REPORT OF THE RAPID COMMUNITY & HOUSEHOLD FOOD SECURITY STATUS STUDY

TARAYANA FOUNDATION
The study conducted in three districts of Trongsa, Zhemgang and Samtse where Tarayana Foundation has strong outreach among remote, rural communities revealed both gaps and opportunities for intervention to improve food and nutrition security among the people. Household surveys and surveys of existing day cares and schools revealed strong awareness among most people on basic nutritional and hygiene issues; such as the need to wash vegetables and cook meat thoroughly and
to wash hands before cooking/eating/feeding and after using the toilet. However, these behaviors do not necessarily translate into practice as was borne out in the study. Food diversification can be improved – consumption of lentils, dairy and fruit was found to be low as compared to that of cereal and vegetables. Kitchen gardens are widely prevalent but in the absence of knowledge on proper cooking practices, important nutrients are being lost in the process. A majority of people interviewed depends on their own produce and the market to procure food items. In the event of food scarcity, people reached out to the community for help, which shows that investing in strengthening community structures, and organizations would go a long way in achieving food and nutrition security. As the communities in these areas practice agriculture, the possibility of strengthening storage and managing surplus produce can also help enhance food and nutrition security. Finally, nutritional interventions and hygiene behaviors should be introduced when children are very young and multiple entry points – family, day care and schools – should be targeted to strengthen nutrition security. The survey highlights this quite clearly as most children spend considerable time in schools that often have feeding programs for children.
South Asia Food and Nutrition Security Initiatives (SAFANSI)
is a project that addresses multiple areas of ensuring livelihood
and employment security through achieving food and nutrition se-
curity among the poorest in the South Asia Region (SAR).

Food Security is a top global policy priority. In South Asia Region
in particular, the problem of food and nutrition insecurity remains
that child malnutrition accounts for more than a third of the mortal-
ity burden of children under the age of five, and malnutrition dur-
ing pregnancy accounts for more than 20 % of maternal mortality.
In South Asia in particular, slow progress on improving nutrition
status amongst many groups inhibits the region from meeting the
Millennium Development Goals. In response to this challenge,
the World Bank has developed a South Asia regional Assistance
Strategy for Nutrition, that complements one of the pillars of the
Bank’s strategy in South Asia, namely building skills and improv-
ing health and nutrition outcomes, both closely linked to a focus on women.

A multi-sectoral approach is generally required to achieve food and nutrition security. Food security is achieved “when all people, at all times, have physical, social and economic access to sufficient, safe and nutrition food to meet their dietary needs and food preferences for an active and healthy life.

Nutrition security is achieved through access to nutritious food, access to health, water, sanitation and proper care. Production of and access to food are often not or major determinants of nutrition status. Inadequate knowledge on proper feeding and care practices and the role of micro-nutrients, lack of time that women have available to care for their children and themselves during pregnancy emerge as the most important factors compromising nutrition security.

The main aim of this project is to take to scale existing initiatives that are being undertaken within the BEES network to achieve food and nutrition security. It also aims to undertake more focused interventions within certain groups of people that will achieve the objectives of improving overall nutritional status among marginalized communities.

The Royal Government of Bhutan (RGOB) has developed a national policy on Early Childhood Care and Development (ECCD) that aims at providing quality childhood care and development services to children from two until eight years of age. There are three main strategies conceived for Early Childhood Care and Development programming:

1. Through family-based approaches, which aim to enhance and promote sound parenting and care practices for young children in the home environment.

2. Through the use of ECCD centers that aim to provide early learning opportunities, primarily using private operators, work places, NGOs and Community based initiatives.

3. Through the enhancement of the knowledge and capacity of primary schoolteachers and improvement of teaching – learning practices and environments in schools.

