Fill the Nutrient Gap

Nutrition situation analysis framework and decision tool

‘Fill the Nutrient Gap’ Tanzania: Findings

WFP

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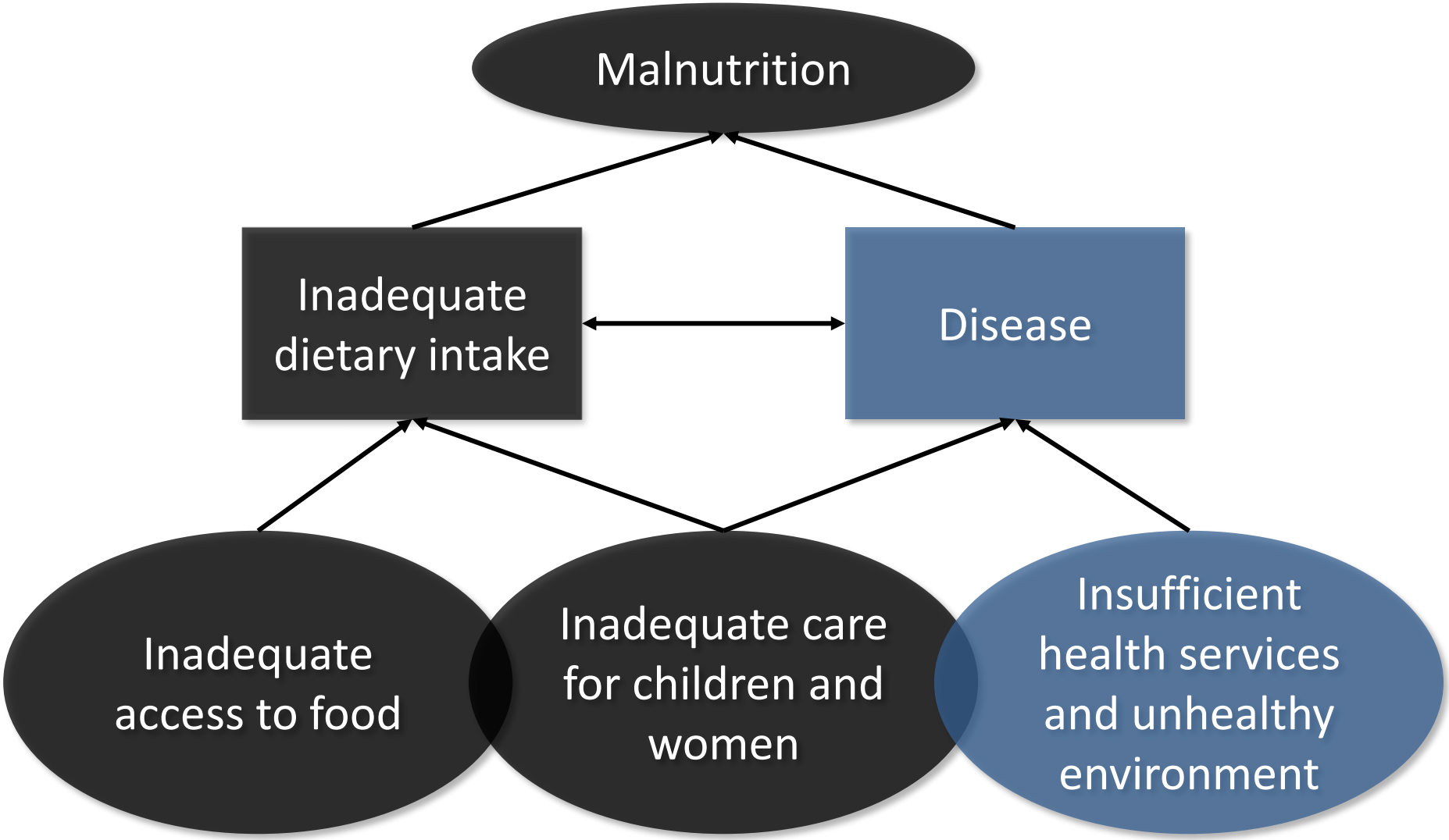
Tanzania Food and Nutrition Centre

World Food Programme

SUSTAINABLE DEVELOPMENT GOALS

Meeting nutrient requirements is a prerequisite for preventing malnutrition – 1,000 day window is critical



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Good nutrition
is about consuming 40 nutrients
in different amounts
from a wide variety of foods
together with
other key interventions.

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- Needs vary by age, sex and biological state.
- Cost and affordability of nutritious diets vary by area.

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Recognising the need for shared understanding of issues, context and solutions:

Fill the Nutrient Gap

aims to identify the barriers to adequate nutrient intake (availability of and access to nutritious foods):

- Specific target groups in a specific context.
- Multi-stakeholder input and involvement.

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Primary Goals

- Strengthen nutrition situation analysis linked to decision-making.
- Establish consensus on cost-effective policy and programmatic strategies to improve nutrition of key target groups adapted to the context.


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TAS
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epicentre
ÉPIDÉMIOLOGIE • EPIDEMIOLOGY

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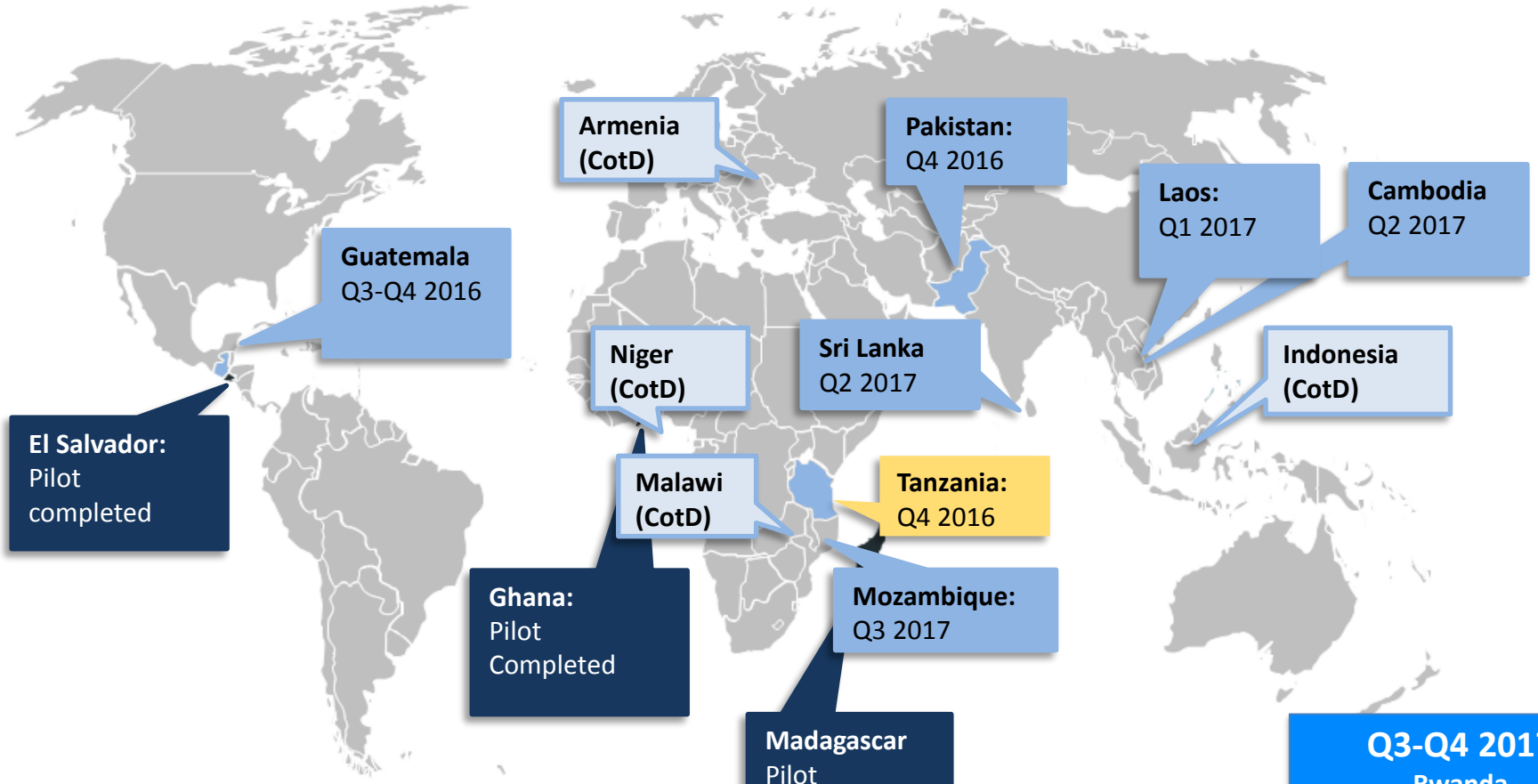


Q3-Q4 2017

Rwanda
Uganda
Niger
Zimbabwe
DRC
Sudan
Myanmar
Peru

Fill the Nutrient Gap

Nutrition situation analysis framework and decision tool

2 Components of the Analysis

Reviewing secondary data and sources of information

Linear programming on the Cost of the Diet

Life-cycle approach with a focus on:

- Children <2 years
- Pregnant and lactating women
- Adolescent girls.

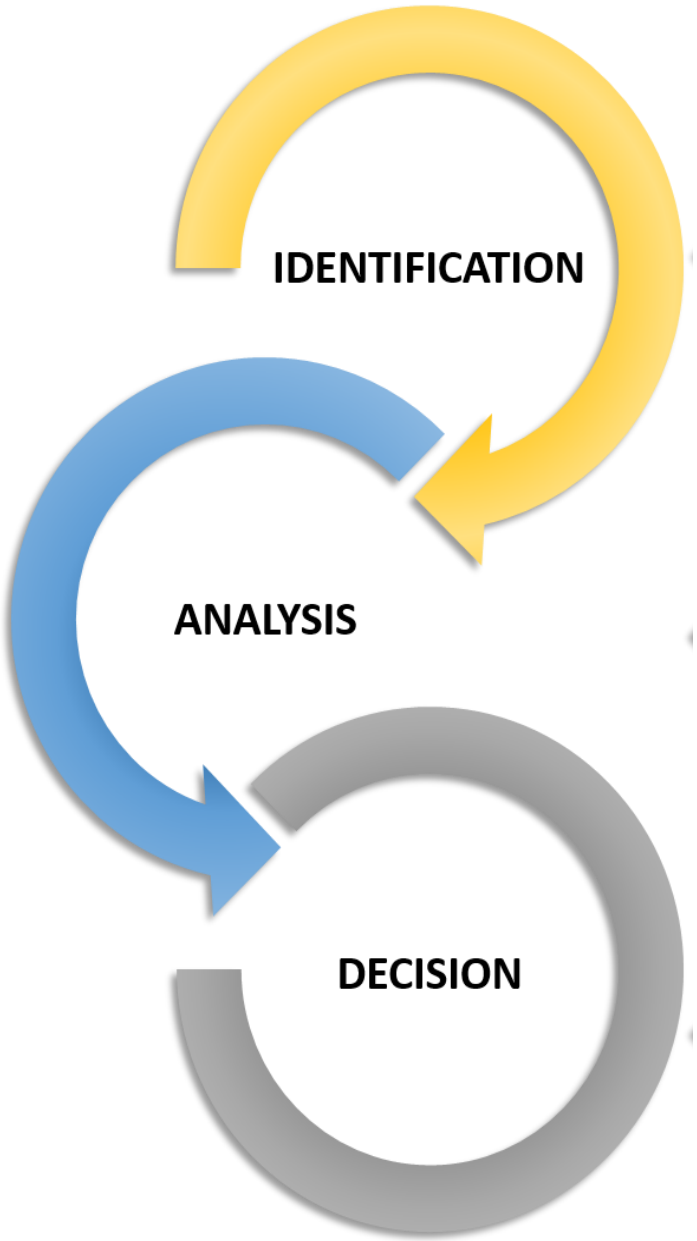
IDENTIFICATION
Define focus of analysis
(target groups, geographies)

POLICY ANALYSIS
Analyse enabling environment

ANALYSIS
Analyse food & nutrient availability, access, intake, and local practices & affordability of nutritious diets

DECISION
Identify effective context-specific intervention & policy options to fill the nutrient gap

FRAMEWORK



The FNG process in Tanzania

Lead Organisation

Stakeholder Engagement Process

WFP
wfp.org

Technical Support

1: DEFINE FOCUS

- Multi-stakeholder inception meeting
- Consensus on key target groups and level of analysis

2 & 3: ANALYSIS

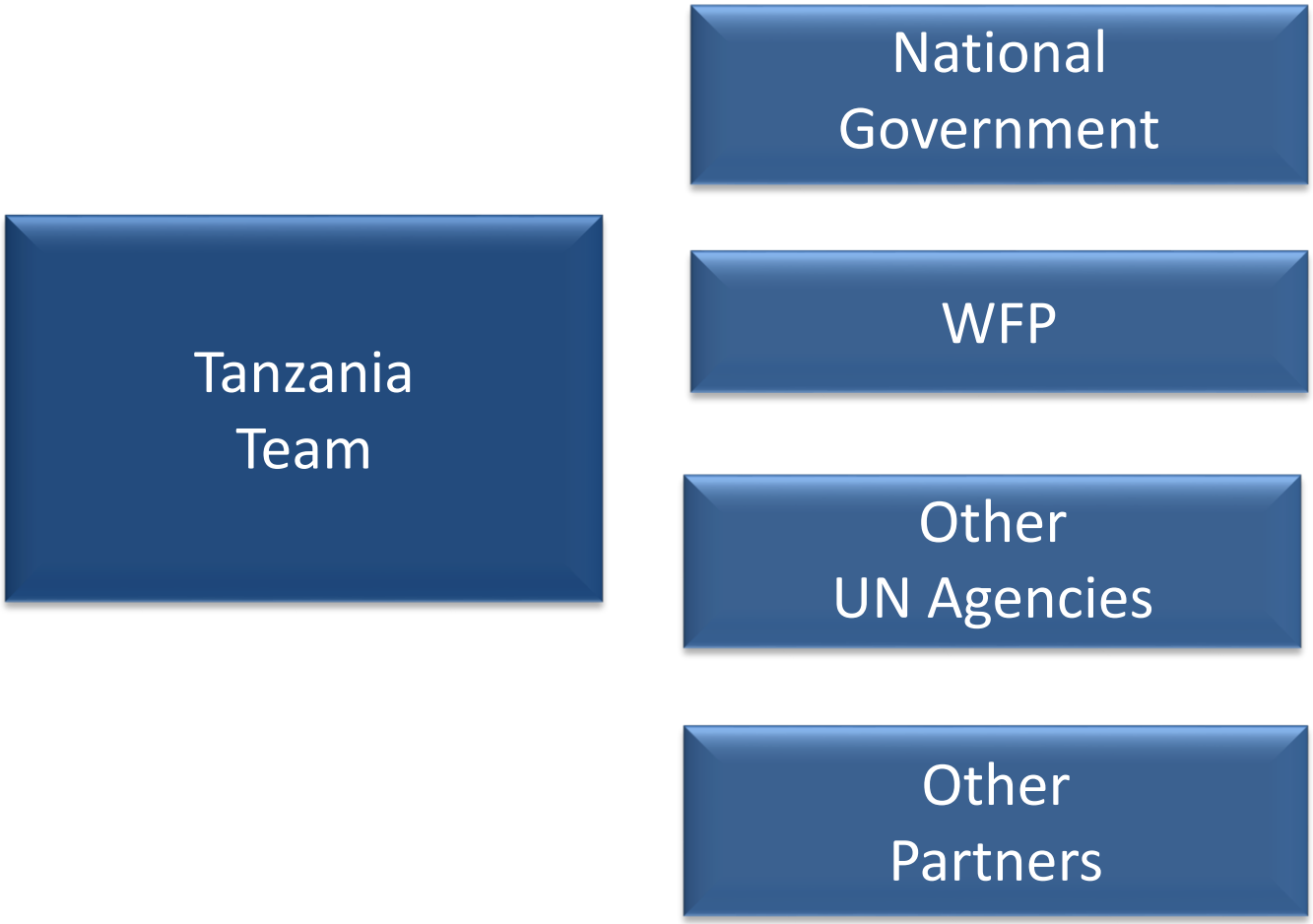
- Secondary data compilation & analysis
- Cost of the Diet analysis modelling

