



Speaker Summary Note

Session: Learning from Evaluations: World Vision Programs

Kioko Munyao

Speaker: Team Leader, Integrated Technical Services
World Vision Canada, Canada

Title: **Growing Healthy Children:
Key lessons from evaluations of World Vision’s integrated agriculture-
nutrition-health programming**

Integrated Agriculture, Health and Nutrition programming in World Vision

World Vision (WV) is a Christian relief, development and advocacy organization dedicated to working with children, families and communities to overcome poverty and injustice. Established in 1950, the WV global federation has grown its operations to about 100 countries.

Agriculture/food security and health have always been a strong part of World Vision’s humanitarian and development programming. The need for targeted attention to nutrition emerged when an extensive evaluation of World Vision’s global programming clearly highlighted that conventional sector-based development programming in agriculture and health were not fully meeting the nutritional needs of young children, particularly those less than 2 years of age. During the same period, World Vision was implementing a number of integrated agriculture, nutrition and health programmes which provided a rich body of evidence for how to design and implement effective development programmes that met the needs of young children.

Taken together, the evaluation of WV’s global programming as well as evaluations of discrete integrated nutrition programmes has led to a major transition in how WV addresses child nutrition. World Vision has prioritized nutrition globally and assimilated it into its operational structure (Box I). In practice, nutrition is increasingly integrated across sectors in our programming and integrated approaches to nutrition are now clearly articulated as a global priority.

Box I: World Vision’s Child Well-Being Outcome Indicators: Globally, every World Vision country programme evaluates impact using six core outcome indicators. One of the six measures is stunting for the corresponding outcome of “Children are well nourished”. The direct and indirect incorporation of nutrition-related indicators into the global impact evaluation system for World Vision demonstrates the high-level organizational support for nutrition.

Key Lessons Underlying Our Redesign of Our Agriculture Programmes to Better Meet the Nutritional Needs of Children

- **Integrated approaches need strong coordination with shared funding and monitoring between sectors.** This is one of the major challenges facing integration of nutrition and agriculture as most funding sources are sector-based. Engaging government stakeholders from agriculture, health, and other key sectors in nutrition programme design, training, implementation, and evaluation contributes to improved approaches, broad dissemination of learning, and enhanced impact.
(Box II).¹

Box II: MICAHA: Addressing stunting through improved child feeding. World Vision programmes that have resulted in significant decreases in rates of stunting do the following: (1) target and monitor reduction of stunting; (2) include multiple sectors (i.e., integrate nutrition with health, agriculture, and water/sanitation interventions); and (3) prioritize evidence-based interventions focused on mothers and children under five. In Tanzania, rates of stunted children decreased from 43% to 28%; underweight children from 42% to 21%. In Ghana, anemia among women of reproductive age decreased from 43% to 18%.

- **Translating nutrition evaluation results for effective decision making** is very important for institutional change and learning. National policy makers, senior organizational leadership, and field level staff (particularly non-nutrition specialists) require information in a form they can act on to make appropriate programming and policy changes.
- The **‘invisibility’ of malnutrition, particularly the hidden hunger of micronutrient deficiencies**, is a major challenge for agriculture programmes that seek to contribute to improving child nutrition status. Increased investments in qualified technical personnel and innovative assessment methods appropriate to the rural context in which most of the undernourished children live are needed.
- **Make improved nutritional status an outcome of agriculture/food security programmes.** Recent reviews² (Berti et al. 2004; IFPRI 2007) present compelling evidence that unless improved nutritional status is an explicit objective of agricultural interventions, there is limited evidence improved nutrition will occur. Agriculture interventions that have successfully addressed child under-nutrition included nutritional objectives, implicitly recognizing that there is not a direct line between investments in agricultural production/growth and improved nutrition. There is an urgent need to develop a robust set of practical agriculture-nutrition indicators, particularly at the household level,³ and guidelines that will support this important area of work.
- **Increase household production of nutrient dense foods.** In addition to supporting increased production of staple crops, attention should be paid to increasing production and consumption of nutrient-dense foods. Selecting nutrient-rich foods for promotion, such as the orange-fleshed sweet potato in the Ovata Programme⁴ (Box III) or animal-source foods, is an essential first step in achieving the goal of improved child nutrition.

¹ World Vision Canada: MICAHA final Programme Report 2006, *Improving nutrition of women and children*.

² Berti, P.R., J. Krusevec, and S. Fitzgerald, “A review of the effectiveness of agriculture interventions in improving nutrition outcomes,” *Public Health Nutrition* 7 (2004): 599–609. **See also**, International Food Policy Research Institute and World Bank, *From agriculture to nutrition: pathways, synergies and outcomes*, World Bank (2007).

