No. 2.7 Nutrition in Programming and Policy

How can nutrition help practitioners and policy-makers?

The objective of Oxfam GB's Emergency Food Security and Livelihoods (EFSL) work is to assist people that are prone to, or affected by, humanitarian crisis, to:

- ***prevent*** acute malnutrition[1] by helping them to meet their immediate, minimum food needs; and,
- ***protect***, diversify and recover their livelihoods.

This places nutrition at the heart of our work and analysis. While most of our programme interventions could be described as food security interventions, nutrition remains very important in EFSL analysis, response, advocacy and policy work.

This document describes nutrition in Oxfam GB's programming and policy work, and is designed for use in conjunction with Nutrition Rough Guides 2.1-2.4, as referenced at the end of the document.

Fig. 1: Nutrition is at the heart of Oxfam GB's emergency food security and livelihoods work (Credit: Amy Vitale/OXFAM)

Why should nutrition be mainstreamed in EFSL work?

Poor nutrition can seriously compromise people's ability to regain livelihood security after an emergency. Also, achieving improvements in livelihoods security alone will not automatically translate into good nutritional and health status. While the collapse of livelihoods can result in malnutrition, the presence and risk of malnutrition is a threat to positive livelihood outcomes.

Oxfam aims to intervene early to assist people to protect their livelihoods and maintain food consumption, and therefore prevent or reduce acute malnutrition. However, in our humanitarian work, our first priority is to save lives. We will, therefore, target our EFSL resources where the need is the greatest. *Rates of acute malnutrition are a key indicator in determining levels of humanitarian need.*

Mainstreaming nutrition within a broad-based emergency food security livelihoods approach has at least **three clear advantages**:

1. It acts as an **entry point for different sectors** to address the multi-causal nature of malnutrition. This can bring the contributions of nutrition, health, education, agriculture, trade and transport, together to overcome emergencies in a complementary, long-term manner;
2. It can provide a coherent focus to ensure **sustainability and continuity** when combinations of short-term and long-term interventions are required; and,
3. It is **people-focused**, placing emphasis on local capacity to protect nutritional well-being and addressing malnutrition at an individual level.

The links and mutual dependence between nutritional security and livelihoods provides a framework for an EFSL strategy that focuses not only on saving lives in the short term, but also on strengthening livelihoods to ensure households are less vulnerable to future food insecurity. Figure 2 outlines the inter-relationship between food security and public health.

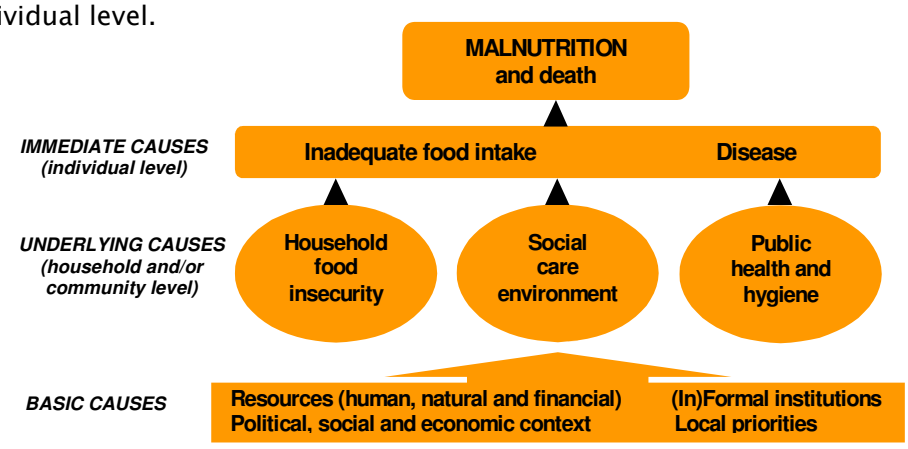

Fig. 2: Causes of malnutrition (SOURCE: UNICEF 1992)

Oxfam's EFSL team intervenes at all levels of malnutrition causality:

- On **immediate causes** (through the provision of food aid and related activities);
- On **underlying causes** (through food security interventions and work related to the social care environment); and,
- On **basic causes** (through a broad range of programme, policy and advocacy-related interventions).

Following is a clear outline what Oxfam GB does and does not do in its nutrition work.

What nutrition work does Oxfam GB *do*?