4: RECOMMENDATIONS

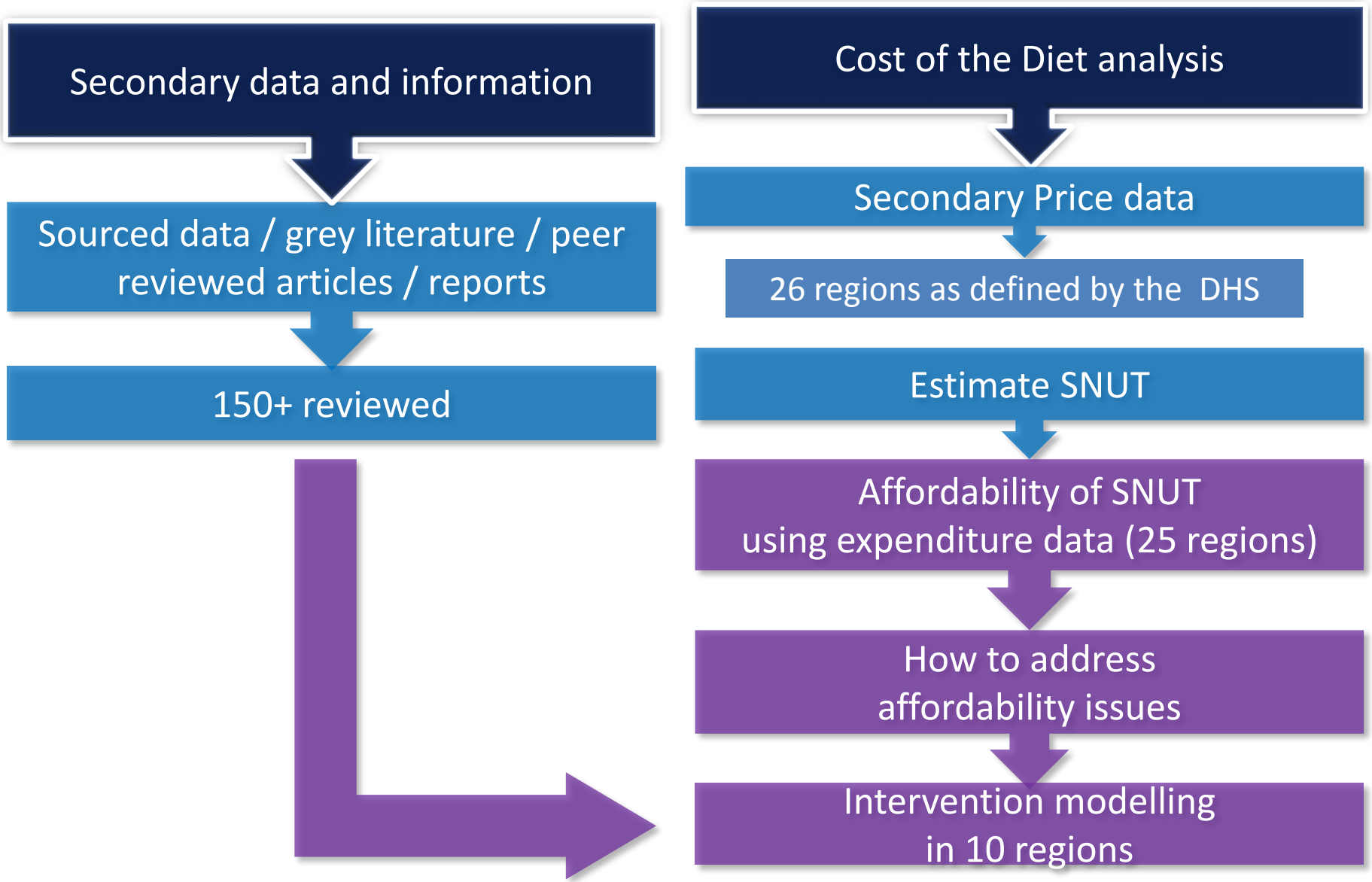
- National multi-stakeholder workshop to present key findings
- Joint identification of potential strategies to fill nutrient gaps across multiple sectors

October 2016 → September 2017

Multiple stakeholders engaged throughout the process



Fill the Nutrient Gap combines two streams of analysis

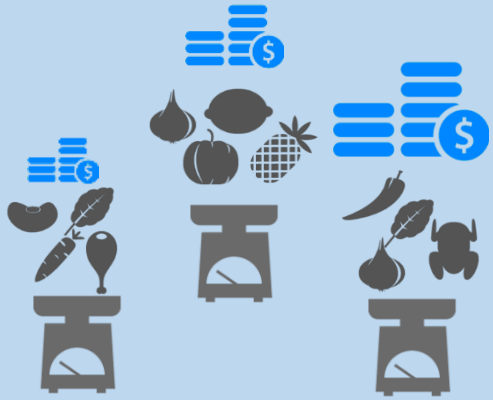


Key secondary data sources (150+ reviewed)

Data category	Key data sources
Nutrition situation	DHS 2015/16, Micronutrients DHS 2010
Policy and programmes	Food and Nutrition Policy Tanzania (draft, 2015); Tanzania National Multi-Sectoral Nutrition Action Plan 2016-2021
Access and availability of nutritious foods	CFSVA (2012); Livelihood Zones Analysis (2010); AgriDiet working paper 1 (2014)
Nutrient intake	Measuring Access to Food in Tanzania: A Food Basket Approach (2015); Maisha Bora Baseline Household Survey (2016)
Local practices	Ethnicity and Child Health in Northern Tanzania (2014); Affordable Nutritious Foods for Women Baseline Household Survey (2016); ASTUTE Formative Research Presentation (2017)
Optimisation and Cost of the Diet	Tanzania Mainland Household Budget Survey 2011/12; Zanzibar Household Budget Survey 2014/15

Nutritious diet for all members of the family using the Cost of the Diet tool

Locally available food items



Possible diets meeting all nutrient requirements of the household

Least expensive nutritious diet

Least expensive nutritious diet adjusted to include the main staples **(SNUT)**

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Staple adjusted nutritious diet (SNUT) – NUTRITIOUS DIET

WHAT IT IS…

- Based on what is available in markets.
- Based on lowest cost.
- Adjusted to reflect basic local preferences.

WHAT IT IS NOT…

- Not necessarily what people are actually eating.
- Not designed to provide recommendations of what people should eat.

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Standardized household size and composition for all regions using a lifecycle approach

5 person household:

1. Child aged 12-23 months
2. Child aged 6-7 years
3. Female aged 14-15 years
4. Lactating woman
5. Adult Male

Life-cycle approach focus:

- Children < 2
- Pregnant & lactating women
- Adolescent girls.

Secondary data analysis

- Regional data where possible
- Seasonal effects taken into account.

Cost of Diet analysis and intervention modelling

- 10 regions representing each zones plus Dar es Salaam.

Cost of the Diet intervention modelling: How to improve the affordability of nutritious diets?

Strategies modelled at a household and individual level:

1. Improving access to locally available nutritious foods.
2. Staple food fortification.
3. Improving access to Specialised Nutritious Foods for specific target groups.
4. Micronutrient supplementation.
5. Cash transfers (conditional) – to improve purchasing power.

Cost of the Diet intervention modelling: How to improve the affordability of nutritious diets?

Assumptions:

1. Social Behaviour Change Communication required to improve demand creation for nutritious foods and improved dietary practices.
2. Programming costs are not included in the modelling (next step).

Strategies included based on:

- ✓ Ongoing interventions in Tanzania
- ✓ Potential new interventions (discuss feasibility)
- ✓ Evidence-based interventions.

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Key Findings from the Secondary Data Review and Cost of the Diet Analysis

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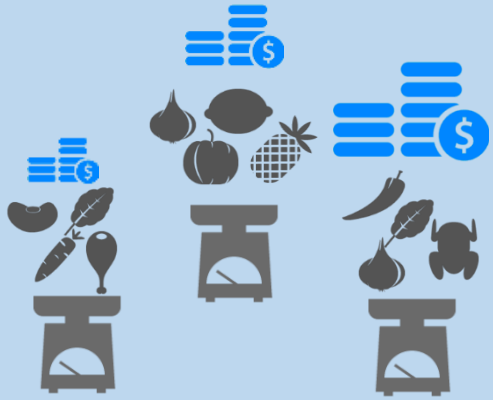

Possible diets meeting all nutrient requirements of the household

Least expensive nutritious diet

Least expensive nutritious diet adjusted to include the main staples **(SNUT)**

KEY MESSAGE 1

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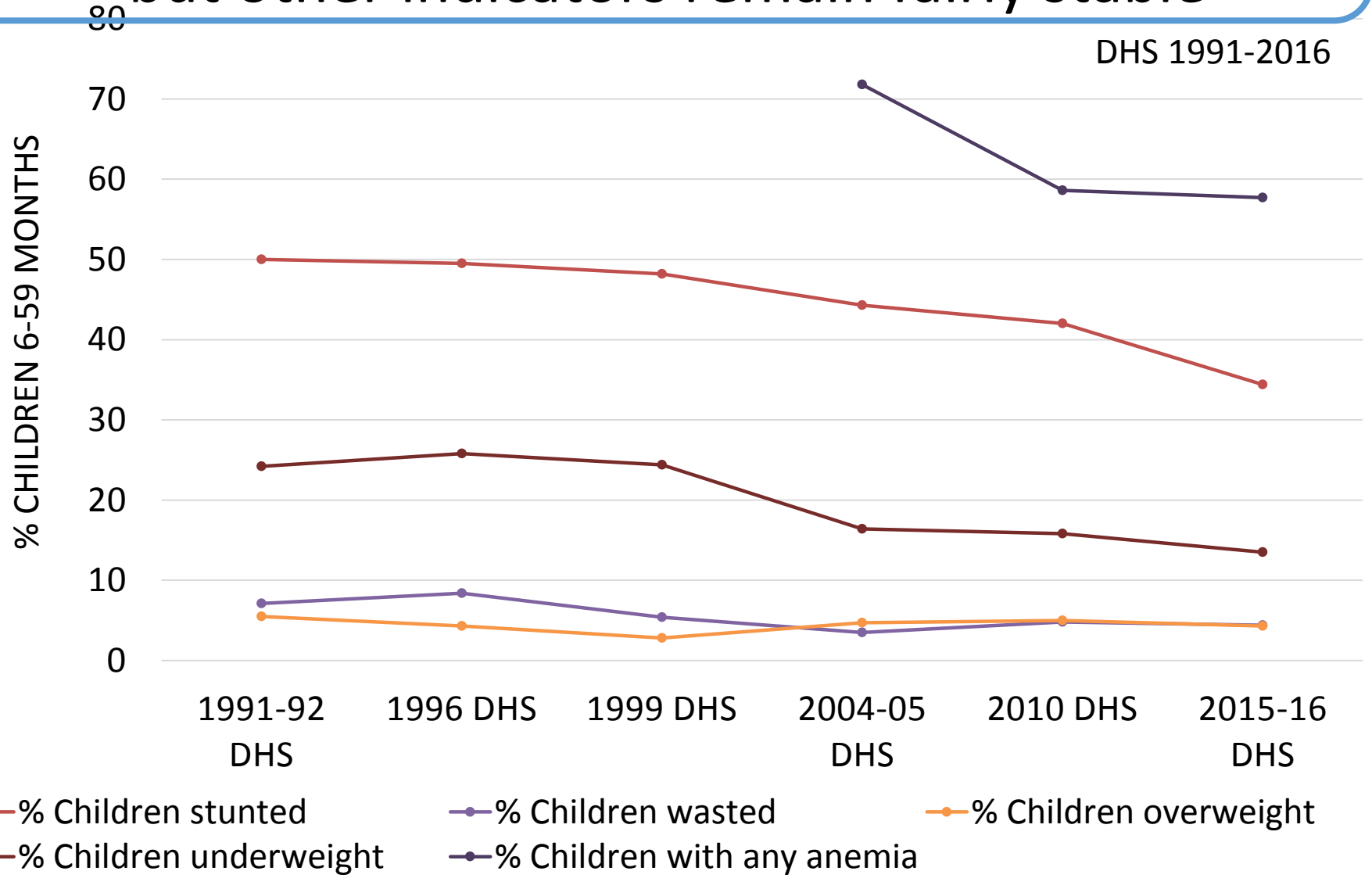
Tanzania is undergoing nutrition transition:

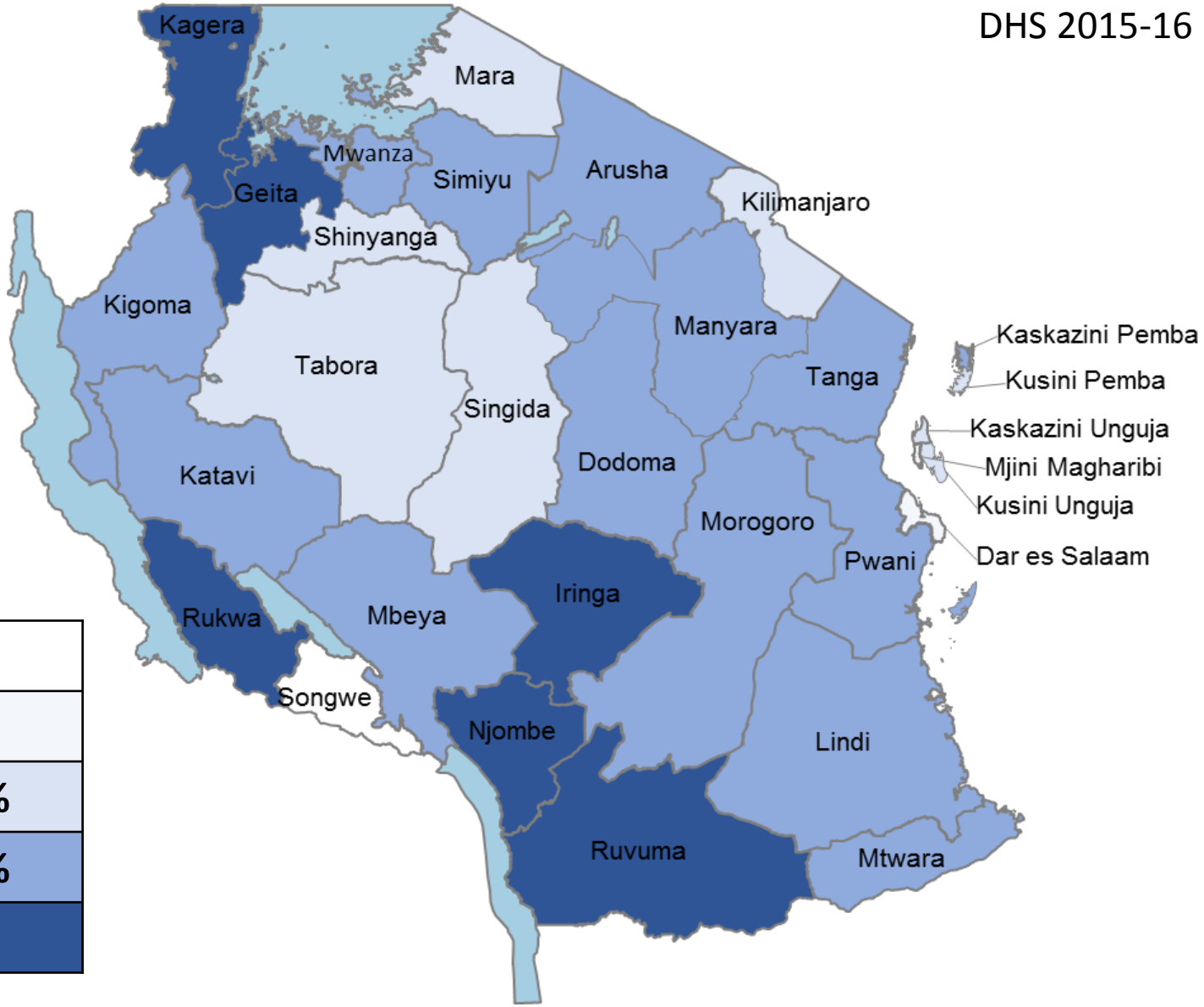
- Although declining, progress is uneven and stunting still high.
- Some remaining pockets of wasting.
- Wide prevalence of micronutrient deficiencies.
- Rising overweight/obesity in women.

