

Hunger Matters

RECURRING CRISES

Shedding light on the repeated hardships millions of families endure every year and the solutions that exist to build their resilience to cope with crises.

2012

An Action Against Hunger | ACF International publication





FOREWORD

It is my great pleasure to write this foreword for Action Against Hunger's annual publication. This is an important and much-needed publication from an organisation that contributes to the fight against hunger around the world in truly remarkable ways.

For more than three decades, Action Against Hunger has had a constant and irreplaceable role in running programmes to combat hunger and undernutrition in many parts of the world affected by natural disasters and conflict. The work it does to provide relief for the immediate needs of people afflicted by disaster and to promote initiatives ensuring their self-sufficiency is renowned. The organisation has also done much to raise awareness of the devastating scale and impact of undernutrition, especially in children under five years of age.

Sadly, in too many cases, child undernutrition is only diagnosed and treated once consecutive recurring crises have reduced the ability of the child's family to provide a protective, healthy environment.

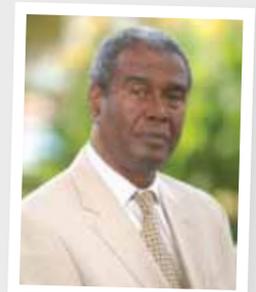
Recurring crises are the often predictable and preventable crises which bring the most vulnerable communities in the world to their knees. Yet they are frequently overlooked by media, donors and politicians. They include endemic, seasonal food shortages; extreme and destructive weather events such as cyclones and droughts; outbreaks of disease due to poor sanitation and unsafe drinking water; and violent conflict, sparked by few but impacting many.

Vulnerable families lack the resources to build resilience to these crises. Therefore even small shocks force them to exhaust their resources and leave them in an even weaker position to survive the next one.

This publication sheds long overdue light on the burden of recurring crises. It also highlights some of the innovative activities undertaken by Action Against Hunger to build the resilience of vulnerable communities and to prepare them for the onset of the next crisis.

It shows that hunger is not inevitable. It can be fought with success and rooted permanently from the face of the earth. Hunger is an injustice which is intolerable, especially as its causes are well known and the means exist to tackle it. However, more than anything else, political will is needed to ensure the implementation of programmes which prevent the worst effects of crises before they happen.

António Mascarenhas Monteiro
Former President of Cape Verde
and Advocate for Nutrition
in West Africa



WELCOME

I am delighted to introduce Action Against Hunger | ACF International's new-look annual publication, **Hunger Matters**. For more than 30 years, ACF has been at the forefront of major hunger crises throughout the world, supporting communities, households, parents, mothers and children, irrespective of their religion, race, tribe, age, gender or political opinions.

We have always prioritised action above talk. However, through this annual publication, we would like to share the experiences of our teams who describe hunger as they see it every day: intolerable and unacceptable. Last year's emergency in the Horn of Africa and the deteriorating situation in large parts of the Sahel region remind us that communities are often affected by cyclical food crises.

For many of us living in richer countries, repeated hunger around the world has become a normal and inexorable reality. It should not be. In our world of plenty, it is unacceptable that young children are severely malnourished. This edition of Hunger Matters reports on the **Recurring Crises** that impacted scores of communities during 2011, and continue to impact them today.

The facts are startling. Despite the world producing enough food for everyone, more than 55 million children under the age of five continue to suffer from acute malnutrition every year. This is caused in part by the daily struggles families face to survive, reducing their capacity to endure additional shocks such as conflict and natural disaster, and in part by seasonal variations in availability and access to food. The human cost of this devastating combination is revealed in "Life at the Sharp End" on page 13 – one woman's story of hunger and hardship in Somalia.

The articles, interviews and testimonies in **Hunger Matters** demonstrate the extensive experience ACF has in tackling persistent, debilitating undernutrition alongside its essential work to build the resilience of communities to both small and big shocks. However, too often the focus of donors, governments and aid agencies is on separating short term interventions from longer term solutions. More must be done to bridge the gap between programmes that deliver life-saving aid and initiatives that build the resilience of vulnerable communities for the long term.

I hope that the issues raised in this publication help to mobilise your support for the essential work that ACF and many other local, regional and international agencies do to put an end to undernutrition in children and to give them the brighter and healthier futures they deserve. Undernutrition is not a hopeless condition: many stories exist proving that it can be tackled successfully. However, it is still present, often lurking beneath the surface or appearing seasonally. The world has the knowledge, skills, resources and experience to bring an end to hunger but it continues to lack the political will, inspirational leadership and sustained commitment to go beyond words and good intentions, and to deliver this brighter future.



Denis Metzger

Chairman, International Chairman's Council
Action Against Hunger | ACF International



Our mission is to save lives by eliminating hunger through the prevention, detection and treatment of malnutrition, especially during and after emergency situations of conflict, war and natural disaster. From crisis to sustainability, we tackle the underlying causes of malnutrition and its effects. By integrating our programmes with local and national systems we further ensure that short-term interventions become long-term solutions.

Hunger Matters

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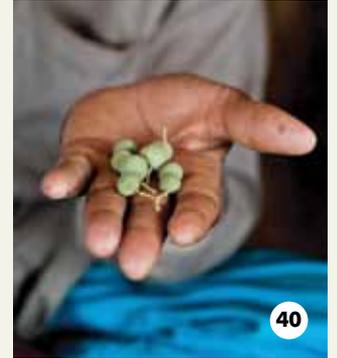
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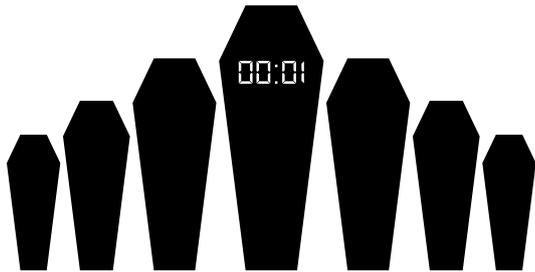
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UNDERNUTRITION NOW

ACUTE MALNUTRITION

55 MILLION CHILDREN

SUFFER FROM ACUTE MALNUTRITION



EVERY MINUTE, UP TO 7 CHILDREN DIE FROM UNDERNUTRITION-RELATED CAUSES

Acute malnutrition occurs over a short period of time and is prevalent almost exclusively in children.

There are two types of acute malnutrition: **moderate acute malnutrition**, where the body is seriously malnourished and starts to lose weight.

If untreated it can worsen to **severe acute malnutrition** which can result in a dramatic loss of weight (“wasting” or “marasmus”), swelling of the body as a result of oedema (“kwashiorkor”) or a combination of the two (“marasmic kwashiorkor”).

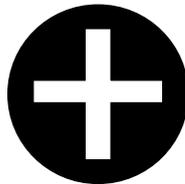
TOGETHER, ACUTE AND CHRONIC MALNUTRITION AFFECT ABOUT...

UNDERLYING CAUSES OF UNDERNUTRITION



INADEQUATE ACCESS TO FOOD

925 MILLION PEOPLE GO HUNGRY FOR AT LEAST PART OF THE YEAR



POOR CARE PRACTICES AND INADEQUATE ACCESS TO HEALTH SERVICES

ONLY 3% TO 9% OF CHILDREN RECEIVE TREATMENT FOR ACUTE MALNUTRITION. NEARLY 1 IN 5 OF THOSE WHO REACH GOVERNMENT-RUN CLINICS DIE DUE TO INADEQUATE SUPPLIES AND EQUIPMENT



INADEQUATE ACCESS TO CLEAN WATER AND SANITATION

884 MILLION PEOPLE HAVE NO CLEAN WATER; 2.6 BILLION PEOPLE HAVE NOWHERE TO GO TO THE TOILET

Malnutrition represents an imbalance between the nutrients the body needs and the nutrients it receives. It therefore includes undernutrition (inadequate intake of calories and / or nutrients) and overnutrition (consumption of too many calories or too much of any specific nutrient – protein, fat, mineral or any other dietary supplement). Action Against Hunger’s programmes tackle undernutrition which encompasses two different conditions: acute malnutrition and chronic malnutrition.

CHRONIC MALNUTRITION

Chronic malnutrition or “stunting” (a low height for age) occurs over a long period of time as a result of an inadequate diet, often combined with an infectious disease. It can also be as a result of several bouts of acute malnutrition.

Sufferers are likely to have their growth stunted and are unlikely to reach their full mental and physical potential.

178 MILLION CHILDREN

SUFFER FROM CHRONIC MALNUTRITION

THIS IS JUST HIGHER THAN THE ENTIRE POPULATION OF



...42% OF CHILDREN IN LOWER AND MIDDLE INCOME COUNTRIES.

SOME OF THE REASONS WHY HUNGER AND UNDERNUTRITION PERSIST



POVERTY: MORE THAN 1 BILLION PEOPLE CONTINUE TO LIVE ON LESS THAN \$1.25 A DAY



NATURAL HAZARDS: EARTHQUAKES, STORMS AND DROUGHTS CONTINUE TO DESTROY THE LIVELIHOODS OF ALREADY VULNERABLE COMMUNITIES



CONFLICT: 1 IN 4 PEOPLE ON THE PLANET (MORE THAN 1.5 BILLION) LIVE IN FRAGILE AND CONFLICT AFFECTED STATES



MARKET INSTABILITY AND PRICE INCREASES IN LOWER AND MIDDLE INCOME COUNTRIES: PRICES OF STAPLE CROPS INCREASE BY UP TO 400% BETWEEN THE HARVEST AND THE LEAN SEASON IN SOME RURAL AREAS



CANADA
UNITED STATES OF AMERICA

Subsistence agriculture is the main livelihood of the arid lands of the Sahel, but poor rains in 2011 have resulted in low harvests, with 25 per cent less crops than the previous year. Families are still struggling to recover from previous food crises and have exhausted their methods of coping, becoming trapped in a devastating cycle of poverty and undernutrition. At the beginning of 2012 one million children were at risk of suffering from severe acute malnutrition across the region.



GUATEMALA

Plagued by annual food shortages and natural crises including both drought and flooding, almost half of all children under the age of five are chronically malnourished – the fourth highest rate in the world. More than half the population lives in poverty and in some regions, a quarter of all children are stunted.

THE SAHEL

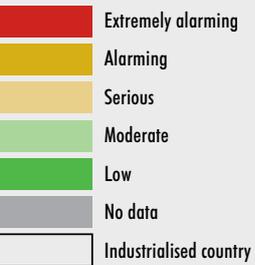


GLOBAL HUNGER

Hunger continued to impact poor, vulnerable communities across the world in 2011. The food crisis in the Horn of Africa served as a terrible reminder that hunger lurks below the surface in many communities and that recurring crises and continued hardship can lead to a devastating and often deadly rise in rates of life-threatening acute malnutrition. Seasonal food shortages can also lead to excessive rates of chronic malnutrition: a debilitating condition that can result in a lower physical capacity and energy for work in adult life, with associated economic costs.



