link nca

NUTRITION CAUSAL ANALYSIS

ACTION AGAINST HUNGER

WFP

unicef

UKaid from the British people

UGANDA

MOROTO DISTRICT, KARAMOJA REGION

Publication : Janvier 2017

FINAL REPORT

KEY MESSAGES

The author :

Lysette Boucher-Castel

Link NCA Expert

Lysette Boucher Castel holds a Ph.D. in Economics and a postgraduate diploma in Demography. In parallel with her academic career as a Professor of Economics at the University of Quebec she developed her activity as consultant in interdisciplinary studies involving health, nutrition, poverty and the analysis of social structure in stressed environments. Lysette has led numerous studies in Africa and the Middle East and specializes in bottom-up processes of assessment and change using both advanced quantitative analysis and qualitative methods involving community participation.

NUTRITION CAU

UGANDA

MOROTO DISTRICT, KARAMOJA REGION

PUBLICATION : JANVIER 2017

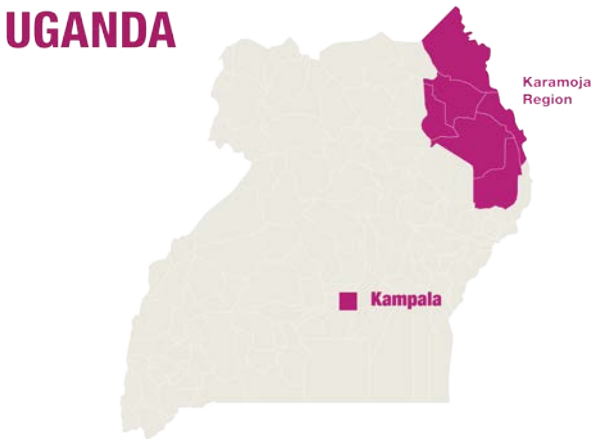
By **Lysette Boucher-Castel**
(Link NCA Expert)

TABLE OF CONTENTS

EXECUTIVE SUMMARY

OVERVIEW

Moroto district is one of the 7 districts in the Karamoja region of North Eastern Uganda. The district is located in Karamoja region of Uganda. It borders Napak in the west, Kenya (West Pokot) in the east, South Nakapiripirit and Amudat and Kotido and Kaabong in the North. The district has a total area of 8,516 km2 of which 4,900 km2 is covered by game reserves and 100 km2 by Mount Moroto. In 2014, the District of Moroto had a total population of 104,539 people (UNHPC, UBOS 2014). The major livelihood zones in Moroto district embraced by populations include Pastoral, Agro-pastoral and Agricultural. Moroto district, high rates of under-nutrition.



Moroto District has the highest prevalence of under-nutrition (wasting and stunting) in Karamoja region. Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) rates among children less than five years in Moroto district were at 13.2(9.9-17.3) and 5.2(3.3-8.0) percent respectively.

LINK NCA RATIONALE

Evidence based on assessments since 2009-2015 suggests high acute and chronic malnutrition rates in district. The data review indicates that Global Acute Malnutrition rates have persistently been at serious levels (10-<15%) despite continued interventions. Similarly; stunting rates have plateaued above emergency levels (>40%) in the district. Owing to this, a Link Nutrition Causal Analysis (NCA) was implemented to understand the plausible causal factors linked to under-nutrition. The survey was supported by the United Nations Children's Fund (UNICEF) and the United Nations World Food Program (UN WFP) with funding from the Department for International Development (DfiD).

STUDY OBJECTIVE

The overall study objective was to identify the main causes of chronic (stunting) and acute *(wasting)* malnutrition with the following specific objectives.

- What is the prevalence and severity of wasting and/or stunting in the study population?
- What is the prevalence of known risk factors for under-nutrition among the population and key "nutrition vulnerable groups"?

- What are the causal pathways of under-nutrition by which certain children in this population have become stunted and/or wasted?
- How have the stunting and/or wasting in this population and its causes changed a) over time due to historical trends, b) seasonally due to cyclical trends, c) due to recent shocks?
- Which causal pathways are likely to explain most cases of under-nutrition?
- Based on the causal analysis results, what recommendations can be made for improving nutrition security programming?

METHODOLOGY AND LINK NCA APPROACH

Based on the UNICEF causal framework[1], a Link NCA is a structured, **participatory**, holistic study which builds a case for **under nutrition causality** in a local context. The study design utilized a mixed methods approach, combining both qualitative and quantitative research methods and drew conclusions from a synthesis of results.