Good progress has been made on stunting reduction over the past 5 years, but other indicators remain fairly stable



Stunting prevalence remains >40% in 6 regions
Nationally affects 1 in 3 (34%) children

DHS 2015-16



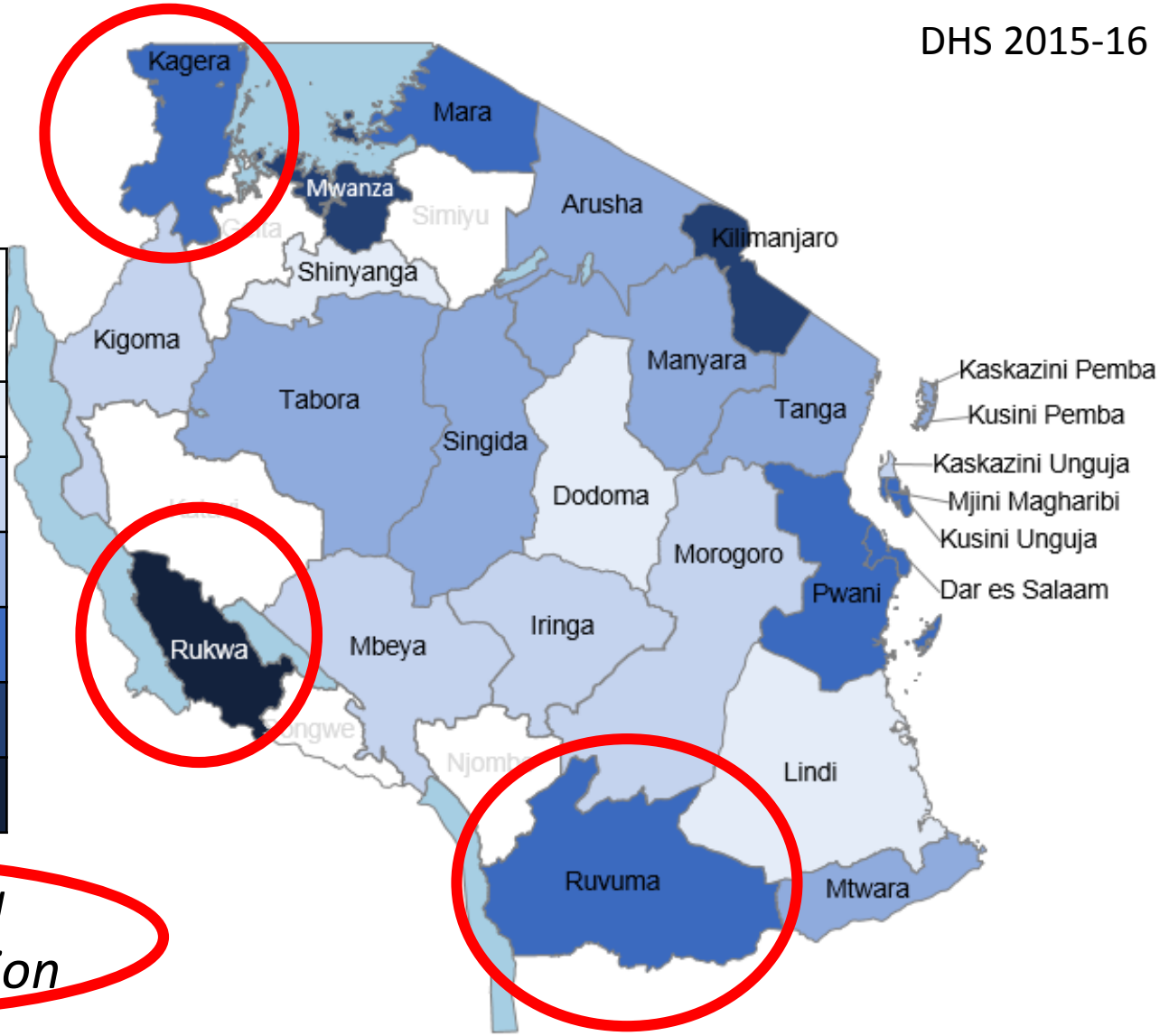
LEGEND
<20.0%
20.0-29.9%
30.0-39.9%
≥40.0%

Some regions with high stunting saw little or no decrease between 2010-2015

DHS 2015-16

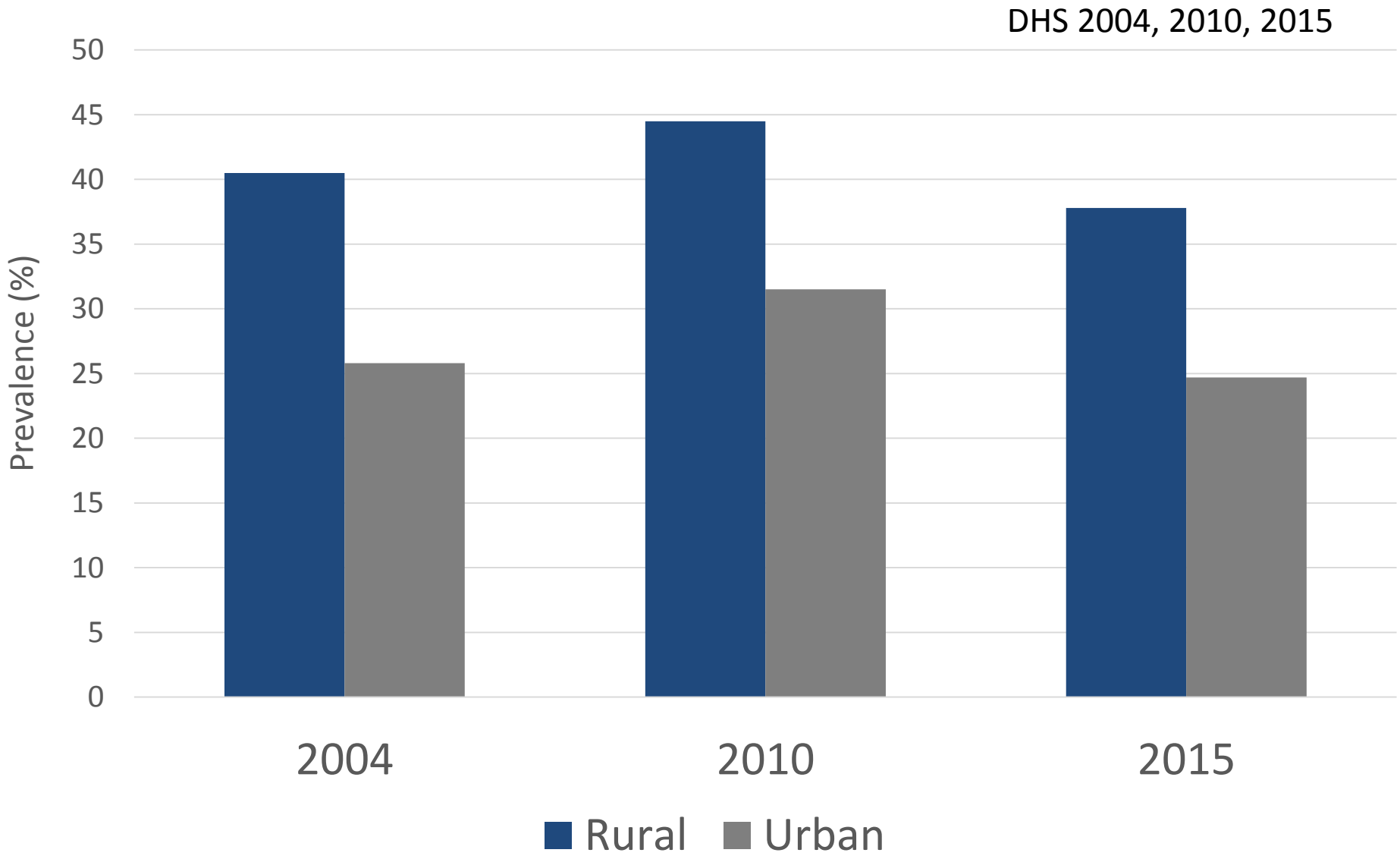
No trends available for Geita, Katavi, Niombe, Simivu, Songwe

Change in percentage points
-15 to -20
-10 to -15
-5 to -10
0 to -5
0 to +5
>+5

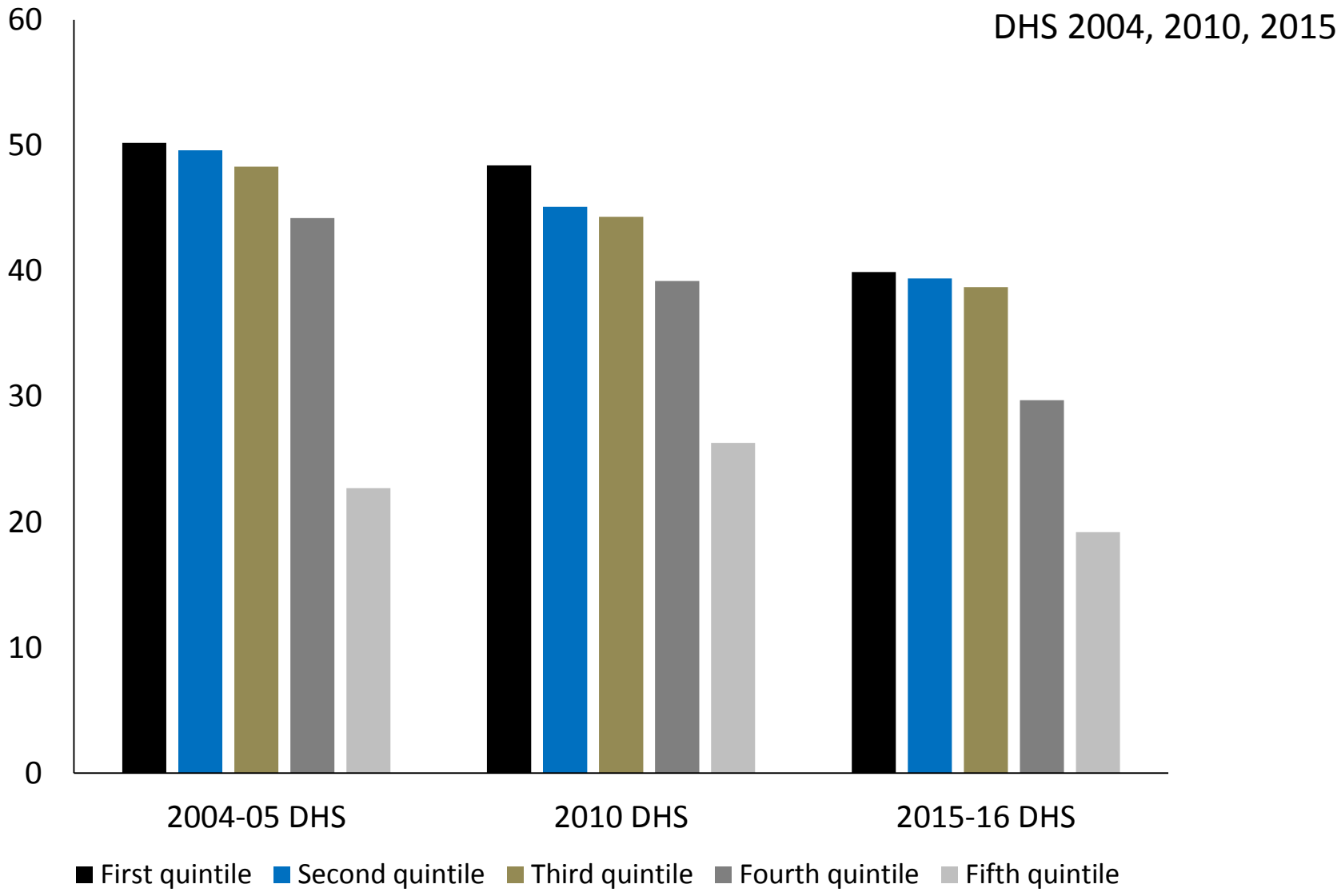


High stunting little/no reduction

Stunting is higher in rural areas and slightly higher in boys



Stunting prevalence decreases with increasing household wealth
Still affects 1 in 5 children in top quintile



