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World Hunger – an NGO perspective

Tom Arnold and Michael Doorly

‘Likewise, achieving gender equality is crucial if the first MDG – halving hunger by 2015 – is to become reality. Women produce more than half the food in Latin America and Asia, and 80% in Africa. They are more likely to work the fields, harvest the crops, prepare food and rear children than men. But despite their overwhelming importance within the household, women in developing countries continue to exist on the periphery of men.’

When world leaders committed to achieve the Millennium Development Goals (MDGs) at the UN Summit in 2000, Goal No.1 was to eradicate extreme poverty and hunger. It was entirely logical to put this first. Progress in the other Goals – on education, health, HIV/AIDS and the environment – must be underpinned by progress in eliminating poverty and hunger. The leaders set specific targets as part of the political commitment to achieve the MDGs. For Goal No. 1, the target was that the proportion of people in the world living in extreme poverty and suffering from hunger would halve between 1990 and 2015.

These Goals and targets were very welcome but there was no roadmap as to how they were to be achieved. To bridge this gap, the UN Secretary General, Kofi Annan, set up the Millennium Project and asked Professor Jeffrey Sachs to lead it. The Project consisted of ten Task Forces which were charged with proposing a practical policy agenda – for governments, the private sector, civil society, international institutions - to achieve the Goals.

Tom Arnold, Chief Executive of Concern Worldwide was invited to be a member of the Task Force on Hunger, consisting of some 30 experts from across the world. Here, he explores the reality of world hunger from an

NGO perspective and along with his colleague, Michael Doorly and others in Concern, he outlines key aspects of that organisation’s response – indicative of the value and potential impact of NGOs.

Who, where and what?

The first duty of the Task Force on Hunger was to pull together the information on who are the hungry in the world today, where do they live, what are the root causes of their hunger?

The public image of hunger is the starving child, whether in the big Ethiopia famine in 1984, in Niger in 2005 or in Kenya and Somalia in early 2006. That is a recurring and tragic reality and evokes a generous response to save lives whenever it occurs. But acute hunger such as this represents less than 10% of the hungry in the world.

Defining ‘hunger’ can be tricky. The television images of starving children on the verge of death, although shocking, do not tell the entire story. These are suffering from the most severe form of malnutrition and food deprivation, but millions more suffer from chronic undernourishment.

Hunger occurs in three main forms: acute, chronic, and hidden. Distinguishing between



the three of them is important, since their underlying causes differ. Similarly, although all three are food-related, solutions are not uniform: there is no blanket, one-size-fits-all approach to eliminating world hunger in all its forms.

- The starving ‘skin-and-bones’ images we see on our television screens are experiencing **acute** hunger, which is the most extreme form of malnourishment. At this stage, death is a looming reality. However, people in this category only constitute some 10% of the world’s hungry.
- **Chronic** hunger is the most widespread global form of malnourishment and is characterised by a constant lack of access to food of sufficient quality and quantity, as well as a lack of good healthcare and caring practices. The majority of child mortality related to nutritional factors stems from chronic hunger causes.

Hunger – some definitions

Hunger - a condition in which people do not get enough food to provide the nutrients (carbohydrates, fats, proteins, vitamins, minerals and water) for active and healthy lives.

Malnutrition – refers to improper/inappropriate consumption of food (not just inadequate); it is most commonly used to refer to under-nutrition (see below). Malnutrition mostly affects the poor, but it is not just a problem among the poor (malnutrition is about vulnerability, not poverty).

Under-nutrition – a condition resulting from inadequate consumption of calories, protein and/or nutrients to meet the basic physical requirements for an active and healthy life (the FAO defines under-nutrition as less than 2100 kcal per day.) Conversely over-nutrition is excessive consumption, possibly combined with low levels of physical activity.

Food Insecurity – a condition of uncertain availability of or ability to acquire safe, nutritious food in a socially acceptable way

Food Security - assured access for every person to enough nutritious food to sustain an active and healthy life, including: food availability (adequate food supply); food access (people can get to food); and appropriate food use (the body’s absorption of essential nutrients).

- Source: Bread for the World Hunger Report 2004

- **Hidden** hunger results from a poor quality diet (lack of foods rich in vitamins and minerals) and to a lesser extent illness (which reduces appetite and affects the body’s ability to use key nutrients) and is the most difficult form of hunger to detect, since many of those affected consume enough calories and proteins. It afflicts over 2 billion people worldwide.

Distinguishing between these forms of hunger is important due to the different responses that each requires. Food insecurity is often the result of poor agricultural yields, a lack of market access and economic poverty. Nutritional insecurity – as is the case of the hidden hungry – often has its roots in poor hygiene and medical care, inefficient welfare programmes and widespread disease. Hunger is both a cause of poverty as well as an outcome of poverty. Thus the need for programmes and policies that directly address poverty (increase household incomes as well as social aspects of poverty), as well as programmes that directly address hunger.