The link NCA involved Risk Factor Survey (RFS) and qualitative enquiry. The Risk Factor Survey was done in 30 randomly selected with ENA software villages out of total 160 villages in the six sub-counties of Moroto district using a cluster sampling method. The qualitative enquiry was conducted in four purposively selected villages in Moroto district and it engaged community groups including: community leaders, key informants, fathers/mothers and mothers with SAM children. The preliminary workshop revealed key hypothesized risk factors linked to under-nutrition might be poor sanitation and hygiene, high morbidity rates over time (ARI and diarrhea), poor quality of drinking water, poor hygienic practices, low utilization of ANC, maternity and PNC services, instability in food security and low maternal nutrition during pregnancy. Communities were engaged in rating of risk factors during the data collection while technical actors were engaged in validation and rating of risk factors during the final Link NCA workshop.

SUMMARY OF FINDINGS

The final workshop and rating exercise of risk factors by NCA analyst revealed a couple of risk factors with the major risk factors linked to under-nutrition among children aged (0-59 months) included:

- Inadequate infant and child feeding practices (introduction of solids, complementary feeding practices, and responsive feeding),
- High workload for mothers,
- Poor practices of initiation breastfeeding, and exclusive breastfeeding,
- Poor sanitation and hygiene practices,
- Poor health status of children under 5 (ARI and Diarrhea prevalence),
- High food access instability (5 months reported difficulties in accessing food, duration of the hunger gap,
- Poor hygiene practices in the household (food preparation and storage, solid waste management),

Other cited factors included Low purchasing power, Low maternal nutritional status during pregnancy, Early child bearing, high prevalence of teenage pregnancies, High prevalence of

[1]- UNICEF (1990) "Strategy for improved nutrition of children and women in developing countries", A UNICEF Policy Review. New York, USA.

Fever/malaria children 0-59 months and Poor status of reproductive health (birth spacing and family planning).

Important risk factors included : low utilization of antenatal care, maternity and post-natal services, open defecation, inadequate access to milk and animal products by children and mothers, poor maternal well-being (violence and alcohol indulgence), low utilization of mosquito treated nets at household level, low empowerment among caregivers, low utilization of soap for hand washing practices and insufficient income to cover transports costs.

RECOMMENDATIONS

Based on findings the following actions were recommended by multi-sectoral actors to address under-nutrition in Moroto, Karamoja region;

- Alternative income local labor markets and increase skills development among pastoralists and agro-pastoralists.
- Engaging men in maternal and child health care roles and responsibilities
- Advocate and engage community leaders and volunteer service providers to promote optimal IYCF practices at community levels
- Strengthen Capacity building school health program for village health teams, women, and youth groups.
- Enact policies at all levels District, Sub County-Parish, Village levels

UNDER-NUTRITION: QUANTITATIVE DATA AND EVOLUTION

UNDER NUTRITION IN MOROTO DISTRICT

In December 2015, a report covering Food security and Nutrition (FSNA) provided an overview of the nutritional situation for children under five years old on the territory of the seven districts of Karamoja. That FSNA report included the results on the prevalence of malnutrition (wasting and stunting) by districts. We have used that recent information to develop the conceptual framework of the causes of malnutrition in the Moroto District. What is also relevant as to the use of these findings relates to the fact that anthropometric measurements are made twice a year (December and May) in each of the districts of Karamoja since 2012. Also, it is important to highlight that between 2009 and 2012, ACF also produced two annual reports (September, December) on nutritional surveillance in Karamoja, based on anthropometric measurements as well. Thereby in 2016, we may not only have recent data from the previous year, but we can also draw on a period of 7 years regarding the evolution of the prevalence of malnutrition in children under five in each of the Karamoja districts.

Anthropometric results in Moroto District, Karamoja

As shown in Table1, the prevalence deduced from anthropometric measurements in children aged between 6 months and 59 months is high in Karamoja: "*The prevalence of GAM was 12.4% for Karamoja. The most affected age groups were children 6-23 months where GAM prevalence was at critical levels in all districts.*" (FSNA, Dec. 2015). Concerning the Moroto District, the prevalence GAM, SAM, and stunting are all above the regional average.

Tab. 1. Prevalence of GAM, SAM, Stunting, and Underweight among children 6-59 months, Moroto, December 2015

CHILDREN 6-59 MONTHS	GAM	SAM	STUNTING	UNDERWEIGHT
DECEMBER 2015	% (95% CI)	% (95% CI)	%(95% CI)	% (95% CI)
MOROTO (N=519)	13.2 (9.9-17.3)	5.2 (3.3-8.0)	46.8 (41.5-52.1)	37.1 (32.4-42.0)

KARAMOJA (N=3397)	12.4 (11.3-13.6)	3.8 (3.2-4.5)	39.5% (37.9-41.2)	31.0 (29.4-32.6

Source: FSNA-December 2015.