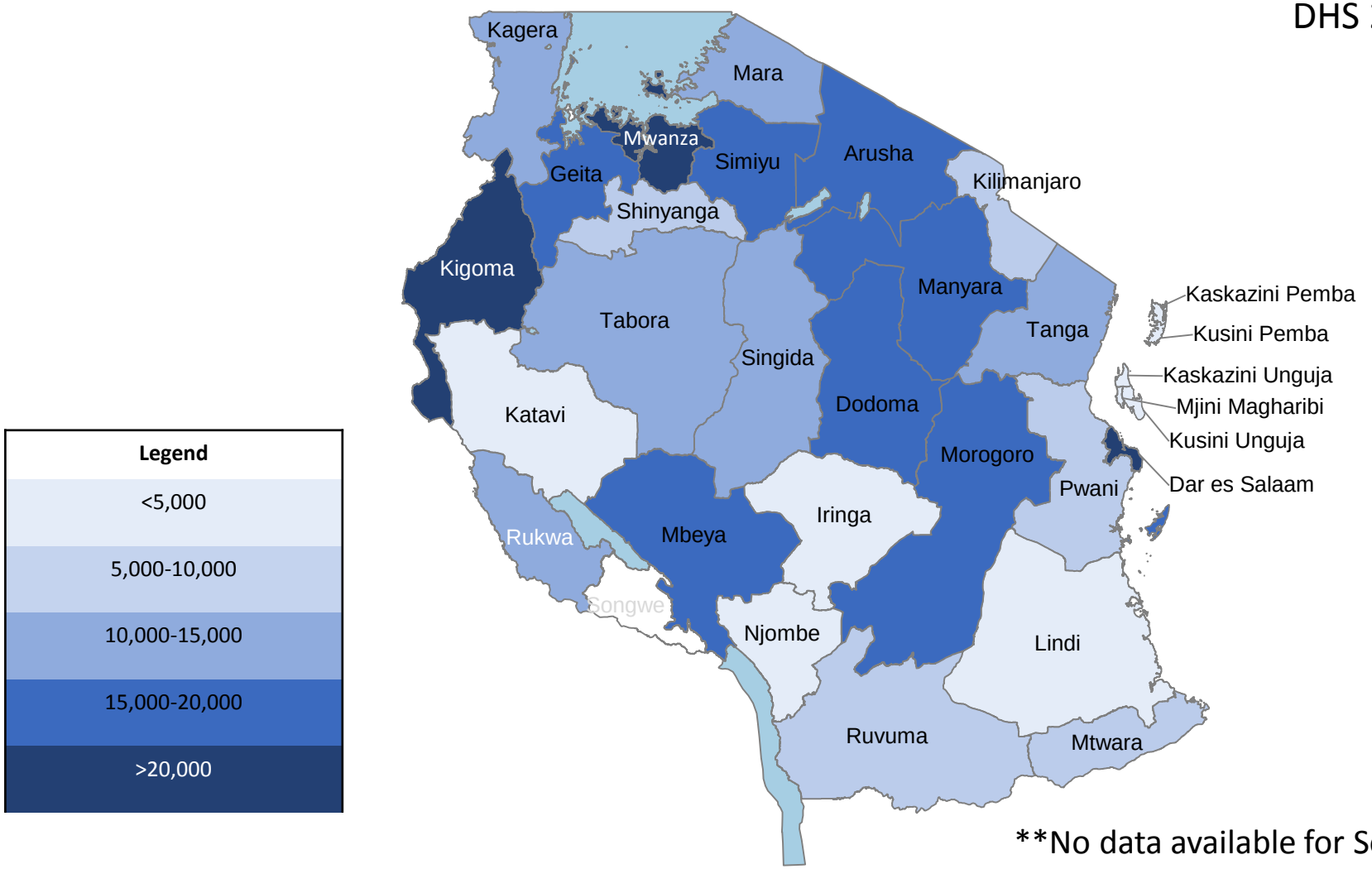
Why are 1 in 5 children
in top quintile still stunted?

Could this be due to:

- Unavailability of adequately nutritious foods?
- Unaffordability of these foods?
- Inappropriate choices based on time, convenience, lack of awareness?

Acute malnutrition remains low & stable (4.4%)
There are 323 000 wasted children –
A quarter have Severe Acute Malnutrition

DHS 2015



**No data available for Songwe

Anaemia is a severe public health problem in young children and women

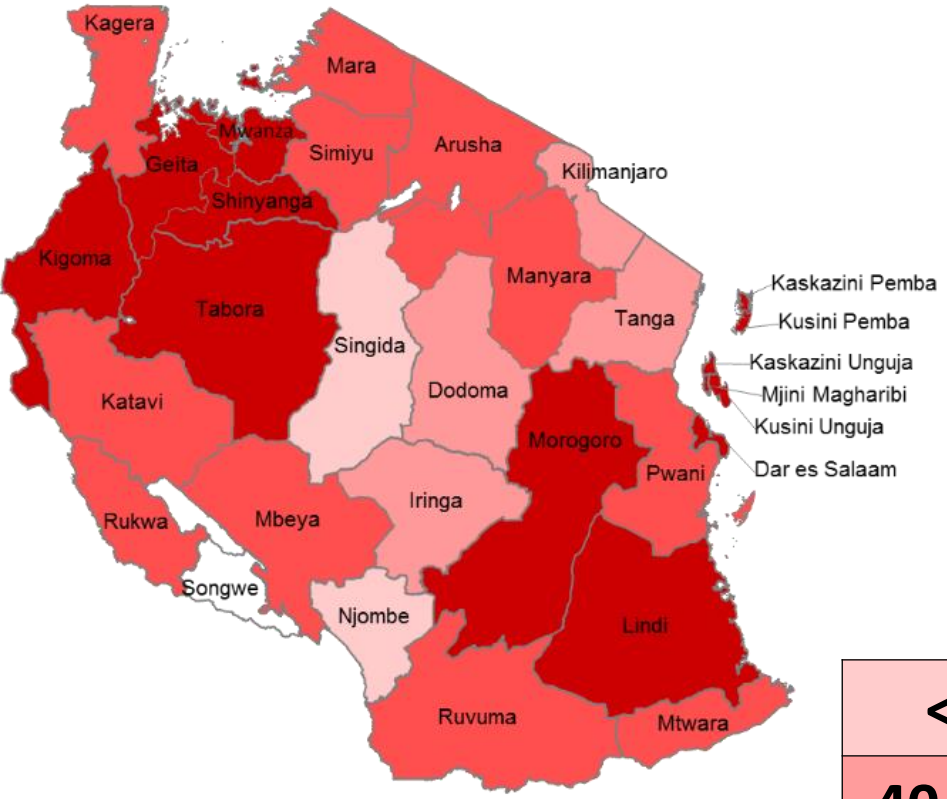
DHS 2015, DHS Micronutrients 2010

	Anaemia (2015)	Change (2015)	…due to Iron deficiency (2010)	Regional spread
Women	**58%**	**+ 5%**	35%	Large increases in Mara and Kigoma
Children	**45%**	No change	41%	As many regions decreased as increased

Further research needed on causes

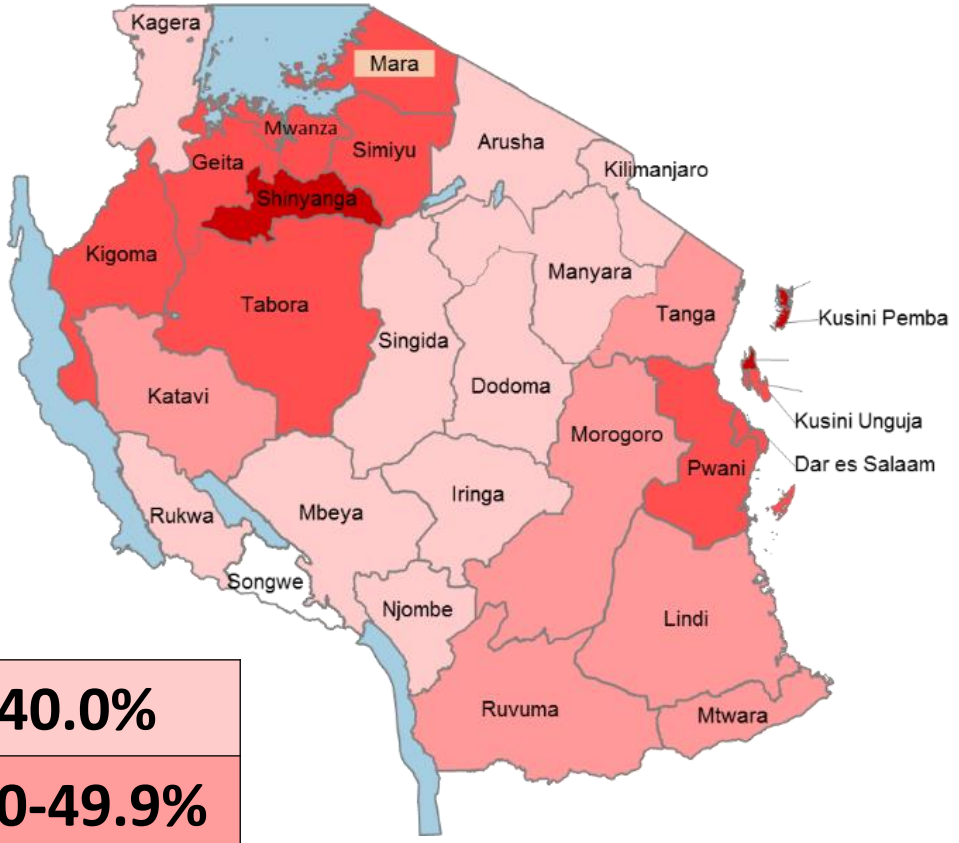
Anaemia in children and women is high nationwide. Highest in Lake Zone and Zanzibar

DHS 2015-16



% Children 6-59 months with anaemia

<40.0%
40.0-49.9%
50.0-59.9%
≥60.0%



% Women with anaemia

1 in 3 children and women are iron deficient

DHS Micronutrients 2010

Children Under 5

Regional Variation:
13% (Mtwara) to 52% (Arusha)

Higher in:
- Urban vs Rural
- Children 12-23 months

Women of Reproductive Age

Regional Variation:
7% (Mtwara) to 50% (Tabora)

Little Variation across risk factors

1 in 3 children and women are vitamin A deficient

DHS Micronutrients 2010

Regional variation:

- Children: 15% (Unguja North) - 51% (Pemba North)
- Women: 17% (Unguja North) - 55% (Pemba North).

Education and Income:

- Unexpectedly higher prevalence in wealthier women and those with more education.

Night blindness:

5 regions where night blindness during pregnancy >5%.

Iodine deficiency in women
Is associated with socioeconomic indicators

Deficiency: DHS Micronutrients 2010, GAIN 2016

- >50% in Tabora, Rukwa, Kigoma, Shinyanga, Kagera.
- Highest (76%) in Geita.

Socioeconomic indicators: Strongly linked

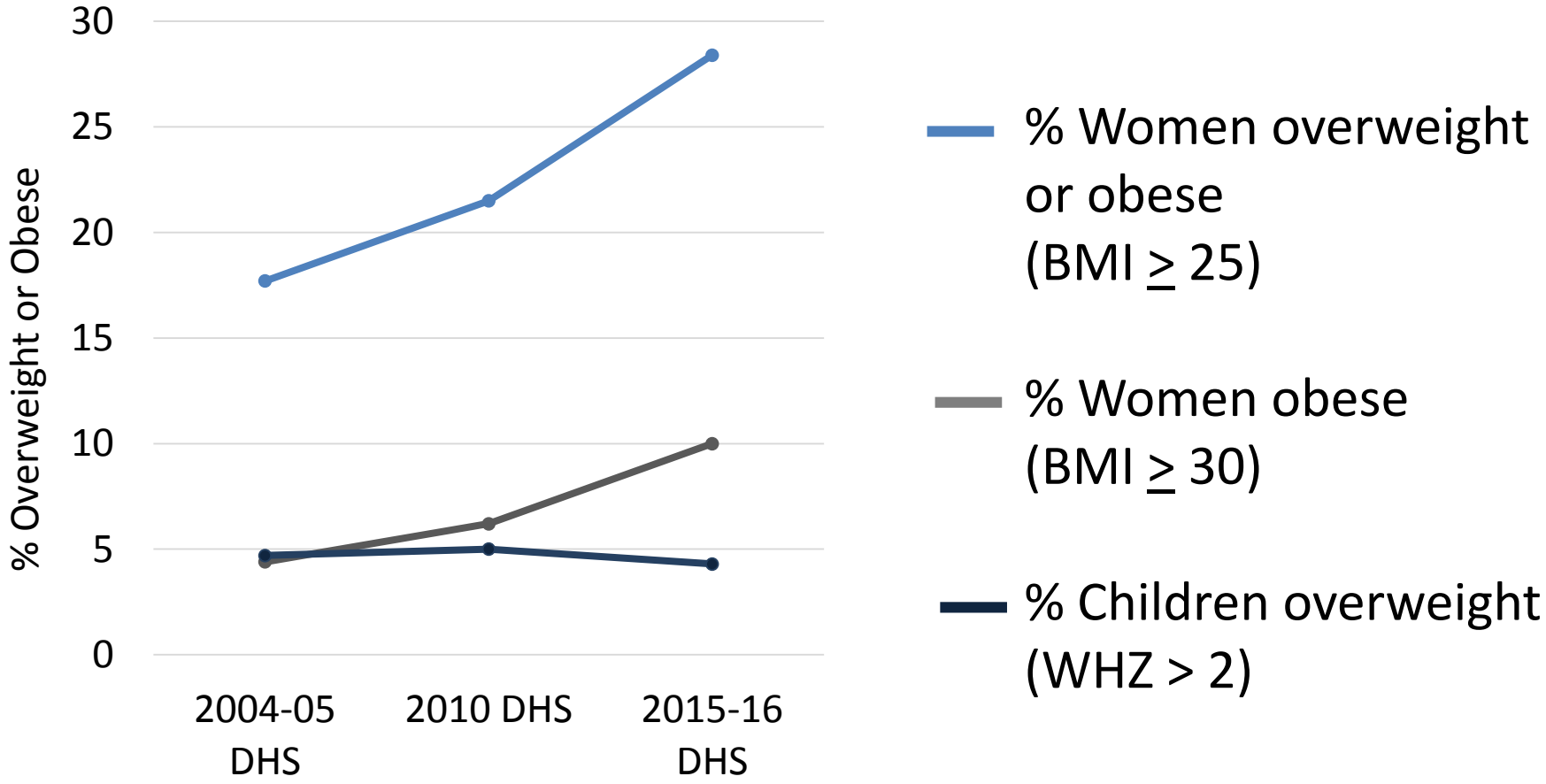
- Low income: 4.5 x higher risk
- Rural: 3 x higher risk
- No education: 2 x higher risk
- Only 56% of poor households consume iodised salt versus 81% of non-poor households.

Source:

- Iodised salt virtually the only source of iodine.

