The discussion revolved around how necessary investments in improved nutrition are for the region to achieve higher growth rates and poverty reduction. Estimates cite that up to 3% of the region’s GDP are forgone due to malnutrition. "Nutrition is like an orphan issue, many people recognize its importance but nobody considers it as their top priority; but as we have heard, nutrition ought to be considered very central to human development” according to panelist Gautam.

Adding emphasis to the prevalence of the problem, Levy stated, “You go to the slums of any city, whether its Mumbai, Shanghai or Chicago, you will find urban people that are undernourished: you will find that the young woman that becomes pregnant does not seek prenatal care or get prenatal vitamins, she is actually managed by a local elder woman, often a mother-in-law, and that baby is delivered and then somebody figures out about nutrition.” Inherent in the need to address this challenging and persistent problem is a coordinated response from both public and private sector stakeholders. The panel concluded with Levy stating, “The issue really is how do we work together…thinking about how to make all this discussion a reality…let me leave you with those challenges.” Other themes of the Meetings intertwined with the Malnutrition agenda include: the Food Price Crisis, Climate Change and Gender Equality.
Focus on Food: Managing Food Price Inflation

The World Bank Food Price Index is up 19% See how South Asia has Fairied Using the World Bank’s Food Price Watch

Washington, DC, The World’s Food Price Crisis continues to have affects on food and nutrition security throughout South Asia. Bad weather, trade curbs, oil prices and bio-fuel diversions have all led to higher food prices, which has destabilized the incomes and food security of millions across South Asia.

While rising food prices risks higher core inflation in the developing countries, the volatility seems to be squeezing the poor disproportionately with considerably detrimental effects for their nutrition outcomes. José Cuesta, Senior Economist at the World Bank stated, “prices remain high and volatile…the average for 2011 was 24% higher than for 2011...[As a result] of these high prices we must remain vigilant, because high prices may have devastating nutritional consequences which bear repercussions on school performance, health status, cognitive development and worker productivity.”

Recent studies in Afghanistan and elsewhere have confirmed that rises in the cost of food have led to a switch in consumption from nutrient rich foods (such as vegetables, meats and other proteins) to nutrient-poor staples (such as rice and wheat). Cuesta “also found evidence of children’s food being protected, typically at the cost of women’s...and when the effects of the crisis are more severe, households may also sell productive assets, take children out of school, and reduce expenses on health.”

While these are not preferred outcomes, they are sadly a reality for the many poor households that face rapidly fluctuating prices. While concerted efforts should be made at a national level to mitigate the nutritional effects of such shocks, Rice Fortification can be a cost-effective means to stabilizing the nutritional impact on these poorest households. Cuesta further stated, “We recommend to have a balanced set of policies; ones oriented to compensate for the negative impacts of high prices especially through safety nets, as well as medium to long term investments in agriculture; especially on productivity and climate-smart agriculture policies.”

To monitor such fluctuations the World Bank’s Poverty Reduction and Equity Group produces its quarterly Food Price Watch which is complementary to the FAO’s GIEWS Country Briefs on Food Security at the country level. As a response the Bank has created several financial instruments to help mitigate the impacts of climate change on food price instability. India has begun making Insurance Markets for farmers, although there is much scope to scale this up beyond the current pilot. The IMF, which also tracks food price commodity prices, is working through Exogenous Shocks Facility to provide policy support and financial assistance to low-income countries facing such food shocks.

To combat such trends in South Asia, resources have been made available through 2012 for the Bank’s Global Food Price Crisis Response Program (GFRP) in order to mitigate the worst of these shocks. In Nepal, a GFRP project has provided food to approximately 940,000 people through food/cash for work programs. Some 94% of beneficiaries reported an increase in food security and an average of 5.5 months of self-sufficiency; 52% of respondents reported eating more meals each day; 45% reported an increase in the variety of food consumed; and 30% reported eating larger meals.
Investing In Child Nutrition

Health Systems Create Healthy Futures: Meet Maya

It is well understood that nutrition by its very nature is multi-sectoral - it is an outcome that is influenced by multiple determinants that lie across many sectors (agriculture, health, sanitation, social protection, etc.) and which depends on the efforts and actions of multiple actors and institutions. At the same time malnutrition is also a contributor to the activities and outcomes of other sectors. Recently, international initiatives, such as the Scaling Up Nutrition (SUN) and the Thousand Day Initiative have amongst other points, highlighted the need for countries to adopt gender sensitive and multi-sectoral nutrition interventions relevant to their specific context.