However, one may observe that in the 7 districts of Karamoja, the data collected in December 2015 showed significant differences which vary from 22.8% to 12.6% for the prevalence of wasting, and from 25.6% to 46.8% for the prevalence of stunting (see table 2 below).

Tab· 2· Malnutrition among children 6-23 months, according to district, Karamoja, December 2015[1]

District (N)	Wasting	Stunting	Underweight
Abim (N=241)	15.4%	27.7%	21.6%
Amudat (N=215)	12.6%	25.6%	30.6%
Kaabong (N=241)	15.8%	48.3%	34.8%
Kotido (N=263)	18.6%	43.7%	35.8%
Moroto (N=248)	19.4%	46.8%	38.7%
Nakapirit (N=216)	17.6%	44.0%	35.2%
Napak(N=189)	22.8%	35.1%	34.4%
Karamoja (N=1613)	17.4%	39.1%	33.0%

Source: FSNA, December 2015

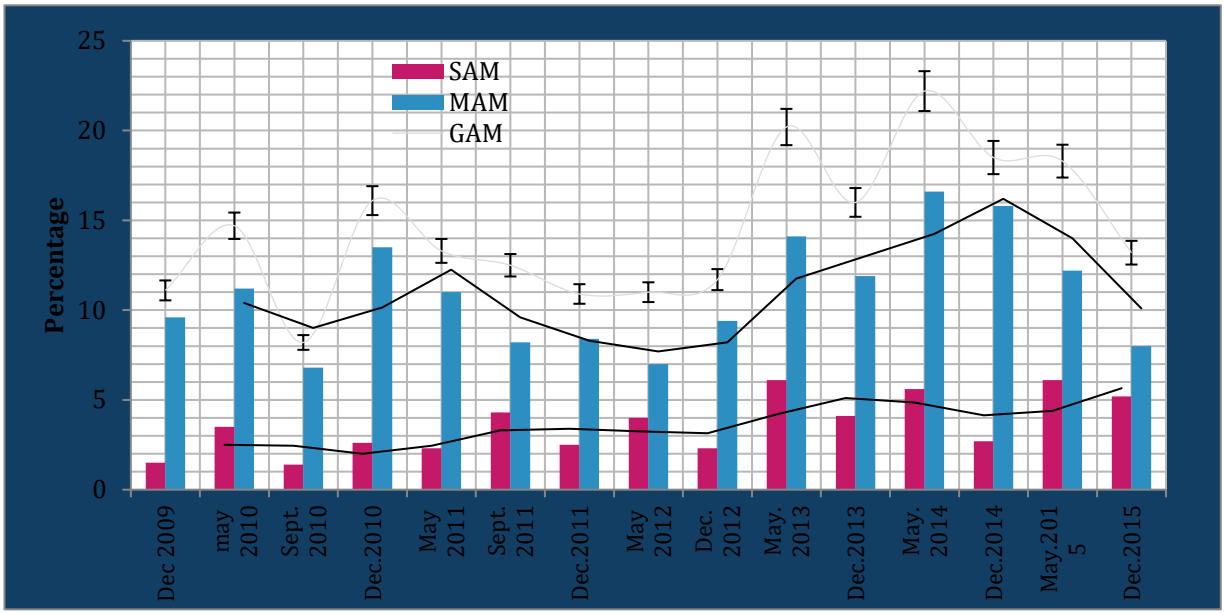
In December 2015, an unexpected conclusion appeared in the FSNA report: "*The trend of GAM in Karamoja over the last five years depicts a worsening situation.*" Thus, in the seven districts, the nutritional status across the region of Karamoja would be worse in 2015 than it was in 2010. Regarding the nutritional status of Moroto District, the report notes clearly enough that on this territory, there is a significant deterioration since 2013: "*Moroto has the worst prevalence of global acute malnutrition and, since May 2013, has remained at the 'critical' level. In June 2014, the rate in Moroto was 20 per cent, meaning that one fifth of the district's children were malnourished*" (FSNA, December 2015).

As it can be observed in Figure 1, the evolution of GAM prevalence in Moroto District could be divided into two distinct periods. Indeed, between 2009 and 2012 it was around 10% on average for the three years. In contrast, the prevalence rate begins to stand out from May 2013, with a significant increase. However, its growth slowed in 2015 but remained higher than the prevalence rate between 2009 and 2012. The progression of SAM prevalence evolves constantly since 2009.