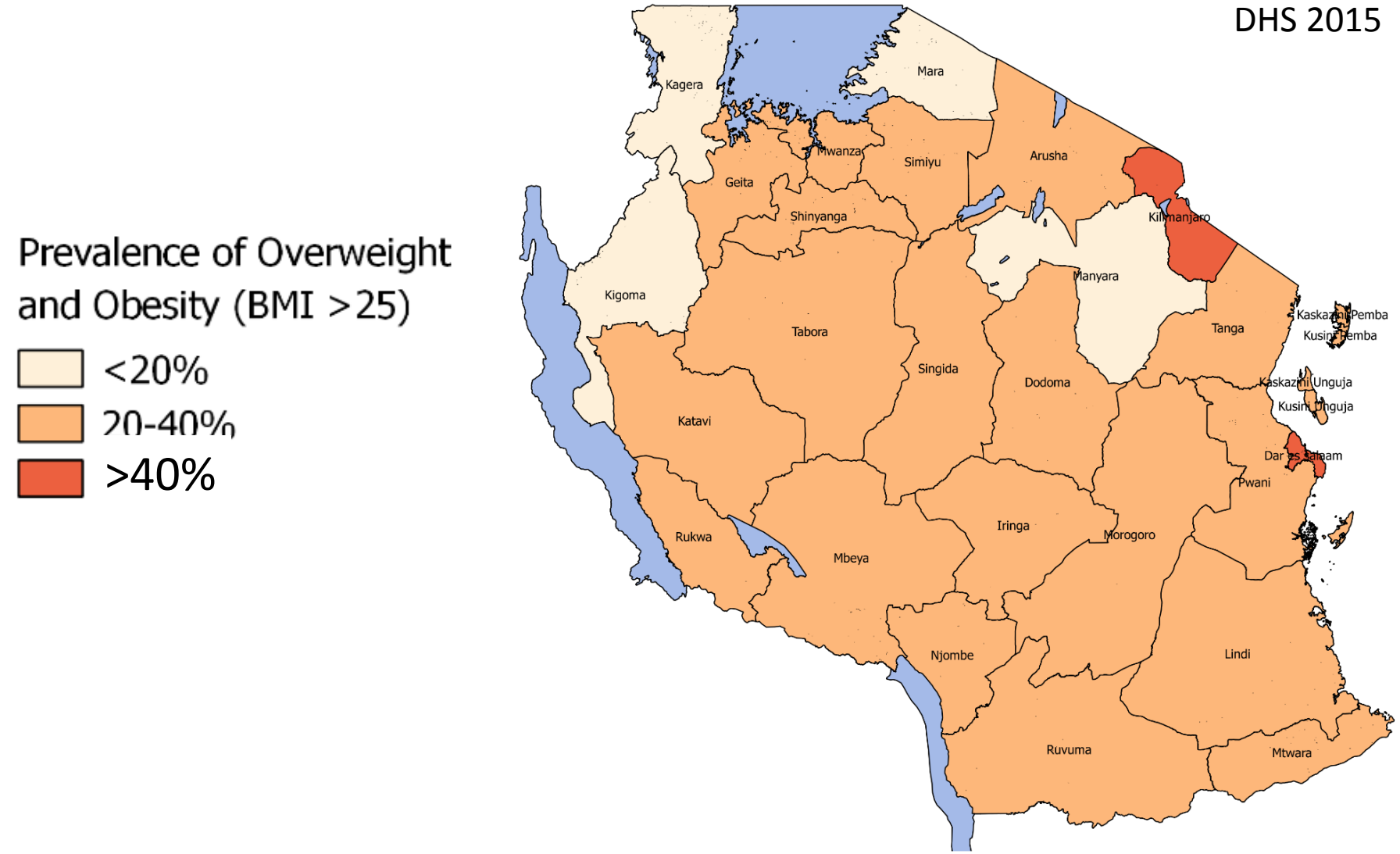
More than 1 in 4 women are overweight
1 in 10 is obese…

DHS 2004, 2010, 2015



… and is rapidly rising especially in urban areas

DHS 2015



Non-communicable diseases are an increasing burden

STEPS Survey 2012

Increases in:

Cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases.

Linked to:

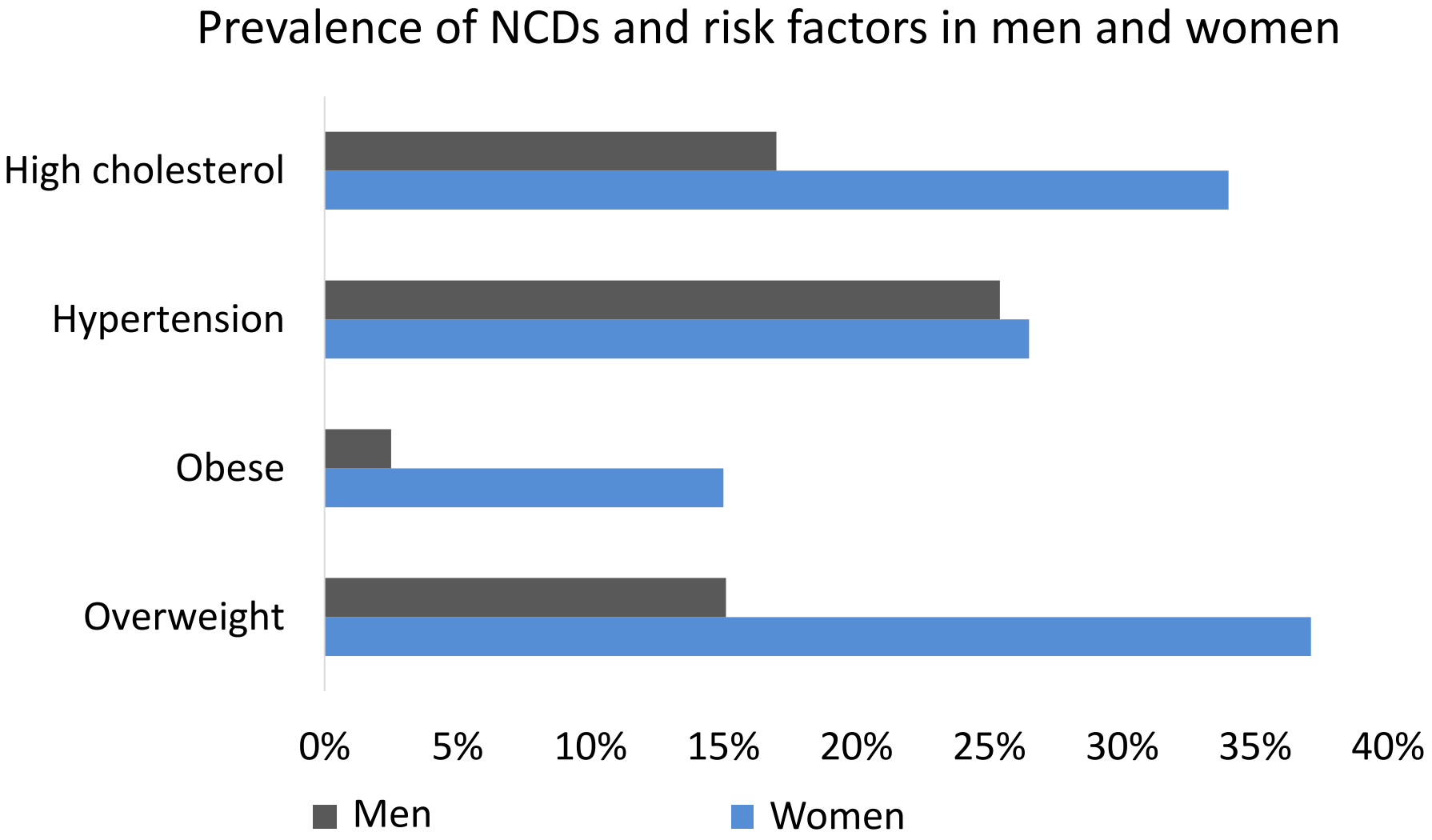
Rural-urban migration, urbanization, changing diets, sedentary urban lifestyles.

Several risk factors:

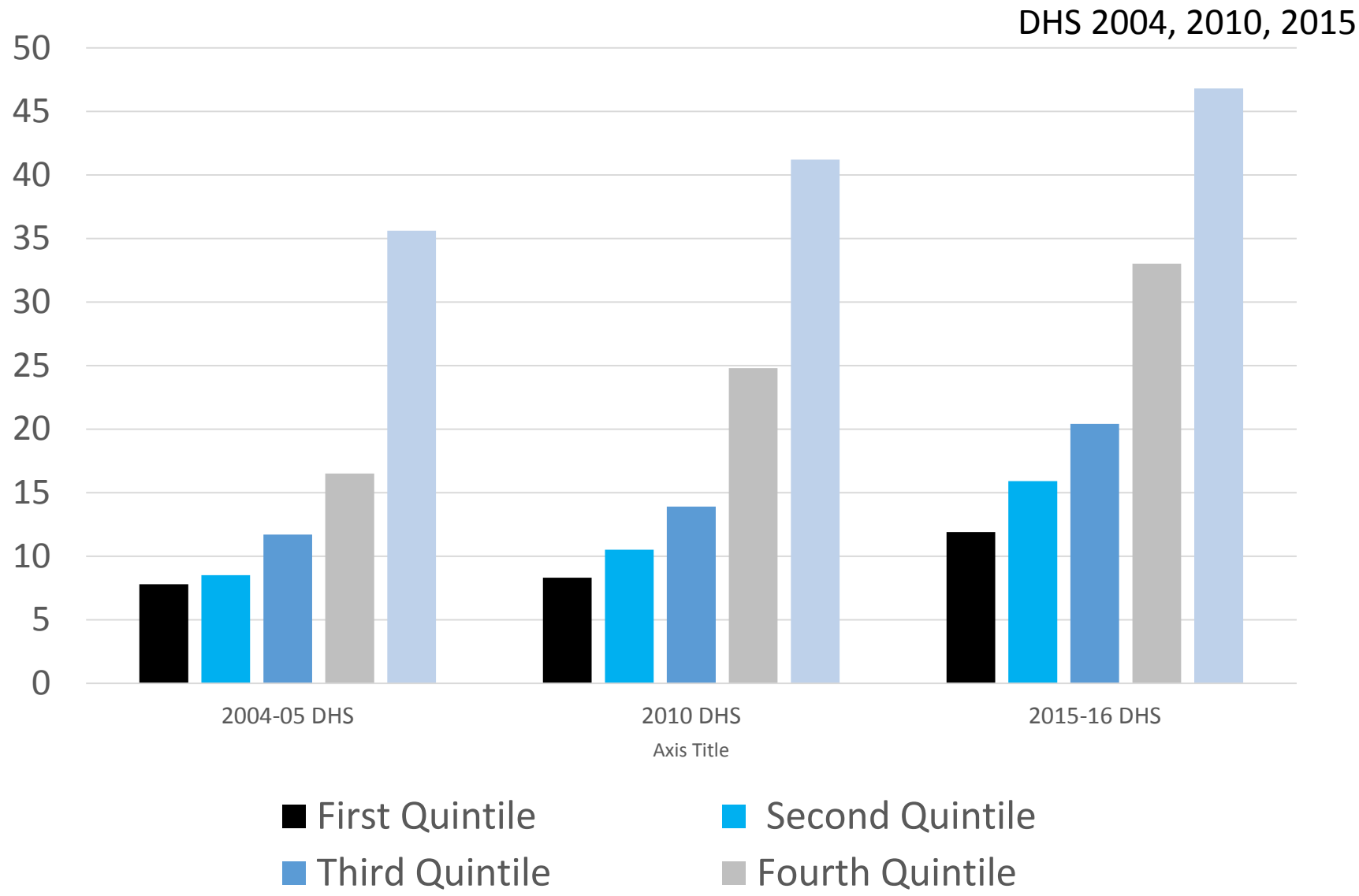
Overweight/obesity, diet (high intake of fat, sugary foods and drinks), physical inactivity, undernutrition early in life.

