



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 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...



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)

Some results... sustainability and costs



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%

✓ HFP is highly adaptable

Home gardens = vegetables and fruits

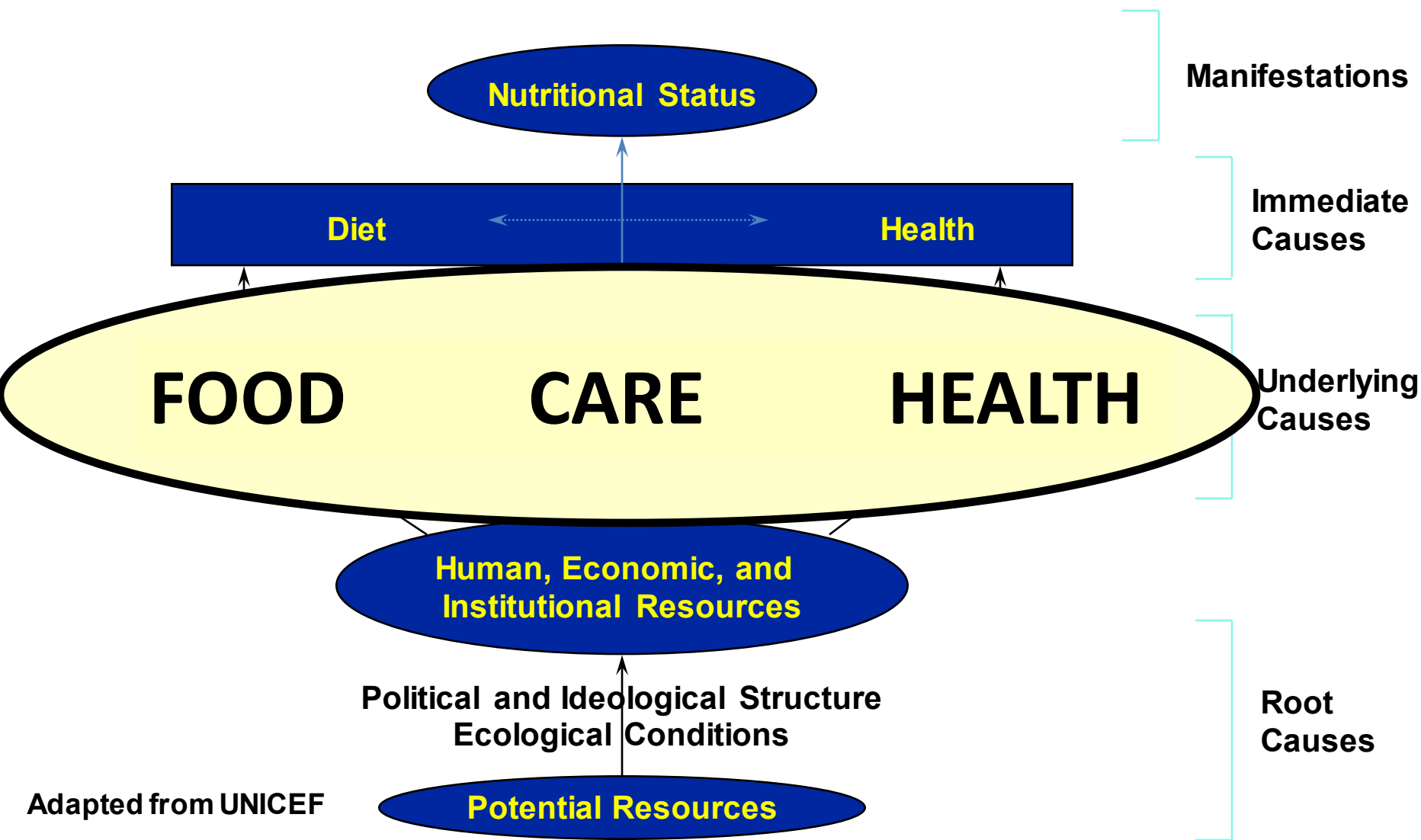
versus

Homestead food production =
vegetables, fruits and animal source
foods

- ✓ food production alone is not enough to improve nutrition

Lessons learned – program design...