Global Hunger Index 2011 by Severity

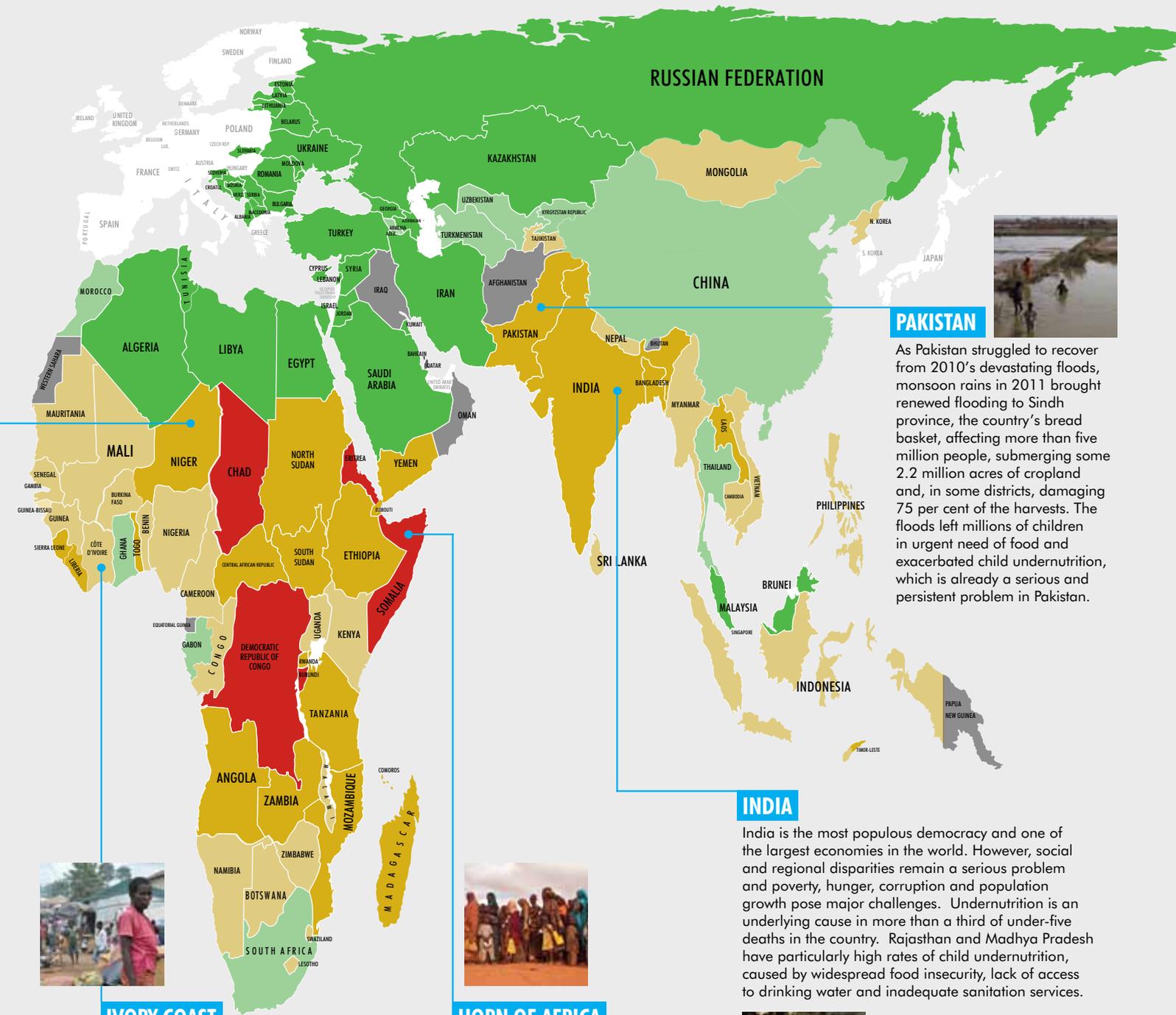


10 COUNTRIES
ACCOUNT FOR 78% OF CHILDREN IN DEVELOPING COUNTRIES WHO SUFFER FROM SEVERE ACUTE MALNUTRITION
(Lancet 2008)

MORE THAN A THIRD
OF ALL THE CHILDREN SUFFERING FROM CHRONIC MALNUTRITION LIVE IN INDIA
(Lancet 2008)

This map is portrayed through the Peters Projection. The Peters Projection shows the true area of land masses as opposed to the more traditional Mercator projection which inflates the sizes of regions according to their distance from the equator.

Source: 2011 Global Hunger Index, published by the International Food Policy Research Institute, Concern Worldwide and Welthungerhilfe. ACF has changed the Global Hunger Index for Somalia to reflect the 2011 famine in the country.



PAKISTAN

As Pakistan struggled to recover from 2010's devastating floods, monsoon rains in 2011 brought renewed flooding to Sindh province, the country's bread basket, affecting more than five million people, submerging some 2.2 million acres of cropland and, in some districts, damaging 75 per cent of the harvests. The floods left millions of children in urgent need of food and exacerbated child undernutrition, which is already a serious and persistent problem in Pakistan.

INDIA

India is the most populous democracy and one of the largest economies in the world. However, social and regional disparities remain a serious problem and poverty, hunger, corruption and population growth pose major challenges. Undernutrition is an underlying cause in more than a third of under-five deaths in the country. Rajasthan and Madhya Pradesh have particularly high rates of child undernutrition, caused by widespread food insecurity, lack of access to drinking water and inadequate sanitation services.



HORN OF AFRICA

Ongoing conflict compounded by severe drought and rising food prices impacted many families across the Horn of Africa, culminating in 2011's food crisis, which left an estimated 13.5 million people struggling to access food. At the height of the crisis, more than 5.6 million people fled their homes in search of food and in Somalia alone an estimated 450,000 children were acutely malnourished.



IVORY COAST

Ivory Coast was plunged into an emergency after disputed elections in 2010 led to violence and resultant food shortages. Tens of thousands of families were displaced by the violence and many farmers were unable to harvest what remained of their seasonal crops, resulting in devastating hunger and undernutrition. As families continue the slow process of rebuilding their livelihoods, thousands of children remain in urgent need of support.



One of the most tragic aspects of global hunger crises is not that they arrive without warning, but that they occur with devastating regularity. **Bapu Vaitla** exposes the myth of occasional and unpredictable hardship, and argues that an effective response to recurring crises requires a rethink in the way both humanitarian and development work is conceived and delivered.

The all too usual suspects

Just outside the small Guinean village of Mamou, a few hours inland from the western African coast, 25-year-old Aboubacar Bangoura sits and watches the sky. He is perched on a small wooden platform seven feet above his rice fields, slingshot in hand. It is mid-October, a month before the harvest begins – the time when the birds come to plunder the ripening grain. It has been two months since the rice stocks from last season's harvest ran out, and Aboubacar knows that losing even part of this year's crop would be disastrous for his wife and two young daughters. The family is managing the best it can, pulling up young cassava plants and harvesting the still-green corn, but they cannot hold on much longer.

Annual seasons of hunger have been a part of life in Mamou since Aboubacar himself was a child, and for generations beforehand. These types of "recurring crises" – some driven by climatic patterns, some by other different forms of economic, political and social fragility – keep hundreds of millions of families like Aboubacar's trapped in poverty. Because these cycles occur with numbing regularity, they rarely capture the world's attention with the same intensity as catastrophic natural disasters and epidemic disease outbreaks – something

John Madeley and Lauren Westaway explore further in 'No news is bad news' on pages 18-19.

Yet, sadly, these latter phenomena exact their immense human toll precisely because the resilience of their victims has been weakened by the recurring crises of the past. A severe drought will cause Aboubacar's daughter to become acutely malnourished because he has been unable to save money in previous years. He cannot afford an irrigation pump, and a malaria outbreak will threaten her life because the family has no cash reserves to afford treatment.

A recurring nightmare

These cyclical patterns of deprivation are so devastating because they prevent families from building up the assets they need – land, livestock or savings – to protect themselves and their families from the shock of a one-off crisis such as a failure of rains during the usual "growing" season or lack of access to the local food market due to localised conflict. If a drought were to hit in a situation where there are no recurring crises, a family might be able to sell some of their assets – cattle, say – in order to buy food and other essentials that would see them through the immediate crisis. Once the drought

was over and normal life resumed, the family would be in a strong enough position to replace the cattle they were forced to sell and begin rebuilding their 'capital stock'.

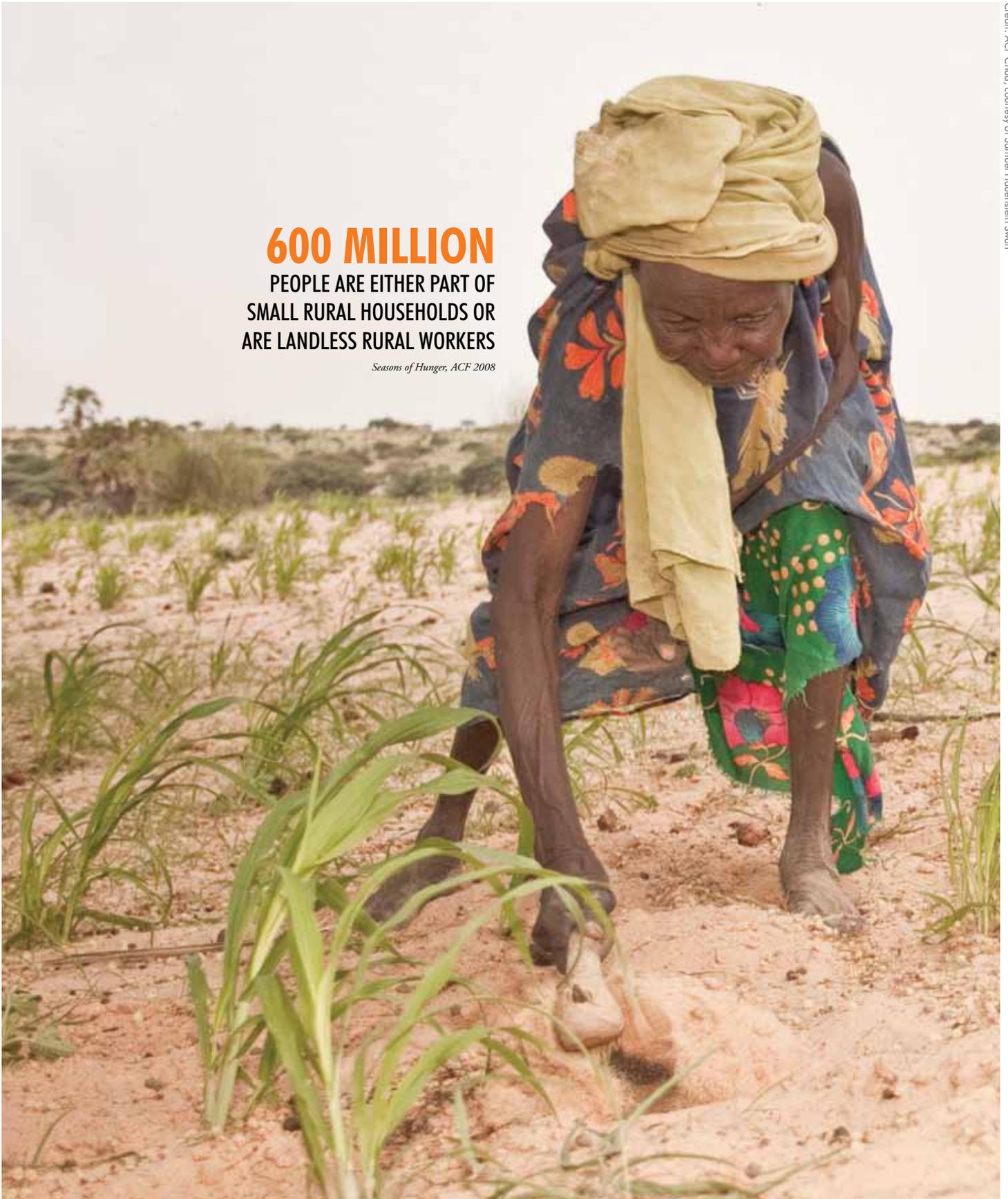
When crises are recurring, there is no such stability. Families continually have to sell their assets simply to survive from day to day. When a catastrophe does hit, the family either have nothing left to sell or are forced to sell so much ('asset stripping') that when the crisis is over, they are not in a strong enough position to replace their assets and rebuild their capital stock: a vicious circle from which it is virtually impossible to escape.

