a formal tool kit for the measure of F&NS in households affected by HIV or specific aspects of it.** A real opportunity here...

To see the table: [http://km.fao.org/fsn/resources/fsn\\_viewresdet.html?r=368](http://km.fao.org/fsn/resources/fsn_viewresdet.html?r=368)

I feel very excited by the fact that our research timeframe in Kenya, seems to match pretty well the time by when the results from Terri and others will be available. Thanks for the amazing opportunity your service is giving us for this.

My best regards.

Fil

We will conduct the field study pre-test one of the tools quoted so far. However, you now perceive that our final choice will be definitely based on the lively discussion raised. So thanks once more. Once the pre-test will be over, we will apply the best tool in a 2 years long study, you can imagine which opportunities slot this opens... Happy to share all the results with FAO and others as soon as available, obviously. Quite a few publications will follow.

### **Contribution by Terri Ballard**

I would like to clarify one thing that Amélie said in the last communication. The **HFIAS is in fact undergoing a rigorous internal validation**, carried out by Megan Deitchler of FANTA and myself at FAO. We hope to have results by **June or July**. In addition, in many countries where the HFIAS has been used, it has **correlated closely with wealth, dietary diversity, height-for-age, and sex of head of household**. This type of informal validation does provide information that **HFIAS is measuring levels of food security and is able to identify as food insecure household** that have characteristics usually associated with food insecurity, such as poverty, low dietary diversity, high levels of child stunting and female-headed households.

Thank you,

Terri

### **Contribution by Terri Ballard**

Dear all,

I am in Mozambique with a very slow internet connection and am not sure I make a large contribution. However, I would like to add that it shouldn't be said the HDDS has never been used in a high HIV area (we used it in a high prevalence transportation corridor in Mozambique, Samwel used it in an urban setting in Kenya with high prev HIV). I can't think of any reason why it wouldn't work in a high HIV prevalence area like it works anywhere else unless the respondents all get lots of food aid so their diets would appear quite adequate. I know Amélie is leaving soon for mission herself. Maybe Marie Claude and Gina could take a look at this.

While the HFIAS does not explore structural causes of food insecurity, it does indicate how families eat when they have limited resources to acquire food. It is thus very useful for monitoring detrimental dietary changes that could lead to nutritional problems, and this would be very useful for HHs that are already precarious due to illness.

Cheers,

Terri

### **Contribution by Amélie Solal-Celigny**

I had a few quick comments

- the HFIAS has not been validated yet.
- DD measures the diversity of food consumption and not commodities! It is an indicator of adequacy of the diet, whereas HFIAS looks at food consumption strategies
- DDS requires adaptation too

Thanks,

Amélie

### **Contribution by Gina Kennedy, Nutrition and Consumer Protection Division, FAO**

Dear Filippo,

I have not been keeping up with all of the discussions but did want to add a comment on the matrix below. I would disagree with the line in the matrix related to a disadvantage of DDS being

that it can not explain any of the causes of food insecurity. Maybe it is important to draw a distinction between looking only at the DDS - just the score, and **using the information collected on dietary intake in different ways to further inform the analysis.**

We are finding that **collecting information on dietary diversity can provide a good indication of availability of specific foods/ food groups in an area** - for example a recent study in Mozambique conducted during mango season showed all households consumed mango - regardless of socio-economic status (SES). In Somalia no households consumed pulses, again regardless of SES. These are examples of how dietary diversity can help to identify food availability issues. When it is mango season, this food is available and accessible to all households. During the period the survey was conducted in Somalia, there was no availability of pulses. These issues of course have an **impact on the nutritional vulnerability of the households**, which would be an important consideration in high HIV prevalence areas.

**Household economic access to food is very clearly linked to dietary diversity** - this relationship has been found in many studies with increasing dietary diversity being related to higher household SES. Households with better food access will have a higher DDS. I would agree that one would then need to explore more of the causes - but analysis of dietary patterns can provide lots of useful information. For example in a study in rural Mali the food groups most influenced by SES were fruit, meat, milk and eggs this would be an access and not an availability issue. This type of analysis would also be **very beneficial for considerations of improving nutritional vulnerability in high prevalence HIV areas.**

Cheers,  
Gina

#### **Contribution by Samuel Mbugua, Egerton University, Kenya**

To add on Terri's comments, based on the HFIAS data I collected in Kenya I have performed construct validity, internal consistency and criterion related validity tests and the results indicate that HFIAS is a valid tool for measuring food insecurity and the results seem consistent with work published in Tanzania, Burkina Faso, Kendalls validation in US etc.

Samwel Mbugua

#### **Contribution by Filippo di Bari**

Dear Gina,

Your email has been very useful. What you are saying is launching a new light on the meaning of the tool.

In our study we are having **severely malnourished adults enrolled in a large HIV programme providing ART**. These are the terms of the study:

**Hypothesis:** That **HIV** in an adult **negatively affects household food security** as assessed by Household Dietary Diversity Scores (HDDS).

**Aim:** To **assess differences in food security in HIV+SM, HIV, and control households.**

**Outcomes:** **Difference** in mean **HDDS between HIV+SM, HIV, and control households.**

The control group will consist of:

Neighbouring households AND

Indicated by the household from the intervention group AND

Not containing any adult malnourished and/or

enrolled in the HIV programme in any form

We are interested in **seeing if the DDS will capture a situation of food insecurity in the intervention group different from the one in the control group** (still similar from the SES point of view). Does this make sense to you? Or this is the wrong tool/approach? Thanks.