In Bhutan, compared to the past years, food and nutrition has improved drastically. However, in the rural communities there is still room for improvement. The government agencies are also trying to improve the Food and Nutrition of the people by providing agricultural tools, seeds, training and awareness programme. Tarayana Foundation chose Samtse, Zhemgang and Trongsa for the SAFANSI project since these three districts has higher poverty index, and the status of food and nutrition is low. Some of the villages are very remote and can only be reached in a day or two’s journey on foot. They have very limited access to services and infrastructures therefore; nutrition is likely to be given the least priority.
This study is a first step towards implementing a South Asia Food and Nutrition Security Initiative (SAFANSI) project that strengthens “knowledge and awareness of critical factors that promote food and nutrition security among women’s groups in the BEES network, through a network system of learning and capacity outreach”. The study was undertaken to understand behaviors and practices of households and communities in securing food and nutritional needs. This study also aimed to obtain an understanding of existing hygiene behaviors among families, as there is a strong connection between sanitation and child morbidity and stunting. A gap analysis was conducted based on the findings of the study to identify areas where focused interventions can be made.
The study was conducted in three districts of Bhutan – Trongsa, Zhemgang and Samtse. These districts contain considerable ethnic minorities and have scattered populations in remote rural areas. Tarayana Foundation has been working in these districts, supporting communities with building better homesteads, securing livelihoods and enhancing incomes through agricultural activity, handicrafts – in particular, nettle fiber, soap and candle making and pottery. In these districts, Tarayana Foundation has also introduced Buzip (or day care/feeding) centers that target children between ages of 2 – 5 years. Other initiatives include encouraging kitchen gardens to incorporate a more diversified diet and promoting organic farming among communities.
(a) Questionnaire

Two sets of questionnaire for the survey, one for household and another for schools and daycares were designed and administered. Nutritional data and information on hygiene practices was gathered through the first questionnaire along with information on cooking practices, coping strategies during food shortage and access to food items in normal course. Questions put to teachers/children in day cares and schools corroborated information in the household nutritional survey related to hygiene behavior and practices.

The questionnaire was field tested by program officers with the help from enumerators. In keeping with the ECCD policy of the RGOB, households, day cares and schools were surveyed. Three districts covering 392 households, seven daycares and seven schools were surveyed. All households were sampled for the simple reason that Tarayana felt that this provided the opportunity of conducting a census in the project sites.
# Respondent details

<table>
<thead>
<tr>
<th>DZONGKHAG</th>
<th>HOUSEHOLDS SURVEYED</th>
<th>DAYCARE &amp; NUMBER OF CHILDREN</th>
<th>SCHOOL &amp; NUMBER OF CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zhemgang</td>
<td>108</td>
<td>Digala Day Care – 7 children, Langdurbi Day Care–18 children</td>
<td>Digala Community Primary school – 25 students, Langdrubi Primary school – 11 students</td>
</tr>
<tr>
<td>Trongsa</td>
<td>118</td>
<td>Tongtophey – 10 children, Wangling – 10 children</td>
<td>Encholing – 9 students, Jangbi – 14 students, Tongtophey – 20 students, Yudrugcholing – 19 students</td>
</tr>
</tbody>
</table>
The data has been analyzed in terms of income related with nutrition, food intake by the breast feeding mother, and food consumption.

The other data has been analyzed in terms of consumption pattern of vegetables and fruits, 24 hour recall menu, sanitation and hygiene.

Based on the findings, clear gaps were identified and highlighted. These gaps were chiefly around those between knowledge and behaviors/practice vis-à-vis nutrition and hygiene. Focused interventions in reinforcing knowledge to introduce positive behaviors through a combination of training and outreach can fill these gaps. A clear strategy will go a long way in bringing about change among the communities surveyed. Community awareness and monitoring mechanisms will also serve to reduce vulnerabilities arising from food and nutrition insecurity. The findings have revealed a strong need to harness community structures to achieve food and nutrition security as people rely more on these in times of need. Community capacity building will go a long way in ensuring sustainable food and nutrition security. Government programs have still to acquire the reach and capacity and this gap can be addressed by strengthening community capacities.
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FINDINGS

The findings have been analyzed on the basis of:
1. Household demographics
2. Household income & expenses
3. Access to food
4. Pattern of consumption
5. Nutritional Knowledge
6. Cooking Practices
7. Hygiene behaviors & practices
8. Survey of children in day cares
95% of the people in the districts surveyed practice farming. There are avenues to pursue other trades such as carpentry, masonry; jobs such as teaching, however, most people – men and women alike – are involved in crop production. Weaving, animal husbandry and cattle rearing are secondary occupations and related to farm based work.