Millions at risk

This is no small problem. Nearly six hundred million of the world's hungry are smallholder farmers or landless agricultural workers. Many live in areas where lack of water or other environmental constraints mean there is only one harvest a year, which makes them particularly vulnerable to recurring crises. Conflict and disruptions brought on by climate change also weaken communities. The 2011 crisis in Somalia, for example, is not the outcome of a single bad season, but rather of years of deteriorating livelihoods.

600 MILLION
PEOPLE ARE EITHER PART OF
SMALL RURAL HOUSEHOLDS OR
ARE LANDLESS RURAL WORKERS

Seasons of Hunger, ACF 2008



In addition, families across the developing world suffer from yearly cycles of diarrhoeal diseases, malaria, acute respiratory infections and other illnesses. Even where weather patterns and other natural resources are favourable for livelihood productivity, continual small conflicts and seasonal restrictions to markets, health services and public safety nets make populations vulnerable. The forested and mineral-rich regions of West and Central Africa are examples of such areas.

A new type of response

It is hard to see how people can escape the unending misery of recurring crises. But there is perhaps an answer, and one that does not require a dramatic change in existing interventions, but simply an adjustment in the way that we think about and deliver aid.

Typically, recurring crises are seen as a 'humanitarian' issue in need of an immediate, short-term response. But what if we took a two pronged approach to tackle recurring crises? Continuing to respond to emergencies with short-term relief operations but combining these with longer-term, development-led approaches to recurring crises. These longer term approaches would be less about fire fighting and more about building resilience in communities.

PRICES OF STAPLE CROPS INCREASE BY UP TO 400% BETWEEN THE HARVEST AND THE HUNGER SEASON IN SOME RURAL AREAS. IMAGINE IF AT CERTAIN TIMES OF THE YEAR YOU HAD TO SPEND 4 TIMES MORE FOR YOUR BASIC GROCERIES – £5.99 FOR A BAG OF RICE IN NOVEMBER... £23.99 FOR A BAG OF RICE IN JUNE.

Here are a few examples: in agriculture, the primary livelihood for so many of the world's poor, workers obtain most of their income at harvest time, when prices for their crops are low. They then have little cash on hand during the hunger season, when they have used or sold the last of their crops and the lack of availability pushes prices up. Projects

aimed at helping them to save either money (e.g. the setting up of formal savings accounts) or store food in secure facilities would enable them to cope better with price variations. Another idea is to design agriculture projects, not with the sole objective of maximising overall annual yield, but also of growing a mix of crops that could be harvested throughout the year.

Likewise, there are many simple and useful ideas in the health and nutrition fields. Lack of adequately trained community health workers and other health professionals is a major problem in addressing the health needs of mothers and their children. However, the cyclical nature of disease outbreaks presents an opportunity. The month-by-month demand for health services could be recorded and used to inform the design and delivery of seasonal health programmes. Many aid agencies are already doing this by rolling out feeding programmes in the months before the hunger season to prevent a spike in rates of acute malnutrition. One can imagine a similar strategy for infectious diseases as well, especially malaria and diarrhoeal diseases.

The suggestions mentioned above, though small-scale, can be boiled down to a few simple rules: always think temporally, and with a view to preventing even 'small' crises. Match aid not just to the population in greatest need, but also to the *times* of greatest need. It is an approach that means governments and aid agencies must be given more flexibility, both in terms of budget and project design, to intervene in exactly the right way at exactly the right time – something that may not always sit comfortably with donors. But achievement of our longer-term goals, including attaining the Millennium Development Goals, requires that we focus on the predictable emergencies which occur every year. Failure to have a short-term impact – that is, to allow recurring crises to happen – will inevitably push families over the brink into humanitarian catastrophe.

✦ *Find out more about seasonal hunger:*
www.actionagainsthunger.org.uk/seasonsofhunger



Credit: ACF Ethiopia, courtesy of Samuel Hansenlein Swan

TOO LITTLE TOO YOUNG

Recurring crises have a devastating effect on everyone, not least children. In fact, the link between seasonal hunger and child undernutrition is often striking. Why? When food stocks are running low, families are forced to cut back in drastic ways in order to survive. This might mean eating fewer meals each day, or reducing the diversity of their diet by sticking to only one or two types of food. For example, a survey carried out in Jaklair, a village in Andhra Pradesh in India, found that families eat just rice and pulses between March and June, whilst their diet for the rest of the year also includes vegetables, eggs, milk and fish (*Seasons of Hunger*, 2008). During the 2011 food crisis in Somalia, families coped by missing out on meals two to three times a week. Whilst hunger is not always deadly in itself, children weakened by hunger are more susceptible to fatal diseases such as malaria and cholera. For these reasons, ACF's programmes tend to admit far more acutely malnourished children in the months before harvest.

Life at the sharp end

The eyes of the world were opened to the devastating crisis unfolding in Somalia in the summer of 2011. But for Nadifa (which means “born between the seasons”), a young mother of two, the crisis did not start in July 2011. It started some years ago in her village in Bakool, a region in south central Somalia, where repeated hardships eroded her family’s ability to protect and sustain their livelihood and support the nutritional needs of her children.

Surviving on the bare minimum

In the semi-arid conditions that exist across much of the Horn of Africa, life is a fine balance of ensuring that every child, adult and community works in harmony to make the most of this unforgiving environment. Like many agro-pastoralist families, Nadifa’s family relies on herding livestock to survive. Every drop of milk, shower of rain or patch of grazing is used wisely. Her husband tends to the herd, moving the animals to traditional grazing areas at different times of the year in search of pasture and water. Nadifa stays in the village, looking after her children and cultivating sorghum, a staple food in rural diets.

Sorghum can only be cultivated once a year during the short rainy season which usually lasts between April and July. The stock which they get from this harvest needs to last them until the next annual harvest. However, in reality stocks usually only last for five or six months. Then communities enter the lean or “hunger” season which will last until their new crops are available to eat or sell. During this time, it is normal practice for families such as Nadifa’s to exchange their livestock for food when they have sold or consumed the last of their sorghum. This coping mechanism is one way in which pastoral families are able to survive during the tough times, however, it depends on them being able to replenish their herd when the hunger season is over. If they cannot, it can have far-reaching consequences.

Another way in which families cope with the shortage of food during the hunger season is by cutting down on the frequency and quantity of meals, sometimes even missing meals out completely during the day. As such,

Despite the vast amount of money that has been raised and the thousands of lives that have been saved over the past two decades, life in Somalia remains precarious.

Samuel Hauenstein Swan, Senior Policy Advisor at Action

Against Hunger, charts the life of one family in rural Somalia and explores the role aid agencies can play in a context as volatile as Africa’s eastern most point.



even in the better years, Somalia regularly faces extremely high rates of undernutrition during the hunger season. 2011 was one of the worst in memory.

Paying the price

Nadifa smiles shyly when asked: “When did things get hard?” She explains that in 2008, her family’s herd had consisted of 30 goats, half a dozen cows and a few camels and donkeys. However, poor rains that year had left the family’s animals weak and unable to breed. This was compounded by a dry spell later that year, which produced a disappointing harvest for her family and for others in the region. With enough food to last just two or three months, Nadifa’s family was forced to sell off some of their female livestock to buy food at prices higher than normal due to short supply in the region. This would have been a desperate move for a family whose livelihood is dependent on the possession of breeding animals.

Poor rains in 2009 and 2010 further reduced the availability of water and fresh pasture for Nadifa’s animals, leaving them more susceptible to disease. Without veterinary care, rare at the best of times in rural Somalia, many of her animals died. Losing animals to starvation and disease is another hardship with which many pastoral families have to contend. If a family has a large enough herd, they can afford to lose maybe one or two animals to disease. Nadifa’s family could not.

The extra burden of conflict

Conflict adds another degree of complexity to the already difficult existence of rural communities. It prevents men from migrating with their herds to look for fresh pasture. It stops local markets from operating by hindering supply and preventing access for buyers. It pushes prices even higher than the seasonal norms, forcing families to exchange more animals in return for the same amount of sorghum as they would normally.

It was this devastating combination of seasonal hunger, asset depletion and conflict that eventually forced Nadifa and her family to take the difficult decision to leave their village. In July 2011, they sold the remainder of their animals to

September 2011: Somali families wait to be admitted to one of ACF’s feeding centres in Ethiopia.





Credit: ACF Ethiopia, courtesy of Samuel Hauenstein Swan

pay a truck driver to take them to the Ethiopian border where they crossed and registered as refugees. This was not done with the hope that a better life awaited them in the refugee camp. It was simply the only option left to Nadifa and her family if they wanted to survive.

Looking beyond the short-term

Nadifa's story is just one of many. Several million people remain in crisis in Somalia. International aid agencies have access to parts of the country and are saving lives. Yet these more often than not fail to have a long-term impact. Why?

In part this is due to the ongoing conflict in the country. The role that conflict plays in reducing the impact of aid agencies cannot be overstated. It not only limits the capacity of aid agencies to carry out their programmes, but creates uncertainty for donors who, understandably, can be cautious about funding long-term programmes in a country as unstable as Somalia, preferring instead to support short-term, emergency responses.

THE INESCAPABLE TRUTH IS THAT FAMILIES IN SOMALIA WANT AND NEED MORE THAN JUST 'BAND-AID' SOLUTIONS THAT SUCCEED ONLY IN KEEPING THEM ALIVE UNTIL THE NEXT DIFFICULT PERIOD.

They would benefit more from longer-term programmes that build their resilience to the seasonal shocks which come their way. Countless reports show that longer term programmes which enable vulnerable communities to build up their reserves before severe crises arrive (and to feed their families) are not only better for communities, but are cheaper too. It would have cost \$1 a day per child to prevent undernutrition in Niger in 2004. Instead it cost \$80 a day to save a malnourished child's life in 2005 (Jan Egeland, Former UN Humanitarian Coordinator, 2005).

Is lasting change possible?

Successfully putting in place longer term programmes in Somalia and similar places is not perhaps as distant



Above and right: ACF workers measure the height, weight and middle-upper arm circumference of children in a refugee camp in Ethiopia

a dream as it might first appear to be. ACF has been implementing longer term programmes in Somalia since 1992, which have helped families build up resilience to repeated hardships. Past projects have included the vaccination of animals belonging to pastoralists, enabling them to maintain the strength of their herds and therefore their livelihoods throughout the year. ACF's success with long term projects has stemmed from its ability to form close links with the communities where it works, to develop the capacity of local staff and communities to cope with crises and, crucially, to remain completely impartial to the conflicts happening in the country. Encouragingly, ACF has been able to continue these projects despite the often hostile and volatile environment in the country, and it has proven that a long-term vision is possible.

Yet while ACF is active in some regions in Somalia, unpredictable conflict prevents the organisation from accessing other regions where help is urgently needed. It is clear that if lasting development is to become a reality throughout Somalia, work must be done by global actors to end the conflict and to bring about peace. ACF's work in Sudan following the Comprehensive Peace Agreement

in 2004 shows the capacity of programmes to address the underlying causes of undernutrition for the long-term (see box).

