

# SAFANSI

## The South Asia Food and Nutrition Security Initiative

### INTEGRATING NUTRITION PROMOTION AND RURAL DEVELOPMENT IN SRI LANKA

Connecting health and development goals is challenging, particularly in the context of a country experiencing rapid changes in socioeconomic status. In the post-conflict era, Sri Lanka has maintained a relatively high level of growth and recently graduated to the economic status of a lower-middle-income country.

Sri Lanka is currently undergoing demographic, epidemiological and social transition with rapid urbanization and development. The country is facing the double burden of under-nutrition and over-nutrition with rapidly emerging non-communicable diseases (NCDs). Despite improvements in many health indicators, malnutrition, anemia and other micronutrient deficiencies prevail.

Several policies have highlighted the need for an inter-sectoral approach to promote nutrition and the importance of linking rural development and nutrition promotion. There are no previous studies or local evidence on how to integrate these two sectors and how to evaluate the impact of different development projects on nutrition.

The *Integrating Nutrition Promotion and Rural Development* (INPARD) Project aims to implement and evaluate nutrition promotion activities through the on-going World Bank financed Community Livelihoods in Conflict Affected Areas Project—popularly known as Reawakening Project (RaP)—in two districts of Sri Lanka.

The project focuses on identifying the pathways to promote nutrition with multiple stakeholders.

This project also aims to explore the pathways and quantifying their relative contributions on food security and nutrition related outcomes. It is believed that rural development programs have an impact on multiple health related behaviors and outcomes. The study focuses primarily on nutritional outcomes, but includes several others. In addition, this project aims to provide evidence on understanding the best ways to operationalize multi-sectoral approaches and innovative multi-sectoral delivery strategies. Generating this new evidence could attract more local and national level policy makers to consider health impacts when they make decisions. The output of this study will solidify the call for inter-sectoral collaborations and whole of government approaches to improve nutrition and health, in particular in developing countries.



Stakeholder Meeting Moneragala, August 2014

## Approach

Two districts in Sri Lanka were identified for the project—Ampara and Moneragala. Villages covered by the Re-awakening Project were selected as intervention areas. A control area was selected based on a sample of villages in the same districts not covered by the Re-awakening project, and a sample of villages from the Kurunegala district.

A baseline survey was designed with both qualitative and quantitative components to understand the existing dietary patterns, nutritional status, myths, practices and behaviors related to nutrition and current state of collaboration between each sector towards promoting nutrition in the country.

A random sample of 2000 adults, 2000 school-children (aged 12-18) and 1000 children (under 12 years of age) was selected from two districts where Re-Awakening was being implemented. Baseline and post intervention surveys collected information on diet, physical activity, alcohol, and smoking. Anthropometric data, other demographic data, and area level measures of food availability, food price, and poverty data were also been collected.

In addition, qualitative data was collected, including in-depth interviews with policy-makers and focus group discussions with teachers, community members, children, and the staff of health rural development and agriculture ministries to identify barriers for nutrition promotion and successful measures to tackle them.

The criteria from the World Health Organization (WHO) Nutrition Friendly Schools Initiative was used to assess the nutritional environment in schools and to help schools to improve the nutritional status of students.

INPARD developed a training program representatives of identified sectors (see figure) on how to collaborate to promote nutrition. These leaders were trained to play a key role in designing and delivering interventions in their setting. Baseline survey results were then shared with

community stakeholders. Rural development staff organized meetings to discuss the findings relevant to their village/school and to prioritize interventions. The rural development project staff was trained to understand the impact of their decisions on nutrition (e.g. approval of micro-finance loans for food related businesses and the impact on local dietary behavior). Other sectors including agriculture and education also attended this training. Multisectoral committee discussed how each sector could contribute to address identified nutritional problems and achieve common goals. Nutrition related technical knowledge was provided by the local health staff and the INPARD team. Details were recorded about interventions in each school and village to measure their effectiveness. The training program and village/school level workshops are now taking place in both Ampara and Moneragala Districts.



An ex-post survey will be conducted in summer of 2015 to assess the impact of these interventions on nutritional outcomes.

## Summary of Findings

Experts developed a training program on nutrition basics, health promotion, and inter-sectoral collaboration for stakeholders representing various sector disciplines.

