Integrating Nutrition Specific with Nutrition Sensitive:

The case for agriculture, gender and WASH

Bethann W. Cottrell, Ph.D.
Lenette Golding, Ph.D., MPH
Mary Lung’aho, Ph.D.
Benefits during the life course

Morbidity and mortality in childhood
Cognitive, motor, socioemotional development
Social performance and learning capacity
Adult stature
Obesity and NCDs
Work capacity and productivity

Optimum Fetal and child nutrition and development

Nutrition specific intervention programs
- Adolescent health and preconception nutrition
- Maternal dietary supplementation
- Micronutrient supplementation or fortification
- Breastfeeding and complementary feeding
- Dietary supplementation for children
- Dietary diversification
- Feeding behaviors and stimulation
- Treatment of severe acute malnutrition
- Disease prevention and management
- Nutrition interventions in emergencies

Breastfeeding, nutrient-rich foods, and eating routine
Feeding and caregiving practices, parenting, stimulation
Low burden of infectious diseases
Food security, including availability, economic access and use of food
Feeding and caregiving resources (maternal, household, and community levels)
Access to and use of health services, a safe and hygienic environment

Knowledge and evidence
Politics and governance
Leadership, capacity and financial resources
Social, economic, political, and environmental context (national and global)

Nutrition sensitive programs and approaches
- Agriculture and food security
- Social safety nets
- Early childhood development
- Maternal mental health
- Women’s empowerment
- Child protection
- Classroom education
- Water and sanitation
- Health and family planning services

Building an enabling environment
- Rigorous evaluations
- Advocacy strategies
- Horizontal and vertical coordination
- Accountability, incentives regulation, legislation
- Leadership programs
- Capacity investments
- Domestic resource mobilization

Figure: Framework for actions to achieve optimum fetal and child nutrition and development

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Nutrition-sensitive interventions or programs address the underlying determinants of fetal and child nutrition and development and incorporate specific nutrition goals and actions.
WHY Nutrition Sensitive?

Maximizing Nutrition Impact

Minimizing negative consequences
Integrating Agriculture and Nutrition

Bethann W. Cottrell, Ph.D.
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Can provide a critically important opportunity for reducing malnutrition
### Agricultural interventions - Nutrition Impact

<table>
<thead>
<tr>
<th>From Agriculture</th>
<th>To Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household food production</td>
<td>Food Consumption</td>
</tr>
<tr>
<td>Income</td>
<td>Food Purchase</td>
</tr>
<tr>
<td>Income</td>
<td>Healthcare Purchase</td>
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<tr>
<td>Food Prices</td>
<td>Food Purchase</td>
</tr>
<tr>
<td>Women’s use of time</td>
<td>Care capacity</td>
</tr>
<tr>
<td>Women’s workload</td>
<td>Maternal energy use</td>
</tr>
<tr>
<td>Women’s control of income</td>
<td>Resource allocation</td>
</tr>
</tbody>
</table>

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Sowing the Seeds of Good Nutrition, ACF, 2013
Principles for nutrition sensitive agriculture

• 1. Incorporate nutritional concerns into the design and implementation of agricultural policies, projects, and investments
• 2. Target nutritionally vulnerable groups
• 3. Invest in women
• 4. Increase year-round access to diverse, nutrient-dense foods
• 5. Protect health through water management
• 6. Design poverty-reduction strategies explicitly to benefit nutrition
• 7. Create enabling environments for good nutrition through knowledge and incentives
• 8. Seek opportunities to work across sectors
Incorporate nutritional concerns

• Into the design and implementation of agricultural projects, policies and investments

• Include explicit nutrition objectives in agricultural projects and policies.
Target nutritionally vulnerable groups

- Within populations:
  - Smallholder farmers
  - Landless laborers
  - Urban poor

- In Households
  - Women of childbearing age
  - Young children
Invest in Women

- Safeguard and strengthen the capacity of women to provide for the food security, health, and nutrition of their families.
- In agricultural activities, increasing women’s discretionary income and reducing women’s time and labor constraints appear to be especially important to improve nutrition.
Increase year-round access to diverse, nutrient-dense foods

Ensure a broader diversity of food through:

- Agricultural training
- Extension
- Seed provision programs
- Biofortification
- Industrial fortification
- Control of mycotoxins
- Income generation in off-season
- Solar drying & other preservation technologies
- Links to social protection schemes
Protect health through water management

- Minimize harm from water-borne disease or chemical contamination
- Improve water use efficiency
Design poverty-reduction strategies explicitly to benefit nutrition

(i) Poverty reduction is faster (especially in rural areas) if agriculture is supported during the process;

(ii) Poverty reduction strongly reduces stunting, especially with support for ‘agriculture’

(iii) Because there are more undernourished children in rural areas, decline in under-nutrition stronger there.

