



World Food Programme

Integrating the minimum Cost of a Diet (CoD) and Infant & Young Child Feeding (IYCF) into the Djibouti Urban EFSA 2010

**East and Central African Regional Bureau,
Nairobi.**



Djibouti was selected as an ideal place for piloting CoD, IYCF, as well as market analysis

- Djibouti was ideal playing field for extensive in-depth EFSA with additional components
 - predominantly urban, entirely dependent on the port, low agric production

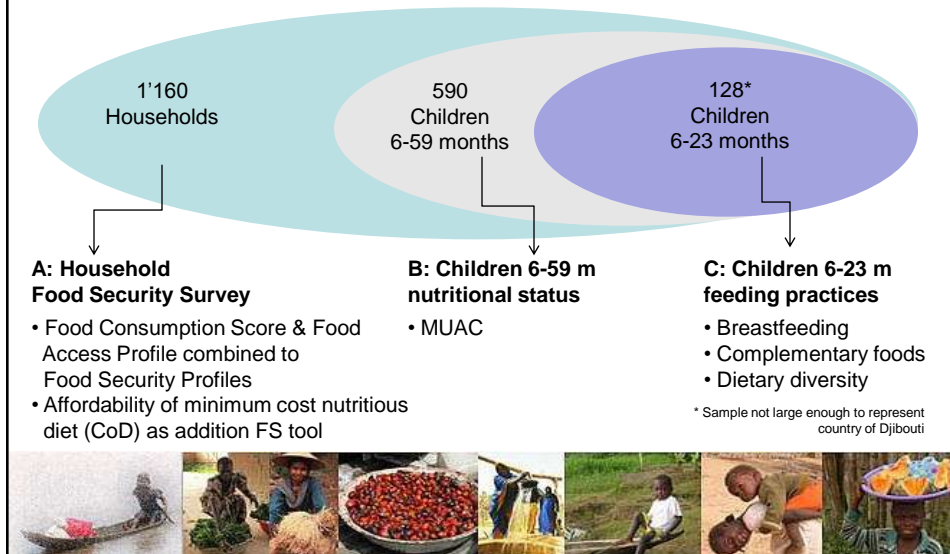
Objectives of the Assessment

- Generate information to inform design of food sec & nutrition programmes
- Pilot CoD analysis as part of EFSA
- Gather experience on IYCF module in EFSA
- Gain practical experience on how to integrate nutrition into EFSA
- Gain insight on how markets can be leveraged for potential intervention in Djibouti



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Overview: EFSA covered three different samples
Food Security (HH), MUAC (6-59m) & IYCF (6-23m)



Back-up

Summary of key EFSA results: food security relatively good, but nutrition situation of concern

Overall, Household Food Security in Djibouti was relatively good

- **Food Consumption:** 93 % of HH in Djibouti have an acceptable food consumption
- **Food Security Profiles:** 60% of Djibouti HH are food secure, 25% are food secure but have very poor income (“Food Secure Poor”, 8% are borderline food insecure and only 6% are food insecure
- **Minimum Cost of Nutritious Diet,** however, shows that almost 70% of HH in Djibouti were not able to afford a minimum cost of diet

Four groups of people were of concern

1. Currently, overall 14% of the population are **Food Insecure or Borderline Food Insecure**
2. The **Food Secure Poor** (25% of population) are currently self-sufficient and able to meet an acceptable consumption with minimum coping strategies. However, being very poor, they are extremely vulnerable to food-price induced food insecurity. Also, already they cannot afford the minimum cost of a nutritious diet
3. 12% of **6-59 months-old children** have low MUAC (<12.5cm)
4. Low MUAC is high amongst **children 6-23 months** (25%), even when adjusted for age. In addition, many children have very poor dietary diversity (especially little meat & vegetables) and very few households employ specialized nutritional foods



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Food Security Groups were created by combining Food Consumption Score ① **th Food Access Profiles** ②

Combining Food Consumption & Access ...