Oxfam GB does the following nutrition work:

- ***Analysis and advocacy***

  Analysis and advocacy work is central to the EFSL team's work and its value-add to humanitarian programming. This includes: analysis of nutritional information related to the impact of food price increases and cash programming; interpretation of anthropometric/nutrition surveys and the related EFSL causal analysis; and nutritional surveillance, analysis and targeting. *The EFSL team advocates for nutritional messaging to be included with advocacy related to food prices, food aid and infant feeding during emergencies*, *and for the need for interventions to be based on nutritional data*.

- ***Micronutrient interventions***

  Micronutrient deficiencies are responsible for a vast number of deaths in vulnerable groups annually. In children <five years, Vitamin A and zinc deficiencies alone are responsible each year for 0.6 and 0.4 million deaths, respectively. High-risk groups include children, mothers and elderly people in refugee and internally displaced camps, and urban, marginalised, and isolated communities. Deficiencies are exacerbated by disease (e.g., HIV/AIDS). Identification of vulnerable groups and micronutrient supplementation through complimentary or supplementary foods[2] can significantly reduce the risk of deficiencies. *Food or cash-based transfer programmes and appropriate livelihood recovery responses should compliment micronutrient interventions*.

- ***Food aid***

  Blanket or targeted food aid can help ensure individuals and households are able to meet their immediate minimum food needs and prevent them engaging in risky or damaging coping strategies that could undermine their livelihoods. Food aid might be a full dry ration (e.g., flour, oil, and pulses); a compliment to an incomplete ration (e.g. oil, or pulses on their own); or, a provision an important local foodstuff (e.g., tea, coffee or sugar). Alternatively, wet rations or soup kitchens may be the first line response for households that lack cooking facilities.

- ***Cash-based transfer programmes***

  Cash grants, vouchers and cash-for-work can all have significant impacts on the nutritional status of the community if they improve access to a more diverse diet. It is important to monitor access to essential foods as a pre-requisite of cash transfer programming. Where the cash programme objectives are not related to EFSL (e.g., they are related to shelter), food access may not be assessed. Here, it may be necessary to ensure the provision of essential foods through an EFSL intervention such as complimentary food aid (see *EFSL Rough Guides 3.1 to 3.1* on cash transfer programming).

- ***Supplementary feeding programmes.***

  Where moderate malnutrition is identified and where the government/other agencies are not addressing the problem, Oxfam GB will facilitate another agency to start programming in the area to address the problem.[3] *Where no other agency is available, Oxfam will implement dry supplementary feeding as part of a broader EFSL response* to meet immediate minimum food needs. Supplementary or fortified foods such as CSB (Corn Soya Blend) or WSB (Wheat Soya Blend) are made up of flours, oil, sugar and micronutrients.

- ***Complimentary feeding programmes***

  Where immediate minimum food needs are being met or partially met through food aid or cash-based interventions, there may still be vulnerable groups (e.g., children <five years, pregnant and lactating mothers, and elderly, sick or marginalised groups) that require targeted foods to supplement their diet. These foods might be: fresh or fortified foods where there is risk of micronutrient deficiencies in IDP camps; fortified foods to groups at risk of moderate malnutrition; or, basic foodstuffs such as oil when the ration is inadequate or where market conditions reduce food access for certain households.

- ***Agriculture and livestock interventions***

  These are EFSL interventions that often have a key objective to restock or strengthen current assets and sources of income. *The nutritional impact of such interventions cannot be ignored and should be a key objective (and monitored as such).* (See *EFSL Rough Guides 4.1-4.4* on agricultural programming and *5.1-5.4* on livestock programmes.)

What nutrition work does Oxfam GB *not do*?

Oxfam **does not** do the following nutrition work:

- ***Therapeutic feeding***

  Therapeutic feeding is essential for treatment of severely malnourished individuals and can reduce mortality by up to 50 percent. However, Oxfam GB does not have the technical expertise to run therapeutic feeding programmes. Consequently, Oxfam works collaboratively with agencies such as MSF, ACF, Merlin and Concern to compliment their therapeutic feeding interventions with programmes to meet immediate minimum food needs and livelihoods.[4] We have an MOU with ACF to ensure that we support their therapeutic feeding work wherever required.

- ***Hearth methodology programming***

  This methodology was developed for small-scale programmes and focuses on the development of good nutrition practice by modelling behaviour in the community. It is entirely unsuitable for treatment of acute malnutrition (both severe and moderate), as it does not allow fast enough replication of practice and relies heavily on self-provision of foodstuffs, which is inappropriate when malnutrition is related to food shortages.