(iv) But…poverty reduction and agricultural growth do not resolve under-nutrition fully or always quickly.
Create enabling environments for good nutrition through knowledge and incentives

• Incorporate nutrition education into agricultural investments to translate production and income gains into nutrition improvements

• Involve the entire family

• Policies that are pro-poor and favor nutritious diets
Seek opportunities to work across sectors

SHOUHARDO, Bangladesh, 2004-2009

• Program components
  • Food security – food aid, small animals, homestead gardens
  • Livelihood strengthening – VSLA
  • SBCC
  • Ekata groups
  • Disaster Risk Reduction
  • WASH

• Results
  • Increase in adequate food provision from average 5 months to 7.5 months
  • 16% increase in dietary diversity
  • 128% increase in income
  • 33% reduction in stunting
  • Documented links between each of these and women’s empowerment
Increased nutritional impacts when:

• Vulnerable households regularly consume foods produced

• Nutrition counseling is integrated with the intervention (also access to health care, sanitation and hygiene)

• Homestead production is incorporated

• Micronutrient-rich crop varieties are introduced or promoted

• Nutritionally vulnerable populations are considered from project inception
Case Study: Peru—*all about nutrition*

• CARE starts the Child Malnutrition Initiative (2006)
• CRECER — National Nutrition Strategy for Poverty reduction and Economic Growth
  Performance-based budgeting outcomes & impact
• JUNTOS — conditional cash transfer
• More focus on Inclusion – Incluir para CRECER
  • WASH issues
  • Psycho-social stimulation
  • Nutrition transition
  • Results –based incentives – pre-determined set of targets

**IMPACT:** Stunting from 28.5 to 18.1 (2007-8 to 2012)

CASE Study: Brazil - poverty reduction

- Zero Hunger (Lula)
  - Family Allowance Program
  - Food acquisition Program
  - School Feeding Program
- Brazil without Misery (Dilma)
  - Expanded Family allowance Program
  - Urban
  - Nutrition Programs
    - Vitamin A & Iron
    - Expand School feeding
    - Bio-fortification
    - Municipality incentive program

Levinson, F. James, and Yarlini Balarajan, ‘Addressing Malnutrition Multisectorally: What have we learned from recent international experience?’, UNICEF Nutrition Working Paper, UNICEF and MDG Achievement Fund, New York, August 2013

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Recommendations:

• The value of the “convergence” approach
  “Plan multi-sectorally, implement sectorally, review multi-sectorally”

• Results-based incentives to sub-national governmental bodies

• Active and sustained civil society advocacy


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Best Practice Examples:

- **Burkina Faso** – reform National Agriculture School curricula to include nutrition courses
- **Kenya** – MoA Home Economics section has nutrition mandate and are on the ground working on behavior change
- **Haiti** – Household Development Agent program enabling single agents to provide multiple services (health, nutrition, social services) pared w professional enumerators scoring HH family vulnerability index
- **Guatemala**: 1000 day interventions, disease reduction, agriculture and education with special attention to governance


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Recommendations: National actors

- Make the role of nutrition in agriculture more explicit and prioritizing the nutrition goal of agriculture;
- Establishing better information systems that allow for intersectoral nutrition monitoring and link agriculture and nutrition analysis;
- Strengthening the quality and quantity of program implementation, including by improving the targeting of the most vulnerable populations and by putting more emphasis on improving the role of women in agriculture;
- Develop specific ‘agriculture to nutrition’ trainings for both field staff and central ministries;
- Improve the coordination between agriculture and other sectors around nutrition, by reinforcing the participation of the agriculture sector in existing multisectoral coordination mechanisms;
- Dramatically increasing the funding available for nutrition-sensitive approaches in agriculture, including by securing specific lines for nutrition within the agriculture budget.
Essential Interventions for Infants and Young Children

1. Timely initiation of breastfeeding within one hour of birth
2. Exclusive breastfeeding during the first six months of life
3. Timely introduction of complementary foods at six months
4. Age-appropriate CF feeding - quality, quantity and frequency
5. Safe handling of CF and hygienic feeding practices
6. Full immunisation, bi-annual vitamin A with deworming
7. Frequent, appropriate, and active feeding during and after illness
8. Timely and quality therapeutic feeding and care
9. Improved food and nutrient intake for adolescent girls
10. Improved food and nutrient intake for adult women

A multi-sectoral Approach to Improve Nutrition in India, IntraHealth International. USAID funding
Essential Interventions for Improving Girls’ and Women’s Nutrition

1. Improve Quantity and Quality of Food and Nutrient Intake
2. Prevent and Manage Micronutrient Deficiencies
3. Improve Access to Safe Drinking Water, Sanitation and Hygiene
4. Universalize Female Education and Completion of Secondary Schooling for Girls
5. Increase Access to Basic Health Services
6. Improve Gender Equity

A multi-sectoral Approach to Improve Nutrition in India, IntraHealth International. USAID funding
Thank You

Thank You