... we can create four Food Security Groups

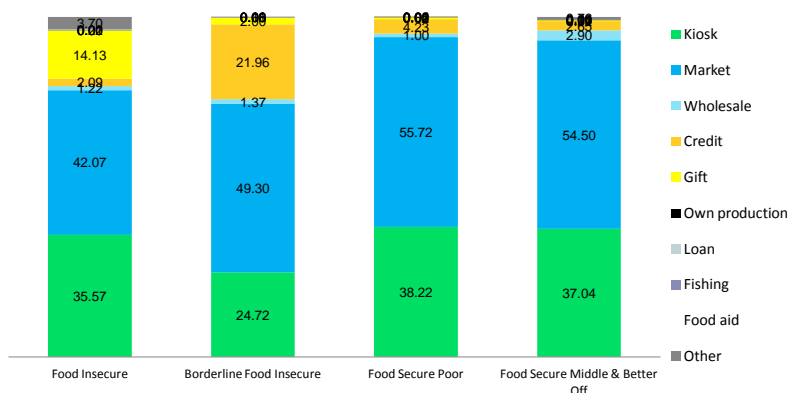
① **Food Consumption Score**

	Poor Consumpt.	Borderline Consumpt.	Acceptable Consumpt.
Food Access Profile			
Poor with high coping	0.7 %	0.9 %	7.5 %
Poor	1.4 %	3.2 %	25.6 %
Average	0.0 %	0.8 %	34.3 %
Good	0.0 %	0.2 %	20.4 %
Very Good	0.0 %	0.0 %	5.0 %
Total	2.1 %	5.1 %	92.8 %

FS Profile	Description of Food Security Profile	% HH
Food Insecure	Households with poor consumption or borderline consumption and poor access.	6.3%
Borderline Food Insecure	Households with poor access, high coping and households with borderline consumption and average access. Numerous coping mechanisms.	8.2%
Food Secure – Poor	Households poor in terms of wealth and income but with acceptable consumption. No coping mechanisms.	25.6 %
Food Secure - Middle	Households with acceptable consumption and average, good or very good access. Also includes few households with good access and borderline consumption.	59.9 %



Markets are the most important source of food – vulnerability to price changes is very high



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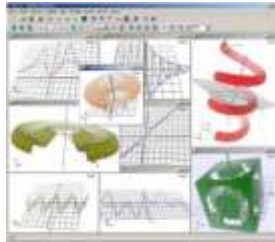
An additional tool, the minimum cost of the diet was included into the Djibouti EFSA

Inputs



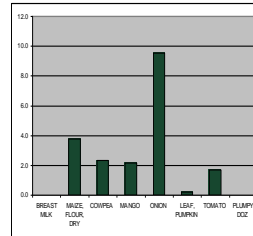
- List of local foods
- Local prices
- Generic portion sizes by food group

Linear Optimization Software



- Excel Solver, linear programming
- Nutritional requirements by age group for a family
- Aggregate food composition data-base

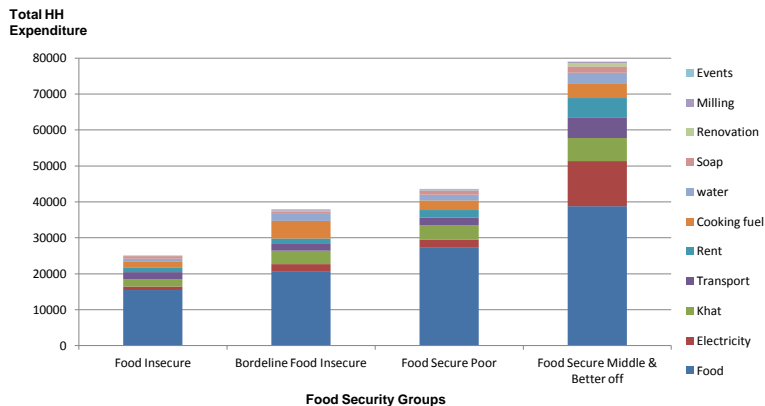
Outputs



- Minimal cost of a diet covering all nutritional needs



As part of the Food Access Profiles, there was a detailed section asking HH about their food & non-food expenditures

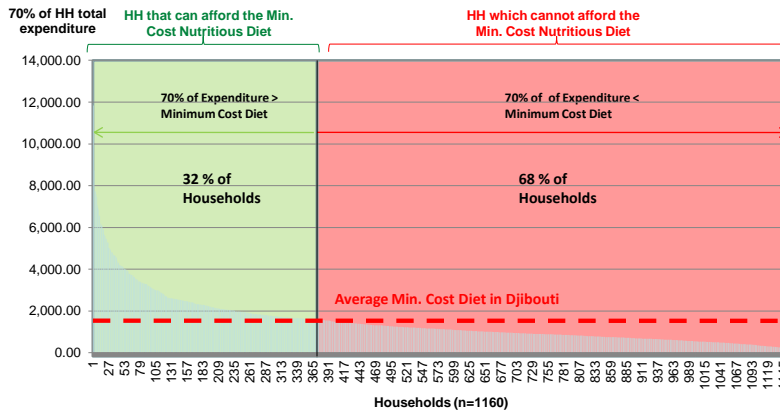


In the EFSA, expenditure data is used as a proxy for income. Also, we assume that people could spend a maximum of 70% on food, if they wanted to



