



Nutrition Volunteers complete an exercise about creating highly nourishing daily menus for children under two years old. Photo by Karen Kasmauski for CRS.

overview

FOOD AND NUTRITION SECURITY, ENHANCED RESILIENCE (FANSER)

BACKGROUND




Poor dietary diversity, combined with inadequate care and feeding practices, have contributed to high levels of malnutrition throughout Zambia.

More than **1 in 3 children** in Zambia and Eastern province are **stunted**. Luapula province has the second highest child stunting rate at 45%¹.

Since 2015, FANSER has focused on promoting the use of locally produced, nutrient-rich crops for optimal complimentary feeding for children under 2 years old, balanced, nutritious diets for pregnant and breastfeeding women, and nutrition-sensitive water, sanitation and hygiene (WASH) practices at household level. The project has evolved to include an added focus on improved financial resilience through savings groups and added gender dynamic to encourage improved intra-household, joint decision-making to enhance men’s engagement and women’s control over resources, household nutrition, and male caretaker support.

FANSER has been operating in Eastern province since 2015. In 2019, the project expanded its activities to Luapula province, drawing on major learnings from implementation in Eastern province.

TARGETS

-  **72,000** pregnant & lactating women & women of reproductive age
-  **49,375** children under two
-  **26,250** men

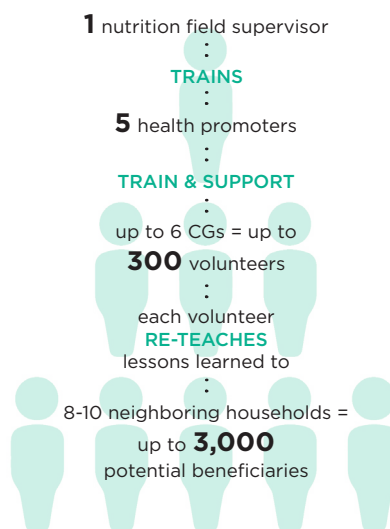
KEY INTERVENTIONS:

- Nutrition and WASH messaging
- Community-led Total Nutrition
- Savings groups
- Gender mainstreaming
- Keyhole gardens

QUICK FACTS	
Funder	BMZ/GIZ
Project location	Eastern province: Petauke & Katete districts Luapula province: Mwense & Kawambwa districts
Timeframe	2015-2021
Partners	GIZ, Caritas Chipata, the Diocese of Mansa, Action Africa Help Zambia

THE CARE GROUP MODEL

FANSER applies the Care Group model to promote the adoption of positive health and nutrition practices and consumption of nutrient dense, protein rich foods, with a focus on preventing malnutrition. This approach allows a relatively small number of paid staff to reach a large number of potential beneficiaries.



¹ ZDHS, 2018-19



Esther, a nutrition volunteer, teaches the continued importance of breast milk after six months as well as the types of foods and amounts to be fed from 6-9 months. Photo by Karen Kasmauski for CRS.

KEY OUTPUTS*

*As of November 2019



31,344

Women of Reproductive Age received nutrition/WASH lessons during monthly visits from nutrition volunteers.



19,314

children under the age of two reached.



5,648

Savings and Internal Lending Communities group members participated in first cohort (4,461 women ,1,187 men).



3,848

households participated in cooking demonstrations in Katete and Petauke villages using locally available foods provided by the beneficiaries.



3,281

beneficiaries trained in vegetable production.

COMMUNITY LED TOTAL NUTRITION

FANSER has focused predominantly on individual and household level behavior change. Starting in 2019, CRS rolled out the Community Led Total Nutrition (CLTN) approach in Eastern and Luapula provinces to **foster community level behavior change**. Building on the earning and successes of the Community Led Total Sanitation approach which promotes open defecation free communities, CLTN creates an enabling environment for household and individual change contributing to shifts in social norms and practices relating to nutrition for infants, young children, and women of reproductive age. CRS piloted the approach in Madagascar and found the rate of underweight children has dropped by an average of 9-10% (from 15% to 6% for all children, n = 2,762) after just six months.

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 and its implementing partners have gained valuable insight in community selection, policy advocacy, support for the Care Group referral system, and establishment of kitchen gardens. During the lifespan of the project, CRS has aligned itself with strategic partners with technical capacity and experience in agriculture, gender and health, while ensuring clear communication and coordination with other development and humanitarian actors working in the targeted districts towards shared nutrition goals.

FANSER is possible thanks to the support of GIZ, also a technical partner in providing agricultural training and capacity building, and the collaboration with local government.

