



Integration across program activities brings improved food security

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Place: Ward 3, Mangwe District

According to Zimbabwe Vulnerability Assessment Committee's 2018 Rural Livelihoods Assessment, the number of food insecure households in Matabeleland North and South are expected to double in the 2018/2019 season as compared to projections from the 2017 Rural Livelihood Assessment for the 2017/2018 season.¹ This increase in projected food insecurity can be contributed to the changing environmental, political and economic climate in the country which impacts the availability of food, access to food, the safe and healthy utilization of food and stability of food availability, access and utilization. The USAID-funded Amalima program is seeking to address and help stabilize this changing level of food security by providing monthly food rations to mothers and care givers in Matabeleland North and South. While distributing food rations addresses immediate nutritional needs, they are not a sustainable strategy towards the program's objective of reducing stunting for children under five by improving nutrition, expanding and diversifying agricultural production, increasing household income and reducing risk of disasters by improving resilience. Amalima is targeting ration recipients and encouraging them to participate in all Amalima activities to adopt behaviors that can continue after



Figure 1: Blessed Mhlanga preparing her dryland field with her youngest child strapped to her back.

¹ Figures from the ZimVAC 2017 Rural Livelihood Assessment projected XX households in Matabeleland North and South to be food insecure in the 2017/2018 agriculture season, while figures in the ZimVAC 2018 Rural Livelihood Assessment projected 415,340 households in Matabeleland North and South to be food insecure in the 2018/2019 agricultural season. Full reports can be found here: <https://reliefweb.int/report/zimbabwe/zimbabwe-vulnerability-assessment-committee-zimvac-2017-rural-livelihoods-assessment> and <https://reliefweb.int/report/zimbabwe/zimbabwe-vulnerability-assessment-committee-results-2018>.

Living in Southwestern Zimbabwe, Blessed Mhlanaga is responsible for taking care of her household and three children, ranging in ages from 11 months to eight years. Each day, Ms. Mhlanga must clean her home, care for her children, purchase or produce food for her household, cook for her family, and gather the water and firewood necessary for household chores. While Ms. Mhlanga works hard to balance her responsibilities, she has experienced challenges in attending to her home while also being attentive to her children. In early 2014, Ms. Malanga attended a ward meeting where she first learned about Amalima, including the fact that pregnant and lactating women and children 2-23 months were eligible to receive a monthly food ration. After delivering her second children, Ms. Mhlanaga signed up to receive rations as a lactating mother.

Amalima is currently working at 87 food distribution points to provide a monthly ration of 5.5 kgs of Corn Soya Blend Plus (CSB+) and 1.38 kgs of fortified vegetable oil per month for pregnant and lactating women; and 3 kgs of CSB+ and 0.92 kgs of oil per month for children 6-23 months. These food baskets supplement the diet of either the mother or child under two years and provide necessary nutrients that are not easily accessible to vulnerable families. During food distributions, Amalima encourage ration recipients to participate in its other activities by inviting recipients to join and providing a taster of lessons promoted in activities by having existing groups provide pre-distribution “edutainment” in the form of dance, songs or drama that center around a key lesson or promoted behavior.

Ms. Mhlanga was invited to join a Community Health Club by a Community-based Volunteer, who trains club members following a Participatory Health and Hygiene Curriculum, and then joined a Care Group to learn about good childcare practices. In her involvement with the Community Health Club, Ms. Mhlanga attended trainings sessions with other recipients on health and sanitation and constructed hygiene-enabling structures in her home, such as a latrine and multiple hand washing stations. To continue supporting health in the household, the Community-based Volunteers Amalima staff encourages members join other Amalima groups, including Care Groups, and farmer groups during the training sessions to continue improving the health and hygiene of their families. While receiving lessons as a Community Health Club member, Ms. Mhlanga joined a Care Group to learn how she could better care for her children, especially her second child who was five months old at the time. In explaining why she wanted to join another group she said, “being a part of a group means you are learning from each other and are sharing the work instead of doing it alone.”

In her role as a Care Group member, Ms. Mhlanga learned about important infant and young child feeding practices and shared experiences with other care givers. The Care Groups are supported by a Lead Mother who provides monthly lessons following four Care Group modules and conducts home visits with each member to provide one-one-one support and reinforce the lessons. During these lessons, Ms. Mhlanga was taught to exclusively breastfeed for the first six months, not feeding the infant any water or porridge, and breastfeed until the child was satisfied. Ms. Mhlanga learned to take her time when feeding her children, instead rushing to continue with household chores. Through the home visits, the Lead Mother was able to provide suggestions on how to better adopt the promoted behaviors. The home visits also play an important role in reaching other family members, who can influence whether the mother adopts behaviors, by talking to them directly and explaining what was discussed in the group lessons. For Ms. Mhlanga, her husband is unable to attend the home visits, but she has experienced his support by

While attending Care Group trainings with her third child, Ms. Mhlanga also joined a Conservation Agriculture group after receiving the healthy harvest training. Within the Care Group curriculum, Amalima includes training on the importance of creating a nutritious and diverse plate and training on

producing food for home consumption. During this training, Lead Mothers stress the value of participating in productive agricultural activities for household consumption and household income to purchase food necessary to prepare nutritious meals. Ms. Mhlanga just joined the conservation agriculture farmer group in the past year, but has already received training on conservation agriculture and begun preparing her fields alongside members in her farming group.

Since joining a CHC, Care Group and Conservation Agriculture group, Ms. Mhlanga has experienced a mental shift from trying to balance her household chores and caring for her children to prioritizing her children, especially the infant who needs more attention. From her involvement in the Care Groups, she has since noticed a big difference between her oldest child, who was born four years before she joined Amalima, and her second two children, who were raised while participating in Amalima trainings. The eldest is more slender and would cry nonstop as an infant, while her older two children are more plump and cry less because they are fed more often. From her involvement with the Community Health Club, her children are enthusiastic to follow in her example of improved hygiene, using the tippy tap constructed during her Community Health Club lessons and helping to keep the homestead clean and orderly. From her involvement in the Conservation Agriculture farmer group, Ms. Mhlanga looks forward to her harvest of sorghum, millet, groundnuts and roundnuts, which she will use primarily to feed her family and will sell the rest. Ms. Mhlanga plans to continue participating in Amalima groups, even after the program has closed out, since she believes it is important to continue improving her household. Looking back on her involvement with Amalima she explains, "It is not receiving the porridge and oil, but the lessons taught in my Care Group meetings, CHC training and CA trainings which has been the most valuable."