What is a DALY?

Malnourishment and undernourishment can affect people for their entire lives. A malnourished individual may grow up with physical or cognitive disabilities, and face a life of hardship as a result. Such disabilities also have a debilitating effect upon a country’s workforce, and subsequently its economic productivity.

The idea of what became known as the DALY – Disability-Adjusted Life Year – was introduced in order to measure the number of years ‘lost’ due to disability. It is essentially the sum of years lost as a result both of premature death and of disabilities, adjusted according to severity. When analysing hunger, it allows us to calculate just what effect undernourishment or malnourishment has upon a country’s development.

The Global Burden of Disease Study, sponsored by the WHO and the World Bank, ranks being underweight as the most significant factor for DALYs worldwide. Of the 10 most significant DALY risk factors, 6 are directly linked to hunger and malnutrition. When calculated, the figures are staggering. Childhood and maternal undernutrition cost the developing world over 220 million DALYs; when other nutrition-related factors are taken into account, this figure rises to 340 million DALYs.



Hunger – a global and regional overview

In the period 2000 -2002, the FAO estimated that approximately 852 million people worldwide were suffering from some form of under nourishment. Of these:

- 815 million came from developing countries
- 28 million from countries in transition
- 8 million from industrialised countries.

Overall, the World Health Organisation (WHO) estimates that more than 3.7 million deaths in 2000 could be attributed to being underweight. Deficiencies in three key micronutrients - iron, vitamin A and zinc - each caused an additional 750,000 to 850,000 deaths.

During the first half of the 1990s, nearly one quarter of a billion people were pulled out of the hunger trap. This astonishing figure led to a wave of international optimism, with predictions that world hunger could be eradicated within a decade abounding. The first Millennium Development Goal – to half the proportion of people hungry by 2015 – is perhaps a reflection of this early 1990s optimism.

What had been ignored, however, was that the majority of these 250,000,000 were Indian or Chinese. As India and China's economies slowed down in the second part of the 1990s, progress on world hunger appeared to grind to a halt. In actual fact, slight progress *was* achieved: the proportion of undernourished people within the developing world fell from 20% to 18%.

Nevertheless, 15 years on, the optimism of the early 1990s seems foolhardy: as of March 2005, the FAO listed 36 countries as facing '*serious food shortages*', 23 of these are to be found in sub-Saharan Africa, 7 in Asia or the Near East, 5 in Latin America and 1 in Europe.

- **Asia** - this region has experienced a dramatic decline in undernourishment over the past 15 years, although the bulk of this progress is attributable to the development of India and China, the region's two super-states. China had registered dramatic progress during the first half of the 1990s, reducing its number of undernourished by almost 50 million, during the same period, India reduced the number of undernourished by 13 million.

Throughout Asia, the proportion of people living with insufficient food fell by an average of 4% over this period of time. Western Asia is the exception: here, the percentage of undernourished people amongst the population actually *increased* to 10%.

- **Sub-Saharan Africa** - of the 30 countries which registered a drop in undernourishment levels between 1990 and 2001, 14 were to be found within sub-Saharan Africa. Progress has been extremely slow, however, and the region continues to be the most undernourished in the world, with 33% of the population living in hunger. Indeed, in terms of absolute figures sub-Saharan Africa is actually *regressing* in its struggle to overcome hunger. As populations within the region increased, so did the number of undernourished: which meant that in 2001 there were 34 million *more* undernourished people in sub-Saharan Africa than there were in 1990.

- **Latin America & the Caribbean** - Progress has been registered, although there is still some way to go before the Millennium Development Goal target of halving the number of undernourished people by 2015 is achieved. The UN estimates that approximately 10% of Latin America suffers from undernourishment – much better than sub-Saharan Africa's or Southeast Asia's figures, but not as good as North Africa's performance.

- **North Africa** - Of the developing world's various regions, North Africa is the closest to eliminating undernourishment, with 4% of its population considered to be undernourished. Discouragingly, no progress has been registered since 1990, and in absolute terms the number of poor has increased, from 5.4 million to today's estimated figure of 6.1 million.