Looking forward

What Nadifa and so many families like hers need right now are life-saving emergency actions. But beyond this, they need long-term support to be able to access food throughout the year and build resilience to future crises. ACF has shown that it is possible to address the long-term needs of families, even in the complex context of conflict in Somalia. Donors need to be willing to continue to fund such programmes in the country. Furthermore, global actors need to focus their efforts on securing peace. Only when Nadifa and her family can protect themselves against the recurring crises they face, will they be able to move back to their village and regain their land, their livestock and their livelihood. If this can happen, and if this is replicated across thousands of families like Nadifa's, then there is chance of a brighter future for this hopeful nation.

✦ Read ACF's latest update from the Horn of Africa on our website: www.actionagainsthunger.org.uk/estafrica



SOUTH SUDAN: STABILITY CAN LEAD TO SUSTAINABLE SOLUTIONS.

In the 1980s and 1990s, the hunger and devastation caused by the civil war in Sudan led to the deaths of around 2 million civilians, many of whom were in southern Sudan. The unrest continued until 2004, when the Comprehensive Peace Accord was signed. The conflict was not solved overnight. But it was the concerted efforts of global and regional actors that largely made peace possible, and in July 2011 South Sudan became the world's newest nation state, formally seceding from the rest of Sudan.

The challenges and opportunities remain enormous, and donors, the government, implementing agencies and most importantly the people of South Sudan have a lot at stake. Just half a year after the creation of the new state of South Sudan, the fragility of the peace accord was still apparent as old grievances sparked new fighting between armed factions. However there is no denying that South Sudan in 2012 is a world apart from the country it was in the '80s and '90s when it was at the height of the civil war. Action Against Hunger has been present in Sudan since 1985, many years before the Comprehensive Peace Accord was signed. During the years of civil unrest, ACF's programmes were short-term and limited to diagnosing and treating acute malnutrition in children under five years old. Since the signing of the Peace Accord in 2004, ACF has been able to run longer term programmes designed to tackle the recurring nature of undernutrition. These include a project to introduce the cultivation of rice – the first of its kind in South Sudan – which helped to increase the dietary diversity of communities. ACF has also been able to provide cash grants in the Warrap region to help vulnerable households to start alternative income generating activities. Crucially, ACF has done this whilst following its mandate to remain impartial to the conflict and peace processes in the country, and by focusing solely on the needs of children and their families.

Ongoing food crises and chronic hunger are often pushed out of the headlines in favour of one-off, large scale food emergencies, creating a distorted and incomplete view of world hunger. **John Madeley** and **Lauren Westaway** investigate how the media can begin to present a more realistic picture of the hunger faced by millions of people around the world every day.

When no news is bad news

In 2011, the news was flooded with stories of famine in Somalia and across the Horn of Africa. Headlines focused on the UN's declaration of the 'first famine in Africa for three decades'. To the casual observer, it might seem that this crisis was an isolated event. But the reality could not be more different.

Countries such as Somalia and Niger have been struggling with ongoing food shortages for years. For so many of the world's poorest countries, a deadly lack of food is a recurring, unavoidable part of everyday life. Yet the current media trend is to provide coverage only when a food crisis can be presented as an emergency or famine: the unpredictable consequence of political upset, economic shock or natural disaster.

While these news stories and articles can be the catalysts for a significantly increased flow of relief funds from

donors, this more sensational media coverage only generates momentary public interest and support for immediate, short-term interventions. It also often creates a shallow, distorted understanding of the causes of famine and severe food crises, turning the affected communities into helpless victims of sudden events, ignoring the numerous factors that reduce their resilience over time and failing to highlight longer term interventions that would help build this resilience.

Why does undernutrition remain underreported?

There are several reasons why the media might avoid such issues. First, the nature of news reporting, with its focus on timing, uniqueness and extremes, often prevents a focus on ongoing hardship. Second, as noted by Bapu Vaitla in ACF's publication, *The Justice of Eating*,

the causes of undernutrition come across as 'too complex and broad to be addressed effectively'.

THERE IS ALSO THE MISCONCEPTION THAT 'THE BRUTALITY OF LIVING WITH HUNGER, DAY IN AND DAY OUT, IS HARDER TO GRASP, VISUALISE AND FEEL' THAN THE SENSATIONAL AND ACCEPTED NARRATIVE FRAMEWORK OF DEATH FROM WAR OR FAMINE.

Yet this obscures the fact that undernutrition ravages communities for decades before, and decades after, the media has brought their daily struggle to international attention under the label of 'disaster'.



Credit: ACP Ethiopia, courtesy of Samuel Hauenstein, Swen

A new approach to news

The question then is how can the media cover the underlying causes of undernutrition and hunger in a way that is easily understandable and maintains the interest of audiences? One way could be to broach the issue from a personal angle. Within the big hunger story there are many smaller stories that reflect a wider truth. Personal stories can illustrate the more intricate causes of chronic food insecurity that lead to emergencies, while provoking an emotional response from the audience and keeping them engaged.

Another option would be to make use of the 'scoop' – an angle on a story that has not previously been covered. This is hugely attractive to audiences, providing in-depth analyses of problems along with emotive testimonies and images.

The good news is that when the media occasionally drops the trend of covering just emergencies, it can stimulate real progress. In December 2010, the UK's *Financial Times* drew attention to undernutrition in eastern Congo and other countries through a series of investigative articles. As well as bringing in much needed funds, these articles raised equally vital awareness of the ongoing hunger faced by vulnerable communities. Similarly, the Guardian's Global Development site tracks progress on the Millennium Development Goals up to 2015 by exploring the underlying causes of poverty, hunger and disease.

And finally...

While talking about the inhumane injustice of hunger in terms of how to arouse public interest may appear callous, a change in current media reporting is

vital to encourage the public and policy makers to comprehend the necessity and possibility of breaking recurring crises. Improvements to the media's coverage of food crises were evident in early 2012, as media agencies started to report on the escalating food crisis in the rural communities of the Sahel.

There is an urgent need to find a way to introduce the stories behind hunger into international press coverage in advance of the next humanitarian crisis. The stories must arrive before the visual traces of disaster begin to flicker on TV screens and splash across newspaper headlines, signifying that for yet another population we may have already been too late.

✦ To access the Millennium Development Goals progress page on the Guardian Development website visit: www.guardian.co.uk/global-development

Fighting the floods

Recurring floods continue to threaten the lives and livelihoods of communities across **Pakistan** on an alarmingly regular basis. The situation remains critical for thousands of families after the devastating floods of 2010 and 2011, making it even more important for communities to be supported to improve their resilience to future floods and disasters.





Previous spread: In July 2010, Pakistan was hit by the worst floods in its history, affecting over 21 million people, destroying 62,000 square miles of land – an area larger than England – and leaving 11 million homeless.

Below: One year later, with recovery attempts still ongoing, further catastrophic flooding washed away vital crops and destroyed homes and livelihoods, leaving millions at risk of disease.

The floods have had a devastating impact on the health of young children and pregnant and breastfeeding mothers, further exacerbating child undernutrition in the region.

The stagnant flood waters also pose a major threat due to the onset of waterborne diseases, especially among young children. Action Against Hunger is providing access to clean drinking water, building latrines and organising hygiene promotion sessions to limit the outbreak of disease.



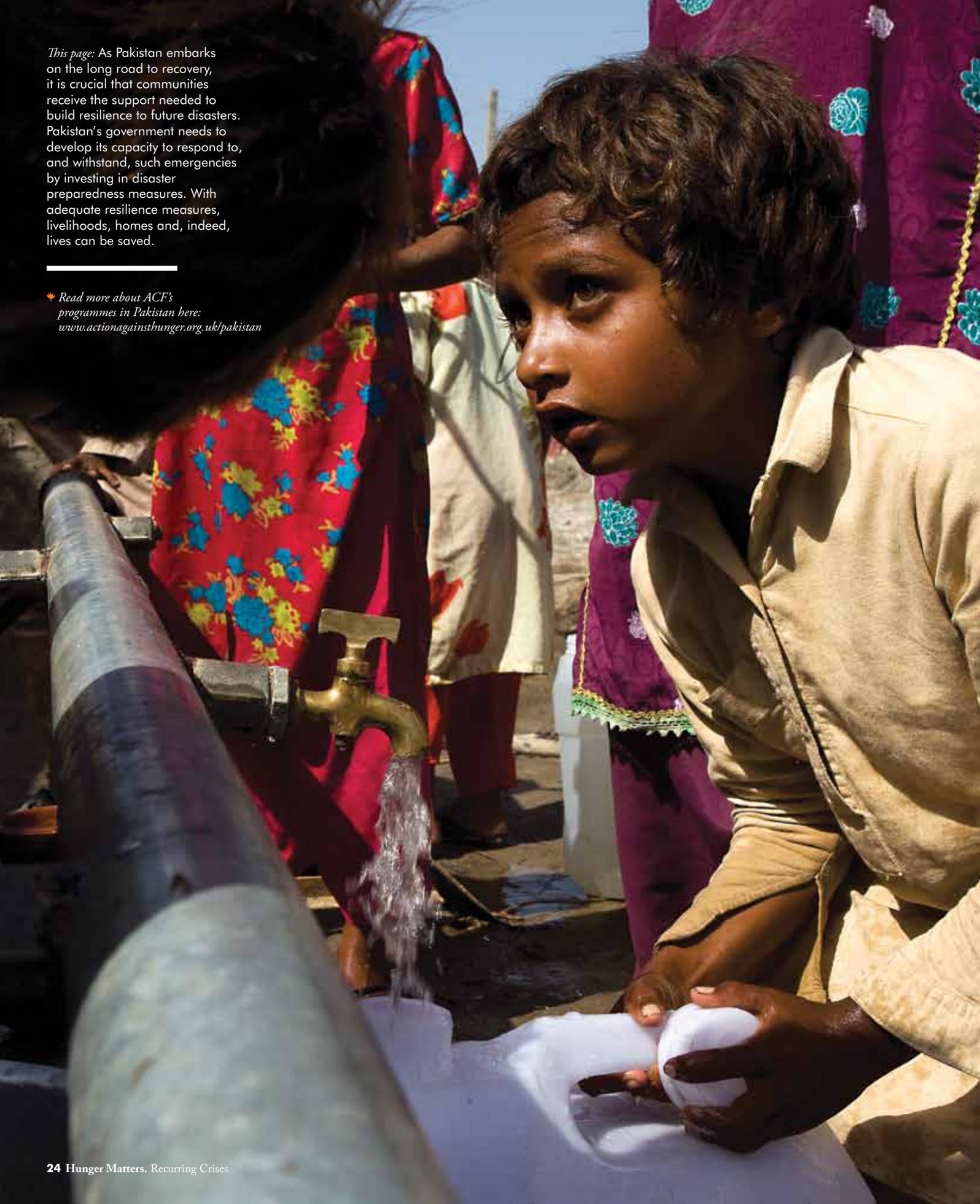
Below: Where the floodwaters have receded, it is critical that agriculture activities are resumed and livestock replenished as soon as possible. For many communities, the floods in 2011 compounded their losses of 2010, limiting their ability to plant staple

winter crops such as wheat, barley and vegetables and to sustain themselves throughout 2012.



This page: As Pakistan embarks on the long road to recovery, it is crucial that communities receive the support needed to build resilience to future disasters. Pakistan's government needs to develop its capacity to respond to, and withstand, such emergencies by investing in disaster preparedness measures. With adequate resilience measures, livelihoods, homes and, indeed, lives can be saved.

✦ *Read more about ACF's programmes in Pakistan here: www.actionagainsthunger.org.uk/pakistan*



Profile

A life less ordinary: diary of an ACF Field Worker



Vivien Naoyal, 33, has worked for ACF for over four years. He is based in Mao, western Chad, where he manages the Care Practices and Mental Health programme. Here, Vivien describes a typical day at work for him in a place where more than 8,000 children are at risk of undernutrition.