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Combining expenditure data with the CoD can lead to an estimation of economic access to nutritious food

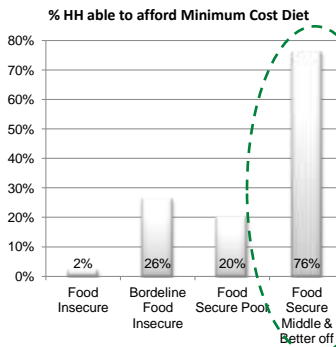


Only 32% of HH are able to afford a Minimum Cost Nutritious Diet (red dotted line) if they spend 70% of their total expenditure on food (blue bars) – despite high FCS

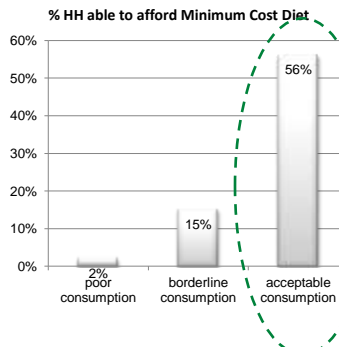


Affordability of Minimum Cost of Diet is in contrast to what FCS determines as “acceptable consumption”

Most Food Secure HH able to afford Minimum Cost Diet



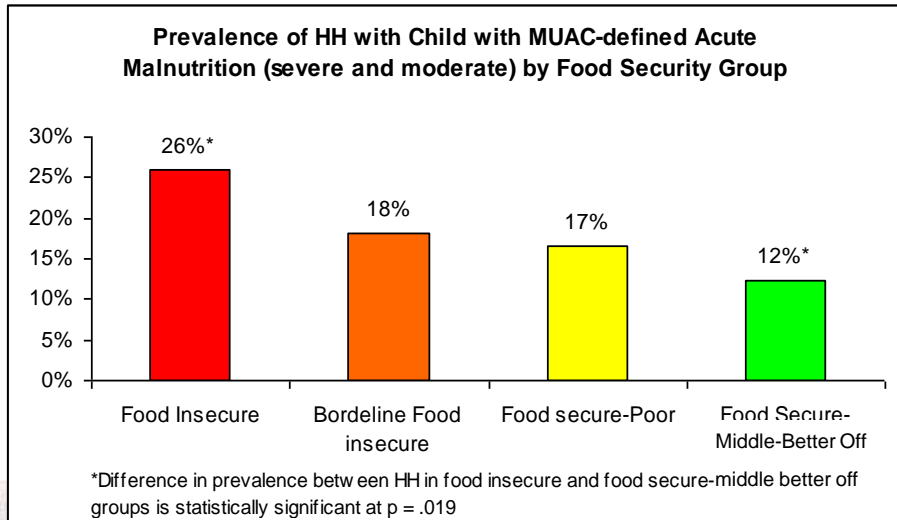
HH with poor consumption cannot afford Min. Cost Diet



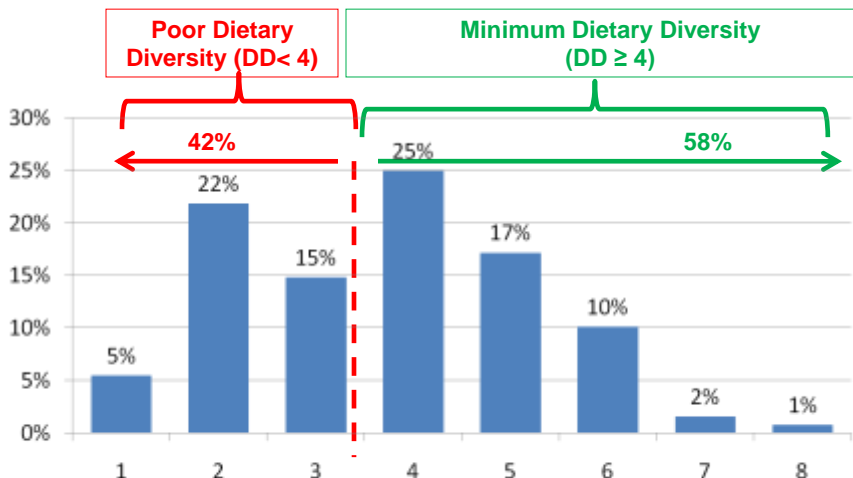
Note: these percentages are calculated using a variable attributed to each HH within SPSS and counting the % number of HH who can afford the regional CoD, which is slightly different from using a country average and looking at the number of households who can afford that.