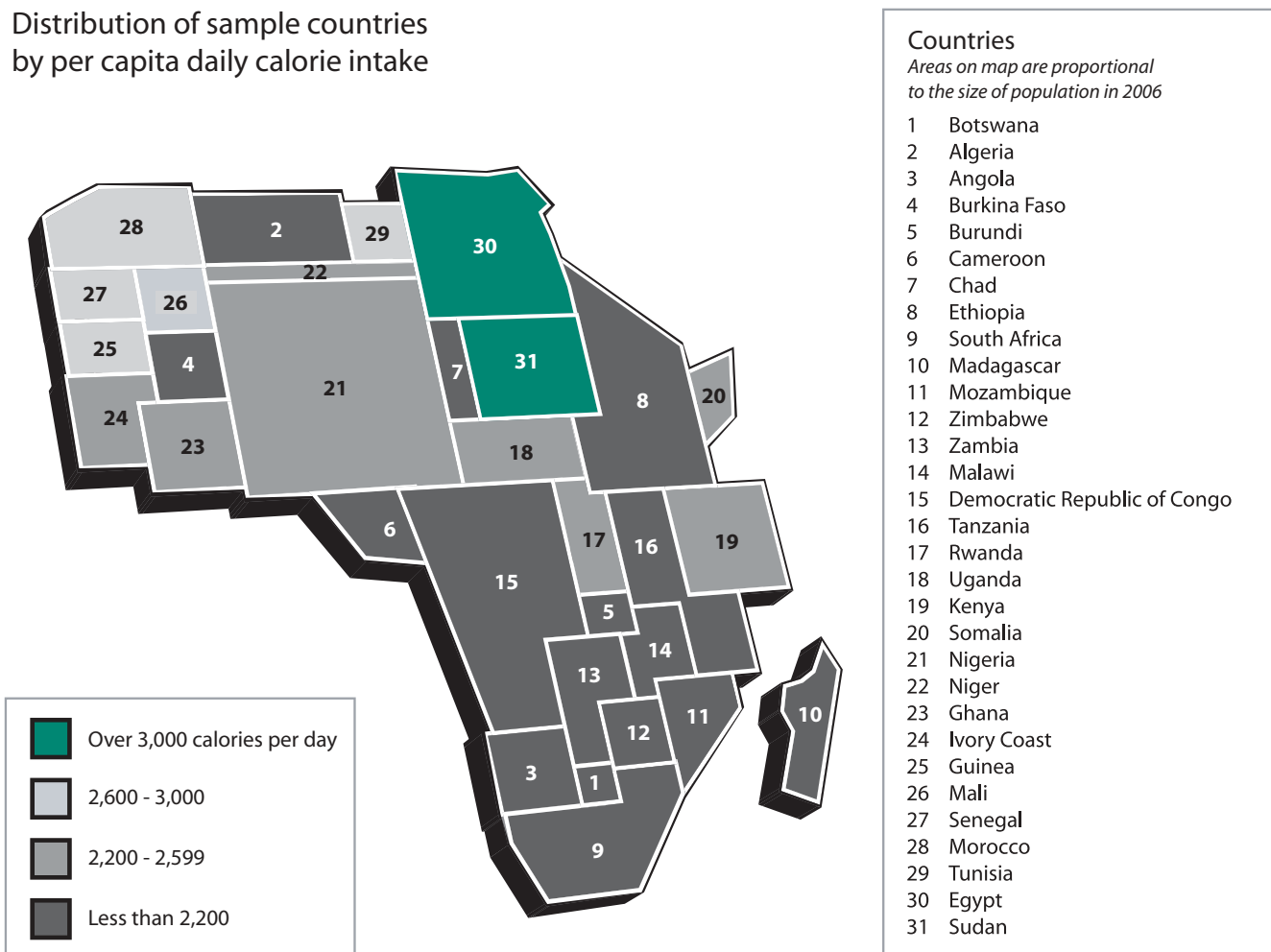
Percentage of undernourished in total population

Country	Total Population (millions)	Population Undernourished 2002-2004 (millions)	1979-1981	1993-1995	2002-2004 (provisional data)
Algeria	32.8	1.4	9	6	4
Australia	20.1	*	<2.5	<2.5	<2.5
Bangladesh	141.8	44	39	40	30
Brazil	173.8	13.1	15	10	7
India	1,103.4	209.5	38	21	20
Ireland	4.1	*	<2.5	<2.5	<2.5
Sudan	40.1	8.7	29	23	26
Zambia	11.6	5	29	48	46

* Figure is too low to be statistically significant

- Sources: UN World Population Prospects (2004) and FAO Food Security Statistics (2005)

Distribution of sample countries by per capita daily calorie intake





- **Poverty** - the root of much of human underdevelopment, and also a result of it. Many of the world's poor are unable to afford sufficient food, or food of the required quality. As a result, their diets tend to be based on basic starchy foods such as potatoes and bread, with few fruits and vegetables or animal products. This provides the basis for nutrient deficiency, and ultimately malnourishment.