Any chance to have a multicenter study of such nature? Any location you would suggest? We are not looking for funds but just other places where to implement the same protocol on same subjects.

Thanks.

### **Contribution by FSN-Forum Moderator**

As indicated in the message by Dalia Mattioni (posted on the 22nd of February), the Task Force Task Force on Assessment, Monitoring and Evaluation of the Standing Committee on Nutrition (SCN, <http://www.unsystem.org/scn/>) is preparing a number of fact sheets on selected food and nutrition security indicators or measures. The fact sheets are meant to provide basic information, simple and clear guidance on a number of key AME indicators.

Dalia has shared the template of the fact sheet and the first 3 fact sheets on: Dietary Diversity (DD) and Household Food Insecurity Access Scale (HFIAS) and Mid-Upper Arm Circumference (MUAC). Another fact sheet on stunting has also been prepared and will be shared soon.

The fact sheets have been uploaded to the FSN Forum site:

Fact sheet on Household Food Insecurity Access Scale (HFIAS)  
[http://km.fao.org/fsn/resources/fsn\\_viewresdet.html?r=370](http://km.fao.org/fsn/resources/fsn_viewresdet.html?r=370)

Fact sheet on Dietary Diversity (DD) [http://km.fao.org/fsn/resources/fsn\\_viewresdet.html?r=371](http://km.fao.org/fsn/resources/fsn_viewresdet.html?r=371)

Fact sheet on Mid-Upper Arm Circumference (MUAC)  
[http://km.fao.org/fsn/resources/fsn\\_viewresdet.html?r=372](http://km.fao.org/fsn/resources/fsn_viewresdet.html?r=372)

Fact sheet template [http://km.fao.org/fsn/resources/fsn\\_viewresdet.html?r=369](http://km.fao.org/fsn/resources/fsn_viewresdet.html?r=369)

Your comments on the fact sheets are welcome. Should you have any other indicator that you would like to "describe"/develop using the template, please feel free to do so or request the Task Force to do it and the Task Force can distribute it.

Relevant information from the fact sheets has been added to the matrix and can be found at:  
[http://km.fao.org/fileadmin/user\\_upload/fsn/docs/FilippoTable.doc](http://km.fao.org/fileadmin/user_upload/fsn/docs/FilippoTable.doc)

### **Contribution by FSN-Forum Moderator**

In the framework of this discussion, Filippo has contacted the Standing Committee on Nutrition Task Force and obtained the "**TECHNICAL GUIDELINES: HIV/AIDS analysis - integrating HIV/AIDS in Food Security Analysis**" by World Food Programme (WFP). The guidelines are now being shared with the whole Forum as these are highly relevant to the discussion. The guidelines can be downloaded at [http://vam.wfp.org/thematic-pages/hiv-aids-and-ovc/HIV%20and%20AIDS%20analysis\\_%20technical%20guidelines.pdf/view](http://vam.wfp.org/thematic-pages/hiv-aids-and-ovc/HIV%20and%20AIDS%20analysis_%20technical%20guidelines.pdf/view)

The guidelines specifically look at the food security and vulnerability analyses that are typically conducted by WFP and provide suggestions on how to best integrate HIV and AIDS issues without changing too much the standard approach. Some recommendations can be not applicable for other studies.

More related resources can be found the thematic page on HIV and AIDS of the WFP web-site  
<http://vam.wfp.org/thematic-pages/hiv-aids-and-ovc>

For any clarification about the guidelines, please contact Chiara Brunelli, the lead researcher of the project [Chiara.Brunelli@wfp.org](mailto:Chiara.Brunelli@wfp.org)

Seeing that some more contributions are still coming, we are extending this discussion to 14 March.

The matrix that we are working on is also included below. Kindly give your comments to complete it.

### **Contribution by Filippo di Bari**

I am about to start a randomized controlled trial on a new ready to use therapeutic food specific for HIV in Kenyan adults. Right now we are working on the ethical approval. I am also supervising a small study to define the household food insecurity profile of the patients enrolled in the trial. So far in collaboration with UCL and the London School of Hygiene and Tropical Medicine, we are thinking of testing the DDS. The setting of the study is a MSF HIV programme. We will conduct the field study pre-test one of the tools quoted so far. However, you now perceive that our final choice will be definitely based on the lively discussion raised. So thanks a lot. Once the pre-test will be over, we will apply the best tool in a 2 years long study. I'm happy to share all the results with FAO and others as soon as available, obviously. Quite a few publications will follow.

We are glad to **offer our research site as one of the possible multi-center study**. These things take time to be organized, so the sooner we find partners the better. NB: we do not need funds - our research is generously funded already. Just looking for partners.

The goal of this discussion has been achieved: to collect information and opinions about the most suitable tools to assess household food and nutrition insecurity in high HIV prevalence area. This would have not being possible without the collaboration of everybody. Therefore thanks for the very valuable contribution. The **matrix (below) will remain at the major output of the discussion**.

For any further talk or collaboration, please contact me at [filippo@validinternational.org](mailto:filippo@validinternational.org)

My very best regards,

Fil

### **Contribution by Manuel Veiga**

I found these fact sheets to be a useful way to describe indicators, I hope the list of indicators for which fact sheets will be produced by the SCN Task Force in the future include: **CSI, Daily food energy consumption per capita (through HES), Food Consumption Score (developed by WFP?) and BMI**.

Manuel