It is known that nutrient deficiencies suffered in utero are exacerbated by the low age of first pregnancy in the region. This linkage can be used to target this crucial group and leverage gender’s strategic position in the complex FNS equation for the improvement of nutrition indicators in many SAFANSI/Bank activities. As such SAFANSI has continued its focus on targeting adolescent girls and mothers in order to break down the complex layers by which gender impacts trans-generational nutrition pathways. Find out more about the 10 Steps to Beat Malnutrition!
Improving Water and Sanitation Coverage for Nutrition

A Study on Bangladesh

Dhaka, Bangladesh, Inadequate sanitation causes economic losses totaling US$ 4.22 billion (Taka 30,00,00 crore) each year in Bangladesh. This is equivalent to 6.3 percent of the country’s GDP in 2007, according to a new report published by the Water and Sanitation Program (WSP), a multi-donor partnership administered by the World Bank.

The report, Economic Impacts of Inadequate Sanitation in Bangladesh, is based on evidence on the adverse economic impacts of inadequate sanitation, which include costs associated with death and disease, accessing and treating water, and losses in education, productivity and time. The findings are based on 2007 figures, although a similar magnitude of losses is likely in later years.

The report shows that losses due to premature mortality and other health-related impacts of poor sanitation total about US$ 3.56 billion (Taka 25,00,00 crore; 84.3% of total economic impacts). This is followed by productive time lost to access sanitation facilities or sites for defecation at US$454 million (Taka 3,000 crore; 10.8%), and drinking water-related impacts at US$ 207 million (Taka 1,500 crore; 4.9%).

Ninety-five percent of the premature mortality-related economic losses are due to deaths and diseases among children under five. Diarrhea among these children accounts for US$ 1.46 billion (Taka 10,000 crore; 40.9%) of all health-related economic impacts. In Bangladesh, diarrhea is the largest contributor to health-related economic impacts resulting from poor sanitation, amounting to two-thirds of the total health-related impacts. This is followed by acute lower respiratory infections, which account for about 15% of all health-related impacts.

Poor households are the biggest victims of inadequate sanitation. They experience about 71% of the total economic impact of inadequate sanitation. “Over the last decade Bangladesh has emerged as a global reference point in experimenting and implementing innovative approaches to rural sanitation. Community Led Total Sanitation, which started in Bangladesh, has now been replicated in other countries. Bangladesh’s basic sanitation coverage rose from 33.2% in 2003 to 80.4% in 2009. This report shows that despite great success, much can still be done in the sanitation sector in Bangladesh,” said Ellen Goldstein, Country Director for World Bank in Bangladesh.

The losses caused by poor sanitation exceed Bangladesh’s national development budget for 2007–2008 by 33%. The total amount of these losses is five times higher than the national health budget, and three times higher than the national education budget in 2007.

“Similar studies carried out in East Asia and India indicated annual per capita losses in the range of US$9.3 in Vietnam, US$16.8 in the Philippines, US$28.6 in Indonesia, US$32.4 in Cambodia and US$48.0 in India,” said Christopher Juan Constain, Regional Team Leader for WSP in South Asia. “Bangladesh lost US$29.6 per capita, which demonstrates the urgency of improving sanitation in the country.”

The report underlines that substantial investments are needed to improve sanitation. The Government of Bangladesh has made significant investments towards implementing its “Sanitation for all by 2013” programs. The rising trend in the Government’s budgetary allocation to sanitation indicates a strong commitment to the goals of the sanitation programs.

The report shows that sanitation and hygiene improvements will reduce premature deaths and related morbidity, eliminate domestic water-related costs, reduce absenteeism at schools and workplaces, and improve welfare and productivity.

As a result of comprehensive efforts to improve the level of sanitation, the report estimates a potential gain of about US$2.26 billion (Taka 16,000 crore).
Establishing the Link Between Agriculture & Nutrition

Zinc is an essential nutrient for life and growth, yet it is widely absent in the soils and food of South Asia.

Washington, DC, On January 19, 2011, Dr. Andrew Green presented on Improving Crop Production and Nutritional Quality, at the World Bank’s headquarters in Washington. Dr. Green, Director of Environment, Health and Sustainability and Director of the Zinc Nutrient Initiative (ZNI) for the International Zinc Association (IZA), explained how there is substantial geographic overlay of areas with zinc deficient soils and zinc deficient populations.

IZA has a variety of crop and health programs aimed at increasing awareness about the benefits of zinc supplementation for increasing crop yields and for improving nutritional outcomes.

Soils in South Asia are known to be severely deficient in Zinc, which translates into reduced crop yields and widespread zinc deficiencies in the population. A lack of zinc in a diet can cause a variety of health problems including a higher prevalence of diarrhea, which has been shown to exacerbate morbidity, mortality, malnutrition, and other micronutrient deficiencies in South Asia. Zinc-based fertilizers may be an efficient and effective device to; increase food security, counteract diarrheal diseases, and ensure proper nutrition.

Studies have consistently confirmed the importance of this link, which Alloway, explains in his paper, Soil factors associated with zinc deficiency in crops and humans. Increased attention to Zinc supplementation in farmer outreach has the potential to lead to substantial gains in yield, income and nutritional outcomes for only a fraction of the cost of investment.