It is also noted that the evolution of stunting prevalence rate is relatively constant between 2011 and 2015. However, according to the FSNA findings, there has been over the years a decrease of 6 percentage points between 2011 (52.3%) and 2015 (46.8%) for the Moroto District (see Figure2). Two basic questions appear as part of the Link NCA study: the first concerns the existing malnutrition prevalence rate (wasting and stunting) from FSNA investigations during the year 2015 (June and December)*What Link NCA study indicators (core and optional) were used to make credible hypotheses about the causes of malnutrition?* The second is the evolution of malnutrition prevalence rate (wasting and stunting) since 2009: *What Link NCA study indicators (core and optional) were used to put into perspective the structural causes to the degradation of the nutritional status of children under 5 years in Moroto District?*

[1] This table should be taken with cautious as the confidence intervals are not presented, and sample size are different, there is a chance having the real prevalence similar from one to another district. The table was included to show tendencies only.

Fig. 1. Evolution of malnutrition (SAM, MAM, GAM), Moroto District, 2009-2015, Karamoja



Sources: FSNA 2012-2015, ACF Surveillance and Rounds 2009-2012

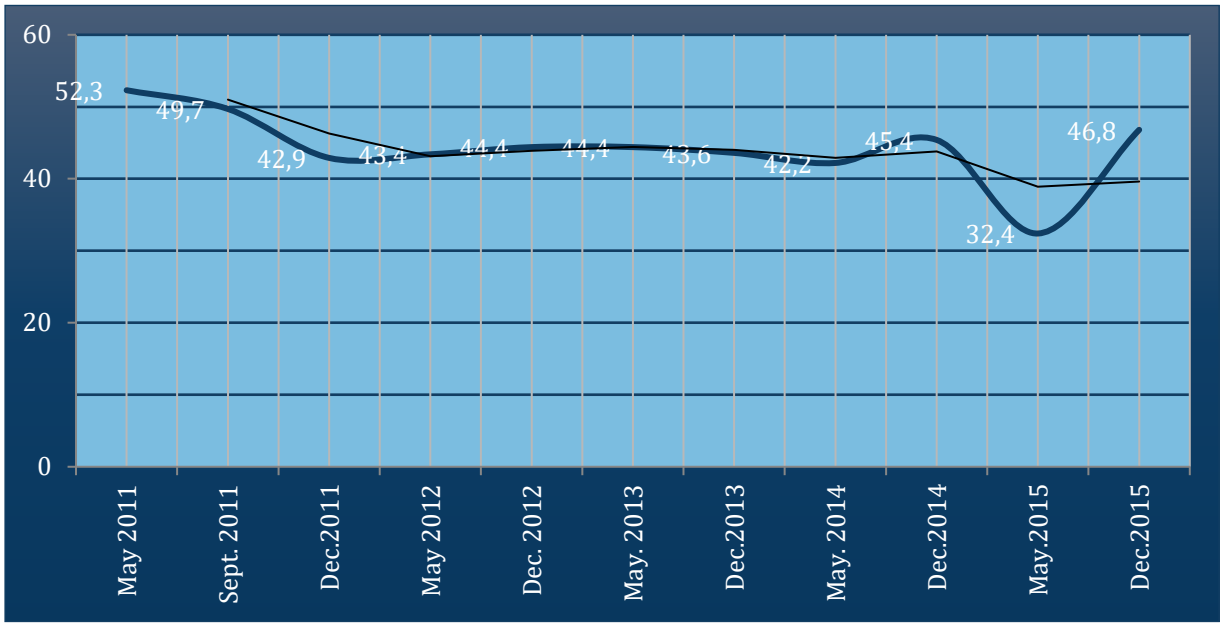


Fig. 2. Evolution of Stunting, 2011-2015, Moroto, Karamoja

Sources: FSNA 2012-2015, ACF Surveillance and Rounds 2009-2012

RISK FACTORS RATING BY THE ANALYST

RISK FACTORS INITIAL WORKSHOP	RATE OF INITIAL WORKSHOP	PREVALENCE FROM SECONDARY DATA/RFS NCA	STRENGTH OF ASSOCIATION FROM LITERATURE REVIEW	SEASONALITY OF RISK FACTOR	FINDINGS FROM THE QUALITATIVE SURVEY	COMMUNITY RATING EXERCISE	INTERPRETATION
INADEQUATE INFANT AND CHILD FEEDING PRACTICES (INTRODUCTION OF SOLIDS, COMPLEMENTARY FEEDING PRACTICES, AND RESPONSIVE FEEDING). 1.	4.56	+++	+++	+	++	++	Major
HIGH WORKLOAD FOR MOTHERS 2.	4.33	++	++	+++	+++	++	Major
POOR PRACTICES OF INITIATION BREASTFEEDING, AND EXCLUSIVE BREASTFEEDING. 3.	4.06	+++	+++	+	+++	++	Major
POOR SANITATION AND HYGIENE PRACTICES. 4.	3.94	+++	+++	+	++	++	Major