**Focus group discussions with school teachers identified several barriers for nutrition promotion in schools.** Teachers identified a number of barriers to healthy dietary choice by students, which could be found at a number of levels of influence of a socio-ecological framework (table 1). Results

concluded that barriers to healthy dietary choice amongst secondary school students in Sri Lanka are varied, and that multi-sectoral programs could be used to promote healthy dietary patterns amongst the students.

**Table 1: Barriers to good nutrition**

Level	Barrier
Structural	Educational policies Agricultural policies
Living and Working	Employment opportunities Local food production
Social and Community	Traditions social/cultural beliefs
Individual	Knowledge, attitudes, and practices

**In-depth interviews with national multi-sectoral policy makers showed that:**

- Many sectors have recognized the Ministry of Health as the lead and established ministry on nutrition related activities. An emerging role was identified for Economic Development Ministry for its capacity to implement projects at the grass root level. A major role is also seen for the Ministry of Planning. There is limited accountability on the non-health sector to deliver nutrition related outcomes and a limited recognition of their role.
- In relation to individuals’ roles within many organizations, decisions are made at the top level with limited consultation of the ground realities whereas the grass root level follow given instructions but contribute minimally to decision making.
- Each sector has individual institutional objectives that limit collaboration. The need for collaboration was readily recognized by all the sectors based on minimizing waste, and sharing knowledge and resources.
- There is a need for nutrition-related indicators to evaluate the contribution of other sectors, building on the existing health sector indicators.
- Even though there is a good existing

structure, there is a lack of knowledge on the local structure which limits the collaboration. The need for an upward reporting mechanism for multi-sectoral action was identified.

- Understanding the role of the health sector and other sectors and program objectives in nutrition promotion was highlighted as a training need.
- Non-health sector officers felt that nutrition experts usually thought “nutrition promotion programs” should always be led by nutrition experts. Therefore they did not initiate programs, even if they had the opportunity.

**Lessons Learned**

- Level of collaboration towards the project is different from one official to another.
- Even though grass-root level officers from different sectors are motivated to collaborate, they need to wait for approval and guidance from their higher authorities.
- Middle level managers were often left out from top level or community level discussions and they did not support village level officers to promote multi-sectoral approach.
- Different officers (agriculture, rural development, primary health care) visit the village on different days and they could not meet in the field. There needs to be advanced planning to arrange regular meeting for different sectors.
- Individual level attitude towards collaboration also make a great impact when implementing multi-sectoral projects.
- Activities overlap with organizational work plans and it is very difficult to arrange regular multi-sectoral meetings.
- There should always be an optional plan to implement the programmed activities in an event where the first plan fails.
- Organizational structures / policies/ circulars may prevent officials from participating in events that are outside their job roles despite being useful to the community.

## Conclusion

This study aims to bring health professionals and rural development practitioners together with a shared aim of integrating nutrition promotion and rural development. Even though the health sector has developed policies to recognize the role of non-health sector practitioners towards nutrition promotion, the non-health sector has not received adequate support and training as to how they can work together to achieve these nutritional goals.

Therefore, it is essential to provide adequate training for multisectoral stakeholders on how to collaborate and promote nutrition in their own settings. Policy level changes are required to facilitate this process and provide recognition.

The main objective of the study is to investigate whether a multisectoral rural development program can be utilized to deliver nutrition promotion intervention within rural Sri Lanka and whether this is effective in improving nutrition outcomes. It includes identifying the pathways to promote nutrition with multiple stakeholders. It aims to explore the pathways in which development programs have a direct impact on nutrition and health and to quantify their relative contributions on nutrition and food security related outcomes.

In addition, this project aims to provide evidence on understanding the best ways to operationalize multi-sectoral approaches and innovative multi-

sectoral delivery strategies. Generating this new evidence could attract more local and national-level policy makers to consider health impacts when they make decisions. The output of this study will solidify the call for inter-sectoral collaborations and whole of government approaches to improve nutrition and health, in particular in developing countries.

The INPARD study is implemented in two districts of Sri Lanka where there is a diverse population, based on ethnicity, religion, socioeconomic status and culture in these areas. While this diversity brings unique challenges for program implementation, it also provides an opportunity to build new levels of evidence to inform future policies and programs.



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