Almost half of the world’s cereal crops are deficient in zinc, leading to poor crop yields.*

World Zinc Deficiency in Soil: Major Areas of Reported Problems

INDIA

New Delhi, India, In conjunction with the Public Health Foundation of India, the World Bank has produced a series of policy notes, entitled: India Health Beat: Nutrition. These notes, serve to highlight the importance of nutrition. They provide an overview of the situation of nutrition in India, its variation across socio-economic groups and states. The first note (Vol. 5, No. 1), uses national data to explore the undernutrition causal framework with "food-care-environmental health" as the triad of immediate causes in order to demonstrate the association between the adequacy of these determinants and child nutrition outcomes. A series of dashboards developed by SAFANSI for this volume (No. 1) allow one to explore different interactions between the causal factors and nutrition outcomes at various ages and in various states.

This reveals that 21.6% of children ages 0-3 months are stunted (29.6% are underweight), when one examines the data for children at different band ranges this reveals, that 59.2% are stunted and 47.7% are underweight for children ages 18 to 24 months. It is apparent that something is happening in the food-health-care nexus in Indian households as the child progresses in age, which stands in contrast to patterns found in Bangladesh for such age ranges. What is certain is that this pattern shows increasingly detrimental affects on IYCN during the crucial first 1000 days of life.
Karachi, Pakistan, Malnutrition has attained crisis proportions in Pakistan with over 42% of children fully stunted and 31% underweight. To address this crisis, HELP — an NGO active in the promotion of health and education, with a special focus on nutrition of children under 2 and women of childbearing age — has used a locally manufactured high-energy food supplement, “Nutri-HELP”, made from indigenous ingredients (dal, rice, milk, sugar and vegetable oil) to rehabilitate severely malnourished children.

On 13 December 2012, HELP organized a seminar in Karachi to disseminate the results of their SAFANSI-supported, Development Marketplace project. Nutri-HELP, which contains 450 calories/100gm, was successfully used in two Union Councils of Taluka Shahdapur, four Union Councils in Tharparkar and for over 3300 children in Flood Relief camps.

Prof D.S. Akram, Hon. Chairperson of HELP and renowned pediatrician, shared the results of the project reporting that all children who were given the supplements gained weight and that over 85% of children attained normal weight over a period of 5 months. The cost of treatment was significantly less than that for imported therapeutic food which is currently being employed in the country. Akram further stated that the provision of optimum nutrition to a child is crucial during the “window of opportunity” period, i.e. the first 1000 days in a child’s life, from conception to 2 years of age.

Speaking on the occasion, Dr. Khalid Shaikh, Additional Secretary, Ministry of health, Government of Sindh appreciated HELP’s efforts to introduce a locally manufactured high-density food supplement. Shaikh noted that it is important to look for locally available and suitable alternatives for the relief of this crisis, considering the high rates of malnutrition in the country.

According to the FANS survey conducted jointly by UNICEF and the Government of Sindh, malnutrition rates are more than the WHO’s emergency threshold, and yet very few other organizations in the province have the necessary experience to address this problem. Dr. Shehwar Khan, former Focal Person for Nutrition in the Government of Sindh, reiterated the fact that malnutrition figures in the country are very high and emphasized the realization that civil society organizations and NGOs should share the responsibility with the government. To rehabilitate malnourished children, UN agencies are currently using highly expensive, imported, ready-to-use therapeutic foods. Khan further noted, “It is important that our government looks for alternative, locally produced, low cost products, for the management of such children.” She went on to stress the need to create awareness on breast and complementary feeding practices to counteract malnutrition among children. Associate Professor S.K. Kauser from AKU shared the need to ensure that assistance to decrease food insecurity should reach the neediest in the country. She spoke of increasing disparity between the rich and poor, which she considered to have exacerbated the problem of malnutrition.
Community Involvement in Promoting Neonatal and Infant Nutrition in Tribal Vadodara, India: The Deepak Foundation

Vadodara, India, The Deepak Foundation has implemented an intensive monitoring and advocacy program in the Vadodara district to improve nutritional behavior through inter-departmental convergence, community participation, and the use of a unique cultural harness – a horoscope – to entice women to accurately record critical newborns health information.

Previously, only 73% of newborns vital nutrition-health indicators were recorded in these rural areas, which impedes the identification and management of high-risk infants. Nandini Srivastava, Deputy Director, Deepak Foundation, stated “The barriers in improving infant survival in nutrition have been impaired by the registration system, the convergence of health services at the grassroots level, and the level of community participation.”

Describing Deepak’s model, Srivastava went on to state how Deepak utilizes its network “to distribute this horoscope to each and every parent, who would provide correct information on date of birth, initiation of breast feeding and the correct birth weight of the child. The horoscope, beyond documenting the birth details of the child, helps in generating interest in the parents into the newborn’s health.”