**HOUSEHOLD DEMOGRAPHICS**

Comparative analysis by gender on hours per week spent on economic activities

- Farming
- Animal Husbandry
- Artisan (weaving, carpentry, etc)
- Manual paid labour
- Tourism services
In this study, around 44.8% of the household has male as their head of the family and rest are headed by female. The awareness programmes has, to some extent, created gender equality in the communities.

Women spend an equal amount of time pursuing most productive activities as men. 20% of women for example, spend over 57 hours per week on farming as compared to 23% men. Contribution of women in undertaking manual labour on a full time basis, is similarly comparable – 8% to 10% by men.

**Education level**

Education levels determine the major occupations in Bhutan. Whilst farming is popular, it is also the mainstay of the people because of low levels of education and literacy. 87% of those surveyed had no education and only 9% were literate. Most of them have only studied upto class 10 (8.8%)

From the study, it reveals that men are more educated than women because around 91% of the female headed family is uneducated.

**Breastfeeding mothers**

There were comparatively less breastfeeding mothers in these communities. Only 18% of the mothers were breastfeeding at the time of the survey. This can be attributed to the successful family planning advocacy campaigns and services by the health workers.

This also shows that most of the children are between the ages of 2 - 4 years (70%).
As a majority of people surveyed practiced agriculture, their monthly income is found to vary. Depending on the size of land holdings and additional/secondary occupations practiced, there is a range of income earned from farming, animal husbandry, manual/contract labor and so on. A very small number of those surveyed had a fixed income throughout the year – these people were in government jobs and similar paid occupations.

Income variability over the months was analyzed. Although these are mostly perceptions – people subjectively rate their incomes as high, medium or low – it provides a good understanding of how rural, remote communities subsist on scarce means throughout the year.

During the month of February, March, September and October, the household have least income earned. Since majority of the community members depend on farming as their main livelihood, in the first two months (February and March) due to the climatic conditions (dry season) they do not do much agricultural work. Likewise, by the last two months (September and October) they would have completed their harvest and sold their excess produce. Since these places are warmer than most of the other regions, they can do winter cropping, so the cultivation they do around September will be harvested in the winter months.
Community men generally earn more from off-farming activities like construction.

The study also revealed that farming is not necessarily the best income earning occupation in remote areas. Manual paid labour & artisans earn the highest incomes in these communities.
Family Expenses

Family expenses were categorized according to income levels. People in the lower income bracket earning less than Nu. 3000 spend a major part of their income on food. People earning over Nu. 9000 in comparison, spend a major part of their income on educating their children, on acquiring assets (rentals or purchase) and on labor.

The number of household which are falling under low income group (less than Nu.3000 per month) is around 67.9% and 9.5% in the high income group (more than Nu.9000 per month).

However, relative to the spending capacity of the categories, what the low income group spends on food
As most people surveyed are farmers, they grow a variety of crops and vegetable for their own use and for selling in the market. Cereals such as rice, buckwheat, maize and millet form a major part of their production that is mostly consumed by the households and a small proportion sold in the market. Also, betel nut, barley, orange, ginger and chili are grown by all to fulfill household nutritional needs.

In general, the Bhutanese diet is not wholesome and healthy. There is no habit of consuming vegetables consciously for health benefits. Therefore, even farmers prefer selling vegetables for small cash income rather than consuming it themselves.

The need to encourage the people to eat more of their own farm products, rather than selling it to the market should be widely advocated. Most of the local produce currently being produced are of high nutritive value. These information along with the benefits of eating fresh vegetables & fruits need to be repeatedly passed on to the communities.
Food consumption

All people surveyed claimed to have three meals per day. Breast feeding mothers eat more frequently. Most of the breast feeding mothers eat three meals a day like the others, some eat one / two meal extra than the others. 63% of the people who earn less than Nu.3000 eat three meals a day, whereas 90% of the people who earn more than Nu.9000 also eat three meals a day. The families manage this since they produce most of the items they eat. However, their three meals are very simple, modest meals, which are likely to be without much nutritional content. Around 6% of the people who earned less than Nu.3000 consume meat daily, whereas 30.3% of the households who are earn more than Nu. 3000 (included all the ranges) consume meat item on a daily basis. This indicates that the people are slightly aware of the benefits of animal protein in their diet.