Conceptual Framework of Undernutrition



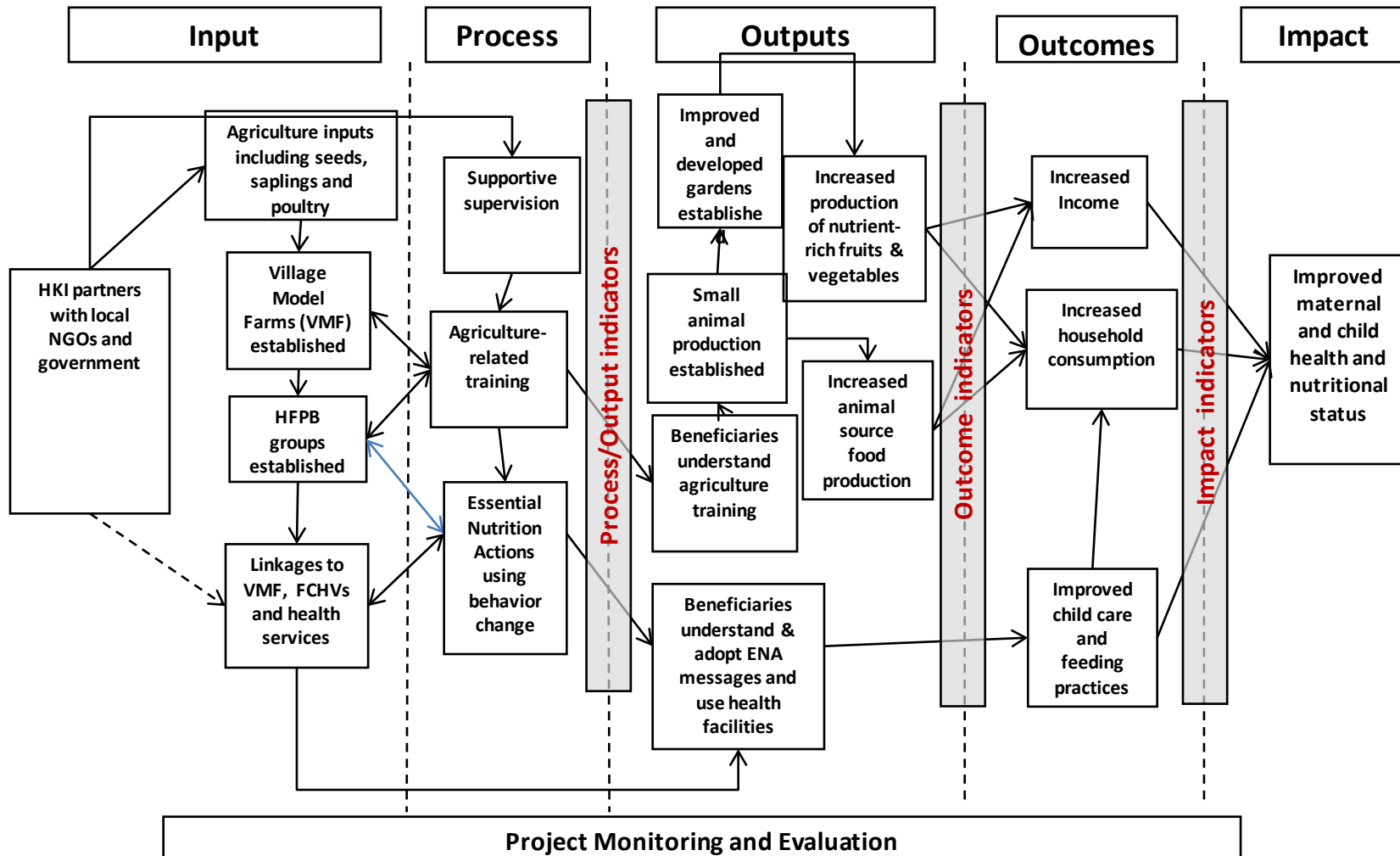
Adapted from UNICEF

- ✓ 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

- ✓ 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



- ✓ 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

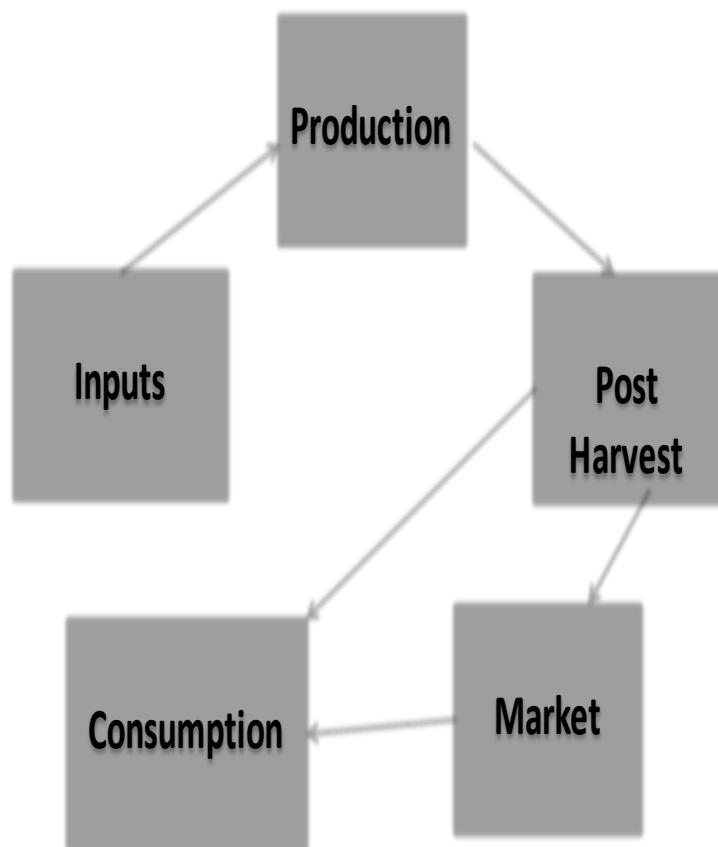
**Pervasive myth that increased
family food production
automatically leads to improved
nutrition**

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...)

The Agriculture Cycle – Nutrition Contact Points



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!