- **Disease and illness** - malnourishment and hunger lead to disease – but disease can also lead to malnourishment, as sick individuals grow too weak and unhealthy to work and thereby procure themselves food (either directly, by tilling the land, or indirectly, by earning money).

- **Famines and other climatic factors** - the worst-affected hunger and malnourishment hotspots are to be found in regions of climatic extremes: areas which experience drought, flooding, unpredictable precipitation patterns, soil erosion and desertification. Although technological advances have made it possible to produce food in even extreme climatic conditions (Israel's drip-irrigated desert fields, or Dubai's lush expanses of greenery serve as examples), these hunger hotspots lack the capital and infrastructure necessary for such investments.

- **Lack of mother's education and health** - the UN's Millennium Task Force on Hunger has found that women's education was related to 43% of the reduction in child malnourishment between 1970 and 1995 – the single most important factor.

Women tend to be at the start of a vicious hunger cycle, often undernourished and undereducated throughout childhood – boys tend to take precedence both at the dinner table as well as the school desk – they grow up anaemic and weak. Married off at an early age, they often give birth to malnourished children, and lack the physical ability and education to care for them properly. The child thus grows up malnourished, and the cycle continues.

Some causes of hunger

- **War and conflict** – the connections between hunger, war and conflict are obvious – people forced to flee conflict zones, long term internally displaced people and refugees, disruption to agriculture and to food supplies, the blocking of emergency supplies to 'enemy' areas etc. Examples abound – Afghanistan, Angola, Eritrea, Cambodia, Biafra, Sudan etc. For example, it is estimated that 10% of agricultural land in Eritrea is mined, 1 million mines have been planted in Somalia and, in Cambodia, there are an estimated two mines for each child. Debates over the impact of war and conflict on civilians continue but few disagree that hunger, and even famine, have been one of its ongoing key impacts.

- **Low food production** - although not an issue on a global scale, some villages and specific groups often have difficulty producing enough food to feed all. Many of these areas have difficulty accessing markets – this means that their diet cannot be diversified and often remains tied down to staple foods. Due to poor agricultural methods, lack of fertiliser, climatic fluctuations as well as a sheer lack of arable land, significant numbers of people go hungry simply because they do not access enough food.



The Human Cost of Hunger

The Hunger Task Force estimated that some 850 million people are hungry in the world today and over 90% of these suffer from chronic malnutrition – the silent day to day reality of not having enough food or the right type of food to eat. The costs of chronic malnutrition – at the level of the individual family and the economic costs to society – are enormous. It is estimated that hunger and malnutrition lead to a 6 -10% loss in GDP due to the lack of labour productivity incurred.

Premature death and disability wreak havoc upon social institutions, familial ties and civil society. Malnourished children endure poorer educational prospects than their well-fed counterparts, with a resultant negative impact on their occupational opportunities. Provisional FAO estimates suggest that these indirect costs stretch in the hundreds of billions of dollars.

Eleven million children die each year before the age of five. An estimated 60% of these deaths are associated with under-nutrition and diseases which children are vulnerable to because they are hungry. Under-nutrition's

most damaging effects occur during pregnancy and in the first two years of life because this is when cognitive development and physical growth is the most rapid. Children who are malnourished have longer and more severe illnesses that would not kill them if they weren't malnourished (it's the synergistic relationship between infection and malnutrition that greatly increase the risk of death – in fact, very few children die from starvation or infection but from the simultaneous presence of infection and malnutrition).

Medical costs can be long-lasting: problem pregnancies often lead to the delivery of underweight babies who require medical attention from the moment they are born. Malnutrition dramatically increases a child's susceptibility to malaria, pneumonia, diarrhoea or measles – leading to a spiral of even further medical expenditure.

According to the FAO, apportioning developing countries' medical expenditures caused by child and maternal malnutrition and based upon DALYs costs around US\$30 billion per year - over five times the amount committed so far to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Green Revolution

The Green Revolution pioneered by Nobel Prize winning plant breeder Norman Borlaug in the 1960s was heralded as the solution to world hunger. From the 1940s Borlaug had worked on developing broadly adapted, short stemmed, disease resistant wheat varieties that excelled in converting fertiliser and water into high yields. The improved seeds were instrumental in boosting Mexican wheat production and averting famine in India and Pakistan. Borlaug's work also saw dramatic improvements in corn yields throughout the developing world and his work in Mexico inspired the creation of centres in India, the Philippines and several countries in Africa. Despite its success at increasing aggregate food supply, the Green Revolution as a development approach has not necessarily translated into benefits for the lower strata of the rural poor in terms of greater food security or greater economic opportunity and well-being.