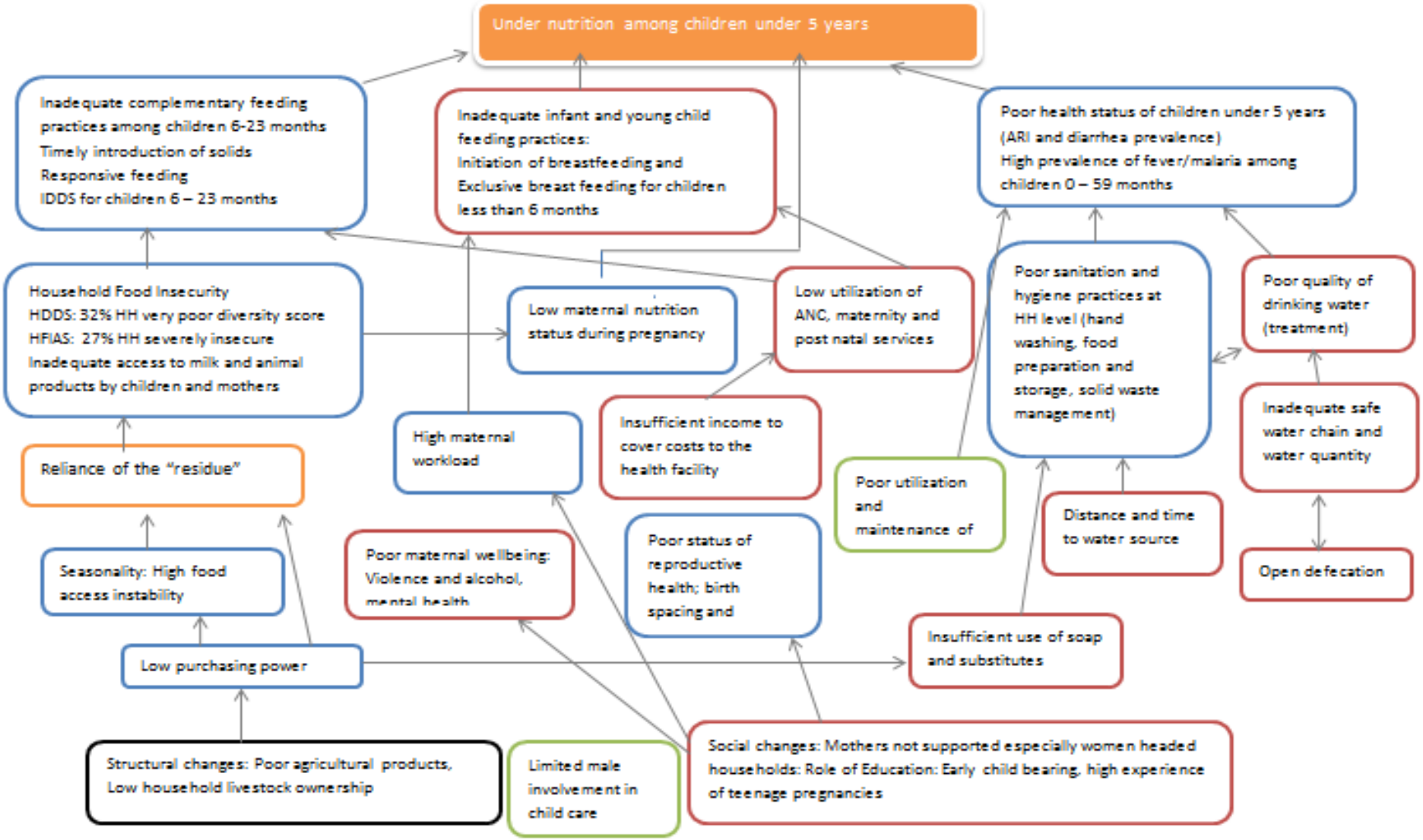
RISK FACTORS INITIAL WORKSHOP	RATE OF INITIAL WORKSHOP	PREVALENCE FROM SECONDARY DATA/RFS NCA	STRENGTH OF ASSOCIATION FROM LITERATURE REVIEW	SEASONALITY OF RISK FACTOR	FINDINGS FROM THE QUALITATIVE SURVEY	COMMUNITY RATING EXERCISE	INTERPRETATION
POOR HEALTH STATUS OF CHILDREN UNDER 5 (ARI PREVALENCE, DIARRHEA PREVALENCE). 5.	3.94	+++	+++	++	+++	++	Major
HIGH FOOD ACCESS INSTABILITY (5 MONTHS REPORTED DIFFICULTIES IN ACCESSING FOOD, DURATION OF THE HUNGER GAP. 6.	3.89	+++	+++	+++	+++	++	Major
POOR HYGIENE PRACTICES IN THE HOUSEHOLD (FOOD PREPARATION AND STORAGE, SOLID WASTE MANAGEMENT). 7.	3.83	+++	+++		+++	++	Major
POOR QUALITY OF DRINKING WATER (TREATMENT). 8.	3.83	+++	+++		+		Important
ROLE OF EDUCATION. 9.	3.72	++	+++		++	+	Important
LOW PURCHASING POWER. 10.	3.72	+++	++	+++	+++	+++	Major
LIMITED MALE-INVOLVEMENT IN CHILD CARE PRACTICES. 11.	3.67				+	+	Minor
LOW MATERNAL NUTRITIONAL STATUS DURING PREGNANCY. 12.	3.61	+++	+++	++	+++	+++	Major