³ Promising household level indicators are ‘children receiving minimum dietary diversity’ and ‘minimum meal frequency’.

⁴ World Vision, “Ovata nutrition and HIV/AIDS programme: DAP II, Final Evaluation.” Mozambique: World Vision Mozambique (2006).

Box III: The Ovata Programme in Mozambique (2002-2006)

Ovata was implemented by World Vision Mozambique, funded by USAID and reached 300,000 direct beneficiaries. With the overall goal of improving food security and decreasing vitamin A deficiency children, Ovata was successful in increasing vitamin A intake at the household level through promotion of the orange-fleshed sweet potato.

- **Poverty is a major driver of poor nutrition** so addressing household livelihood concerns is critical. Promotion of nutritious and marketable foods helps to meet both economic as well as dietary needs of households.
- **Sustainability of agricultural programme interventions and the nutrition benefits** accruing from such interventions requires a sustained effort in **nutrition education and behavior change** and reinforce positive nutrition practices already existing in communities. These should be linked to existing community and government capacity building and advocacy mechanisms. (Box IV)⁵

Box IV: Using local foods and knowledge to build community-wide sustainable approaches to rehabilitate moderately malnourished children at home: Positive Deviance (PD) Hearth.

PD Hearth is a participatory, community-based programme designed to sustainably reduce child under-nutrition. The programme identifies health-promoting behaviours practiced by mothers or caretakers of well-nourished children from poor families and brings communities together to discuss these positive practices, with the objective of transferring such positive practices more widely in the community. The PD/Hearth approach particularly recognizes the expertise of women and strengthens their leadership role in addressing key development challenges in their communities. A 2009 evaluation WV's PD/Hearth programmes in 8 countries found that in:

- Nicaragua the percentage of malnourished children dropped from 43 percent to 31 percent.
- In Mali, the percentage of normal weight children increased to 84 per cent from 59 percent.

From Lessons to Action—Scaling Up Nutrition in World Vision's Global Programming

Over the past 15 years, World Vision has undergone a major transition in its approach to addressing nutrition. As lessons from our global development programming and specific integrated nutrition programmes have emerged, our approach has evolved from implementing sector-based, discrete Agriculture and Health programmes to integrating nutrition-sensitive approaches across sectors in our long-term development programming. Integrated approaches to nutrition are now firmly embedded as a global outcome for the World Vision Federation.

World Vision's history and range of programming experience point to the importance of addressing key underlying determinants of poor child nutrition in its development programming. Support to nutrition-sensitive smallholder agriculture, particularly when targeted to women, can improve both availability and access to nutrient dense food at the household level. Combined with nutrition education activities to increase utilization of those foods and a set of cost effective, proven direct nutrition interventions, World Vision has developed a powerful set of tools to sustainably reduce child malnutrition in its programme areas.

World Vision's Global Health and Nutrition Strategy outlines how achievement of our global organizational goal, "Children are Well-nourished," depends on multi-sectoral action on nutrition. Our Global Nutrition Framework, which is based on both the widely-accepted UNICEF framework, *Causes of Malnutrition*, from the UNICEF Nutrition Strategy,⁶ and our field experience which shows that sustainably addressing child nutrition over the long term requires concerted effort in three interdependent pillars underpins this Strategy, and rests on three interdependent pillars:

⁵ World Vision, "Promising practices in food security programming," World Vision (2008).

⁶ UNICEF, "Strategy for Improved Nutrition of Children and Women in Developing Countries," UNICEF (1990).

- **Adequate household food security:** ensuring quality food for infants and young children (nutrient-dense food for families, animal-source foods, vitamin-rich vegetables); adequate quality and quantity of food for families in crisis;
- **Adequate maternal and child care practices:** child care (exclusive breastfeeding, treated bed nets, education); mother care (increased quantity of food, more time for rest, education); family response to child illness (appropriate home management, timely referral for treatment as warranted); and household and personal hygiene for everyone (hand-washing, use of latrines, proper food and water storage); and
- **Adequate health services and a healthy environment:** community-based maternal and child health (access to preventive and curative health services, education, coordination with government and/or community leaders); access to essential primary health care (immunization, access to essential services); and a healthy environment (access to clean water, latrines).

To operationalize our Nutrition Framework, World Vision is integrating a package of evidence-based, cost-effective interventions focused on improving the health, nutrition and food security of pregnant women and children less than 2 years of age in our global programming. With extensive reach around the globe and long-term commitments at the community level, World Vision is well placed to significantly contribute to the achievement of nutrition-related MDGs.