Critics of the Green Revolution claim that its methods create a high dependency on fertilisers, irrigation and other ecologically harmful practices and that it promotes monocultures and loss of biodiversity. Undernutrition and poverty are still prevalent and the distribution of food remains skewed with families in landless, small-scale farming households and general labourers as high-risk groups. Studies of impact have shown that the better-off strata of rural society have gained access to better incomes generated by the introduction of technology whereas the poorest strata have tended to lose access to income that was available before its introduction.



Breaking the Cycle of Hunger

So what can be done? Due to the regularity with which we see starving people on the TV screen, particularly from Africa, some people could be forgiven for concluding that the situation is hopeless; that, as the Bible said, *'the poor will always be with us'*.

The Hunger Task Force spelled out what can and should be done to eliminate hunger - it will not be easy, but it is achievable. Along with the right to life, the right to food is among the most basic of human rights. Being continuously hungry reflects extreme poverty – no one with any level of economic freedom will opt to be hungry. So governments and citizens should see hunger as ultimately a matter of basic human rights.

In working towards eliminating hunger, we should realise that a lot of progress has been made over the past 40-50 years. Although having 850 million hungry people in today's world of plenty is unacceptable, a smaller percentage of the world's population – about 15% – are hungrier than ever before. The only region of the world where the poverty and hunger problem has got worse over this period is sub Saharan Africa.

The policy agenda to eliminate hunger will include short and longer term measures.

Short-term measures include:

- Information campaigns to governments and world bodies such as the World Food Programme, World Health Organisation etc
- Nutrition programmes such as that developed by Concern through its Community Therapeutic Care approach (see below)
- Improving food distribution systems
- Implement early-warning systems and improve nutritional surveillance.

But it is not enough just to try to break the cycle of poverty. There must be follow on **longer-term** measures which can build on any gains made. Priority should be given to interventions aimed at improving the nutrition of pregnant women and children under 2 years. According to a group of the world's leading development economists (part of an exercise known as the Copenhagen Consensus), nutrition investments are one of the best investments developing countries can make in reducing poverty and improving economic growth.

More must be done to improve the nutrition of older children, universal primary education – over 100 million children still do not attend school – must be delivered. Any longer term strategy to eliminate hunger is crucially dependent on ensuring that girls are educated.

Likewise, achieving gender equality is crucial if the first MDG – halving hunger by 2015 – is to become reality. Women produce more than half the food in Latin America and Asia, and 80% in Africa. They are more likely to work the fields, harvest the crops, prepare food and rear children than men.

Empowering women – through education, in their capacity as farmers, as well as by allowing them increased access to capital and state services and positions - is therefore of the essence in the struggle to end malnutrition. Better-educated women, more aware of nutritional issues, are better able to care for themselves and their children.

Investment in science and technology is another important long-term vision which developing countries must embrace. Research and investment in this area can lead to greater crop yields, better use of existing arable land, improved nutrition, more efficient refrigeration and better food delivery systems. The Green Revolution was an agricultural sea change, and resulted in rocketing agricultural efficiency. A similar 'revolution' could lift millions out of poverty. There remain a number of obstacles within this field, however – with the most evident being a lack of capital.

The hunger conundrum brings with it an obligation to focus attention and resources on developing environmentally sustainable agricultural practices. The difficult climatic conditions present in many of the world's hunger hotspots result in agricultural land that is often strained, overworked, and eroding. Mineral or organic fertilisers can enrich the soil, as can planting nitrogen-fixing legumes; afforestation programmes bind the soil together and prevent desertification; green manure and cover crop systems can improve soil fertility. Water conservation methods will also play a large part, especially in water-stressed hunger areas such as southern Africa. It is probable that small-scale water management systems, rather than large-scale irrigation projects, are likely to deliver the greatest benefits to developing world farmers.



In the middle, to long-term, governments must work at making food and agricultural markets work for the poor. Currently, markets work against the poor in both directions. The poor cannot afford the price of food, and at the same time they are often unable to sell their produce on the market in sufficient quantities (or with any significant profit margin). Either way, the result is poverty, and with it hunger and malnourishment. The MDG Hunger Task Force identified three 'outline' scenarios in which markets do not work for the poor, with specific strategies for overcoming each one:

- **Markets do not exist, or do not function due to a lack of infrastructure.** Investment must be focused on developing transportation, communication and other such infrastructural necessities. The creation of small communities trading produce, fertiliser or seeds is also suggested.
- **Markets exist, but the poor are shut out from them due to a lack of capital or collateral, or due to gender discrimination.** In such scenarios, investment should be focused on improving

the poor's access to financial services, empowering women, and ensuring that regulated, up-to-date legislation is in place.

