

ASSESSMENT OF THE CONTRIBUTION OF AGRICULTURE TO NUTRITION AND HEALTH OUTCOMES: WORLD VISION MALAWI'S EXPERIENCES

Willie Kalumula, Operations Director, World Vision Malawi, Lilongwe

Paper presented at a conference on Unleashing Agriculture's potential for Improved Nutrition and Health in Malawi: Crossroads Hotel Lilongwe 26 – 27 September 2011

1.0 Introduction

World Vision Malawi's Programmes are design in pursuit of four major outcomes in the area of good health, proper education, child protection and good relationships. The outcome on good health for children is inevitably linked to agriculture and food production, besides other integral elements of Water Sanitation and Hygiene as well as the Maternal and Child Health (MCH). In this regard food is considered as the primary tool for nutritional well being and good health. Given the role of agriculture and food production, food remains the primary tool for improving nutritional well being. With respect to this notion WVM approaches nutritional improvement on the premises of the four pillars food security which include food production or availability, access to food, food processing and utilization as well as asset or wealth creation.

1.2 Purpose and Specific Objectives

Therefore through this brief WVM seeks to share its experiences from empirical studies carried out in its Programmes and Projects on the contribution of various agricultural interventions and project towards nutrition and health outcomes in order to inform health and nutritional policy reform. Specific objectives include the following:

1. To stimulate public debate through productive engagement on agriculture-health-nutrition nexus for national action plan based on available evidence through research.
2. To synthesise direct and indirect factors influencing nutritional well being in linkage with agriculture for desired health outcomes.

Through the Area Development Programme (ADP) model of development delivery WVM facilitates implementation of development interventions in an integrated manner which provides space to community members to articulate development outcomes based on needs and opportunities. Key focus areas for WVM include Food and nutritional security, Education, Health and HIV/AIDS with gender, environmental management and disability as some of the cross-cutting issues. Using the ADP model WVM has a fair share of the critical mass through which most development interventions are advanced. The experiences and practices enumerated in this write up have been distilled from reports of studies for a number of ADPs and projects in form of generic assessments, mid-term evaluation reports as well as end of programme evaluation.

2.0 Findings and Discussions

Summaries of findings focus on key points on each of the food security pillars as follows:

2.1 Food Availability and utilization in relation to malnutrition.

Based on research work like Mid-Term and End of Programme Evaluation in a number of WV Programmes analysis shows that agricultural diversification in form of promotion of various food crops with the integration of livestock has an influence on aggregate food production at household level. For example promotion of mixed cropping of maize and legumes like beans and pigeon peas in Mphuka ADP contributes to the reduction of food deficit months 9 months at baseline to 3.5 months between 1998 and 2010 (World Vision 2010) through crop diversification and up-scaling of small scale irrigation initiatives. In response to this underweight among under-five children has dropped from 28.2% to 13% although higher than the 10% WHO standards. However, stunting in Mphuka still remains a major concern possibly because of limited access and availability of other WASH and MCH amenities and services and services which are some of the key drivers for good nutrition.

Chikwina-Mpamba ADP in Nkhata-bay offers a good example of a promising Programme in as far as malnutrition is concerned. Between 2007 and 2011 the ADP registered remarkable milestones on key nutritional indicators. For instance wasting, among children from households involved in fish farming and dairy farming moved in the positive direction from 8.9% to 2.7%, while underweight dropped from 27.7% to 3.2% and stunting was at 29%. Of course this trend can also be attributed to other interventions like prevention and management of Malaria, diarrhoea and immunization among others but the role of food as primary tool for fighting malnutrition is indispensable. In essence agricultural diversification increased the range of sources of affordable protein and energy foods but MCH and WASH intervention equally made a significant contribution to nutrition improvement.

World Vision implements special projects with a strong orientation to nutritional wellbeing. The Micronutrient and Health (MICAHA) project as a project that leveraged the ADP was implemented between 1997 and 2004 with a primary focus to accelerate the uptake of micronutrients like iron, zinc, iodine as well as vitamins. Major components for the MICAHA project were production of utilization of fruits, vegetables livestock production and food fortification. Food fortification involved the private sector particularly millers with an economic approach of empowering them as key value chain players. With food fortification the total goitre rate among school age children had significantly decreased from a baseline level of 18.9% in 1997, down to 5.5% in 2000 and then 3.5% in MICAHA areas in 2004 (MICAHA End of Project Evaluation report, 2004).

Economic empowerment through agro-enterprise development like dairy farming and seed multiplication has shown tremendous potential to contribute positively to access to food at household level although it remains debatable in view of the social barriers like households level power relation in decision making and access and control of such resources. Nevertheless a seed multiplication project in Chingale ADP registered a 43 % income increase at household level which partly contributed to reduction of severe acute malnutrition to 0.67% minus 3 using weight for height and oedema to 0.44% in 2005 as per WVM Nutritional Assessment.

Attainment of nutritional and health outcomes faces a number of challenges emanating from the socio-economical context. Key nutritional drivers like management of common diseases among children through MCH and WASH intervention is known to impact nutritional well being as was the case with the SAFANS project whose stunting was correspondingly as high as the prevalence of Malaria and common diarrhoea diseases in Nsanje district although food production improved.

While access to various food types may be guaranteed at community level, the intra-household equitable distribution of food tends to be a challenge against children and women. Additionally it has been established that HIV/AIDS, floods and droughts as recurrent food production hazards have had reversal impact on progress toward nutritional well-being.

2.2 Agriculture-Nutrition-Health Value Chain

A Sector Wide Approach in dealing with Agriculture-Nutrition-Health nexus is pertinent due to the chain reaction that emerges out of the relationship of the three elements. Generally agriculture is a common means for food production to support good nutrition for good health. In the same way appropriate basic health services makes food assimilation in the body possible and effective. Therefore both appropriate food coupled with essential basic health services are critical for good nutrition.

3.0 Way Forward

WVM has a strong buy-in for long term integrated programme with multiplier effects like WASH and MCH besides the discrete food and nutritional security. Malawi Water Sanitation and Hygiene, the 7-11 Initiative coupled with long term food security project are some of the initiatives WVM s embarking on in collaboration with public and private sector players in order to contribute to nutritional and health goals in a sustainable manner.

Bibliography

1. Chima, J. (2007): Mid-Term Evaluation Report for Chikwina-Mpamba Area Development Programme.; Nkhata-bay district World Vision Malawi
2. Chimutu,P. (2005): Mid-Term Evaluation report for Chingale Area Development Programme; Zomba district: World Vision Malawi.
3. Edris, A.K and Chilima D. (2005):End of Project Evaluation Report for the Micro-Nutrients and Health Project. World Vision Malawi.
4. Geresomo, N., Gondwe, S. And Mwangwela, A. (2008): End of Project Evaluation Report. for the Southern Africa Food and Nutrition Security, Nsanje, Machinga, Dowa and Salima districts. World Vision Malawi.
5. Teleka, F., Banda, G and Kakusa, N. (2011). End of Programme Evaluation for Mphuka Area Development Programme in Thyolo district. World Vision Malawi.