The project leverages various programs and government initiatives, which has proven successful at empowering local communities and increasing their demand for newborn health services. Archana Joshi, Director, Deepak Foundation, describing the effects of this integrated initiative, stated, “This is the first time the communities have come together. There are different platforms given to them and they see...that together we can achieve something. The collective efforts of the community at different [administrative] levels assures that once they come together and work towards a common agenda that the government will actually listen to them rather than [if they had] approached the individual departments.”

This convergence further extends to water & sanitation committees, which raise awareness through wall paintings on nutrition/health issues, drinking water quality, and which ensures distribution of fortified complementary food premix and iron supplements. More information on this project can be found on The Deepak Foundation’s website.

Innovation Spotlight: The Deepak Foundation

**Results in Action**

- Increase in institutional deliveries from 14% to 72%
- 41% Decline in the Maternal Mortality Ratio
- 7% Decline in the Infant Mortality Rate

BANGLADESH

Dhaka, Bangladesh,

Bangladesh is the recipient of a $50 million, Global Agriculture and Food Security Program (GAFSP) funding grant that will enhance the productivity of agriculture in selected agro-ecologically challenged and economically depressed areas where agriculture production is severely constrained.

At present farmers can cultivate only one rice crop per year in tidal surge and flash-flood prone areas. Production is highly vulnerable to weather conditions and productivity is low, in part because available mainstream technology and agronomic practice are not adapted to field conditions. GAFSP support will aim to generate and release more productive and locally adapted technologies with higher yield, enhance quality of seed/breeding material at the small farm level, provide relevant extension and advisory support, and improve irrigation and surface water management. Expected outputs within the lifetime of the project are the release of 10 new crop varieties, 21 location- and/or problem-specific packages and the genetic improvement of the 9 main pond fish breeds of the country, amongst other outreach services.
Dear Honorable (Future) Ministers,

Many people recognize the importance of proper nutrition, but nobody considers it as their top priority. Some governments wisely recognize nutrition as a multi-sectoral issue—which it is—but making it multi-sectoral often has the disadvantage of nobody taking it as their prime responsibility, even though it ought to be considered as central to human development objectives in all these ministries. In the greater scope of things, nutrition is indeed like an orphan issue.

I know that as Ministers and Secretaries you receive delegations every day from advocates who make a similar case for building roads, airports, schools, opening new industries, helping the unemployed, etc. Faced with limited budget and unlimited demands and political pressure to satisfy many constituencies, you may ask, where should nutrition fit in this balancing act?

Yet, I fear that nutrition is often neglected in such decisions. Indeed, the case for nutrition is not only an urgent humanitarian issue, it is one that should be considered as minimally necessary for proper national development. Healthy and well-educated citizens can be the greatest asset for our countries, whereas the persistence of high levels of malnutrition will doom our future generations to a sickly childhood, a lethargic adolescence, and an unproductive adulthood.

In order to effectively address this persistent problem we should particularly focus on newborns and their mothers. Let us recall that some 80 percent of human brain is formed in the first 1000 days, or from conception to two years of age of a child’s life. Whether a child will be a genius or will be physically disadvantaged is largely determined during those first 1000 days. Such deficiencies can be overcome with many extremely low-cost and effective investments, which are central to achieving the Millennium Development Goals and building strong foundations for national development. Specific, well-targeted nutrition interventions are necessary if we are to break the back of this malnutrition.

We ask your help in lifting up nutrition from being the orphan issue that it currently is, to becoming a key indicator of our progress in human capital, which is so essential for economic development. In this respect, nothing would elevate nutrition from being an orphan to a favoured child, as its adoption by the Ministries of Finance and Planning as a critical indicator of a nation’s long-term economic health. I would hope that they would not only provide adequate funding but insist on regular monitoring of progress in the growth and development of our children.

If this is going to be an Asian century, South Asia—led by the respective ministries in each country—will have to overcome its record of being the region with the highest levels of malnutrition in the world. As pilots, guardians and partners of the South Asia’s economies, I urge you all to adopt the fight against malnutrition as a central part of your mission.

Sincerely,

Kul Gautam
Engaging the Past with Lessons for the Future: A Study on Thailand

Bangkok, Thailand, It is noted that South Asia’s severe malnutrition rates are not unprecedented. In fact, many countries in South East Asia, were in the same position only 30 years before, thus begging the question, How did those countries accomplish so much since then?

The Bank has set out to answer this question, by engaging in a South-South learning exercise to determine how Thailand, Malaysia and others have reduced their underweight rates of so drastically. It is recorded that child malnutrition indicators (underweight) were reduced from 50% in 1980 to 25% by 1986 and 15% by 1995 while Anemia was reduced to 27% in 1988 from 45% in 1980. This study has found that a key reason for progress is the coordination of different sectors and ministries to promote nutrition policies and programs, which is noticeably absent in South Asia. Responsibility for Thailand’s National Food and Nutrition Committee was shared by high-ranking representatives of four ministries – Public Health (MOPH), Education (MOE), Interior (MOI), and Agriculture & Cooperatives (MOA) – which developed action plans in accordance with their functional responsibilities.