I usually wake at 6am, get up and wash, then have a quick breakfast, maybe a bowl of soup or a glass of milk with some cakes. Sometimes I'll have porridge made from maize flour. I live with my wife, our six-year old son and two-year old daughter. Like most families in the village I live in a traditional stone house with a roof made from earth. We have no electricity and our water tap only works sporadically. I don't wear a uniform at work, so each morning I just put on what's comfortable – usually jeans, t-shirt and a pair of trainers. It depends on the weather and if I'm working in the office or in rural areas.

After breakfast, I set off for work. I'm based at ACF's operational hub in the centre of Mao, about a 45 minute walk away. It's where we coordinate all programme activity for the eight villages we work in, the furthest of which is 65km from Mao, or two hours by car. My first task each day is to arrange my team's activities. I work with a programme manager from France and four other Chadians. A lot of my work is office-based – managing the administrative and logistical aspects of our programmes – but if there is enough time I like to join my team out in the villages.

"I CAN'T PRETEND MY JOB IS ALWAYS EASY"

In Mao, the main causes of acute malnutrition in children under five years are poor health-care practices, such as premature weaning and other harmful practices. For example some traditional healers remove the milk teeth of babies in the belief that they cause diseases such as diarrhoea. Depression during and after pregnancy can also have a big impact on the health of children. We work with community leaders, pregnant women, new mothers and traditional midwives to reinforce positive care practices. Our long-term aim is that mothers and other caregivers are able to provide better care for their children and can pass that knowledge onto future generations.

Most days we stop for lunch at 1pm. The whole team eats together, usually rice or pasta. A large dish is placed on the ground and everyone sits around it and helps themselves. It's a great, relaxing moment after a really busy morning. Work starts again at about 2pm and I carry on with my administrative and logistical tasks. If needed, I place orders for additional materials for my team and I also plan activities for the next day. If there is enough time, I drop in wherever my team is working to lend a hand.

I can't pretend my job is always easy. Our work to improve mental health is a particular challenge. It's difficult to bring this topic up with communities and people don't always understand how the mental health of mothers and caregivers affects the nutritional health of children. But children with depressed mothers face a greater risk of undernutrition and delayed growth. By understanding and addressing mental health issues, we can help ensure that infants are cared for more effectively.

My job sometimes requires me to stay overnight in the field, if not I head home to my wife and children. I love spending time with them. We eat together as a family or sometimes with friends. The staple food for Chadians is "Boule", which is made from local flour. We have this with vegetables, lamb or beef. Or we might have some rice or pasta. Sometimes I go and watch Spanish football at the club with my friends or go to choir rehearsals or for a jog. If I don't have other plans, I go to bed at around 9 o'clock. I share my bedroom with the entire family. It's a room of about five metres in length and 3.5 metres wide and I usually sleep for around 10 hours. This is quite a lot for me, but because we don't have electricity at home we don't really have a choice.

My hopes for the future are to stay in Chad for another two years and to continue to study to increase my knowledge of Public Health. My long-term aim is to develop my career as a humanitarian aid worker and, ideally, to work internationally.

✦ Vivien is also part of the Nutrition Champions Development Network: www.actionagainsthunger.org.uk/champions

Vulnerable communities have a weakened capacity to respond to natural and man-made disasters, leaving them at further risk of poverty and undernutrition. **John Madeley** outlines why increasing numbers of people are at greater risk of disaster, and how Disaster Risk Management offers straightforward, cost-effective solutions to reducing their impact.

Preparing for the worst: building resilience to disaster



When we talk about disaster, we often think of natural hazards such as earthquakes, floods or droughts. Yet in development contexts, a disaster can be any event, natural or man-made, that causes serious disruption to the functioning of a community, resulting in loss of life or economic resources, or environmental destruction. Indeed man-made hazards — those of violent conflict and criminality — are every bit as devastating as those caused by natural forces.

Just as our understanding of the term disaster has increased, so too has the prevalence of natural disasters in the developing world, where they are occurring with more frequency and increasing severity. Khan and Najam (*The Future of Globalization and its Humanitarian Impacts*, 2009) estimate that over the last decade, the number of people exposed to disaster has tripled to around two billion.

A gathering storm

Why the increase in natural hazards? Climate change has been a major contributor. Warming of the climate system has not only caused extreme weather events, but changed the patterns of seasonal rainfall, which, though subtle, can have a dramatic impact on households that rely on the land to survive. In southern Sudan for example, low and erratic rains in 2009 delayed the harvest and extended the hunger season (the period of food shortages between harvests or pasture growth periods) to five months. Similarly, below average rainfall in Uganda in the 2009 growing season reduced food output to such an extent that the hunger season began in January 2010 instead of April as normal.

The impact of disaster is significant for many due to the insecure contexts in which they live. A lack of infrastructure or support mechanisms means that vulnerable communities have little capacity, leaving them with less resilience to endure future hazards. They are then more likely to enter into a self-reinforcing spiral of poverty where further hazards lead to poverty, which in turn can lead to disasters. Communities may also live in areas where they are at more risk from natural disasters, such as in over-crowded slums where a lack of clean water and sanitation can increase the risk of disease outbreaks.

Conflict can be a direct cause and a contributor to major disasters for vulnerable communities, preventing families from addressing their day to day needs and impacting already weak support structures. We need look only to Somalia to see the devastating impact that conflict can have on already difficult lives.

Forewarned is forearmed

The situation may seem unpredictable and difficult to address, yet disasters and undernutrition are increasingly understood. There is simply no need for them to affect people in the way they do. They continue to do so because donors, governments and aid agencies have traditionally placed too little focus on building resilience within communities before disasters strike, choosing instead to focus on tackling hunger and disease in the aftermath. However, the argument for taking a more proactive approach to disasters is not just that “prevention is better than cure”, it makes financial sense too. It is between four to seven times less expensive to spend aid money preparing communities for disasters, rather than on reactive emergency operations.

One of the best ways of building resilience is by employing Disaster Risk Management (DRM) techniques. These can be as simple as building a wall around a well in a village so that if the village is flooded, the water supply does not become contaminated, or providing a farmer with an alternative source of income in case pests or drought destroy his main harvest. DRM provides communities with the tools and knowledge to avoid or endure shocks much more readily than they might otherwise be able to.

It is an approach that is proving successful. Even for disasters that are unexpected, communities where investment has been made in building resilience are less likely to suffer loss of life and are in a better position to recover. This was evident in Chile when, in 2009, an earthquake measuring 8.8 on the Richter Scale hit the country claiming 500 lives; a comparatively small death toll for an earthquake of such magnitude, largely thanks to the resilience of the population and the effectiveness of the government’s response. In Haiti, where no such investment in DRM had been made, the earthquake in January 2010 (which measured 7 on the Richter Scale) resulted in the loss of an estimated 200,000 lives.

Self-reliance is key

It is clear that there is an urgent need to build up the resilience of communities so that they are better able to cope when exposed to hazards and to adapt their livelihoods accordingly prior to future disasters. By building resilience, families can live through these crises without having to adopt dangerous coping strategies. Disaster Risk Management approaches offer hope, and Action Against Hunger is using these to great effect. However, to ensure long-term sustainability, communities and local government must learn how to manage DRM approaches by themselves, removing the need for constant input from external organisations and resources, and building resilience from within.

EARLY WARNING SYSTEMS IN THE SAHEL

In the Sahel region of Africa, ACF has developed an early warning system which alerts local authorities and international agencies to impending shortages of water or pasture – both of which are vital to pastoralist communities. The system monitors the relative abundance of biomass (pasture for the animals or scarcity of surface water bodies using satellite data and geospatial information system (GIS) technologies. International agencies or local authorities are therefore able to predict which pastoral groups are at risk and distribute additional animal fodder and water in times of need. In early 2012, ACF was also selected to work with the Famine Early Warning Systems Network (FEWS NET) which provides timely information on emerging and evolving food security issues, helping decision makers to act to mitigate food and nutrition crises. ACF will provide FEWS NET with key nutritional data in high-risk countries in West and East Africa.

SENTINEL SITES IN LATIN AMERICA

ACF have introduced forecasting systems in Guatemala and Nicaragua through “Sentinel Sites” – 88 of which have been set up so far. These allow both communities and local authorities to navigate the seasonal impacts of hunger and undernutrition. The Sentinel sites are located in areas of high vulnerability and act as “remote sensor sites” that send warning signals to communities and local authorities of changes in key variables which may affect their livelihoods. Local, national and municipal authorities are therefore able to respond in good time to stabilise livelihoods and prevent hunger during food crises.

BUILDING RESILIENCE IN NIGER

Replenishing livestock herds is an important part of ACF’s DRM work in Niger as one farmer who benefitted from this support explains: “I received two goats when I had previously none... now I have four female goats which I look after carefully. They give me 2 litres of fresh milk per day. Even if I don’t have enough to eat, I can sell them and have sufficient millet for my household”. As well as helping her improve her own food consumption and build up a small herd, this support also changed her social standing in the village: “I am no longer considered as one of the villagers who is most vulnerable”.

DISASTER RISK MANAGEMENT IN ACF’S PROGRAMMES

Whether helping people to strengthen and diversify their livelihood options, introducing social protection schemes such as cash-for-work, or working to tackle the underlying causes of undernutrition, Disaster Risk Management informs much of Action Against Hunger’s work globally. Here are some examples from our programmes.

Interview

“The key to building resilience is to help people to strengthen and diversify their livelihood options.”



Andrew Mitchell is ACF's Disaster Risk Management Advisor

Q. Are there any recent disasters that have led to destruction and suffering because people were unprepared for it? **A.** The catastrophic flooding of Pakistan in 2010 is a classic example of where Disaster Risk Management (DRM) practices had not been sufficiently integrated into development practices. Unsustainable development practices and deforestation led to erosion and a much greater risk of concentrated water flows in the uplands, which act as the catchment area for many of the rivers in Pakistan. Downstream, silting of rivers and a lack of sufficient mitigation measures to control water flow, coupled with a lack of measures to adequately prepare communities, led to a massive overflow of water during the monsoon season, and widespread damage affecting more than 20 million people.

What about natural disasters where less damage occurred because people were prepared for it? A Category 4 cyclone that hit the coast of Bangladesh in 2008 killed around 3,000 people, whereas in 2007 over 130,000 people were killed by a less intense Category 3 cyclone in the adjoining coastal belt of the Irrawaddy Delta of Myanmar. The key difference was that the government invested resources in risk management, coupled with a widespread awareness of communities of risk and their participation in managing such risk.

It seems that a key task is to build the resilience of communities to manage disaster. What is ACF doing with regards to this?

The key to building resilience is to help people to strengthen and diversify their livelihood options through long-term programmes. ACF has been working with the communities of Borena in the south of Ethiopia, before and during the drought that ravaged the Horn of Africa in 2011. We undertook risk assessments with community participation leading to a range of measures to reduce the impact of drought, including rangeland management, rehabilitation of water points, animal health services and hygiene promotion.

Is there anything distinct about ACF's approach to DRM? ACF has identified and is working on three key niche areas that are not adequately covered by DRM practice. Firstly, we would like to include resilience to undernutrition along with resilience

to disaster – the vast experience of ACF is a great asset for assuring nutrition security and building resilience. Secondly, around half of ACF's operations occur in insecure contexts. Therefore, ACF is developing an approach that allows DRM practice to be extended to insecure zones helping to create an environment that facilitates both resilience and peace building. Thirdly, ACF is helping urban families protect their livelihoods against hazards and external shocks, applying risk management principles.

