

Nutrition Field Supervisor, Health Promoters, and Nutrition Volunteers discuss CCFLS and health facility referrals.

Photo by Sonia Esquibel/CRS.

overview

FOOD AND NUTRITION SECURITY, ENHANCED RESILIENCE (FANSER) IN ZAMBIA

WHY FANSER IN ZAMBIA?

Unsustainable agricultural production practices within the Petauke district in the Eastern province of Zambia have degraded its natural resources, limiting its production potential. The resulting poor dietary diversity, combined with inadequate care and feeding practices, have contributed to high-levels of malnutrition.

With the support of GIZ and in collaboration with local government, CRS is leveraging agricultural innovations through the FANSER project to improve the health and nutrition of women of reproductive age and children 6-23 months old.

HOW DOES FANSER WORK IN ZAMBIA?

FANSER applies the Care Group Model to promote the adoption of positive health and nutrition practices and consumption of nutrient dense, high protein foods, with a focus on preventing malnutrition among women of reproductive age and children under five.

WHAT IS THE CARE GROUP MODEL?

The Care Group Model (CG) is an internationally recognized behavior change and community health systems strengthening strategy for maternal and child health and nutrition interventions that use peer education.

KEY OBJECTIVES



To improve the dietary diversity score of **7,000** food insecure **women and children**.



To improve nutrition security and hygiene practices through trainings and advisory activities of 10,000 households, targeting women of reproductive age and young children from food insecure households.

QUICK FACTS	
Partners	GIZ, Caritas Chipata
Project location	Petauke, Eastern Province
# of households served	11,000
Timeframe	2015-2017
Achievements	Target Area Selection and Community Mobilization

HOW CARE GROUPS (CGs) WORK

4 nutrition field supervisors

TRAIN

20 health promoters

TRAIN & SUPPORT

up to 6 CGs = up to
1,200 volunteers

each volunteer

RE-TEACHES
lessons learned to

8-10 neighboring households =

up to 12,000

potential beneficiaries

This allows a relatively small number of paid staff to reach a large number of potential beneficiaries.



Health Promoters practice using the Health Promoter Reporting Form at FANSER's MEAL training. Photo by Sonia Esquibel/CRS.

KEY OUTPUTS TO DATE



11,421

households have received training during monthly visits from nutrition volunteers.



1.367

women participated in peer learning during exchange visits from one camp to another.



459

beneficiaries were trained in nutrition sensitive agriculture by the local extension staff, lead farmers to targeted beneficiaries.



40

cooking demonstrations were done in 40 villages using locally available foods provided by the beneficiaries, reaching 1,036 participants.



16

radio programs were produced and aired on one of the local radio stations.



2

road shows were conducted to sensitize the general public on key issues concerning the 1,000 most critical days in the life of a child.

LEVERAGING RELATIONSHIPS

Acknowledging the multi-sectoral causes of malnutrition, CRS has aligned with district level government actors involved in service delivery to rural communities to promote a coordinated response to malnutrition to maximize impact.

In collaboration with the Ministry of Health and the Ministry of Agriculture, CRS has gained valuable insight in community selection, policy advocacy, support for the Care Group referral system, and establishment of kitchen gardens. Similarly, CRS has aligned itself with four other important partners, including COMACO, RICH, the FAO (under the CASU Project), and USAID's Profit +. With these strategic partnerships, CRS is strengthening a united effort to reduce malnutrition and enhance resilience amongst households in Petauke district.

CHALLENGES

- Continued motivation of volunteers.
- The poor rainy season of 2017/2018 will cause hunger in most communities.

Catholic Relief Services is the overseas relief and development agency of the United States Conference of Catholic Bishops that has been operating in Zambia since 2002. For the last 14 years, CRS has provided specialized services in integrated agricultural development and food and nutrition security to poor and vulnerable households. CRS' primary partner under the GIZ initiative is Caritas Chipata, the with a presence in Eastern Province for over 40 years.