Prevalence of low MUAC is highest in Food Insecure households, lowest in Food-Secure ones

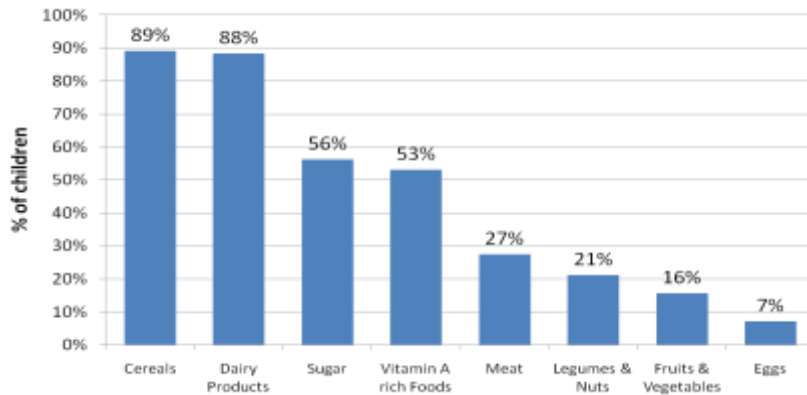


42% of children of 6-23 months in the sample had a poor dietary diversity



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Especially meat and fruit consumption in children aged 6-23 months is very poor in Djibouti



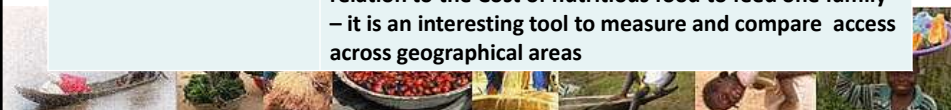
Summary and Key Points for Discussion

FCS

- In Djibouti, the FCS showed that 93% of the population have “acceptable food consumption”
- On the other hand, the Cost of Diet Analysis has shown that of these only 32% are able to afford the minimum cost of a nutritious diet - which seems contradictory

COD & EFSA

- CoD was useful to better explain the access dimension of the FS framework: despite good levels of consumption as indicated by FCS, economic access to nutritious food is a real issue in Djibouti, which is a partial explanation of high chronic malnutrition rates (30% stunting)
- Powerful advocacy tool during presentation to government, though government was surprised of high cost of diet
- **Given that the CoD includes HH income/expenditure in relation to the Cost of nutritious food to feed one family – it is an interesting tool to measure and compare access across geographical areas**



Summary and Key Points for Discussion

IYCF module	<ul style="list-style-type: none">• Despite initial estimations, the number of children 6-23 m in the HH sample was too small (128/1160) to get insightful quantitative data and detailed analysis• The qualitative interviews with focus groups of mothers were more insightful• For future studies incorporating IYCF, the sample size of 6-23m old is key.
Dietary diversity for 6-23	<ul style="list-style-type: none">• Key question is whether family level questions on dietary diversity can also be applied to the child, in order to get insight into differences of consumption of child vs. household• Same sample size issues as with IYCF module• Both, IYCF Module as well as child food consumption scores for child to be piloted in joint assessment with UNICEF



Actions taken to ensure Resilient Food Systems in Djibouti cities

- At a workshop with UN agencies, govt and partners the assessment findings were reviewed and appropriate recommendations formulated
 - Implement a nutrition campaign to sensitize mothers on appropriate feeding practices
 - Institute safety net programmes for the poor and vulnerable
 - Explore strategies to ensure micronutrient provision through national food fortification programmes.



Actions taken to ensure Resilient Food Systems in Djibouti cities

- Families with malnourished children receive full ration (protection ration)
- The use of cash instead of food is being considered due to logistical challenges of implementing food assistance programmes in urban areas
- Provision of food to vulnerable household during the lean season.
- Prevention of micronutrient through use of fortified cereals and blended foods distributed by WFP.



Thank you!
End