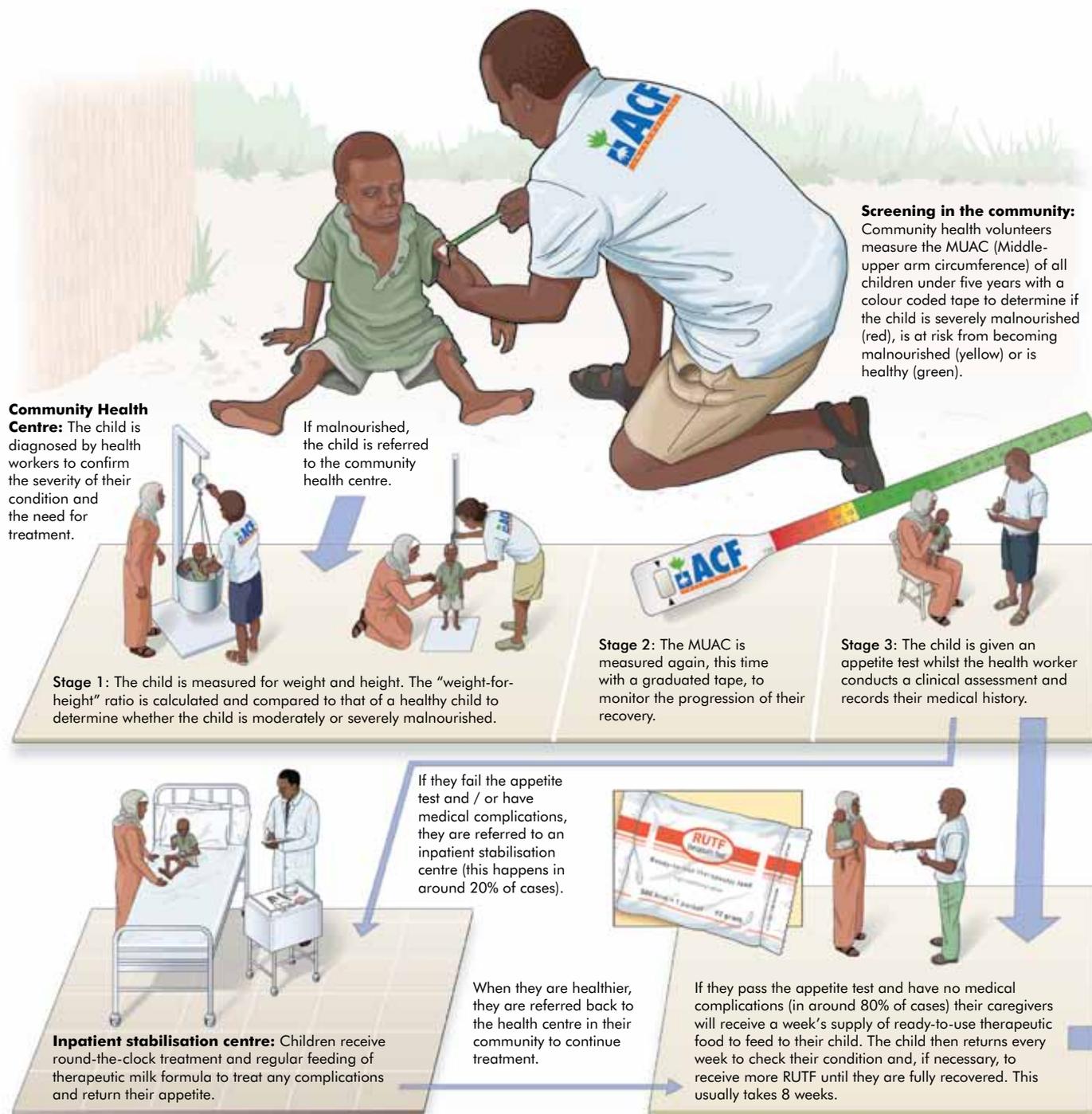
Many disasters are related to climate change. What is ACF doing to tackle the causes of climate change? Although ACF is focused on humanitarian operations, we participate in the UN Framework Convention on Climate Change process as we believe climate change will have a great impact on extreme events leading to disaster and to all the factors that lead to undernutrition. The impact of climate change on hunger is likely to become worse. There are vast networks pushing both governments in the North and South to be more responsible with greenhouse gas emissions, whilst taking measures to help those most affected to adapt and respond to climate change: ACF supports these networks. The specific added-value of ACF is to (i) alert the nutrition community to the potential impact of climate change on undernutrition, and, (ii) to ensure that the climate change community recognises the impact and scale of undernutrition as a result of climate change.



Credit: Damien Guerdais – Somalia

➤ Read more about Disaster Risk Management in ACF on our website: www.actionagainsthunger.org.uk/disasterrisk

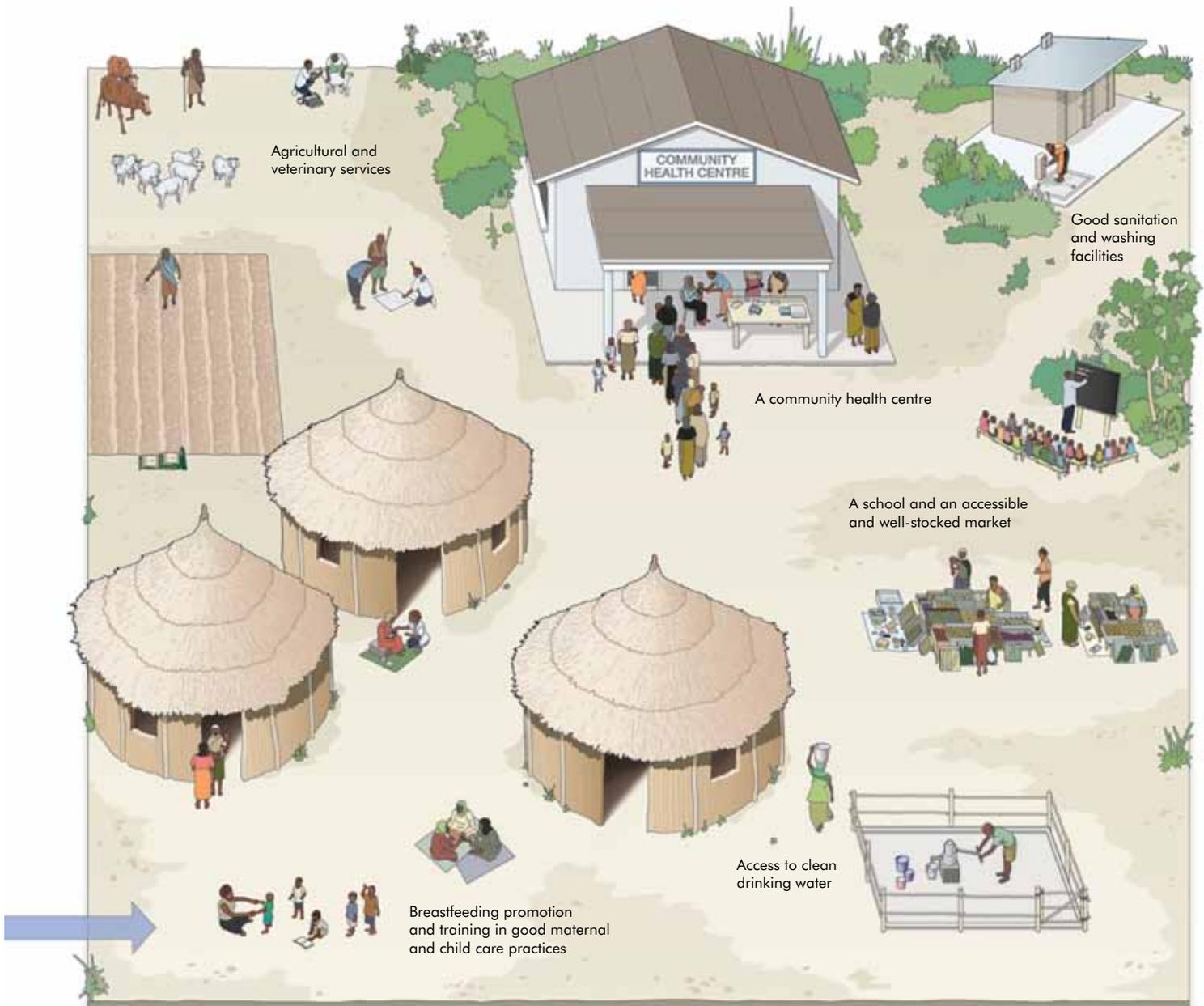
TREATING UNDERNUTRITION WITHIN THE COMMUNITY



Left: Consecutive recurring hardships erode the resilience of vulnerable communities, often leading to an increase in undernutrition in children in villages, towns and cities where Action Against Hunger (ACF) works. With ACF's support, communities are able to diagnose children suffering from undernutrition early and treat them using innovative ready-to-use therapeutic foods (RUTF). A minority of the children may need to be treated in specialist centres as inpatients. Once the child has regained their strength, they can return home.

Below: ACF's programmes also set out to improve the resilience of communities to recurring crises, ensuring that children do not fall into the grasp of undernutrition again. These programmes set out to tackle the underlying causes of undernutrition by improving access to food, promoting good child and maternal care practices, helping to establish functioning community health services and ensuring access to clean water and sanitation.

✦ *To learn more about ready-to-use therapeutic food, watch our video [A Problem Too Great To Ignore](http://www.actionagainsthunger.org.uk/advocacy): www.actionagainsthunger.org.uk/advocacy*



It's quick. It's efficient. And it gives power back to the community;
Lauren Westaway reports on a method of intervention that is
quickly gaining currency in the world of international development.

MONEY

On the

The growing appeal of Cash Based Interventions

When people think of emergency aid, an image of huge shipments of food, medicine or clothing comes to mind. Yet there is another form of aid that, though seemingly quite rudimentary, is proving to be an extremely effective way of giving households the essentials they need to survive in the short-term, while also helping build resilience in the long-term. Cash.

A relatively new approach of supporting vulnerable households during humanitarian emergencies, cash aid, or Cash Based Interventions (CBIs), offer several advantages over more traditional programmes. For a start, CBIs are often a more cost-effective means of delivering aid. In certain contexts, cash aid can more effectively address the needs of a community when it is delivered directly to the most vulnerable households. This removes the cost of transportation and storage of vital supplies, instead allowing households to purchase local items which may better suit their needs and can help stimulate local markets and economic recovery.

An additional benefit of CBIs lies in their flexibility. Cash grants can be used by households to address the multiple issues that have led to their own vulnerability. They can be used to settle debts, send children to school, pay for medical treatment as well as buy food and other essentials. Or they can be used to purchase assets a household may have lost or been forced to sell in an emergency, meaning that families can start to reclaim their independence and self-sufficiency with dignity.

It is not just the individual household that benefits. The positive impact of CBIs often spreads to the wider community. The interventions increase families' purchasing power and

subsequently boost local economies— people buy the food and other resources they need from their own contacts and networks and from local markets. 'Cash for Work' projects – paying people to work on local projects, such as rebuilding roads – are doubly beneficial, providing paid employment for local people whilst improving local infrastructure.

