



PILOTING THE MINIMUM DIETARY DIVERSITY FOR WOMEN TOOL: FINDINGS FROM WOMEN IN 4 PROVINCES IN AFGHANISTAN



vam
food security analysis

mVAM AFGHANISTAN - MDD-W BULLETIN #1

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KEY FINDINGS

- *Women attending WFP supported clinics in Afghanistan can easily provide accurate information on their dietary intake through mobile phone interviews. However, due to low levels of literacy, female phone operators must spend more time to explain the questions to them.*
- *The level of dietary diversity for women of reproductive age is poor. The results of the MDD-W show that only 8 percent of the assessed women had consumed 5 or more different foods/food groups in the past 24 hours. Women from Herat clinics were most likely to achieve MDD-W (13 percent) compared to none of the women in Kandahar.*
- *The diet of the assessed women consists mainly of daily consumption of bread that is sometimes augmented with beans/legumes, oil and vegetables.*
- *Since the survey was undertaken at the clinics, nearly all of the women were receiving fortified blended foods which helped to improve the diversity of their consumption. When including fortified foods as a separate group in the analysis, 25 percent of the women have consumed 5 or more food groups.*
- *The use of the mVAM approach and enlisting the help of WFP monitors were helpful in reaching Afghan women to know more about their daily consumption.*

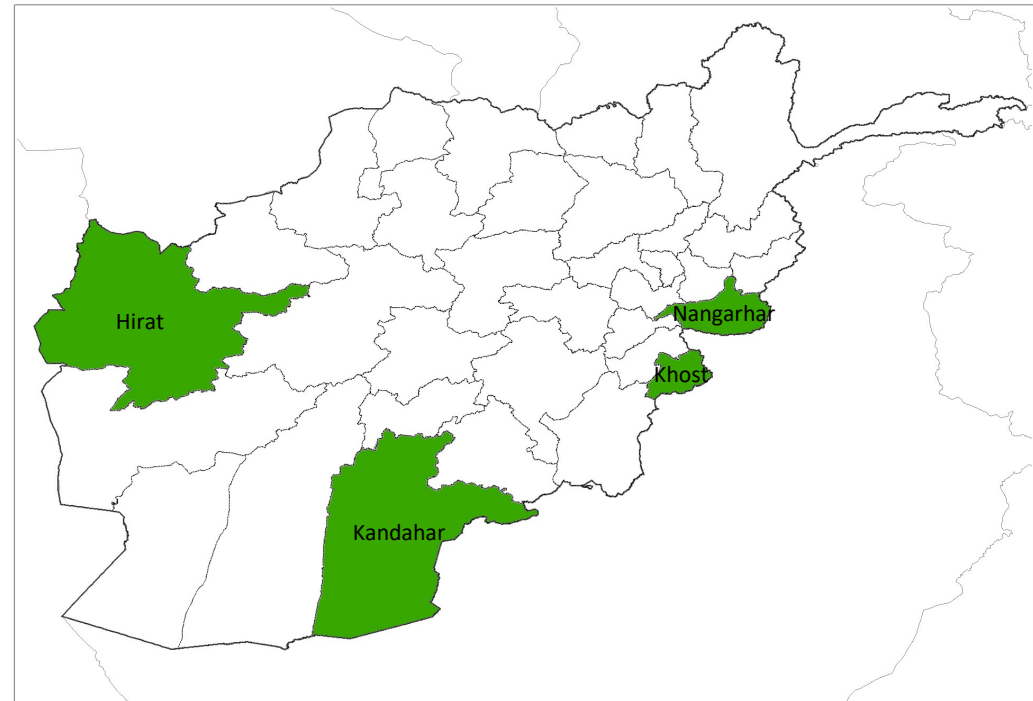
Assessment Background and Methodology

Food and nutrition insecurity is pervasive in Afghanistan due to insufficient food production, limited access, reliance on imports, poor diets and inadequate utilization of food, and unstable food supplies caused by disasters that render large segments of the population vulnerable. Food access is mainly affected by physical and economic factors, which are often worsened by conflict, natural disasters and climate change. According to the Afghanistan Zero Hunger Strategic Review (2017), malnutrition is driven by a range of factors including: poor nutrient intake, disease, poor sanitation and lack of awareness and flawed feeding practices related to breastfeeding, complementary feeding and maternal nutrition.

In October 2017, WFP conducted a rapid phone (mVAM) survey to test the minimum dietary diversity for women (MDD-W) tool in Afghanistan. Surveys were conducted in 8 health clinics (2 per province) in Herat (west), Kandahar (south), Khost (refugees from Pakistan) and Nangarhar (east) provinces. A total of 135 women of reproductive age (15 - 49 years) were interviewed by female phone operators using the Computer Assisted Telephone Interviewing (CATI) method). Given the lack of mobile phone ownership and access among women, they were interviewed during the distribution days by calling the mobile numbers of health clinic staff and nutrition focal points in the clinics, who passed on their respective mobile phones to the women. The selected clinics are where WFP-supported targeted supplementary feeding programmes are being implemented and malnourished pregnant and lactating women receive a ration of SuperCereals each month for 9 months.