Although the MOPH was the primary channel for implementing nutrition programs, other ministries and institutions had specific responsibilities. The Ministry of Agriculture & Cooperatives was responsible for integrating nutrition into agricultural extension programs (including extended it to the fisheries subsector) and encouraging villagers to produce and consume their own nutritious foods, including high-protein foods, fruits, vegetables, and legumes. The MOA also supported applied research and promoted nutritious products in schools. It was also encouraged to cooperate with the Ministry of Interior to promote community food production and occupational training. The MOI was responsible for integrating nutrition into community development efforts and with establishing training programs for development workers, managers of day-care centers, and youth groups. The MOE was responsible for nutrition education in schools and day care centers and nutrition training programs for teachers. It also organized school feeding programs in association with village food production programs, such as school gardens and fish ponds, through cooperative programs with the MOA. MOE also established growth monitoring in primary schools. The Bureau of State Universities provided support through programs at Mahidol and Kasetsart universities. At the provincial level Provincial Food and Nutrition Committees were established in each participating province with a composition similar to that of the national committee. Appropriate incentives aided in the supply and demand side of these programs.

This initiative improvements in malnutrition indicators can be explored on the Google Public Data Explorer. This tool allows one to view and present the Bank’s World Development Indicators in new and interactive ways. By viewing the Bank’s time series data, it is easily apparent that huge strides have been made since the 1970’s, but much work is still to be done if the Millennium Development Goals are to be met by 2015.
Constructing a Healthy Future for Migrant Children

Dr. Reddy’s Foundation

Hyderabad, India, On 24 November 2011, Dr. Ready’s Foundation (DRF) in conjunction with the National Institute of Nutrition (NIN), convened key policy makers and business leaders in Hyderabad at a workshop to present the results of their South Asia Regional Development Marketplace (SAR DM) pilot program on an integrated Early Childhood Care and Education (ECCE) model to improve food and nutrition security of children from migrant families living on construction sites.

Often moving from one site to another, the children of construction laborers remain one of the most food insecure and nutritionally vulnerable groups in India. These roaming households often lose the community connections that constitute an informal social safety net – through village networks and the traditional support of extended families – that would otherwise help ensure at least minimal food security. Instead, these children are left to live in deplorable conditions and play in the rubble of dangerous construction sites while both parents work and even the most basic access to food, nutrition, health, education, water and sanitation services remains non-existent. Such conditions lead to compromised infant and young child feeding and catastrophic malnutrition rates. It is with children in such settings across 10 major construction sites in Hyderabad that DRF worked to develop a model to address child care, education, and children’s food and nutrition needs. Supported by the SAR DM, DRF established ECCE facilities at construction sites to provide nutritious food, quality care and relevant education to mothers and children. Most importantly these centres established accessible links with government services provided through the GOI’s Integrated Child Development Services Scheme and the primary health care system. These centres have demonstrated that low-cost, special approaches are required to ensure access to quality services. The results of this pilot highlight the tremendous importance of such projects and the impact that appropriate safeguards for project preparation can have on nutrition outcomes.

From the findings of this pilot it is apparent that there is a substantial need to create greater awareness – amongst builders’ associations, government departments, NGOs, and development partners – of the importance of providing adequate care facilities and nutrition/health services at construction sites. The workshop was set up to share the lessons learnt and to emphasize one extremely important fact "that transient lifestyle of the migrants from rural to urban should not be looked at as an impediment for covering migrant children under central government sponsored universal nutrition and immunization programmes."

This meeting marked an important step towards institutionalizing possible ways to ensure that this vulnerable group is not left out by the system, and get adequate care and support facilities that integrate meeting their nutritional needs at construction sites. The workshop was attended by over 40 participants from civil society, public institutions, development agencies and government; including, Mobile Creches, MS Swaminathan Foundation, UNICEF, World Bank, MARG, Public Health Foundation of India, National Institute of Public Cooperation and Child Development, Food and Nutrition Board, Action Aid, NIN, and the teachers who ran the centers. The workshop highlighted the problems of migrant communities and provided a platform to discuss integrated strategies and approaches to address the food and nutrition security of these communities, and to come together on a common advocacy and sensitization platform for engaging with builders in the private sector, government officials and program functionaries, civil society and communities.
**Baby Friendly Villages**

**Care of Afghan Families**

*Kabul, Afghanistan,* From December 14 - 15, 2011, a prominent workshop was held in Kabul with the high authority of the Ministry of Public Health (MoPH), multiple NGOs, and the World Bank/UN agencies in order to discuss the importance of proper child feeding and equitable/healthy life styles and the urgency of chronic malnutrition in Afghanistan. Dr. Hemati, head of GCMU, opened the workshop and announced the MoPH’s willingness to support and operationalize nutrition interventions through the Basic Package of Health Services (BPHS).