RISK FACTORS INITIAL WORKSHOP	RATE OF INITIAL WORKSHOP	PREVALENCE FROM SECONDARY DATA/RFS NCA	STRENGTH OF ASSOCIATION FROM LITERATURE REVIEW	SEASONALITY OF RISK FACTOR	FINDINGS FROM THE QUALITATIVE SURVEY	COMMUNITY RATING EXERCISE	INTERPRETATION
EARLY CHILD BEARING, HIGH PREVALENCE OF TEENAGE PREGNANCIES. 13.	3.61	++	+++		++	+	Major
LOW UTILIZATION OF ANC+ MATERNITY AND POSTNATAL SERVICES. 14.	3.61	+	+++	+	+	+	Important
OPEN DEFECATION. 15.	3.61	+++	+++			+	Important
DEPENDENCY. 16.	3.61				-	-	Untested
INADEQUATE ACCESS TO MILK AND ANIMAL PRODUCTS BY THE CHILDREN AND MOTHERS. 17.	3.56	+++	+++	+	++	+++	Important
POOR MATERNAL WELL BEING (VIOLENCE AND ALCOHOL). 18.	3.56	++	+	+	+++	+	Important
MOTHERS NOT SUPPORTED, ESPECIALLY WHEN WOMEN HEADED HOUSEHOLDS. 19.	3.50	++	+		++	+	Important
POOR AGRICULTURE PRODUCTS. 20.	3.50		++	+++	++	+++	Structural changes

RISK FACTORS INITIAL WORKSHOP	RATE OF INITIAL WORKSHOP	PREVALENCE FROM SECONDARY DATA/RFS NCA	STRENGTH OF ASSOCIATION FROM LITERATURE REVIEW	SEASONALITY OF RISK FACTOR	FINDINGS FROM THE QUALITATIVE SURVEY	COMMUNITY RATING EXERCISE	INTERPRETATION
HIGH PREVALENCE OF FEVER/MALARIA CHILDREN 0-59 MONTHS. 21.	3.44	+++	+++	++	+	++	Major
LOW HOUSEHOLD LIVESTOCK OWNERSHIP. 22.	3.39		++		+++	++	Structural changes
POOR STATUS OF REPRODUCTIVE HEALTH (BIRTH SPACING AND FAMILY PLANNING). 23.	3.39	+++	+		+++	+++	Major
POOR UTILIZATION AND MAINTENANCE OF BED NET. 24.	3.22	+	++		+		Important
LACK OF CAREGIVER'S EMPOWERMENT. 25.	3.22	+					Important
POOR CHAIN WATER AND QUANTITY. 26.	3.11	+			+		Important
DISTANCE TO WATER RESOURCE AND TIME NEEDED TO COLLECT WATER ARE LONG. 27.	3.11		+				Minor
MENTAL HEALTH. 28.	3.00				+	+	Important
INSUFFICIENT USE OF SOAP AND SUBSTITUTES. 29.	2.78	+	++		++		Important

RISK FACTORS INITIAL WORKSHOP	RATE OF INITIAL WORKSHOP	PREVALENCE FROM SECONDARY DATA/RFS NCA	STRENGTH OF ASSOCIATION FROM LITERATURE REVIEW	SEASONALITY OF RISK FACTOR	FINDINGS FROM THE QUALITATIVE SURVEY	COMMUNITY RATING EXERCISE	INTERPRETATION
INSUFFICIENT INCOME TO COVER TRANSPORT COSTS TO THE NEAREST HEALTH CENTRE. 30.	2.39	++	++	+	++	++	Important

CAUSAL FRAMEWORK OF UNDERNUTRITION



RECOMMENDATIONS

FINAL WORKSHOP RECOMMENDATIONS

The recommendations can be found in the table below. For two groups, there are also proposals for the action plan.

It is interesting to note firstly that the recommendations and action plans of all groups were based on a bottom-up approach, where the community plays a leading role. Secondly, on the risk factor of high workload for mothers, that the amendments have brought a significant change in the role of men in improving the quality of life of mothers and children. A program involves a widening of the action plan to the family as an entity.