Women are at greater risk of non-communicable diseases…

STEPS Survey 2012

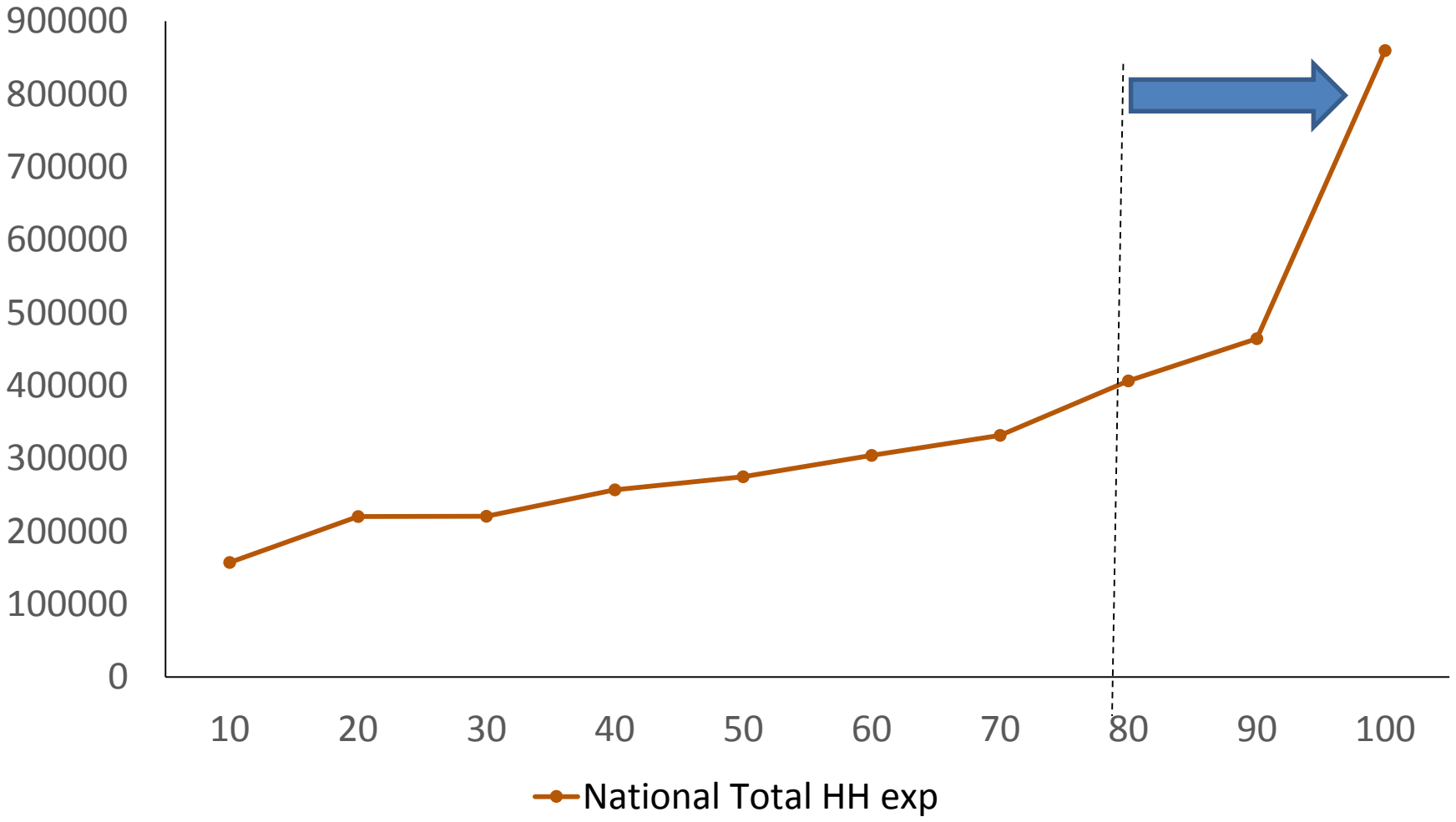


…and overweight and obesity in women increases with household wealth



Economic access to a nutritious diet is difficult for the majority

Household Budget Survey 2012/13



KEY MESSAGE 2

Fill the Nutrient Gap

Nutrition situation analysis framework and decision tool

Food is generally available
but not necessarily accessible

A wide range of foods are available in urban and peri-urban markets

WFP CFSVA 2013

Range of staple grains: **maize, rice and wheat**

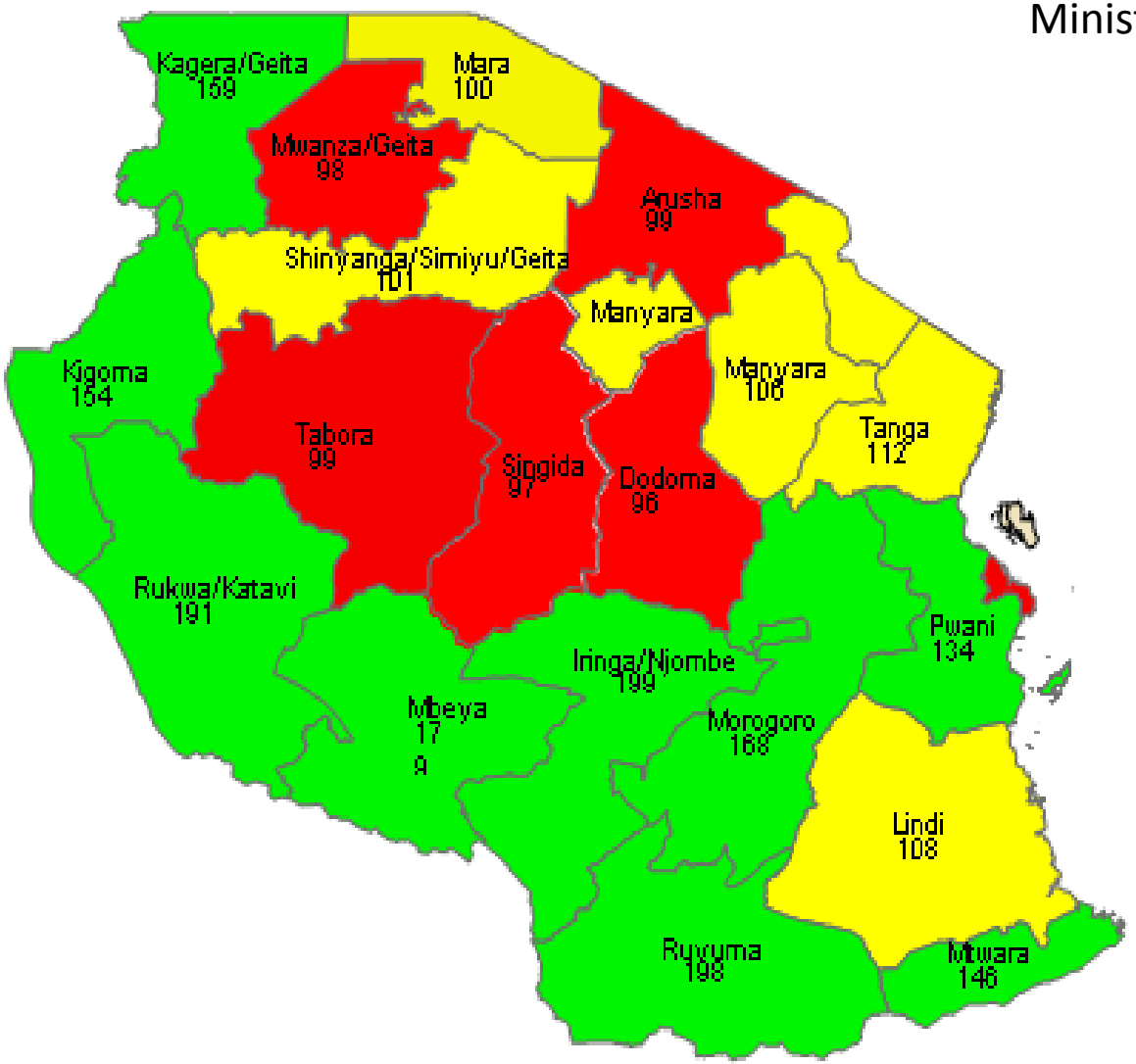
Varieties of **vegetables, fruits legumes, meats, cooking oils, spices** and **condiments**

Eggs, milk, yogurt and **dried fish** available in all regions.
Fresh fish available in most

Some fortified foods, but those for young children are usually imported and **expensive**

National food security masks inequitable distribution of food

Ministry of Food and Agriculture 2015

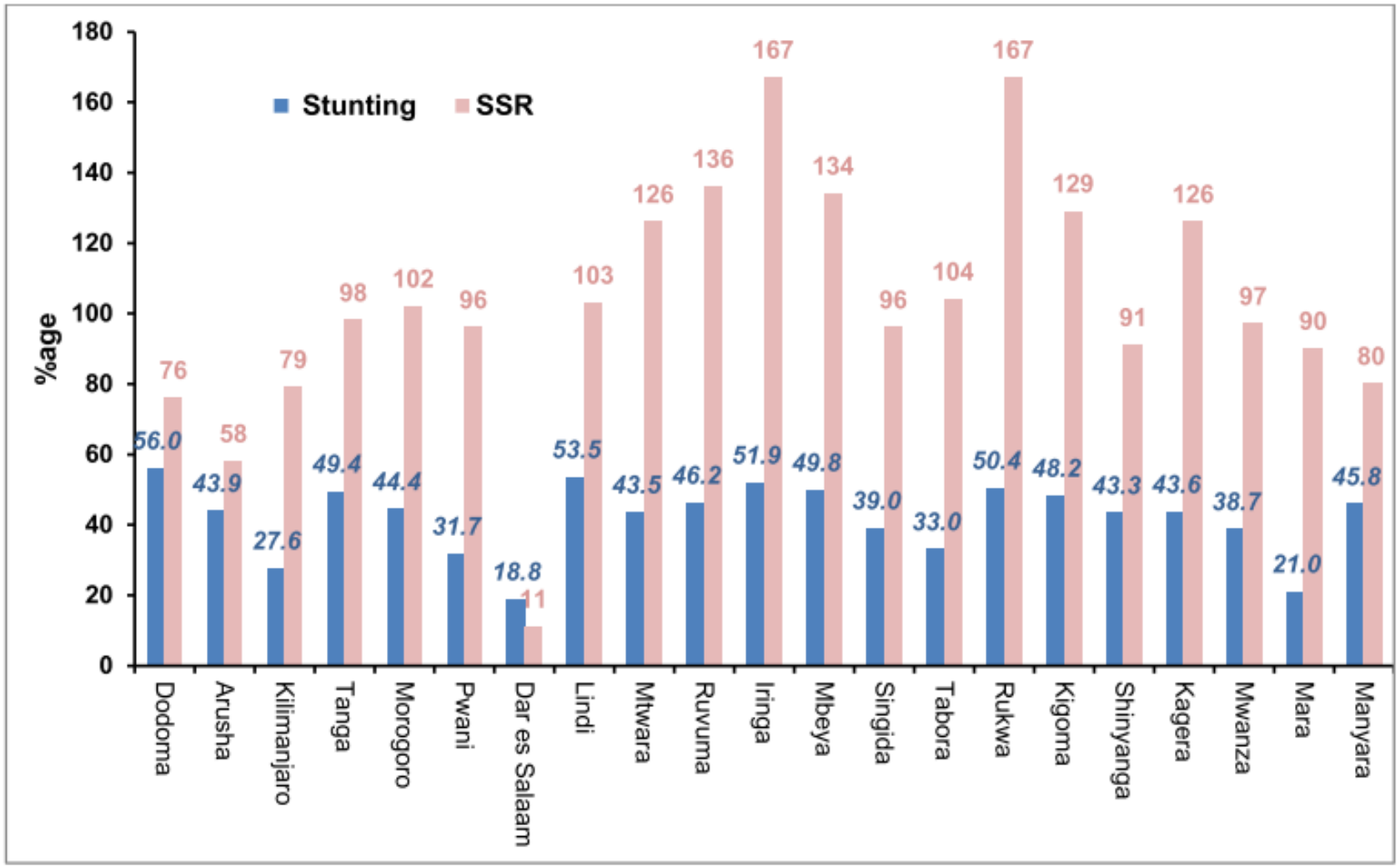


Self sufficiency ratio by region, 2014/15

- Deficit
- Self-Sufficient
- Surplus

Self sufficiency ratio is not linked with nutrition status

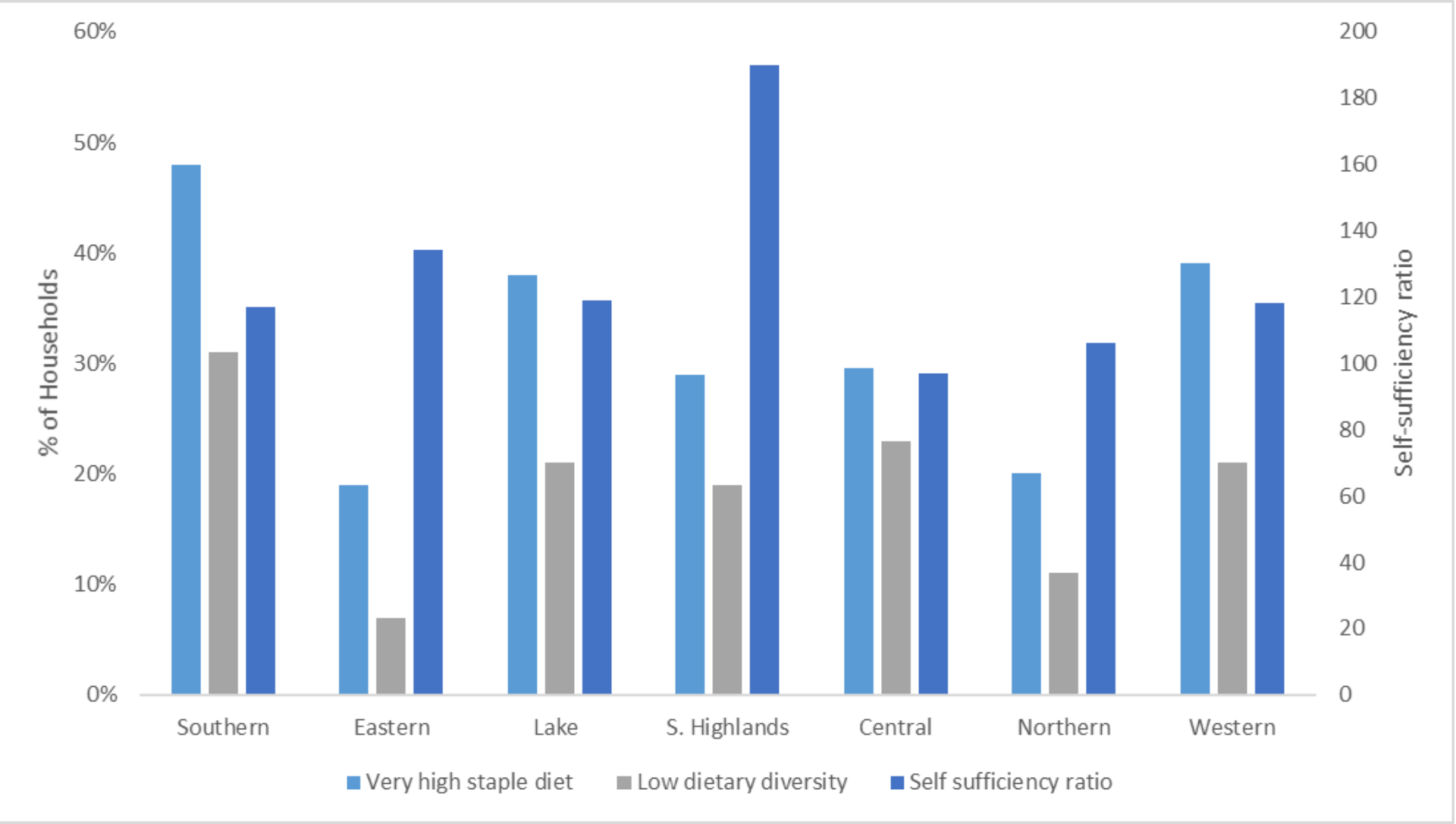
Prevalence of stunting and food self-sufficiency (maize) by regions



Source: TDHS, 2011 (stunting) and MAFC 2010 based on 2009/10 Self-Sufficiency Ratio (SSR) data

High self sufficiency ratio not related to adequately diverse diets

CSFVA 2013, Ministry of Food and AgricuLture 2015



KEY MESSAGE 3

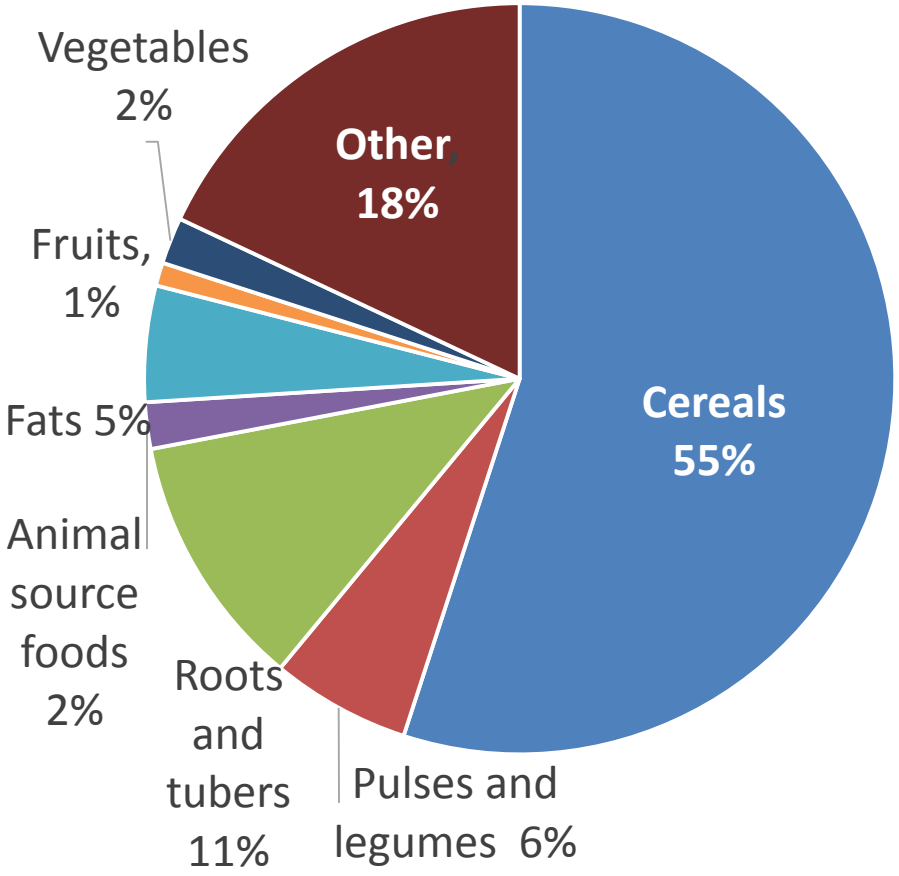
Fill the Nutrient Gap

Nutrition situation analysis framework and decision tool

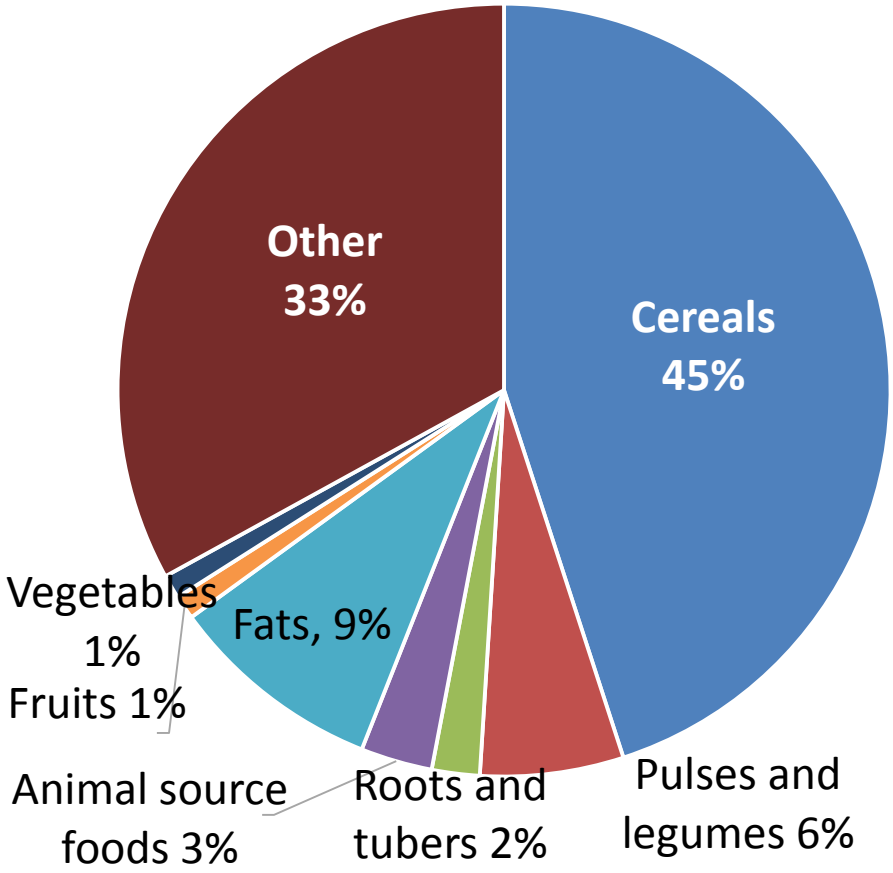
Diets are heavily reliant on unfortified **staple foods**