- **Markets exist and the poor have access to them, but they suffer from unfavourable terms of trade.** Here, the Task Force recommends that investment is focused on providing workers and farmers with market information, encouraging farmers to build up co-operatives and workers to unionise, and promoting sources of alternative household income.

The most important long-term changes, however, will be the most difficult to realise – turning the international community's various pledges into tangible actions, tying agricultural and nutritional interventions together, and removing regional trade barriers (several developing countries maintain high tariff barriers, which discourage imports from other developing nations); all are needed if global hunger and malnourishment are to be overcome. However the political and economic hurdles remain significant. Nevertheless, achievements over the past 15 years have proven that progress is indeed possible.

The globalisation of food and the rise of agribusiness

Globalisation and the emergence of huge international corporations have directly and very significantly affected agriculture. Small, family-run farms predominated in developed nations until a few decades ago but have since given way to huge farming conglomerates. These agrarian empires have more in common with business corporations than small-scale farmers. Agribusiness – or corporate farming, as it is sometimes referred to – has grown massively, generating trillions of US dollars in revenue, it has spawned huge multinational corporations such as Cargill, which generates revenues of \$63 billion. Nowadays, the largest agribusiness corporations are not merely involved in the agricultural production of food. They have increasingly branched into biotechnology, nutritional science and research on genetically modified organisms.

The development of such huge farming businesses has provoked a great deal of debate. Critics are

concerned about the impact of large agribusinesses on the environment as well as on our health, most corporations are involved in the battle to introduce genetically modified food onto the market. The opposing camp argues that agribusiness has increased food production, lowered prices and vastly improved food distribution systems.

Perhaps the most disconcerting aspect of agribusiness, however, is the privatisation of food. As private corporations have acquired increasingly large swathes of land, control over food production has shifted onto the private sector. Governments are increasingly unable to procure food for citizens themselves. The implications are, depending on your perspective, either promising or alarming. Optimists believe that privatising food production will lead to cheaper food which is more efficiently distributed, with resultant benefits for all. More cautious observers point to the dangers of allowing something as essential to human survival as food to be controlled by private entities whose primary aim is to generate profits.



Addressing hunger - an NGO approach

Tackling hunger and the causes of hunger has been central to Concern's work since it was established in response to the Biafran famine in 1968. We have responded to the major food crisis in the intervening decades, such as Bangladesh in the 1970s, Ethiopia in the 1980s, Somalia and Sudan in the 1990s.

We are also working hard to learn from our work in fighting hunger. We seek to understand the root causes of that hunger and to tailor our programmes to address these root causes. On the basis that prevention is better than cure, we try to prevent people slipping from chronic to acute malnutrition by better linking livelihoods with health and water/sanitation and by promoting good breastfeeding and infant feeding practices, by improving poor household access to quality foods through micro-credit, food production and by designing and implementing effective social protection programmes for the poor.

In partnership with others, Concern has achieved a major breakthrough in the fight against hunger. In 2000, along with Valid International (a company which specialises in improving the quality of humanitarian assistance), we developed a new approach to tackling malnutrition called Community Therapeutic Care (CTC). This was essentially a community based model for delivering care to malnourished people; the more traditional model had been based on treating people in Therapeutic Feeding Centres. One practical consequence of the new approach was that a mother with a sick child spends a much shorter time away from home, with the benefits for the whole family which this entailed.

We tested this model in a number of the countries we work in, carefully gathered the evidence and presented it widely for peer review. The results, in terms of the coverage of the population we could reach and the recovery rates for children, were impressive. We are now at the point where many other agencies are adopting this approach, with assistance and training from Concern. The governments of Malawi and

Ethiopia are building CTC into their public health systems. The World Health Organisation is preparing to build it into its international protocols which are used by governments across the world.

Until 2001, high levels of acute malnutrition, in emergency situations, were treated predominantly through Therapeutic Feeding Centres (TFCs) – these are large, in-patient centres where patients are admitted for 21 days or longer. Such centres require a lot of highly trained staff and are often very far from those affected with acute malnutrition. Carers of malnourished children must often travel long distances to access the services and only small numbers of those affected can avail of treatment. Additionally, the congregating of sick and malnourished children in centres can increase the potential spread of infection and disease.

The CTC approach to famine relief turns this traditional feeding centre model on its head. First off, there is no feeding centre with its teams of doctors and nurses ministering to the dying, instead, a network of community national health activists search for the far greater numbers of children who are expected to be the next wave of starvation cases.

Its central principle is to treat malnourished children at home, using a specially-formulated vitamin-enriched food called RUTF – ready to use therapeutic food. It is an innovative concept, which allows communities to respond themselves and supports local health services to rapidly and effectively treat those with acute malnutrition in their homes.

