

FINAL EXAM (part I) – Case study

Empowering women to improve nutrition in Burut

Burut is the headquarters district in the city of Clarens in the African continent. It has a population of 17,630 and it was estimated to increase to 18,692 by 2019. Due to poor access to health care, nutrition and education, the population has a low life expectancy (~50 years), placing the country very low on the UN Human Development Index.

Based on World Bank statistics, nearly half of the population is deprived of basic services and infrastructure necessary to achieve the main dimensions of human development, such as the right to health (only 56.4% of the health budget is publicly funded), access to drinking water (only 51% of the population has access) and adequate food. This is despite the region's great potential for agriculture.

Given the society's subordination of women, women are disproportionately impacted by the country's low performance on the socio-economic indices and by the low access to basic services, especially in the rural areas. As a result of a patriarchal system in the structural, cultural, and institutional management of the country, rural women bear a heavier burden in society. They are responsible for taking care of the family, the property means of agricultural production, and resources.

In the immediate area, the government has identified gender equality as the primary area of concern. Women's representation in community committee meetings is high, however, the participation rates of women are low in mixed-gender meetings. 90% of food producers are peasant women, representing 80% of the peasantry that cultivates the land. But only 20% of women acquire the right to control the land. Although the country recognizes equal rights for land access, the absence of legal control and high rates of illiteracy causes a large number of women to lose their land.

Agriculture plays a major role in the country's economy. However, only 12% of the available land is being used for agriculture. Additionally, the country is still struggling to provide food security and achieve self-sufficiency. This affects the population in many ways. Chronic malnutrition affects 43% of children below 5 years old and is responsible for a third of deaths in this age range. At the national level, 24% of family members suffer from chronic food insecurity, which is also higher in rural areas, affecting 27% of families.

Burut is no different. The city presents high rates of malnutrition, a situation further exacerbated by insufficient access to clean water and sanitation. Although there is no reliable data on chronic malnutrition in Burut, the II SAN Basic Study (SETSAN 2013) reveals that in one of the provinces (Maru), the level of chronic malnutrition is between 25% and 39%, being even higher in rural areas.

In the Burut region, agricultural productivity is low due to poor access to water resources. Furthermore, the need for a new system of sustainable and adequate water management has been identified. The reason for malnutrition in the region is not only linked to the lack of economic resources of the family, but also the unavailability of products.

The district of Burut has 14 health centers, a rural hospital, and a district hospital. The Administrative Post of Burut also has what is called "health centers type II", which are small infrastructures with a basic service portfolio that includes delivery rooms and houses for health

workers to encourage their stay in remote areas. The Burut post has four community health workers (APS), and three additional units are expected. This increase will be beneficial, since, according to the women and the technicians of the Health Center, the current number of APS is insufficient to meet local needs. This increase of the APS will facilitate the mobilization of the communities and mass awareness about nutrition and health.

An international NGO together with a local organization has proposed a project to improve food and nutritional sovereignty and security in 6 provinces (Burut, Maru, and 4 other rural districts) of the Burut region, especially for women, children, and young adults. In partnership with the local government they aim to:

1. Strengthen the capacity and coordination between sanitation authorities and communities (led by women);
2. Improve the availability and access to nutritional food and water;
3. Enhance the capacity for rural women's engagement, participation, and organization.

The target population of the intervention is the population that is suffering malnutrition in the Burut locality. Women, young adults, and children under 5 years of age will be the priority target group since they are the main social group who practice subsistence agriculture. Moreover, they are the ones with the highest rates of malnutrition and on whom the impact of malnutrition is more pronounced. Special attention should be given to the adolescent beneficiaries of the project that also correspond to a social group at risk. This is due to the higher probability of early sexual relations, pregnancy, marriage, inter-generational and unprotected sex, and exposure to HIV. Additionally, attention should be given to at-risk adolescents with malnutrition risks associated with bad eating habits

Therefore, during the identification phase, the importance of strengthening the capacities of the population, especially of women, to demand and address their fundamental rights, was observed. In the interviews and workshops held with the community, the need to orient project actions to combat the high level of socio-economic and gender-based vulnerability faced by the communities was discussed. The most mentioned issues included malnutrition, low wages, the impact of gender inequality on access to productive capital (especially land and credit), difficulties in universal access to maternal and child health as well as sexual and reproductive health services, low rates of basic sanitation, low agricultural productivity, and family breakdown linked to the high mortality and outmigration of men seeking employment elsewhere.

Having identified the situation as a multisectoral problem, the community and the key actors have agreed that the project should contain an intervention strategy linked to the areas of nutrition, health, education, and care for maternal and child health if the project is to reduce the levels of malnutrition.