Of course, CBIs are not a catch-all intervention, and sometimes more conventional forms of aid are called for, especially when tackling undernutrition, which has multiple causes and requires tailored solutions. Action Against Hunger's (ACF) work across the globe always takes into account each individual situation and the stability (or lack of) in local markets, before deciding on the best way to intervene, whilst taking measures to limit cash misuse. ACF ensures that the most vulnerable individuals and communities are targeted, in particular women, widows, the elderly and marginalised communities, who are more likely to spend the money on food and other basic needs. Cash grants are accompanied by advice and training in key skills to help families understand how to go about starting new businesses or agricultural activities.

At the heart of CBI programmes is the essential shift in power from the benefactor to the household. For some donors, CBIs are regarded as a riskier type of intervention, yet it is the autonomy that CBIs afford to households that makes them a much more dignified and respectful form of aid. They empower the household, and in doing so, help families to start to build the resilience that is required to make lasting improvements to their livelihoods.

Cash Grants: ACF provides new opportunities in Uganda

The district of Otuke in the north of Uganda was once a rich and productive land. Yet the atrocities committed by the Lords Resistance Army prior to 2004 forced local households to flee to Internally Displaced People camps, leaving them with nothing. By 2006, the violence had subsided, but communities lacked the means to rebuild their herds or cultivate food, leaving them vulnerable to hunger and undernutrition.

ACF responded and put in place unconditional cash grant programmes for returnee households in Otuke, which meant families were able to meet their immediate needs whilst strengthening their longer-term food security.

Dembe, a widow with six children, used the grant provided by ACF to buy three goats for milk to drink and to sell, a bull to plough her land, and rice and sesame seeds to grow crops for food and cash. Now, as she watches over her home, she smiles: "I have a plan – with my rice harvest, I will buy a plough, and when my goats have multiplied I will sell some for another bull, and will be able to plough my land without anyone else's help."

Cash For Work: ACF supports urban families in Guinea

Years of political upheaval and mass immigration have left many communities in the West African country of Guinea facing alarming levels of poverty. Seasonal hunger, which sweeps across rural areas, has an equally devastating impact on urban communities. Ninety five per cent of households in Guinea's capital of Conakry depend on buying food rather than producing their own. Therefore sudden inflation in prices, due to reduced supply from rural areas, can lead to food insecurity for many.

Kesia, a mother of six, and her family are one household to have taken part in ACF's Cash For Work scheme in the Matoto district of Conakry. Kesia relies on selling beans and bread at her local market to support her family as her husband is too ill to work. However, due to recent rises in fuel prices, she cannot buy enough stock to generate the income needed to feed her family.

The scheme supported families like Kesia's by employing men and women to collect solid waste in the city for one day a week, for which they received £2.50 a day.

"With the income from my small business and the vital earnings I get from taking part in ACF's Cash for Work programme, I am able to cover all my household expenses – buying enough food for my children, and repaying my loans", Kesia explains. These life-saving yet simple projects have already reached 1,580 households in Conakry, proving to be a swift and effective way of relieving their short-term struggles and limiting the need for households to employ dangerous coping strategies, such as reducing the frequency of meals or selling household assets.

✦ ACF is part of the Cash Learning Partnership: www.cashlearning.org/about-us/overview



Interview



SETTING A PRECEDENT

THE ROLE OF GOVERNMENT IN REDUCING UNDERNUTRITION IN PERU



Credit: ACF Peru

CHRONIC MALNUTRITION IS CAUSED BY AN INADEQUATE DIET AND OFTEN WORSENERD BY AN INFECTIOUS DISEASE. IT HAS AN IMPACT ON THE PRODUCTIVITY OF PEOPLE IN THE WORKPLACE, THE SUCCESS OF CHILDREN AND YOUNG ADULTS IN THE EDUCATION SYSTEM, AND THE USE OF RESOURCES IN THE HEALTHCARE SYSTEM. IT IS THEREFORE AS MUCH A CAUSE OF POVERTY AS IT IS A CONSEQUENCE.



The Peruvian government has shown that it is possible to make lasting improvements to the lives of vulnerable families and to significantly reduce child undernutrition. **Iñigo Lasa**, Country Director for Action Against Hunger in Peru, explains what factors have contributed to this success and sheds some light on what more needs to be done.

Q. What is the extent of chronic malnutrition in Peru? **A.** Despite strong economic growth over recent years, the disparity in wealth between urban and rural areas of Peru is continuing to grow. In 2011, more than half of all children under three years of age in the country's rural districts suffered from anaemia, while chronic malnutrition rates reached 39.3 per cent – more than double the national average. Indigenous families living in the highland regions of the Peruvian Andes, who rely on the cultivation of crops for survival, are some of the worst affected areas. Changing weather patterns leave these families vulnerable to seasonal deficiencies in essential nutrients, leading to peaks in anaemia and chronic malnutrition.

However, a lack of appropriate food is not the only problem. Inadequate access to drinking water and sanitation results in a higher prevalence of waterborne disease, placing children at a higher risk of chronic malnutrition. In many cases, rural families also have poor access to adequate health services, and the health workers they do see will offer general nutritional advice that fails to account for specific food availability and cultural practices.

What factors have led to the (relative) successes in reducing rates of chronic malnutrition in children in the country? Nationwide, chronic malnutrition rates have fallen from 25.4 per cent in 2000 to 15.2 per cent in 2011, largely due to significant effort from the government. Following an initiative launched in 2006 by the Child Malnutrition Initiative – a group of aid agencies, including ACF – 10 presidential candidates were invited to commit to reducing chronic malnutrition by five per cent in five years. After winning the election, Alan García put child undernutrition at the top of the political agenda, and by 2011 the commitment had been achieved.

A large part of this success was due to the National Strategy for Poverty Reduction and Economic Activities (CRECER) – a collective effort from government and aid agencies to reduce undernutrition in Peru. The strategy coordinates all of Peru's social programmes including the JUNTOS ("Together") initiative, a scheme in which families receive around \$70 every two months on the condition that they fulfill certain criteria,

such as visiting health centres or ensuring their children attend school. The initiative currently operates across 646 rural districts, providing parents with the money they need to purchase food throughout the year, and helping prevent extreme poverty from being passed down across generations.

How does ACF contribute to reducing chronic malnutrition in Peru?

Through its work in areas such as the Apurímac region, ACF aims to help those suffering from extreme poverty to overcome the burdens of chronic malnutrition and anaemia. Its innovative approach works with local government and other key players to enable CRECER to work better at local level whilst ensuring that families can access food, healthcare services and clean water and sanitation all year round. ACF also supports the government's nationwide policy of reducing child anaemia by testing cost-effective solutions to increasing dietary diversity, such as the promotion of local foods, the biofortification of crops and adding "nutritional sprinkles" to children's meals. The social and cultural beliefs and practices of the communities with which we work are at the forefront of all our programmes.

What does the future hold for the fight against chronic malnutrition in Peru?

The government has created a number of new initiatives to continue the progress that has been made so far. These include the "Cuna Mas" (Cradle More) social programme, which targets children from birth until three years old by supporting mothers with care, early stimulation and feeding. In 2012, the health sector in Peru will also receive an 11.5 per cent budget increase to 8.7 billion Sol (around £2.1 billion). But the government must continue to take a coordinating role at national, regional and local levels for the funds to be used most effectively.

In terms of the JUNTOS initiative, funding will increase by 29 per cent in 2012, extending the programme to 850 rural districts. However, it is essential that the associated cash transfers continue to be closely linked to the agricultural calendar, allowing families to combat seasonal peaks in food insecurity and ward off chronic malnutrition in their children.

✦ *Read more about the cultural dimension of ACF's work to combat chronic malnutrition in Peru by visiting: www.actionagainsthunger.org.uk/peru*

Hunger's *hidden depths:* ending chronic malnutrition in Bolivia

Recurring drought in the Chaco, a semi-arid lowland plain in Bolivia, has left the indigenous Guarani communities at risk from the harmful effects of chronic malnutrition and anaemia. **Jimena Peroni**, Action Against Hunger's Technical Coordinator in Bolivia, reports on the initiatives that are helping build resilience to these droughts and improve the nutritional status of the Guarani people.



Doña Liliana has a long day ahead of her. After preparing breakfast for her seven children and sending the older ones to school, she will need to clean the house, fetch water, wash clothes, grind corn for the chickens, care for her children and prepare dinner. Doña Liliana never stops. During the festive season, much of her time is used to prepare “chicha”, a drink made from corn to share with the community.

In recent years, life has become more and more difficult for Doña Liliana, her family, and the community around her. Safe drinking water is scarce and drought all too common. Guarani families rely on the sale of corn for their income, however, they can only grow their corn during the short rainy season. Doña Liliana’s earnings from the sale of corn only cover her family’s food needs for four or five months after harvest, leaving them in a desperate situation for the remainder of the year.

Less than meets the eye

DOÑA LILIANA’S STORY IS NOT UNIQUE – MORE THAN 90 PER CENT OF GUARANI COMMUNITIES IN THE CHACO LIVE IN POVERTY.

Yet when there isn’t enough food to go around in these households, the consequences can be devastating. As drought becomes ever more frequent, the fragile community struggles to grow or buy a variety of nutritious foods, meaning they not only eat less, but reduce the quality of an already meagre diet. This significantly inflates undernutrition rates amongst the Guarani people, particularly in children.

For example, in the province of Cordillera, seven out of ten children under two years are anaemic, and 22 per cent suffer from chronic malnutrition due to a lack of micronutrients, especially vitamin A, zinc and iron. This type of nutritional deficiency, often known as ‘hidden hunger’, is invisible yet highly destructive – stunting children’s growth and affecting them for the rest of their lives. Added to this, chronic malnutrition also increases the susceptibility of both children and adults to disease, and

exposes mothers and infants to greater risks during childbirth (see box).

Reclaiming the balance

Whilst the impact of hidden hunger can be vast, it can also largely be avoided. When the rains failed and protracted drought hit Bolivia in 2010, Action Against Hunger (ACF) launched a series of programmes aimed at promoting a diversified diet amongst Guarani families and providing them with the means to consume more nutritious foods.



Credit: ACF Bolivia

A pioneering Fresh Food Vouchers programme was launched. Families were given vouchers with which they could buy foods from the local markets such as fruits, vegetables, dairy products, meat or eggs. The market holders could then exchange the vouchers for cash. Vegetable gardens were also set up to improve access to fruit and vegetables for the long-term. Cooking demonstrations and nutrition workshops also taught families how to create varied, balanced meals from their new ingredients, ultimately improving household dietary diversity and micronutrient consumption.

Programmes like these have helped Guarani communities build their resilience to ward off hidden hunger by providing families like Doña Liliana’s with access to the food that is absolutely essential for their ongoing health and wellbeing. Yet the community’s hopes and aspirations do not stop there. “Amongst other things, we hope to increase the size of the gardens and start keeping livestock,” says the leader of the Yaití community. This points to a more hopeful future where the people of Bolivia no longer rely on food aid during recurring droughts, but have the resources to provide for themselves.

✦ Read about ACF’s programmes in Bolivia by visiting: www.actionagainsthunger.org.uk/bolivia

WHAT IS ANAEMIA?

Anaemia is present when a person has less than the normal quantity of haemoglobin in their blood. The capacity of their blood to carry oxygen is therefore decreased. It has been shown that a 10 per cent increase of the quantity of haemoglobin in someone suffering from moderate anaemia results in an increase in productivity of between 10 and 20 per cent over their life.

What causes anaemia?

A major cause of anaemia is iron deficiency resulting from insufficient dietary intake. Children under two years old and pregnant women are most at risk from anaemia because their requirements for iron are higher than any other group.

