

Sarah Gerwens
International Track
Danielle Samsingh

Food Insecurity Project – Strategy Brief

Food security is an issue of local, national and global concern. It means that all members within a community have sufficient and continuous access to safe, nutritious and healthy food, dispose of the necessary means to obtain it, and have the knowledge and means to prepare it (e.g. clean water). However, many individuals lack one or several of these, resulting in deficiencies, illness, stunting and even starvation. Having nutritious and safe food available is particularly important in the first few years of a child's life (Thurow, May 2014). Thurow (May 2014) emphasizes that nutrition in the first 1000 days, from conception until a child's second birthday, is the deciding factor for their future. While crucial physical and psychological developments take place, malnutrition and sickness, of either the child itself or its mother, can lead to life-long complications. Stunted children fall sick more often, mature slower and are less economically productive even later in life (Thurow, May 2014). This is not only a tragedy for the individual and its family, but also the economy and society as a whole. Stunted children struggle in school and work lower-level jobs; they are in danger of continuing the cycle of poverty and malnutrition that lead to their condition in the first place. Action is needed. However, information and education of vulnerable communities alone is not enough. As Julie Eller points out in her lesson plan, there is a difference between what people know is the healthy choice (e.g. eating an apple) and the actual decision they make (e.g. eating an ice-cream instead). This is referred to as the health behavior gap and successful policy increasing food security needs to bridge that gap, so people don't only know how they should act in theory, but actually do so in practice.

Our strategy is informed by Malcolm Gladwell's research regarding what he calls the "tipping point" – the moment when enough people act or think a certain way that rapid social

change occurs (Gladwell, 1996). The FIP strategy team aims to create a positive “contagion” that spreads the desired behavior until it is widely adopted and becomes the norm rather than the exception – leading to sustainable and bottom-up social change within the communities. Instead of trying to affect people’s behavior through government policies and imposed controls, this approach will lead to long-term and viable new behavior patterns. The main stakeholder in improving food security and especially addressing the issue of early nutrition are women, particularly mothers. There is often no more important person in a child’s first 1000 days (including pregnancy) than its mother. What she eats, what she feeds her baby, how she cleans her food, and how she takes care of her child are crucial to whether or not the infant will become stunted. There are other factors, including social and economic, that also play a role. However, women empowerment is critical and “research from the U.N. Food and Agriculture Organization (FAO) shows that if women had the same access to resources that men have, global malnutrition could be reduced by up to 17 percent” (Culture-ist, 2013). Women also do most of the world’s agricultural work (Asian Development Bank, 2013), so they are a crucial partner in improving food security.

Thus, we propose a strategy that particularly has women in its focus and aims to educate and empower them. Additionally, in order to bridge the health behavior gap, this strategy is set up in a way that the behaviors it advocates for are projected to advertise for themselves and women will be empowered and will empower each other to raise healthier and better fed babies.

Our efforts will be based in Ethiopia and Guatemala, where we will first implement a pilot version of our strategy. Given that they are on two different continents and have distinct cultural and societal make-ups, we will be able to gather data on how our strategy holds up in these different contexts and then modify it accordingly to apply it to a broader set of communities. The data gathered can then be used to apply for future grants. However, there are also significant similarities between both countries; on the one hand, both have large agricultural sectors and still struggle with

food insecurity. On the other hand, in both countries there are food aid programs already in place such as the U.S. funded “Feed the Future”; thus, basic funding and infrastructure is already present for us to build upon (Ethiopia, 2016; Guatemala, 2016). Furthermore, FIP can aim to obtain some of the funding of these already present programs. Most notably, both countries are part of the UN project of Accelerating Progress Toward Economic Empowerment of Rural Women (RWEE), an initiative that aims to support women and, among other objectives, is meant to improve food security through its empowerment efforts (“Joint UN initiative”, 2014).

However, rather than focusing on each country as a whole, we will target vulnerable and more rural as well as agrarian communities, but not highly urban and/or industrial ones. In Guatemala, for example, ca. 70% of children in the rural Mayan highlands are stunted and are in dire need of improved food security (Screenivasan, Hari, & Kane, Jason, 2014) – a number that highlights the often dire need for change in such regions.

We will create “Women Centers” in 20 vulnerable communities in each country that already have a rudimentary health center and a school in place; providing females with informational, social and financial services. As Kimberly Flowers, Director of CSIS's Global Food Security Project, explained to our team, behavior change is easier to achieve if one incorporates it into pre-existing structures and traditions (Flowers, personal communication, June 24, 2016). Thus, we base our operations out of already present community health centers. The public is familiar with and in most cases even trusts these structures and the people working in them. Additionally, people will already have the habit of visiting the health clinic e.g. when they are pregnant. In order to save funds and be more effective, we will not create a new structure or significantly change the existing one. Rather, we will expand it. This will help to close the health behavior gap more efficiently, since a less drastic behavioral change is required; instead of asking people to go to a completely new facility and work with staff they do not know. Therefore our Women Centers will be incorporated into the structure

of the exciting clinics. However, the work of the Women Centers will not be exclusively medical. Rather, it will focus on financial, educational and social support in order to foster female empowerment and food security. Women will have access to free educational resources, seminars and community groups, where they will learn about nutrition and hygiene behaviors, as well as how to grow, store, and prepare safe and nutritious food. These talks will also address more food secure childrearing habits, such as longer breast-feeding. Furthermore, there will be sessions regarding personal finances and legal and social rights of women. Thus, this approach does not exclusively focus on food-related behavior, but takes into account that food insecurity and the social role of women are multifaceted issue, requiring a nuanced approach. If a woman is empowered, she is enabled to argue for and implement behavior changes in her family context, as well as end potentially harmful practices regarding her and her children (e.g. that women, even pregnant ones, are the last ones allowed to eat at a meal in some communities, often being left with less desirable/nutritious scraps (Thurow, November 2014)).