70 - 80% of energy intake comes from staple foods (maize)

Cochrane & Souza 2015



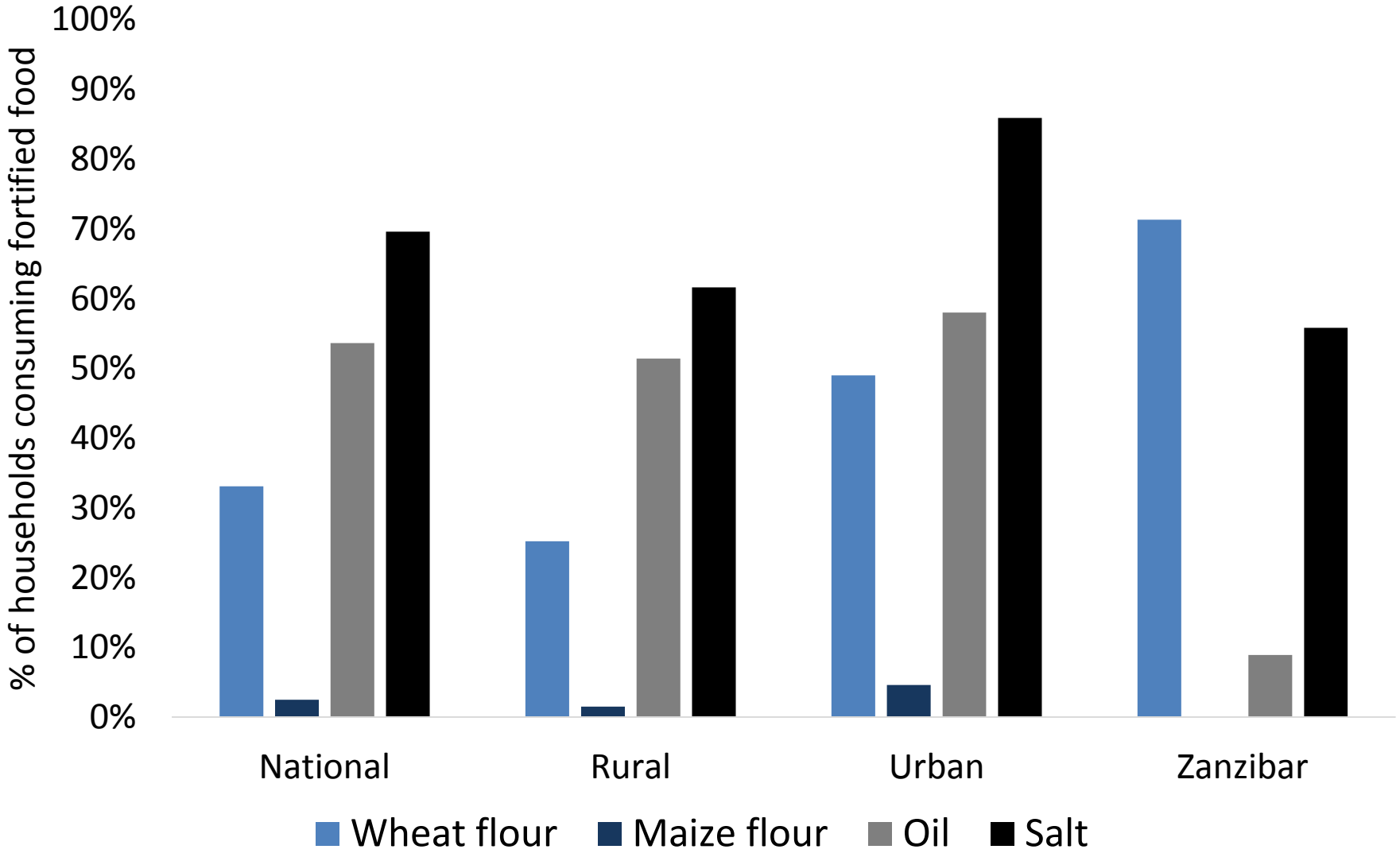
Mainland Tanzania:
40% of energy from maize



Dar es Salaam:
23% of energy from maize

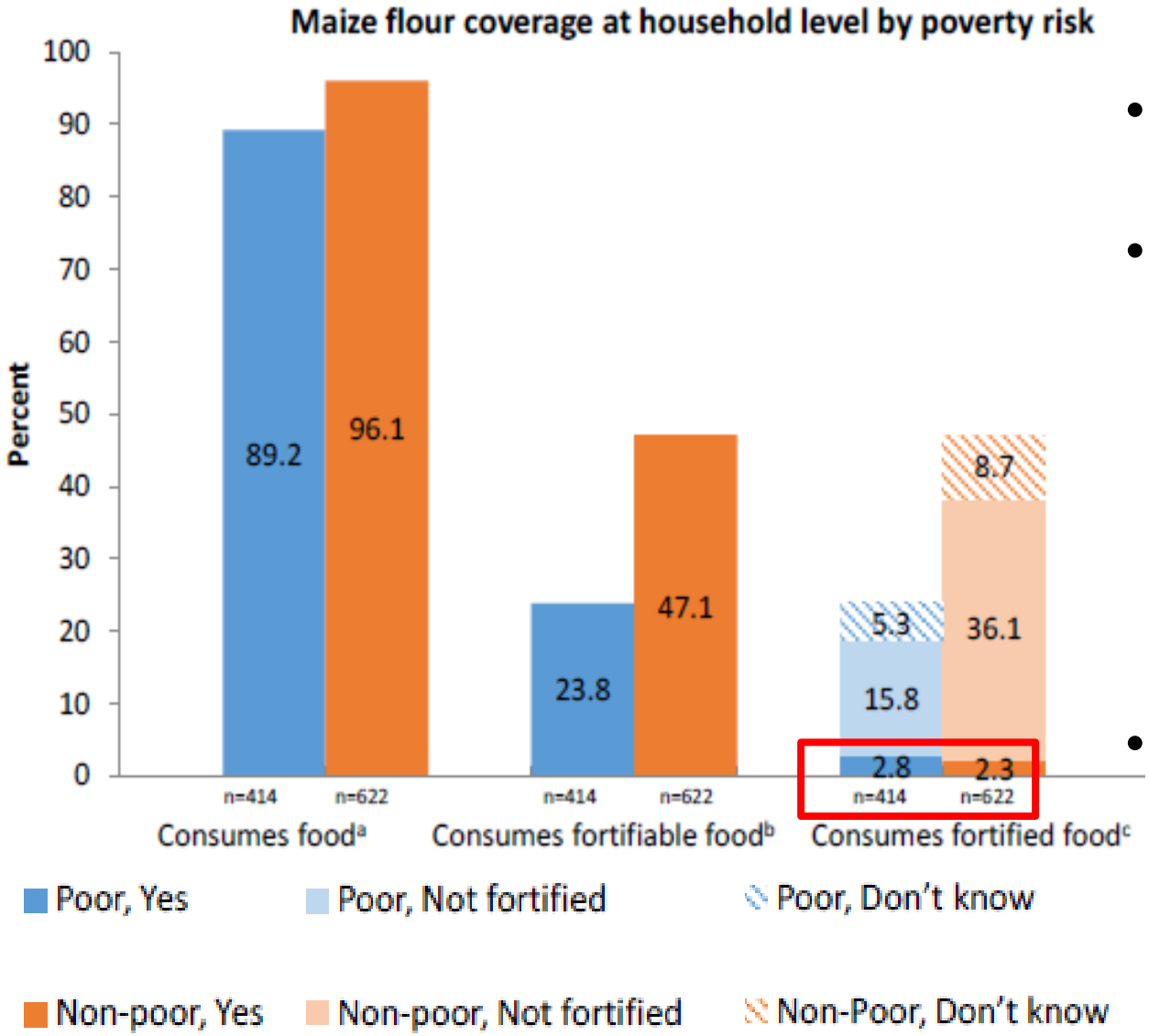
Despite mandatory fortification it is often not adequate or accessible

GAIN 2016



Consumption of fortified food is lower amongst the poor who need it most…

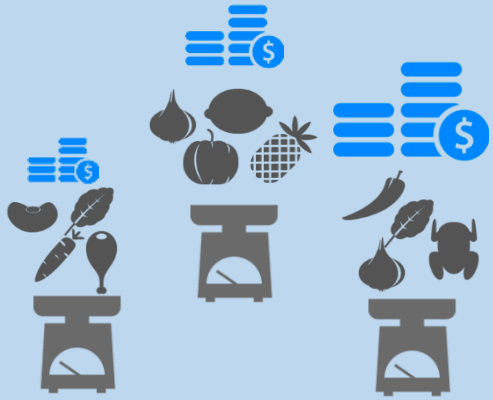
GAIN 2016



- Most households consume maize flour.
- Only 1/4 of poor households and 1/2 of non-poor households source maize flour from a miller required to fortify.
- Of those households, <3% consumed adequately fortified maize flour.

Nutritious diet for all members of the family using the Cost of the Diet tool

Locally available food items



Possible diets meeting all nutrient requirements of the household

Least expensive nutritious diet

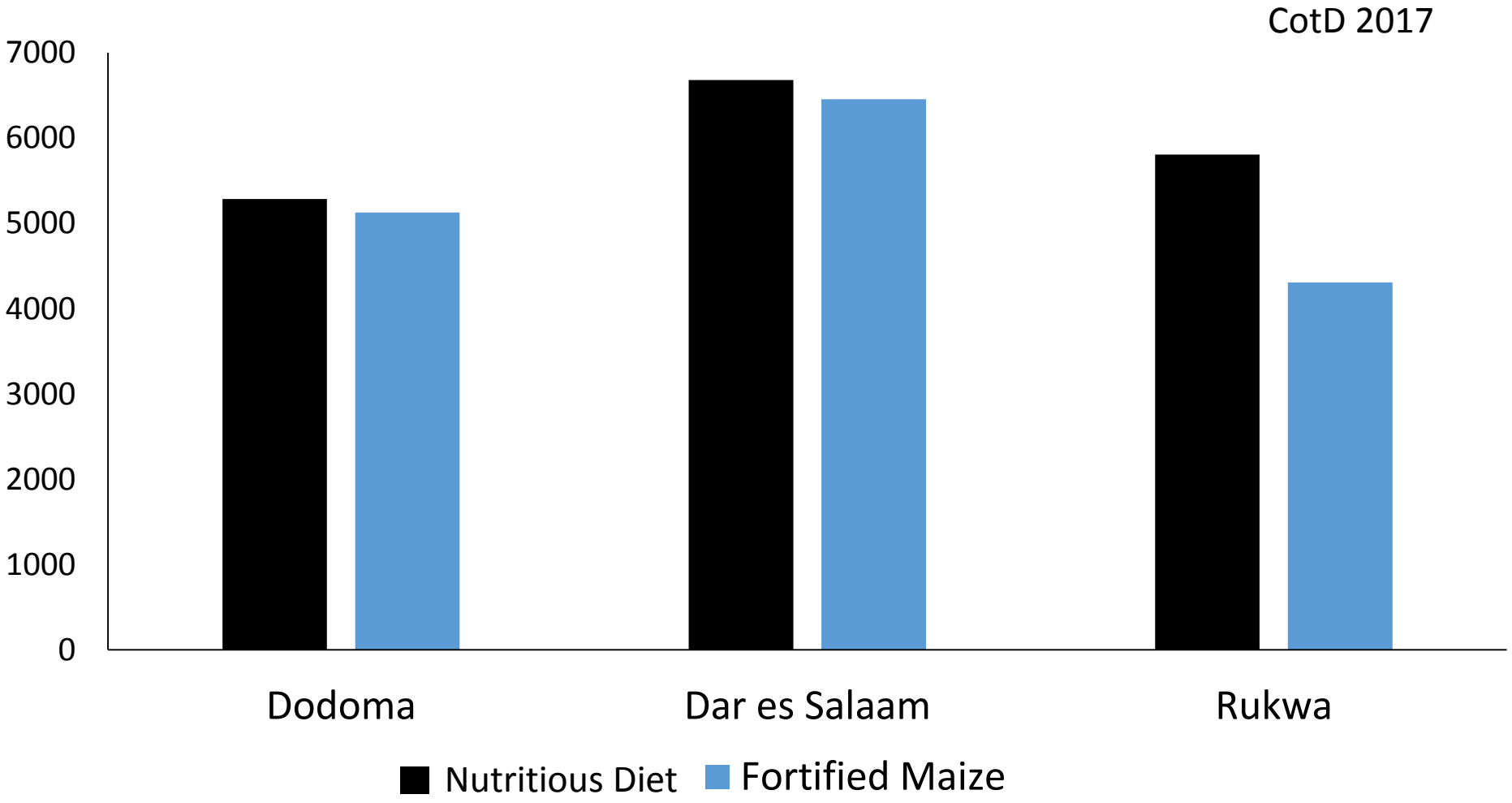
Least expensive nutritious diet adjusted to include the main staples **(SNUT)**

Modelling to improve access to nutrients

CotD 2017

Target group	Intervention	Transfer Modality	Possible Entry Points
Household	Fortified Staple (Maize or Rice)	Market	• Health • Agriculture • Social Protection • Markets (Private Sector)

Household:
Fortified maize could reduce the cost of the diet of the household by 11%