Finally, local experts are clearly of the opinion that the implementation of programs involving either the promotion of hygiene or the improvement of women's purchasing power should be parts of a regional plan for economic and social development in the Moroto District.

RECOMMENDATIONS	FSL	IYFP CARE OF WOMEN	IYCFP CARE OF CHILDREN	WASH
RISK FACTOR	Low purchasing power High food instability	High Workload of mothers	Inadequate infant and young child feeding practices	Poor sanitation and hygiene practices
OBJECTIVE	Labor market and pastoralist economic activities	Equal roles between men and women, and new economic activities	Community based monitoring and evaluation of CF practices	Promote, encourage and educate communities to improve WASH
ACTION PLAN OR RECOMMENDATIONS	Recommendations Strengthening access to credit Alternative income local labor market: more skills development Developing value chain for livestock	Action Plan *Activity* To substitute charcoal burning and firewood: build income generating activities: *tree planting raiding of seed*	Recommendations Operational Research: use of human centered design approaches Community mobilization: sensitization,	Action Plan *Who's responsible* Food and safe water hygiene: clean preparation and clean and safe

RECOMMENDATIONS	FSL	IYFP CARE OF WOMEN	IYCFP CARE OF CHILDREN	WASH
	and agricultural products Integration of farmers in the economic market Volunteer movement of pastoralist from density and concentration Restocking (use a zonal approach)	Rudimentary way of farming intermediate shifting: *use of Ox plough* To substitute livestock farming: diversification of agriculture: *introduction of poultry farming* Sensitization of men on their roles and responsibilities: advocate against bad cultural practices and norms: *cultural leaders, elders, opinion leaders*	feedback meeting, community dialogue Engagement of LC1 and volunteer service providers to promote complementary feeding Advocacy to complementary feeding empowering champions, multi-sectorial approach Creating Centers of excellence CF practices : cooking food Consumption of bio-fortified food Promote small animals (complementary food)	water: *Community* Using of soap: wash hands demonstrate : *Community* Construction /use/maintenance of latrines using local available material: *VHT, Community* Strengthen Capacity building school health program for VHTs, women, and youth groups: *DHO'S* Enact policies at all levels District, Sub county-Parish, Village levels: *District Council* Monitoring and evaluation of the program*: District*

NEXT STEPS

The NCA analysis maintains 12 major hypotheses, and 13 important hypotheses Thus, it appears that for several years (2009), the high malnutrition prevalence has been particularly complex. However, the detailed of the risk factors analysis shows that we can formulate more appropriate action plans in light of causal demonstrations that have emerged from the NCA analysis.

According to the four sectors studied in the analysis of results, we can confidently recommend the following actions.

Sector of food security and livelihoods

Seasonality punctuates vulnerability to food insecurity. Everything is at stake on the quantity harvested during the rainy season. If this amount is small, it has a strong impact on women's ability to hold income-generating activities. Women are able to partially meet the food needs of the family. However, they must sacrifice the quality of the food diet of children for most of them are primarily fed through the preparation of a fermented cereal recipe which is called the residue. It would be useful in this context to deepen one hand the nutritional impacts of this recipe, and also to know what the effects of this recipe on the health of children in the long term.

A survey on the impacts and effects of residue would as a result of implementing a "cash transfer" system allowing mothers to have access to the food market during the dry season. All conditions for establishing a food security safety net should be examined as to the magnitude of the food crisis during the rainy season.

Sector of Care practices and Mental health

Regarding care for children (IYCP), it seems that for years there has been no real progress on risk factors related to practices in this area, the most important being the practice of exclusive breastfeeding. It is of crucial matter to address the enhancement of the practice. This practice proves to be a pre-requisite for a good introduction of complementary foods and the establishment of a diversified diet thereafter.

Regarding care of women, we now know that a major cause of malnutrition in Moroto district refers to the heavy job of mothers, particularly during the dry season. We know that this risk factor has a strong impact on malnutrition for two important reasons. First the mothers must leave home to go to the bush, they leave their children unattended. Then, they must go to the market to sell and buy food, which means they are not able to prepare two or three meals a day, taking care of their health or that of their children. Community organization of child care when mothers are at work could be a social innovation that enables secure children.

A risk factor emerged as being fundamental to the mothers of the villages in the rural area, it is the respect of the birth interval. As we observed, the men here are very reluctant to change the traditional male role, which does not mean they are resistant to reducing the prevalence of malnutrition. It would be appropriate to have an awareness campaign for men to have all the information about the negative impact of low birth spacing.

Sector of health

As we have seen, there is a demand from women wanting to give birth in health centers. From this transition, it appears appropriate to continue to sensitize mothers to attend health centers for prenatal visits and especially to encourage them to establish a health check for their infants. Here one can think of TBA and VHT capacity building programs so that women can incorporate into their care practices, which can be simply termed as preventive practices against malnutrition.