Every child that attends Concern's CTC programme gets not only quality care during their clinic visits, but they also benefit from community volunteers and local outreach staff who visit the family every week and give them tips on everything from breast feeding to personal hygiene.

CTC inevitably reaches more people than the traditional centre-based schemes. A recent survey in Malawi showed that CTC reached three out of four people in need, whereas a traditional feeding programme in an adjacent region only reached around one in four.



A typical emergency response CTC programme is comprised of 4 elements:

- community mobilisation
- out-patient therapeutic care (OTP) for cases of severe acute malnutrition without medical complications
- in-patient care for those with medical complications
- supplementary feeding for those with moderate malnutrition to prevent them from becoming severely malnourished.

Since 2001 evidence on the effectiveness of CTC in emergencies as an approach to the treatment of severe acute malnutrition has been building through non-governmental organisations (NGOs) and government response in Ethiopia, Malawi, South Sudan, North Sudan, and Niger.

National governments are showing an increasing willingness to build their capacity in the community treatment of acute malnutrition and to support the

adaptation of health and nutrition policy to incorporate community-based therapeutic care in several countries.

Maybe Ethiopia will some day soon not only be able to provide its own ready-to-use therapeutic foods, but could also supply other African nations with the critical ingredient. It's certainly the first step to changing the developing world's dependence on outside benefactors.

More of this type of innovation is needed if hunger is to be eliminated. Concern continues to seek new ways to use our resources more effectively. We are testing how we can use the principles of CTC, allied with new types of specially formulated food, to see how we can improve nutrition for people infected with HIV and AIDS. If we can make progress in this area, this could have major implications for the lives of the more than 40 million people infected by the disease.

Aboloulaye Mahaman

Aboloulaye Mahaman is a 17-month old boy. Right after Aboloulaye's birth his mother, Ilbitoul (20), got divorced. Therefore, he and his two sisters, Ramatou (9) and Hadiza (7), are now living with their grandparents in Zoulanke area, on the outskirts of Tahoua Ville. Their family is Tuareg, which is the largest ethnic group in the area after the Hausa. People tend to marry young in this area and Ilbitoul was only 11 years old when her parents arranged her marriage! Among the different ethnic groups divorce is also very common. However, Ilbitoul hopes to re-marry one day or find a job herself to support her children. Now, she is fully dependant on her parents, who also have to take care of their other four children. Ilbitoul's father is working as a day guard one day a week and is an agriculturalist throughout the rest of the week. Unfortunately, the nearest well dried up a while ago and as a result his field's produce has not been sufficient to feed the whole family.

Sitting under a shady tree, waiting for transport to take her home, Ilbitoul tells how Concern's Emergency Programme has made a difference to her life and to that of her family. Aboloulaye had been ill for a number of weeks. First, he was suffering from diarrhoea and was constantly vomiting. Then, he lost his appetite and finally stopped eating altogether. Ilbitoul's sister had heard an announcement on the local radio informing villagers about the services of the CRENI. On her sister's advice, Ilbitoul took Aboloulaye to this CRENI. Since he was 'only' found moderately malnourished, he was sent to the Tahoua Ville distribution site to be admitted in the Supplementary Feeding Programme. Aboloulaye has been in the programme for four months now and is making progress, however slow. It is expected that he can and will be released from Concern's Supplementary Feeding Programme soon.

At last, Ilbitoul mentions that not only the treatment made a difference, but also the local animators' sensitisation. She has learned a lot on the importance of breastfeeding and hygiene practices which have changed her daily life.



Aboloulaye Mahaman and his mother, Ilbitoul, at Concern's Tahoua Ville distribution site. Waiting to soon be discharged.



Housseina and Hassana

Housseina and Hassana are two 10-month old twin sisters. They are living in the Koufou area, on the outskirts of Tahoua Ville, together with their mother, Oumeima, father, Issoufou, and 4-year old brother. To make a living, Issoufou tried working as a 'taxi-moto'. Unfortunately, revenue was not meeting costs and he had to give up his business. He then tried working on a field, where he was given a small share of the field's produce. However, this still didn't meet the family's nutritional needs and Oumeima had to buy expensive supplementary rice and millet at a local market.

Sitting on a bench at Concern's distribution site and surrounded by family members, Oumeima talks about the difference that Concern's Emergency Programme has made to her life. Housseina and Hassana received maternal milk for six months. When their mother stopped breastfeeding them and started to give them weaning foods, they immediately fell ill. Both sisters suffered from diarrhoea, stopped eating and were soon too weak to sit up straight. Then, relatives urged Oumeima to take her daughters to the nearby CRENI for treatment. There it was diagnosed that Housseina and Hassana were severely malnourished. They were admitted to the CRENI and stayed for one month until their situation stabilised. They were then admitted in Concern's Supplementary Feeding Programme for another 3 weeks. Their recovery was astonishing, especially with Housseina's weight going up from 4 kg to 6.5 kg in just two months. Both girls have recently been discharged.