Dr. Asef Ghyasi from *Care for Afghan Families* (CAF) – a Development Marketplace winner – presented the findings and lesson learned of their pilot “Baby Friendly Villages” program, which was implemented in Badakhshan, Takhar and Kunduz. Ghyasi noted that breastfeeding messages are difficult to convey since the subject is largely taboo to talk about openly in Afghan society. CAF is also seeking to overturn perceptions that malnourished people are actually lazy, since it is not widely realized that such appearances can be the result of malnutrition. CAF has worked to overturn such perceptions and to ensure that women and children routinely have the opportunity to eat three proper meals per day to counteract the high malnutrition rates. CAF is taking on a strong role as a domestic steward of this agenda by pushing for more monitoring and evaluation at all levels.

Prior to the workshop, the MoPH announced the results of the Afghan Mortality Survey, which showed significance improvement in maternal & child mortality rates, although there is still room for improvement. Dr. Parwiz, advisor to Preventive Medicine Directorate, presented the result of two different assessments of the nutrition component s in the BPHS. The first assessment was a study of five provinces (Kabul, Nengarhar, Bamyan, Dikundi and Badakhshan) and the second assessment was based on responses of NGOs to a questionnaire from the Provincial Nutrition Department (PND). Dr. Mohammad Taufiq Mashal — General Director of Preventive Medicine Directorate / SAFANSI TAC Member — presented the message of H.E. the Minister of Public Health and announced the willingness of the MoPH for taking the recommendations of the workshop seriously by assigning a technical team to work on developing an actionable framework. The PND team summarized the key recommendations of the participants and is working with partners to develop this framework. The final version is set to be presented to the Bank and Development Partners to ensure commitment for the support of its implementation after approval from H.E. the Minister of Public Health.

**Global Conference on Women in Agriculture**

A high-level *Global Conference on Women in Agriculture* is being convened in Delhi between March 13-15, 2012. The Conference is being co-hosted by the Indian Council of Agricultural Research and the Asia Pacific Association of Agricultural Research Institutions. The conference will be inaugurated by the President of India, H.E. Pratibha Patil, and will also be addressed by Michelle Bachelet, Under Secretary General and Executive Director, UN Women.

Women’s increasingly prominent role in agriculture — especially for horticultural production of grapes/raisins (a source of iron to reduce anemia) and almonds (a source of fatty acids for early childhood brain development attained through breast milk) in Afghanistan — combined with their importance in achieving nutritional outcomes, can be used to leverage this position in the complex equation for Food and Nutrition Security in South Asia.

**AFGHANSISTAN**

*Kabul, Afghanistan,* Following the release in 2011 by the World Bank of the report on *Malnutrition in Afghanistan: Scale, Scope, Causes and Potential Response,* the Government of Afghanistan — with support from SAFANSI and other partners — has been preparing a multi-sectoral Nutrition Action Framework in Afghanistan. This report is unique in that it will integrate sectoral knowledge and promote the capacity of several ministries for planning and delivering an evidence-based response to the challenge of food and nutrition insecurity in Afghanistan, with a particular focus on equity related to gender, poverty and geographic location.

In July 2011 the five core Ministries — including the Ministry of Agriculture, Irrigation and Livestock; the Ministry of Rural Rehabilitation and Development; the Ministry of Education; the Ministry of Commerce and Industry; and the Ministry of Public Health — came together to review progress on their respective chapters in the framework and to explore potential synergies between the sectors. The Plan of Action is expected to be finalized in the first half of 2012.
Prevalence of Child Malnutrition in South Asia

Integrated Mapping for Results
Utilizing GIS systems for Monitoring and Operational Targeting

Washington, DC, Modern technologies have led to the advent of intuitive new methods to analyze the spatial structure of food and nutrition outcomes, which has had some very practical outcomes for targeting the Bank’s operational work.

Many studies have concluded that the governments have been able to effectively reduce food insecurity and malnutrition by geographic targeting. While seemingly inefficient, targeting resources to the geographic areas where malnutrition and food insecurity is the most persistent can have substantial benefits as compared to other types of targeting, although there is scope to combine spatial targeting with other methods for maximal affect. A WFP study entitled, Local Estimation of Poverty and Malnutrition in Bangladesh, has utilized the small area estimation methodology—pioneered by the Bank in Cambodia—to come up with similar conclusions. Douglad C. Coutts of the WFP & Salehuddin M. Musa of the GoB have jointly written that, “Through the use of Geographic Information Systems technology, the local level estimates have been plotted on a series of user-friendly maps, which will make it very easy to identify areas with high concentrations of poverty and malnutrition. We therefore believe that these maps will be of considerable benefit when a mechanism for aid allocation is required.”

The Bank study in Cambodia estimated that such small area estimation techniques for aid distribution could increase budgetary efficiency by an outstanding 200%-300%, and could potentially contribute up to 500% as much “bang-for-buck”. With such savings potential, geographic mapping methods are gaining momentum in the development arena.