The target for the survey was 20 interviews per clinic for a total of 160 interviews. However, due to a lack of women referrals in the two clinics in Kandahar province, the mVAM operators were only able to conduct 15 interviews. All interviews were conducted in Pashto except in Dari.

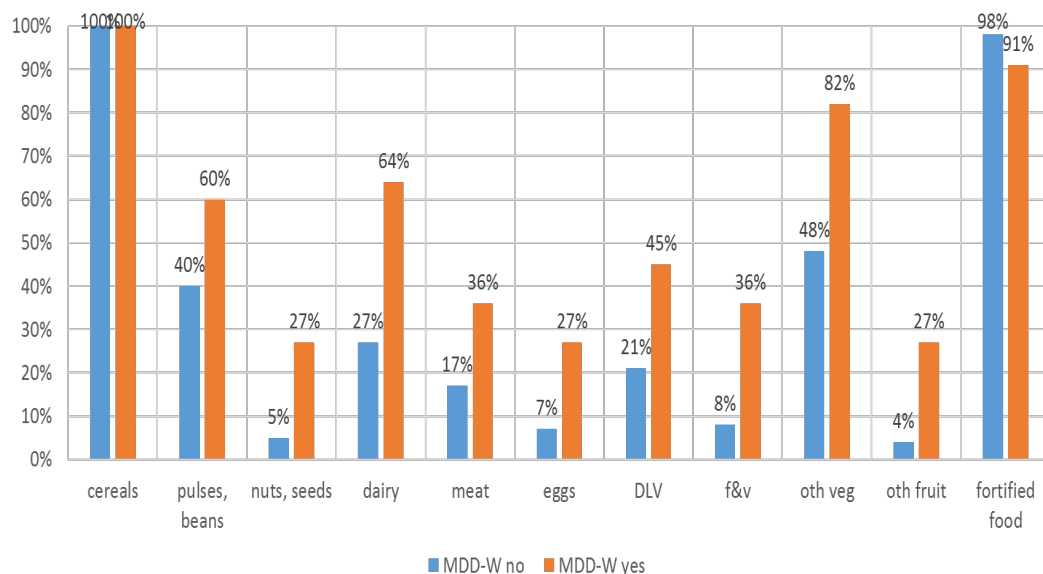
Map of the Assessed Provinces



MINIMUM DIETARY DIVERSITY - WOMEN

The proportion of women achieving the MDD-W was very low in all provinces – 13% in Herat, 10% in Khost 5% in Nangarhar and none in Kandahar. As indicated in the chart below, by food group, women achieving MDD-W were 5 times more likely to have consumed seeds and nuts, 3 times more likely to have consumed fruits & vegetables and eggs, and twice as likely to have eaten dairy, meat and dark green leafy vegetables.

- In terms of who makes decisions about how food is used in the household, there was some difference: in household where men are the main decision makers, the percentage of women achieving MDD-W was 8% compared to no women from households where women are the primary decision makers. In households where both men and women decide how food is used, 9% of the women achieved MDD-W.
- By age group, there is a linear relationship where no women younger than 20 year achieved MDD-W, compared to 7% aged 20-29, 12% aged 30-39 and 20% aged 40 or older.
- Main livelihood activities included petty trade, non-agricultural wage labour, skilled labour and charity/begging/support from relatives. In terms of MDD-W, there was not much difference between those groups. However, women from households were salaried work, petty trade and non-agricultural wage labour were slightly better off in terms of number of different foods consumed.
- For the women who achieved MDD-W, the median household size was 4 persons (4.2 mean) compared to 5 persons (5.5 mean) for those who didn't achieve.



CHALLENGES AND SUCCESSES

This is the first mVAM nutrition assessment to be conducted in Afghanistan. The objective of this first assessment was to better understand the feasibility of conducting nutrition assessments through mobile phones. There were several limitations that the mVAM call operators faced during the assessment, as well as some successes.

- One of the main challenges in Afghanistan, especially in the rural areas is limited access to mobile phones by women and cultural sensitivities and limitations related to contacting women and collecting information through mobile phones. However, the mVAM team decided to contact the clinic staff and WFP field staff that are involved in the distribution of the nutrition assistance in the clinics and use their mobile phones to interview women while they waited at the clinic.
- Given the low literacy level of women participants, it was challenging and time consuming for the mVAM call operators to conduct and complete the interviews. However, the experienced mVAM call operators were able to explain the questions and give more time to the respondents to better understand the question before they provided their answers.
- In Kandahar province, it was challenging to complete the target of 20 interviews per clinic due to lack of women referrals to the assigned clinics.
- Despite all the challenges, it was a very successful pilot where in only 1 week, 2 phone operators could collect information from 135 women in 8 clinics in 4 provinces across the country, even in insecure areas.

Minimum Dietary Diversity - Women (MDD-W): MDD-W is a dichotomous indicator of whether or not women 15 - 49 years of age have consumed at least five out of ten defined food groups the previous day or night. The proportion of women 15–49 years of age who reach this minimum in a population can be used as a proxy indicator for higher micronutrient adequacy, an important dimension of diet quality. (www.fao.org/3/a-i5486e.pdf)