Differences of consumption between the 63% and 6% who are earning same amount are that most of them are not eating meat on daily basis, but they eat vegetables instead.
The figure below provides an idea of the daily consumption patterns of families in the areas surveyed. Most families, regardless of income, reported consuming vegetables, grains and oil on a daily basis. The consumption of oil can be explained by the fact that several cooking practices in the districts involve steaming and smoking as well. Smoking of food, especially meat, is a traditional practice. However, due to the tedious process involved, very few put this into practice. And steaming of food is not a usual practice for the rural Bhutanese; this is generally done only if they cannot afford to buy oils.

There is a gap in the consumption of pulses, dairy and fruit products. In most cases, people who do not eat meat on a daily basis consume it on a weekly/monthly basis. A detailed table of the list of consumption patterns of adults, children and breast feeding mothers is presented at the end of this section.

Most children (55%) participate in feeding programs in schools. 18.3% of the children practice a combination of relying on home production of food and purchase from the market. 10% of children who are not going to school and daycare fully depend on home production exclusively. Only 8 children of the sample surveyed depended on day care for food. This reveals a need to strengthen both day care provision of food and the school feeding programs while insuring nutritional security at the household level.
A child’s typical packed lunch from home

<table>
<thead>
<tr>
<th>Sources of Food for Children</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own Production</td>
<td>10</td>
</tr>
<tr>
<td>School Feeding Program</td>
<td>54.5</td>
</tr>
<tr>
<td>Day Care</td>
<td>2.8</td>
</tr>
<tr>
<td>Government Program</td>
<td>3.1</td>
</tr>
<tr>
<td>Buy from Market</td>
<td>0.7</td>
</tr>
<tr>
<td>Own production and school feeding program</td>
<td>2.1</td>
</tr>
<tr>
<td>Own production and government program</td>
<td>0.7</td>
</tr>
<tr>
<td>Own production and Buy from Market Place</td>
<td>18.3</td>
</tr>
<tr>
<td>School Feeding Program and Day care</td>
<td>2.4</td>
</tr>
<tr>
<td>School Feeding Program and Government Program</td>
<td>1.4</td>
</tr>
<tr>
<td>School Feeing Program and Buy from the market</td>
<td>1.4</td>
</tr>
<tr>
<td>Own Production, School Feeding Program and Buy from market</td>
<td>1</td>
</tr>
<tr>
<td>Own Production, Day care and Buy from market place</td>
<td>0.7</td>
</tr>
<tr>
<td>School Feeding Program, Day care and Government Program</td>
<td>0.3</td>
</tr>
<tr>
<td>Own production, School Feeding Program, Day care and Buy from market</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Breast feeding mothers, like most people in the areas surveyed, use a combination of their own produce and the market to meet their nutrition requirements. In most cases breast feeding mothers tend to have only three meals like other family members, but there are few breast feeding mothers who have more meals than adults. 75% of all surveyed had three meals every day. Those having a single meal fell in the minority.

Food availability is highly dependent on the production cycle, and ability of the households to buy from market. Interventions on addressing the food scarcity, targeting the “low” supply months should be made.

Proper storage & preservation methods could also be taught to store excess food for future use.
Food scarcity also directly impacts the frequency of meals & variety of food types consumed.

This is likely to impact on the nutrient intake of these communities.

Food supply

Just as income is variable throughout the year as most families surveyed depend on agriculture, the supply of food similarly varies. Analyzed by income, most families with incomes less that Nu. 6000 have food scarcity. As the responses to this question were based on perceptions of whether a family considered food to be scarce or not, one cannot analyze this with complete confidence. However, it provides a good indication of the months during which food and nutrition security becomes an issue and when coping strategies of families/households come into play. Most families report July to September as the time when there is food scarcity irrespective of levels of income. This is perhaps because this is also the time when a majority of the sowing takes place. Harvest time is when there would be an abundance of food, depending on income.