The Bank’s Sustainable Development Unit has used a different mapping methodology for its Climate Change Portal in order to integrate multiple analytical layers into one user friendly map. Due to the multi-sectoral determination of FNS, this is incredibly useful for drawing out relationships between these determinants for the Bank’s operational work. Yet these maps often produce as many questions as they answer. From a quick scan it seems as if there is a correlation between proximity to riparian/water systems and malnutrition rates, although more work is needed to confirm. The combination of ever richer geographic analysis with multiple map layers may be able to help uncover unknown aspects, dimensions and roots of this persistent South Asian Enigma. Although advancements in these methods (especially in the visual display of statistical errors) are still needed to refine the analysis, these maps can be a very effective and powerful tool for communication to policymakers.
Malaysia
A Multi-sectoral Success Story in Reducing Malnutrition

Kuala Lumpur, Malaysia, Malaysia is an example of a country that has reduced malnutrition significantly in the past two decades and which can provide invaluable lessons for South Asia as it embarks to replicate this notable success.

In Malaysia there were several elements which contributed to the country's success, the chief among them being: (i) the role of international organizations and conferences in motivating policy changes, including the implementation of the National Plan of Action for Nutrition of Malaysia (NPANM); (ii) Multisectoral collaboration to improve the nutritional status of the population; (iii) establishment of the appropriate institutions; and (iv) specifying the implementation arrangements by clearly defining the role of each ministry. What was uncovered about this multisectoral route to success was that the joint collaboration, but not joint implementation, was what led to nutrition outcomes. While Ministries acted separately, they did so with clearly defined roles, handed down by a national plan of action.

This plan mandating inter-ministerial collaboration was adopted by the parliament and provided separate budget for explicit purposes, which proved to be crucial for incentivizing action. For instance the MOH and MRD were given authoritative financing to prevent and manage infectious diseases and improve nutrition through the promotion of improved drinking water supply and sanitation, which they might not have pursued without allocated resources. The National Environmental Sanitation Program was implemented and safe water was provided to most parts of the country. The goal was to improve nutrition through the reduction of diarrhoeal diseases and other food and waterborne illnesses. Through coordination between the MOE and MOH, School nutrition programs were also established to improve the nutritional status of children by preventing and controlling specific micronutrient deficiencies, such as iodine deficiency disorders, vitamin A deficiency and Iron deficiency. Nutrition education was emphasized among mothers with infants, a breastfeeding program was promoted and access to nutrition information among the population was given emphasis. Finally, improving household food security and integrating nutrition into agriculture programs was of vital importance.

The evaluation of the program after the first NPANM in 2005 showed considerable results: the overall prevalence of underweight among children aged below five years was 17.3% in 2004 compared to 25% in 1990; the prevalence of anemia in children below six years of age was 17.7% for boys and 20.5% for girls in 2000 compared to 25% for boys and 29% for girls in 1990. Vitamin A deficiency was 2.5% for boys and 4.5% for girls in 2000 compared to 6.3% for boys and 10.4% for girls in 1990. In addition the number of households with running water and sewerage systems reached nearly 99% by 2005. Monitoring using anthropometric indicators of both school and agricultural-based programs has also been crucial for achieving such results. Most importantly, however, it was found that the participation of NGOs and community organizations is likely to positively affect nutrition outcomes. Given the strong history of CSOs in South Asia, the energies of such groups (e.g. the Development Marketplace winners) could be utilized to obtain nutrition outcomes and policy/service coherence.

GAFSP funding will support sub-projects designed to provide dietary support, increase supply of nutritious foods, and promote appropriate nutrition, health, and hygiene behaviors through community based programs. These programs will target pregnant and breastfeeding women, children under two years old, and adolescent girls. Educational activities will cover the awareness about health and nutrition – specifically focused in the mid-western and far-western development regions. GAFSP funding for Nepal aims to improve food security in the poorest and most food insecure regions across three key aspects of food security – availability, access, and utilization. The project is likely to benefit approximately 150,000 small and marginal farmers, 50,000 young mothers, children and adolescent girls, and 25,000 agricultural wage workers.

NEPAL
Kathmandu, Nepal, The Global Agriculture and Food Security Program (GAFSP) recently awarded Nepal a $46.5 million grant to improve household food security through increased agricultural productivity, household incomes, and awareness about health and nutrition – specifically focused in the mid-western and far-western development regions. GAFSP funding for Nepal aims to improve food security in the poorest and most food insecure regions across three key aspects of food security – availability, access, and utilization. The project is likely to benefit approximately 150,000 small and marginal farmers, 50,000 young mothers, children and adolescent girls, and 25,000 agricultural wage workers.
SAFANSI Technical Advisory Committee Inaugural Meeting

