Homestead Food Production and Nutrition Education

HKI’s experiences

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Objective: improve nutritional status of vulnerable members of low income households through home production of micronutrient (MN) rich crops and small animals, poultry ...

- Nutritional focus now broadened to include **child growth** and not just micronutrient deficiencies

- Emphasis on **year round production** of local micronutrient rich crops and animal source foods

- Focus on improving **local farming practices** to extent possible
Primary pathways to achieve impact on nutrition:

1. Increased availability of micronutrient-rich foods through increased household **production** of these foods.

2. Increased **income** through the sale of surplus production.

3. Increased knowledge and adoption of optimal nutrition practices including **consumption** of micronutrient-rich foods.

4. Linkages established with local **health services**.
HKI’s HFP Program...

**Where?** Since 1990, now in four countries in Asia: Bangladesh, Nepal, Cambodia and Philippines. Just launched in Africa in Burkina Faso (w/ IFPRI) and Tanzania.

**Coverage?** Cumulatively more than 5 million people directly reached (950,000 families with majority in Bangladesh)

**Who?** Primarily target women farmers from poorer households
HKI’s HFP Program...

- HKI partners with government field agents and local NGOs for 3 year cycle
- Establish Village Model Farms (serve ~ 40 households)
- Provide seeds, saplings and chicks
- Provide agricultural training in optimal techniques for crops and raising small animals and fowl
- Make market linkages when needed
- Provide links to health services and nutrition education (behavior change)
Some results...
Some results...

Consistently improve:

• Household production of micronutrient-rich foods
• Household consumption of micronutrient-rich foods
• Consumption of micronutrient-rich foods among mothers and children

Some evidence that they improve:

• Income (especially under women’s control)
• Women’s empowerment (HH decision-making)

Inconsistent evidence that they improve:

• Health outcomes
• Nutritional status outcomes (anemia, night blindness)
Approximately 95% of the households continue to engage in HFP even after their program participation is over.

Rough estimate of 3 year-cost of gardening component for each participating family is US $9

Cost benefit analysis of gardening component shows an economic rate of return of 160%
Lessons learned – program design…

✓ HFP is highly adaptable
Home gardens = vegetables and fruits

versus

Homestead food production = vegetables, fruits and animal source foods
✔ food production alone is not enough to improve nutrition
Conceptual Framework of Undernutrition

Lessons learned – program design...

Nutritional Status

Diet

Human, Economic, and Institutional Resources

Political and Ideological Structure

Ecological Conditions

Potential Resources

Health

FOOD

CARE

HEALTH

Immediate Causes

Underlying Causes

Root Causes

Manifestations

Adapted from UNICEF
Lessons learned – program design...

✔ Need strong links needed with local health services

✔ Greater focus on Essential Nutrition Actions and behavior change (now named ‘Enhanced HFP’)

✔ Need more attention on water and sanitation for nutrition outcomes
Lessons learned – monitoring & evaluation

✓ Challenge finding adequate resources for robust M/E

✓ Priority to study impact of EHFP on nutritional status, especially growth (with IFPRI)

✓ Use of program impact pathways
HKI’s EHFP Model

Program Impact Pathways

Input
- HKI partners with local NGOs and government
- Agriculture inputs including seeds, saplings and poultry
  - Village Model Farms (VMF) established
  - HFPB groups established
  - Linkages to VMF, FCHVs and health services

Process
- Supportive supervision
- Agriculture-related training
  - Essential Nutrition Actions using behavior change

Outputs
- Improved and developed gardens established
  - Increased production of nutrient-rich fruits & vegetables
  - Small animal production established
  - Increased animal source food production
  - Beneficiaries understand agriculture training
  - Beneficiaries understand & adopt ENA messages and use health facilities

Outcomes
- Increased income
  - Increased household consumption
  - Improved child care and feeding practices

Impact
- Improved maternal and child health and nutritional status

Project Monitoring and Evaluation
HKI’s EHFP Model

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Project Monitoring and Evaluation
Lessons learned – testing EHFP in Africa...

- Water limitations
- Constraints with infrastructure and services
- Fewer local NGOs
Three parting messages...
Perception that homestead food production is not “mainstream agriculture”

✓ One study showed that in Bangladesh the 860,000 past participants produced 99,000 MTs of vegetables and 20,000 MTs of fruits over the 3-month winter growing period
Pervasive myth that increased family food production automatically leads to improved nutrition

Food + Care + Health = Nutrition
What more can we do to leverage agriculture for nutrition?

Need to look at “who” can do “what” at key points in the agricultural cycle (inputs & pre-production, production, harvest, marketing, etc...
Some agricultural actors who ‘could’ support actions that lead to better nutrition at different contact points in the agricultural cycle:

• Financial services (primarily microcredit)
• Agricultural suppliers (stores)
• Agro-dealers supplying inputs to smallholders such as the public-private ventures supported by AGRA (Alliance for a Green Revolution in Africa)
• Veterinarians including paraprofessionals
• Vendors
• Agricultural extension agents
• Agricultural extension specialists (researchers, academics)
• Farmer networks
• Farmers groups
• NGO field staff
• Commercial companies purchasing from smallholders
• Buyers and traders
• Small-scale millers
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Thank You!