What are the consequences of anaemia?

a) For children under 36 months old:

Anaemia has adverse effects on infant psychomotor development, with consequences in later life. It is estimated that the IQ scores of children who suffer from anaemia in the first years of their lives are five points lower than the IQ of other children. Anaemia also leads to a diminished capability to learn and weakens the immune system, increasing the risk of disease.

b) For pregnant women:

Pregnant women with anaemia have an increased risk of premature delivery and are more likely to have a child with low birth weight. Anaemia also increases the risk of haemorrhage and death during and after delivery.



Credit: ACF Bolivia

In 2011, a devastating and prolonged food crisis swept across East Africa, leaving thousands dead. Now history looks set to repeat itself in the Sahel belt in West Africa. Action Against Hunger's **Claire Blackburn** and **Hugh Lort-Phillips** report on the deteriorating situation in the region and the actions that are being taken to avert another food crisis on the scale recently seen in East Africa.

Tackling tomorrow's crisis today



A familiar tale of endurance

Conditions are harsh in the semi-arid zone of the Sahel. Located between the Sahara Desert in the north and grassy savannahs in the south, the region receives minimal rainfall for a short period of the year, allowing only coarse grasses and scrubby vegetation to grow in the rocky or sandy soil. Rural communities here are largely comprised of pastoralists, who herd animals for their livelihoods, farmers, who grow crops, and agro-pastoralists, who combine the two.

More than half of families in the Sahel live in extreme poverty, relying on the milk and meat from their animals and on their harvests to exchange or buy food. When climatic shocks affect the region, many families are unable to cope due to their poverty and to the impacts of previous shocks to their livelihoods. In 2005, grain shortages and inflated food prices severely reduced access to food for many families in Niger, Chad and Burkina Faso, forcing them to sell their household assets in exchange for food. These kinds of dangerous coping strategies take their



Credit: ACF Niger, courtesy of Gonzalo Hahr

toll, especially on children, as families have to reduce the quantity and quality of food they consume. For these reasons and more, an estimated 490,000 children under five years old in the Sahel die each year from undernutrition and related causes.

Reliving past nightmares

Little rain the previous year meant that in 2012 the hunger season (the period of food shortages between harvests or pasture growth periods) arrived early for some regions in the Sahel. For pastoralists, it arrived in February, two months earlier than usual, leaving their animals with a potential six months of fodder shortages, while farmers expected to wait at least eight months to harvest their crops. In Mali, the resulting rise in food prices meant that 75 per cent of farming families had to cut their daily food intake, reducing the quality of their diet and risking undernutrition in their children. Meanwhile many herders were forced to sell their livestock at very low prices, reducing their ability to weather future shocks.

Conflict in parts of Mali, Niger and Nigeria exacerbated this already critical situation. Ongoing turmoil had prevented traders from sending their goods to local markets, pushing food prices even higher, while Malian refugees arriving in Niger and Mauritania placed additional pressure on the food security of local populations. The impact of all these factors was a dramatic rise in severe acute malnutrition, with an estimated one million children under five at risk across the region.

Not a moment too soon

The stage was set for a humanitarian crisis on the scale of East Africa, but this time, responses by donors and aid agencies came earlier. By September 2011, early warning systems had helped raise the alarm of a looming food crisis. International donors such as the European Community Humanitarian Office and the UK's Department for International Development took notice of the warning signs and provided aid agencies with some of the vital funds needed for an early response. By early 2012, ACF's teams on the ground were implementing emergency relief efforts to diagnose and treat children, whilst continuing to build the resilience of communities to future climatic shocks.

These early responses are typical of ACF's ongoing work in the region. Since food insecurity varies in intensity and impact across the Sahel's geographical regions, ACF tailors its responses according to the needs of each population. When no food is available, food distributions are undertaken; if food is available but too expensive, direct cash transfers to families may be the better option. ACF also provides pastoralists with specialised support, such as help with fodder and veterinary services, while farmers benefit from irrigation projects and 'warrantage schemes', as reported by the Financial Times' Tom Burgis on the next page.

Making recurring crises history

It is completely unacceptable to consider consistently high undernutrition rates as 'normal' in the West African Sahel. The vital work by ACF and other aid agencies is essential, but an end to the region's chronic food insecurity will not come in 2012. True progress will require concerted effort and coordination by national governments in the region over many years.

To break the cycle of food and nutrition crises, local communities, aid agencies, major donors and West Africa's national governments need to work together, integrating emergency relief efforts with longer term development programmes. The Sahel is a unique region, characterised by diverse populations who share common geographical and economic conditions. In response to this latest food crisis,

THERE IS NOW A RARE OPPORTUNITY TO DEVELOP A COMPREHENSIVE REGIONAL STRATEGY THAT BRINGS AN END TO CHILD HUNGER.

The onus lies with the governments of the Sahel belt and the international donor community to make a lasting, sincere commitment to achieve it.

✦ *Read the latest update on ACF's programmes in the region by visiting: www.actionagainsthunger.org.uk/sahel*



Taking drastic measures to survive the crisis

Boutiana Dahandi, 27, lives in a village in Gnagna, Burkina Faso, a country in which an estimated 1.6 million people suffered food insecurity in January 2012:

"Last year, the rains were poor, leading to poor harvests and food shortages. Our challenge now is to survive the crisis and start the next planting season in good health. My husband started working in a gold mine to earn an income but we are still struggling to feed our children. We are forced to eat wild leaves four times a week, and are only able to have tô [a millet-based local dish] two or three times a week. My child is malnourished because we cannot afford nutritious food. I am ashamed that my child has to suffer like this."

Grain stores in the village of Keita in rural Niger enable farmers to store their crops in between harvests.





Storing up for the future

By **Tom Burgis**, Financial Times

If someone were to design a poverty trap from scratch, it would probably resemble the one that snares the farmers of southern Niger. To their north looms the Sahara, sending its arid winds through the plains where they cultivate crops. Torrential rains often follow, wiping out harvests.

Then there is the equally vicious economic cycle. By the time each harvest comes around, many have exhausted the meagre revenues from the last one. Farmers have no choice but to sell their crops the moment they are ready. The effect is a glut and tumbling prices. What little they can earn from these agricultural fire-sales has to tide them over until the next harvest, and the cycle goes on.

Yet the pattern can be broken with a transaction used by farmers as far back as ancient Rome. A warehouse and a loan are all that are required.

“Before, we used to sell all our produce immediately,” Amanu Saidu, 60, says of the 80 households of Zaraso, his village.

At harvest time, a 2.5kg measure of millet fetches about 40 cents. Six months later, the price might reach \$1.20 - but that increase goes to the importers and big producers who have stocks left to sell.

Four years ago, a team from Action Against Hunger (ACF) arrived with a proposition.

Assisted by the charity, the villagers formed a collective, built two grain stores and arranged a £5,000 credit line from a local lender against the value of their harvest. Bound over by the loan, they could afford to stash most of their non-perishable crops, selling once prices rose.

From 19th-century Europe to modern day Latin America, farmers have used similar financing systems – known as “warrantage” – to sustain themselves through the seasons. Banking is less developed in much of Africa, however, and decent warehouses to store crops are often severely lacking.

In a region where erratic production and volatile prices contribute to outbreaks of hunger such as the one that left some 7m people – half of Niger’s population – at risk of starvation this year, a scheme to push up those prices might appear reckless.

But Julien Jacob, an ACF food security expert, says the effect is to squeeze the margins of middlemen who profit from selling on crops they buy for a pittance at harvest time.

The United Nations’ Food and Agriculture Organisation, which pioneered warrantage in Niger a decade ago, says that participating farmers’ incomes increase by up to 113 per cent.

ACF has launched similar project elsewhere in the hunger-prone Sahel region, first in Mali and then in Mauritania.

Many of the hundreds of families assisted each year in Niger have branched out, using their financial flexibility to launch cottage industries. Some mill peanuts into a paste used for cooking while others manufacture soap.

As farmers such as Saidu edge up the agricultural value chain, what were once seasons of desperation are now becoming seasons of opportunity.

This article by Tom Burgis was first published by the Financial Times on 11th December 2010.

Breaking the cycle

An adjustment in the way agencies respond to recurring crises is needed if communities are to build long-term resilience to future disasters. **Thomas Gonnet**, Director of Operations in Action Against Hunger's Paris headquarters, explains how a change in the design and delivery of international projects could help change lives.



Q. As an expert who has witnessed humanitarian action on the front line for many years, how do you think aid agencies can better respond to recurring crises? **A.** Programmes tackling food insecurity and undernutrition are generally split into short-term ('humanitarian aid') and long-term ('development assistance') programmes. But this separation can be counterproductive. While short-term programmes tackle the immediate needs of an affected population during and after an emergency, longer term programmes are needed to help communities rebuild their livelihoods and prepare for the onset of future emergencies. Consequently, we must bridge the gap between humanitarian aid and development assistance, incorporating more flexible programming for communities affected by recurring hardships. This would make it easier to adjust the scale of existing programmes to move beyond immediate priorities and cater for changes to the situation. However, flexible programming requires more flexible funding, and so major donors must start working with aid practitioners to develop programmes that address the needs of affected populations, as well as the underlying causes of undernutrition both during and after the crisis.

Are institutional donors adjusting the way in which they operate? Some major donors are starting to recognise the need to prevent crises instead of just reacting to them. The UK's Department for International Development emphasises the need to mitigate disasters "by building the resilience of nations and people and addressing the root causes of vulnerability". It is these 'root causes' – inadequate supply of and access to food, poor infant feeding practices, lack of access to clean water and sanitation facilities, and inadequate health and care services – that prevent communities from being able to withstand recurring crises. Along with building the resilience of individuals and communities, major donors such as USAID are also investing in early warning systems to improve early action in response to shocks.

Why do responses to slow-onset crises, such as the Horn of Africa food crisis in 2011, always seem to arrive too late? A significant barrier to timely humanitarian response is that programmes

rarely receive funds until a particular emergency threshold is reached. This can delay responses, resulting in more suffering on the ground and less cost-effective spending as funds are allocated to saving lives in refugee camps instead of strengthening livelihoods in villages. Significant media focus on a particular crisis often provides donors with the impetus to commit funds. The media can therefore play a vital role in reporting on escalating emergencies before they become full-blown disasters.

How does ACF ensure that its programmes cater to the specific needs of affected communities? Individuals are at the heart of ACF's efforts to tackle recurring food and nutrition crises. There is no such thing as a 'blanket' response to a disaster – programmes must be developed with appropriate community consultation and participation. All communities will have their own strategies, refined over many years, to survive the recurring hardships in their lives. Humanitarian and development interventions should not replace or undermine these strategies, but empower communities to get back on the path to self-reliance and help them build their own resilience to shocks.

Which region is likely to be most at risk from widespread nutrition and food insecurity 2012? Owing to the looming food crisis in the region, the Sahel belt in West Africa is a major focus of ACF's work in 2012. Recurring crises are a hallmark of the Sahel belt. Protracted droughts, increased conflict and price hikes over 2011 and early 2012 have impacted the fragile livelihoods of rural communities, limiting their access to food and placing many children at risk from undernutrition. The governments, donors and aid agencies in the region could take short-term measures to tackle the seasonal spikes in acute malnutrition, or they could make a concerted effort to support communities to maintain their access to food and health care for the long-term. While it may be harder to count the number of children who do not become malnourished as a result of preventive actions, we can be certain that much hardship will be avoided and many lives saved by early responses to the deteriorating situation in the Sahel in 2012.





Action Against Hunger | ACF International

Action Against Hunger's vision is of a world without hunger. A world in which all children and adults have sufficient food and water, equitable access to the resources that sustain life, and are able to attain these with dignity.

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