The Technical Advisory Committee (TAC) is a body of seven in-country leaders — including Sudarshini Fernandopulle (Sri Lanka), Kui Gautam (Nepal), Mahabub Hossain (Bangladesh), Saba Gul Khattak (Pakistan), Mohammad Taufiq Mashal (Afghanistan), Naresh C. Saxena (India), K. Srinath Reddy (India) — which advises the Bank on Food and Nutrition Security (FNS) in South Asia. It was established to foster intra-regional cooperation and learning and to enable domestic stewardship of the FNS agenda. The Bank convened a meeting of the TAC in 2011 to ascertain strategic directions that the Bank should take in addressing the alarming rates of malnutrition. The TAC stressed need for Gender inclusion, Political Economy Reform, and simple yet effective means for conveying information (using social media) to the necessary policy makers at different levels. The TAC also favored a Life-Cycle approach, which starts with interventions that target adolescent girls and pregnant women, and then addresses infant and child feeding, child growth, schooling, nutrition/health education, etc. They further stressed the need to develop a holistic, multi-sectoral action plan that can harmonize and coordinate the responses of donors with the government and other key players. Using this guidance, SAFANSI is developing a multi-sectoral action plan in several South Asian countries in order to complement the Bank’s Regional Assistance Strategy for Nutrition in South Asia.

Washington, DC, In December 2011 Dr. Archana Patel and Dr. Leena Dhande — investigators from the SAFANSI-supported Lata Medical Research Foundation — presented on their study entitled, “The Evaluation Of The Effectiveness Of Cell Phone Technology As Community Based Intervention To Improve Exclusive Breast Feeding & Reduce Infant Morbidity” at the 3rd annual mHealth Summit in Washington DC. The Lata Medical Research Foundation was one of 21 winners of the Bank’s Development Marketplace on Nutrition. The conference was a meeting point for leaders from government, NGOs, and entrepreneurs from the across the mHealth network (including Medical, Software, Mobile companies). With more than 3500 participants representing 350 agencies from over 50 countries, the mHealth summit was an ideal platform for exploring, examining, and debating the ways in which mobile technology can transform healthcare delivery, research, business and policy for the 21st Century in underserved communities.

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Lata’s work highlighted their groundbreaking health research which utilizes mobile technologies for both convenient, India also has one of the largest cell phone subscriber rates in the world with cheap, user-friendly plans. In this context, the Lata identified cell phone-based lactational counseling as an innovative intervention to improve the otherwise dismal rates of malnutrition prevalent in India. Fortunately, Lata’s project was able to show substantial improvements in exclusive breast feeding rates (over 95%) in pregnant women from these socioeconomically marginalized target groups. Lata has produced a paper that describes the methodology, results and potential of this model.

“Breast milk is the ideal food for the infants under six months. It contains all the nutrients and fosters growth for the first months of life”
Dear Colleagues,

We are happy to report on the progress that SAFANSI, the Bank, our Donors and the Development Partners have been making since we last spoke. A National Plan of Action for Food and Nutrition Security (FNS) in Nepal and Afghanistan is nearing completing. In the wake of the 18th Amendment, work is underway for the same in Pakistan. We are also especially happy to report that the Bank has even begun a groundbreaking engagement with the Government in Bhutan on nutrition; the first of its kind in the country.

Key in all of these engagements are our continued efforts to network in domestic stewards of the nutrition agenda that serve such a crucial role in advocating for nutritional improvements. As we continue to grow and expand our initiative, we are continually seeking contributions, thoughts, concerns and comments on how we can achieve a more integrated response to the challenges that lie ahead.

In this respect we welcome our new and continuing partnerships with DFID, AusAID, SUN, LANSAl, IFPRI, FAO, WFP, 1000 Days, REACH, the SAR DM and many more. We hope to hear your thoughts as we advance our mission in South Asia.

Kind regards,
The SAFANSI Team

DFID: Scaling up a multi-sectoral response to undernutrition

Tackling hunger and undernutrition remain a top priority for DFID in South Asia and globally. Our efforts are focused on scaling up what we know works: intervening in the first 1,000 days from conception to a child’s second birthday to stop the irreversible effects of undernutrition and joining and supporting a new global movement – Scaling Up Nutrition (SUN) – which is providing political momentum and coordinated support to countries. DFID support to SAFANSI and our collaboration with the World Bank and AusAID and other partners is a keystone in this work in South Asia. DFID’s overall approach to tackling undernutrition is captured in ‘Scaling up Nutrition: The UK’s position paper on undernutrition.’ Some highlights with direct relevance to South Asia include: (i) Working closely with other donors supporting the Scaling Up Nutrition (SUN) movement to align our support behind national plans for scaling up; (ii) Working with the Institute of Development Studies in the UK to conduct research into the key elements of political economy which are important in different contexts to support scaling up of national responses to undernutrition; (iii) Working with the research community in launching two major programmes: the Transform Nutrition and the LANSAl (Leveraging Agriculture for Nutrition in South Asia) Research Programme Consortia; (iv) Working closely with the World Bank as it develops guidance for its own staff on integrating nutrition into key areas of sectoral spending (agriculture, social protection, health and poverty reduction).