<table>
<thead>
<tr>
<th>Month</th>
<th>Less than Nu.3000</th>
<th>Nu.3001-Nu.6000</th>
<th>Nu.6001-Nu.9000</th>
<th>More than Nu.9000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Feb</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>March</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>April</td>
<td>Low</td>
<td>Medium</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>May</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>June</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>July</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>August</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>September</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>October</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>November</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>December</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Coping strategies of families across incomes do not vary. It is interesting that most families do not reduce food consumption – especially what is apportioned to children or women – in times of shortage. The most common way to cope with food scarcity is for families to approach relatives and other members of the community in times of need. Nutrition security strategies could benefit from strengthening communities and building them as repositories of knowledge and storehouses for food in times of need. Although feeding programs are not widely prevalent in Bhutan, where they exist, these are also a good avenue for fulfilling dietary needs in times of adversity.
Nutritional knowledge among those surveyed is reasonably good. On almost all statements, over 80% of those interviewed, gave correct responses. However, there are areas where the knowledge needs to be reinforced and sustained. These are issues related to exclusive breastfeeding and cooking practices where the ‘don’t know’ responses are a cause for concern.

Largely correct knowledge can be attributed to the widespread media campaign that is creating awareness on nutritional information and also to the work of village health workers and agricultural extension officers who provide information to communities in rural Bhutan.

Lately the Ministry of Health, through its Health Promotion Division has been creating awareness to the Bhutanese population through several media outlets. Schools and women undergoing Non formal education classes are also taught on the basics of health & hygiene. However, circumstances in these far flung remote areas, without proper housing, water and other basic facilities deter them from practicing what they know.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetables are more nutritious than grains</td>
<td>91</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>How food is prepared affects how nutritious it is</td>
<td>75</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Infants should be exclusively breastfed for the first 6 months of life</td>
<td>67</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td>Pregnant women need extra protein</td>
<td>88</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Green vegetables provide essential nutrients for children and mothers</td>
<td>92</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Iodized salt is good for health</td>
<td>76</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Adolescent girls require more protein for growth</td>
<td>73</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Lack of iron and Vitamin A causes night blindness</td>
<td>38</td>
<td>19</td>
<td>43</td>
</tr>
<tr>
<td>Kitchen gardens can help provide us with most nutritional needs</td>
<td>89</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Open defecation makes children susceptible to infections that result in under nutrition</td>
<td>85</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>
Cooking practices highlight the gap between knowledge and practice among people surveyed. While people are aware that vegetables and meat should be washed thoroughly before cooking, there is insufficient awareness on issues relating to avian influenza and treatment of diarrhea.

It has been reported that in the areas surveyed, most women tend to overcook vegetables thus losing important nutrients. Providing mothers with training on how to cook and encouraging them to participate in feeding programs in day cares and schools can help improve overall cooking practices. Also, introducing children to properly cooked vegetables and a diversified diet at a young age will not only enable them to develop a taste for healthier food but also result in them demanding such food at home.
Like cooking practices, hygiene behaviors and practices also reveal the gap between knowledge and behavior. Hand washing before cooking is almost widely practiced across all income groups (majority of those surveyed were from the low income group earning less than Nu. 6000). However, hand washing after using the toilet or before serving/feeding children is not widely practiced. A cause for concern is that parents/guardians do not always ensure that their children wash hands before meals or after using the toilet. Similarly, raw fruit is not always washed before consumption. These practices need to be converted to behaviors as children often practice what they were trained to do when they reach adulthood.

Hand washing with water without soap is same as not washing. Encouraging them to wash hands with soap before cooking, eating, feeding and after using toilet is important. However, with the unavailability of proper toilets and water sources in these commu-
nities, these knowledge and messages cannot make much difference. Children in day cares and schools were also asked about their hygiene behaviors to corroborate the findings in the nutritional study. With regard to hand washing, it was found that hand washing before meals is more widely practiced (87%) than hand washing after going to the toilet (67%). This reemphasizes the need to work on reinforcing hygiene behaviors to ensure that the nutritional inputs are not washed away due to inadequate hygiene practices.