Sector of water, sanitation, and hygiene

This is probably in this area that we can respond quickly and effectively to as much as several years, the prevalence of all risk factors in this sector has not changed. It clearly appears that households have not integrated hygiene practices. This is an important vector in the prevalence of infectious diseases. A WASH action plan for improving hygiene practices thus appears entirely appropriate in Moroto District.

CONCLUSION

Holding an NCA inquiry aimed to identify risk factors that put children under five years old with a high prevalence of malnutrition (wasted, stunting).

Three components emerge from this analysis. First, **food vulnerability** is visible in Moroto District. Households must adopt strategies that are **challenging the health of women**, causing them to be in the search for income-generating activities that can not sufficiently meet the basic food needs of the family. To this is also added the recurrence of inappropriate practices in hygiene. Finally, if **child malnutrition** appears as an event for families, the representation of malnourished children among mothers is trivialized. In other words, they are all protection fronts facing the possible disappearance of their traditional way of life of pastoral communities.

Also, this analysis was to better understand why the malnutrition prevalence rate remains high despite efforts to support the population in Moroto District since 2009. We can now answer this question. The sedentarization is formalized by an **abandonment of a pastoral society** to that of an agricultural society remains **undefined and abstract issue** for the population. By staying in the dark, men forget the difficult conditions in which women find themselves. Trying to protect the pastoralist life of this test, **women cannot protect children as they would like**.

Finally, we can say that such investigation and thorough analysis that follows provides partners, local, national and international stakeholders an analytical framework that can be deployed in all fields of expertise in child malnutrition. The NCA analysis can then serve as a lever in order to formalize much more accurate projects indicators and programs so as to achieve in the coming years targets for reducing child malnutrition in Moroto District.

nk
ca

USAL ANALYSIS

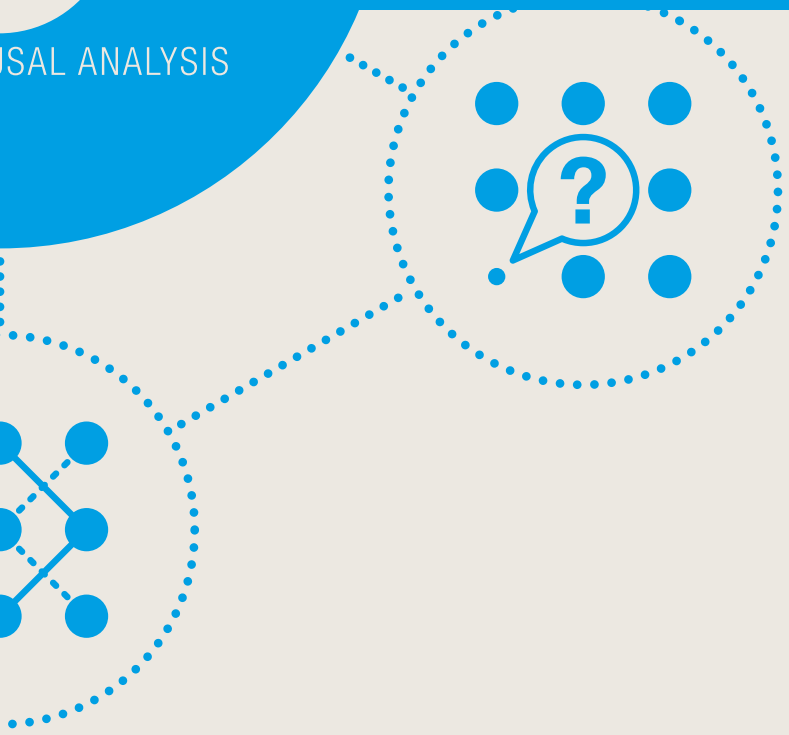
ACTION AGAINST HUNGER

The Link NCA methodology was developed by Action Against Hunger – France with technical support from our scientific committee including multi-sectorial experts and eminent scientists from Tufts University | Friedman School of Nutrition Science and Policy, the French Institute for Development Research (IRD), and World Food Program (WFP).

Its development was made possible by the funding provided by:

USAID
FROM THE AMERICAN PEOPLE

European Union Humanitarian Aid & Civil Protection



More information on **www.linknca.org**

Author : **Lysette Boucher-Castel**, *Link NCA Expert*

Pour plus d'informations concernant la conception ou la mise en œuvre d'une Link NCA, visitez notre site internet :
www.linknca.org

Pour prendre contact avec un expert concernant toute question sur la Link NCA :
linknca@actioncontrelafaim.org

L'ESSENTIEL