- ***School feeding in emergencies***

  WFP (and others) carries out school feeding as part of emergency and recovery programming, believing that it improves and school attendance, nutritional status and acts as an asset transfer for social protection programmes. However, the most nutritionally at-risk groups in the community (children 6-24 months) are untargeted and there is evidence that the food that the children receive at school replaces (rather than adds to) food provided by their parents. School feeding does not often address issues relating to inadequate schooling (e.g., prohibitive school fees, unequal access, inadequate school resources and so on). Although school feeding improves attendance for wealthier households it provides an insufficient asset transfer for the poorest 10 percent of the community.[5]

- ***Growth monitoring***

  This is a tool designed to monitor the growth of individual children against standard growth charts and primarily uses weight for age as an indicator. In itself it is a useful monitoring tool for development programmes, but it is considered self-selective, and lacks sensitivity to be of use to emergency monitoring.

Box 1: Why doesn't Oxfam GB distribute infant formula?

There are a few specialised cases where the guaranteed medical supply of infant formula, education and ongoing support to the carer of the infant is essential in emergencies, for example in infants whose mother has died.

These cases are best referred to medical care and structured infant feeding support provided by Concern, ACF, UNICEF etc. **Oxfam GB does not have core skills in this area** and should not distribute infant formula, dried skimmed milk, cow's milk or any baby food.

- ***Distribution of infant formula or dried skimmed milk powder***

  Oxfam GB is signatory to the 1981 WHO International Code on the Marketing of Breast Milk Substitutes. All infant formulas and dried or wet milk products are described as breast milk substitutes when given to infants of breast-feeding age. If infants and young children are given substitutes, the infants' demand for breast milk is reduced, which in turn reduces the mother's supply. Any reduction in breastfeeding means significant loss of benefits to the child and mother from breastfeeding, particularly, biological availability of nutrients and increased protection from infection.

  During emergencies, breast milk may well be a young child's only sustainable source of food. In contrast, reconstituted milk made up with insufficiently boiled or unclean water in difficult-to-clean bottles is an ideal environment for rapid bacterial growth of. Feeding bottles are almost impossible to clean and sterilise in emergencies. Diarrhoea incidence in infants fed with substitutes in emergencies is almost 40percent higher than breast-fed infants, with subsequently higher mortality rates.[6]

- ***Nutrition surveys in isolation of EFSL causal analysis***

  Knowing the nutritional status of a community without understanding the underlying causes of malnutrition, or the seasonal calendar of livelihood activities means that it is not possible to develop scenario projections, or develop programme recommendations.

How does nutrition programming and policy link to other humanitarian programmes?

There are numerous links between nutrition and other humanitarian programming and policy-making. For instance:

- **Public health engineering**: Safe and sufficient water supply, separate water supply for humans and animals, water management committee, sanitation and waste disposal systems all help to prevent disease, a causal factor in malnutrition susceptibility; and,
- **Public health promotion**: Hygiene practices and diarrhoea prevention, malaria prevention, Infant care practices all help to prevent increased susceptibility to malnutrition.

Where can I find further reading and more detailed information?

Oxfam EFSL Rough Guides for nutrition - *2.1 Understanding Malnutrition in Emergencies* - *2.2 Interpreting Malnutrition in Emergencies* - *2.3 Feeding Programmes In Emergencies* - *2.4 Micronutrients In Emergencies* - *2.5 Nutrition Surveys* - *2.6 Infant Feeding in Emergencies*	Key Young H. and Jaspars S. publications: - 1995. *Nutrition Matters - People, Food and Famine*. London: IT Publications - 2006. *The meaning and measurement of acute malnutrition in emergencies: A primer for decision-makers.* Humanitarian Practice Network. Working Paper 56 http://odihpn.org/
FAO 2003. *Protecting and Promoting Good Nutrition in Crisis Situations.* www.fao.org	World Food Program 2000. *Food and Nutrition Handbook*. http://foodquality.wfp.org

Who can I contact for more information and guidance?

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Notes

1. **Acute** (short-term) malnutrition is also called **wasting –** it is an acute loss in body weight or failure to gain weight, measured as weight for height. It is a result of recent inadequate dietary intake or acute infections. **Chronic** (long term) malnutrition is also called **stunting** – and is measured as height for age.
2. Complimentary foods are specific foods given in compliment to the food aid package. Supplementary foods are specialised fortified foods targeted at moderately malnourished individuals in addition to the food aid package.
3. We may facilitate with ACF, with whom we have a memorandum of understanding for such circumstances.
4. Ibid.
5. Ahmed. A. and del Ninno C. 2002. *Food for education program in Bangladesh: an evaluation of the impact on educational attainment and food security.* International food policy research group (IFPRI)
6. Ibid.