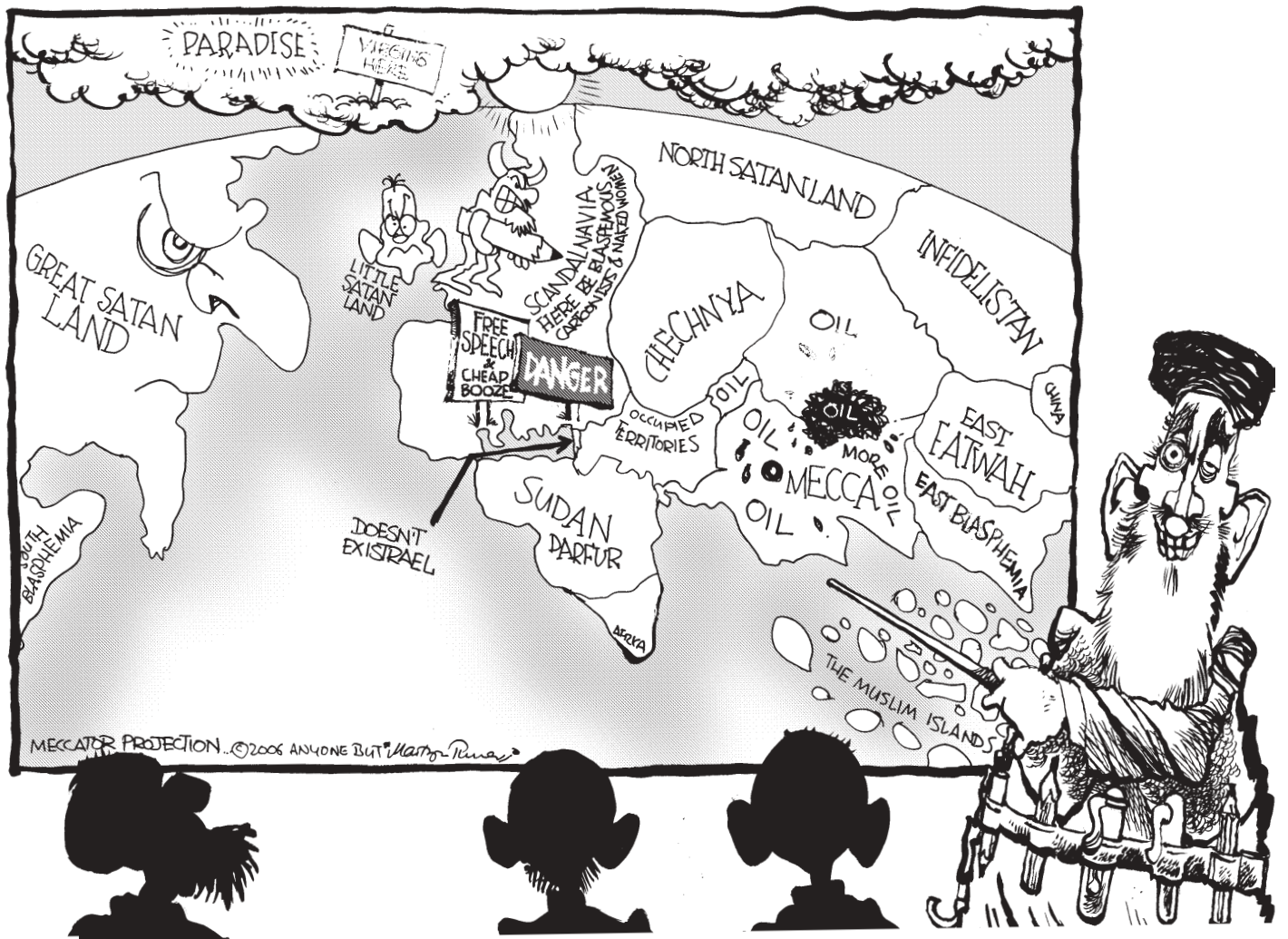
Housseina (left) and Hassana (right) with their mother, Oumeima, after being discharged at Concern's distribution site in Tahoua Ville.

Readings

- Bread for the World Institute, (Yearly), *Hunger Report*, Washington (see in particular the report for 2004)
- UN Food and Agriculture Organisation, (2005), *State of World Food Insecurity, 2005*, Rome (On eradicating World Hunger – key to the MDGs)

See

- www.bread.org
- www.unmillenniumproject.org/reports/tf_hunger.htm



Images of the other – accurate or inaccurate?