This can be advocated through various channels like collaborating with the school teachers by creating awareness program in the schools. With the Day Care centre facilitators, we can advocate to the younger lots and also through the parents (mothers), we can educate the children and the whole family on good hygiene behaviors like washing hand with soap before eating and after going to toilets. We can also work with the Health Workers to create awareness on the same and change the behaviors of the community members.

Similarly, toilet use is not as widely prevalent. Even when families have access to toilets, not all members use it. This is mainly due to the lack of awareness. They do not understand the health advantages of using a proper toilet. Moreover, most of the toilets are pit toilets that need to be constructed 50 mtrs away from the house. This is not practical for women, children and older generations to use especially at night and during rainy season. Open defecation is still practiced among members of all income groups and is especially common among people in the lower income group. When this behavior is correlated with hand washing practices as discussed above, the scenario is a little worrying. In the absence of positive hygiene behaviors and hand washing practices, the risk of infection among children is high. Also, this increases the chances of stunting and other nutritional issues causing morbidity among children.
In addition to households, children in day cares and schools were also surveyed. Evidence of variation in height is seen early at age 2 and becomes more pronounced between 4 – 6 years of age. Similarly, MUAC (mid-upper arm circumference) variation also starts at that age. Weight gain at 4 years is also marginal showing that there is an urgent need to introduce nutritional interventions early and involve day care centers and schools in feeding programs. Several schools and day care centers reported that they had kitchen gardens that supplied fresh vegetables to children. These require additional support.
CONCLUSION & RECOMMENDATIONS

The findings reveal that nutritional standards among remote rural communities are poor despite people chiefly practicing farming. This can be attributed to a variety of reasons – largely illiterate population with little access to knowledge and information, remoteness of communities and dependence on agriculture with seasonal variations in returns. Despite low incomes and nutritional standards, the study reveals that children and women are not discriminated against in times of food scarcity. Also, breast feeding mothers have more meals – up to five – per day as compared to adults. Gaps however exist when one examines knowledge with behavior. This is brought sharply into focus when hygiene information on hand washing and toilet use do not correlate with behaviors and practices.

The study reveals that the family, community and schools/day care centers are strong entry points to introduce and strengthen nutritional behavior and hygiene practices. While parents/caregivers can be trained to provide nutritious food and inculcate positive behaviors among their children, schools and day care centers can be used to supplement feeding practices and reinforce hygiene messages.
among the impressionable youth. Both require strong messaging delivered by committed front line workers and a social mobilization campaign.

The immediate Interventions recommended are as follows:

• Create / develop different relevant materials for the different groups like pictorial / visual messages on nutritional needs, food supply, hygiene behaviors and cooking practices to the housewives,

• Provide training on cooking practices to the housewives, as most of the nutrition is lost while cooking (improper cooking practices).

• Provide training to the day dare (Buzip) centre facilitators/ caregivers on importance of proper nutrition and basics of Food & Nutrition.

• Mobilize Buzip center facilitators, teachers, health workers, Agriculture Extension Officers and housewives to start with the advocacy programme.

• Collaborate with district health officers, community health worker, and agriculture extension officers to train parents and caregivers on the same topic

• Collaborate with teachers and caregivers to inculcate proper washing habits in the school and centers

• Collaborate with the health officers to provide knowledge on hygiene behaviors; with agriculture officers to teach how to grow nutritious food, storage and managing the surplus produce.

• Initiate a complementary feeding program for the children at the Buzip centres

• In collaboration with Ministry of Health, develop a nutritious “one dish meal” recipe and analyze calorific value. Promote this meal amongst the day schools and communities.

Potential partners to work with are Nutritionists at Ministry of Health, UNICEF with their WASH programme, District Health Workers, community Health Workers, Teachers, Caregivers, and Agriculture Extension Officers

In the long run, there is a need to provide wholesome efforts in all the aspects that impact food and nutrition security. Efforts of the different government and non government players need to be coordinated in the field.

Working with the Facilitators/ Caregivers of Tarayana Buzip Centres( Childcare Centres) will also prove to be sustainable and more effective.

Tarayana has Field Officers being placed in different regions. These staffs work and live with the community members, so they will also play an important role in achieving our goals.
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