Another cornerstone of the Women Centers is a Grameen Bank type structure giving out microcredits to women, who have attended at least three seminars/classes. We expect this to be successful, since studies have found that women invest microcredit money more sustainably, are more likely to spend it on their family and community, and have higher repayment rates than men (Esty, 2014). These loans will be similar to conditional cash transfer programs, where cash is given to mothers with certain conditions attached such as enrollment of the child in school, prenatal and postnatal care or regular health check-ups for the baby; programs like these have been successfully implemented in Mexico and Brazil among other countries (Asian Development Bank, 2013). However, instead of handing out money, FIP will loan it, in order to increase the sense of ownership for the participating women and create a more sustainable solution and to keep our costs low. In order to remain in the program, women will be required to attend monthly finance as well as

nutrition and health seminars. Mothers in the program will additionally be asked to come in and weigh their baby every three weeks until its second birthday. Their continuation in the program will be dependent on the baby being normal weight. This requirement also helps the mothers to measure and showcase the success of their behavior changes and can have a motivating factor. Additionally, fathers and other figures of authority will be encouraged to attend these measuring sessions to also assess and understand the influence of the program. As Kimberly Flowers explained, mothers and fathers often proudly announce that their healthy baby is a “1000 day baby” and being able to see and quantify their results will motivate sustainable behavior change (Flowers, personal communication, June 24, 2016). These loans could also be used to enable farming women to gain more access to land, which the FAO report identifies as one of the most crucial elements in economic empowerment and heightening agricultural productivity (Asian Development Bank, 2013). As a result, giving women equal access to resources such as land, fertilizers, pesticides by enabling them economically can increase yields by 20-30%, not only improving local food security but also positively contributing to the economy overall (Asian, Development Bank, 2013). The FAO report points out that microcredits do not necessarily lead to women empowerment and an increase in productivity if the funds are, although obtained by a woman, still controlled by the man in the household, or the lenders do not have adequate access to resources and markets (Asian Development Bank, 2013). Thus, our FIP strategy takes that issue into account and aims to provide economic structures and opportunities for the women it services. Thus, the center acts as the headquarters for a women group farming collective, which "can allow for economies of scale in crop storage, acquisition of tools, and even farm mechanization ... [and] may lead to improved productivity" (Asian Development Bank, 2013) and will also strengthen the bonds among the women and empower them further. A similar program in Liberia enabled women to sell their produce through their own farmers' organization and lead to increased productivity and profits (UN

farmer empowerment). Collectives can also enable the women to access larger loans easier, since they can obtain these as a group rather than as individuals. This also addresses the social dimension of our approach by creating a community of farming women, who support and learn from each other.

Empowered women, nutritious and locally grown food, and economically sustainable farmers collectives will lead to less stunting in children and overall improved food security. This will not only benefit the individuals involved in our program, but the local and global community. Decreasing stunting rates can lead to an increase in productivity, while improved overall food security can also lower the number of people migrating out of food scarce areas as well as stabilize a region (Thurow, May 2014). Tackling this issue is in the interest of not only the government of the directly affected countries, but concerns governments and organizations all around the globe. Women Centers will empower particularly mothers and farming women by providing them with educational, economic and social opportunities. Through classes, conditional microcredits and farmers unions, they will be able to increase food security and increase agricultural productivity. Given the sustainable community-based approach, this will also help to bridge the health behavior gap and lead to persistent behavioral changes.

References

- Asian Development Bank. (2013). *Gender Equality and Food Security - Women's Empowerment as a Tool against Hunger*. Retrieved from <http://www.fao.org/wairdocs/ar259e/ar259e.pdf>
- Culture-ist. (2013, May 30). 14 Organizations Around the World Empowering Women to Achieve Food Security. *culture-ist*. <http://www.thecultureist.com/2013/05/30/14-organizations-empowering-women-to-achieve-food-security/>
- Esty, Katherine. (2014, January 10). 5 Reasons Why Muhammad Yunus Focuses on Lending to Women. *Impatient Optimists*. Retrieved from <http://www.impatientoptimists.org/Posts/2014/01/5-Reasons-Why-Muhammad-Yunus-Focuses-on-Lending-to-Women>
- Ethiopia*. (2016). Feed the Future. Retrieved from <https://www.feedthefuture.gov/country/ethiopia>
- Gladwell, Malcolm. (1996, June 3). The Tipping Point. *The New Yorker*. Retrieved from <https://goo.gl/LCn8vf>
- Guatemala*. (2016). Feed the Future. Retrieved from <https://www.feedthefuture.gov/country/guatemala>
- Joint UN initiative to empower rural women*. (2014, October 23). World Food Programme. Retrieved from <http://www.wfp.org/purchase-progress/news/blog/joint-un-initiative-empower-rural-women>
- Sreenivasan, Hari, & Kane, Jason. (2014, June 25). Guatemala: Hungry for Change. *Pulitzer Center*. Retrieved from <http://pulitzercenter.org/reporting/central-america-guatemala-city-hungry-change-nutrition-health>
- Thurow, Roger. (2014, May 1). 1,000 Days: The Period That Decides the Health and Wealth of the World. *Pulitzer Center*. Retrieved from <http://pulitzercenter.org/reporting/india-uganda-guatemala-children-maternal-health-1000-days>
- Thurow, Roger. (2014, November 1). India: Doing the Right Things. *Pulitzer Center*. Retrieved from <http://pulitzercenter.org/reporting/india-infant-mortality-1000-days-mothers-children-infant-survival>