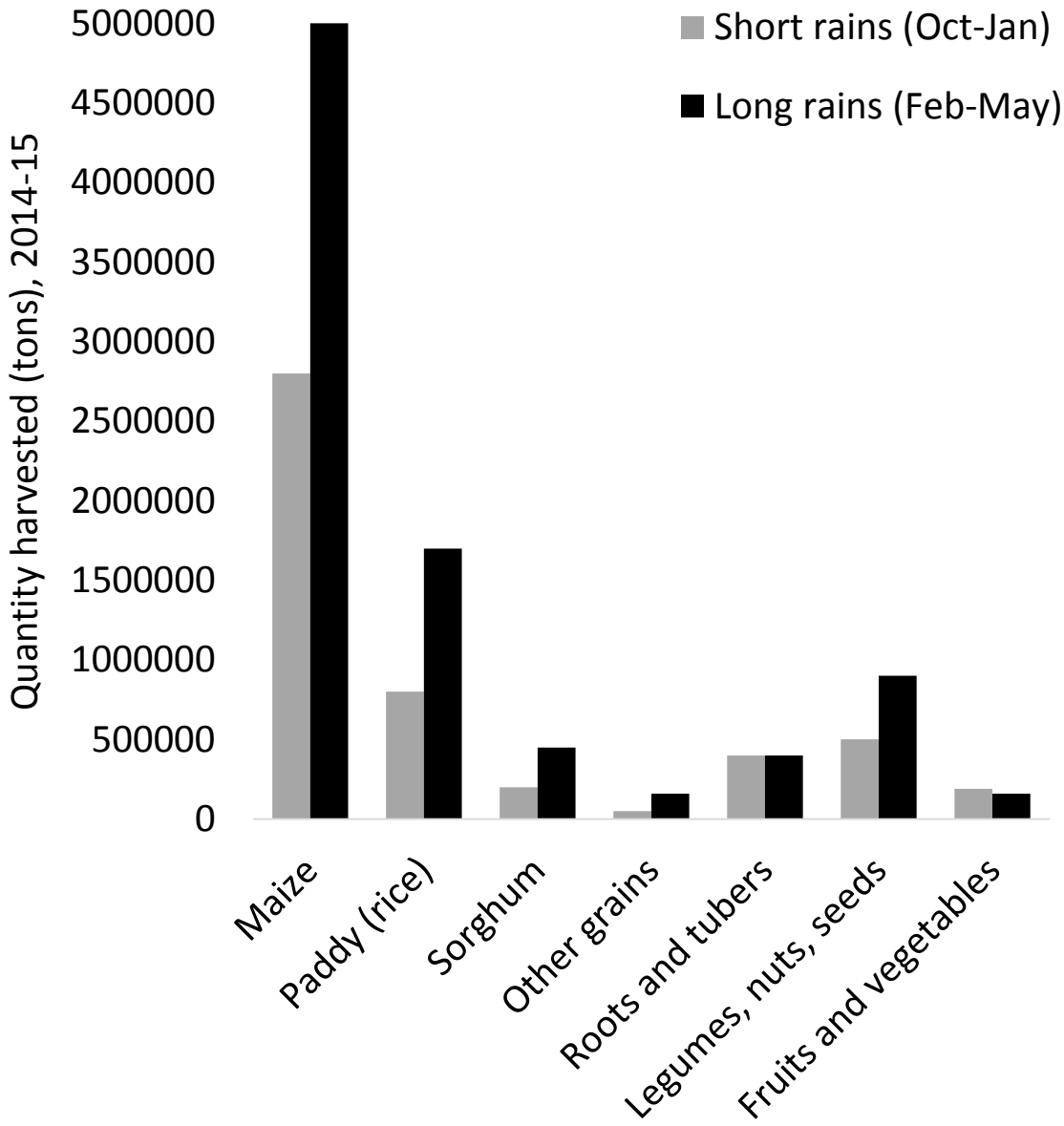
KEY MESSAGE 4

Fill the Nutrient Gap

Nutrition situation analysis framework and decision tool

Crop diversification
amongst smallholder farmers
is critical to
support better nutrition

Maize dominates domestic agricultural production



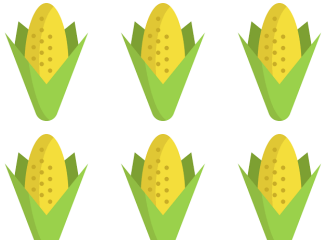
NBS 2014-15

Diversification of crops is critical…

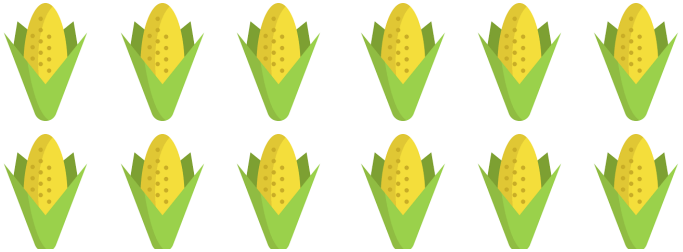
NBS 2014-15

Much food available in markets is produced domestically…

For 1 ton of fruit/veg harvested…



15 tons of maize Short rains



30 tons of maize Long rains

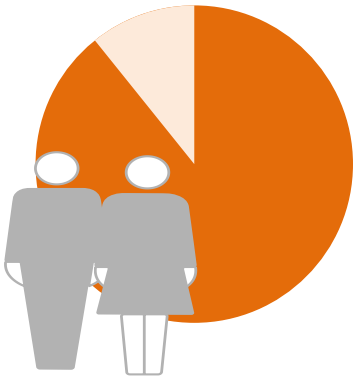
…food shortages are most common from October-February in areas with 2 rainy seasons (bimodal)

Agriculture is key to the economy…

Cochrane & Souza, WFP CFSVA, NMNAP

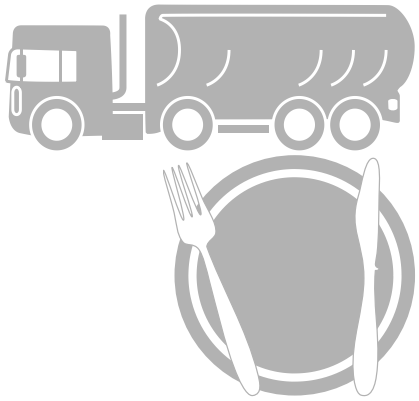
25%
of GDP

88%
of rural employed population



85%
of farmers cultivating <4 hectares

Food supply dependent on domestic agriculture



…yet smallholder farmers face many challenges

Cochrane & Souza, WFP CFSVA, NMNAP

Lack of modern inputs and techniques

Lack of access to credit

Reliance on rain – vulnerable to climate change

Insecure land tenure, especially for women

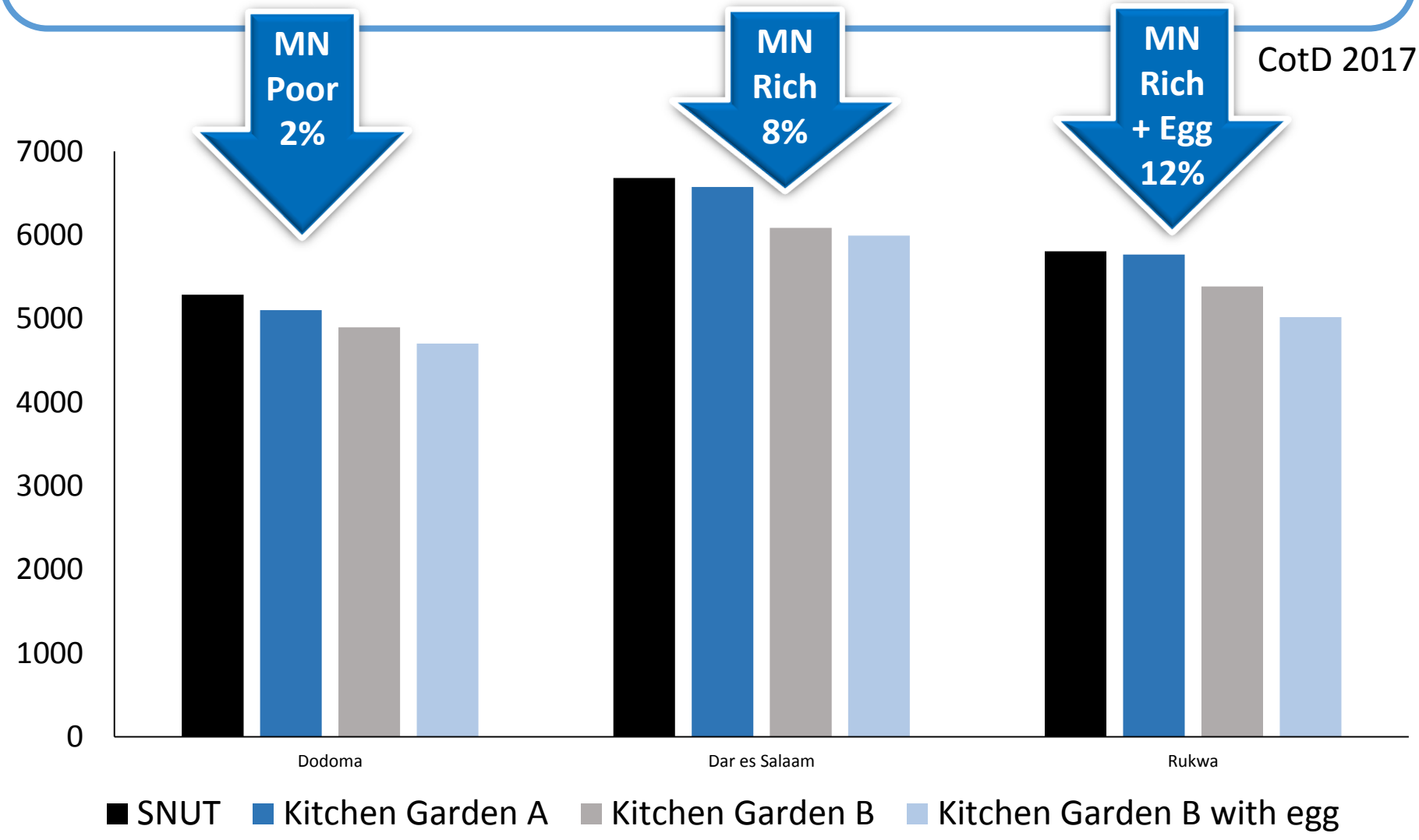
Modelling to improve access to nutrients

CotD 2017

Target group	Intervention	Transfer Modality	Possible Entry Points
Household	Kitchen Garden A- Cabbage Tomato Beans	Own production	Agriculture
	Kitchen garden B- Iron Fortified beans Amaranth Leaves Orange Flesh Sweet Potato	Own production	Agriculture
	Kitchen Garden B & Egg Production	Own production	Agriculture

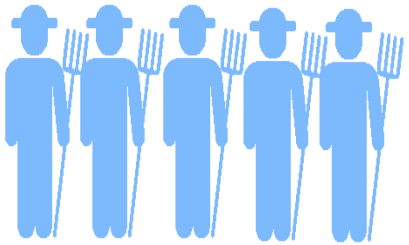
Household:

Kitchen Gardens with nutrient dense crops have great potential in reducing the cost of the diet



Many of the poor do not own agricultural land and require other platforms for nutrition security

FAO 2015; World Bank 2012



73% (41 million) of Tanzanians live in rural areas.

Estimated 46% (19 million) of these live and farm on smallholdings

10% rural households are landless

Approximately **4 million** Tanzanians
Have no access to smallholder farms.

KEY MESSAGE 5

Fill the Nutrient Gap

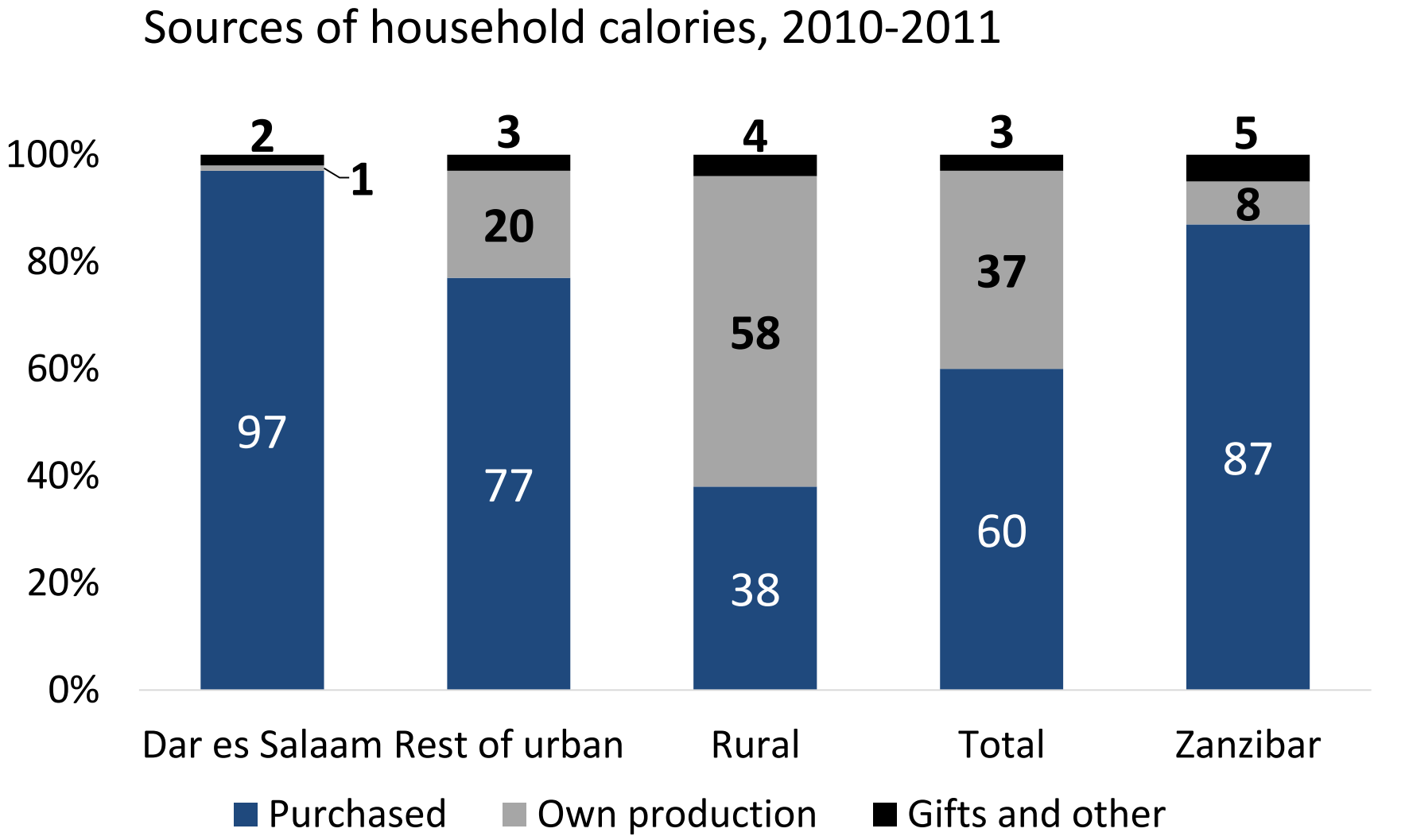
Nutrition situation analysis framework and decision tool

Markets

are an important platform for improving access to nutrient rich foods

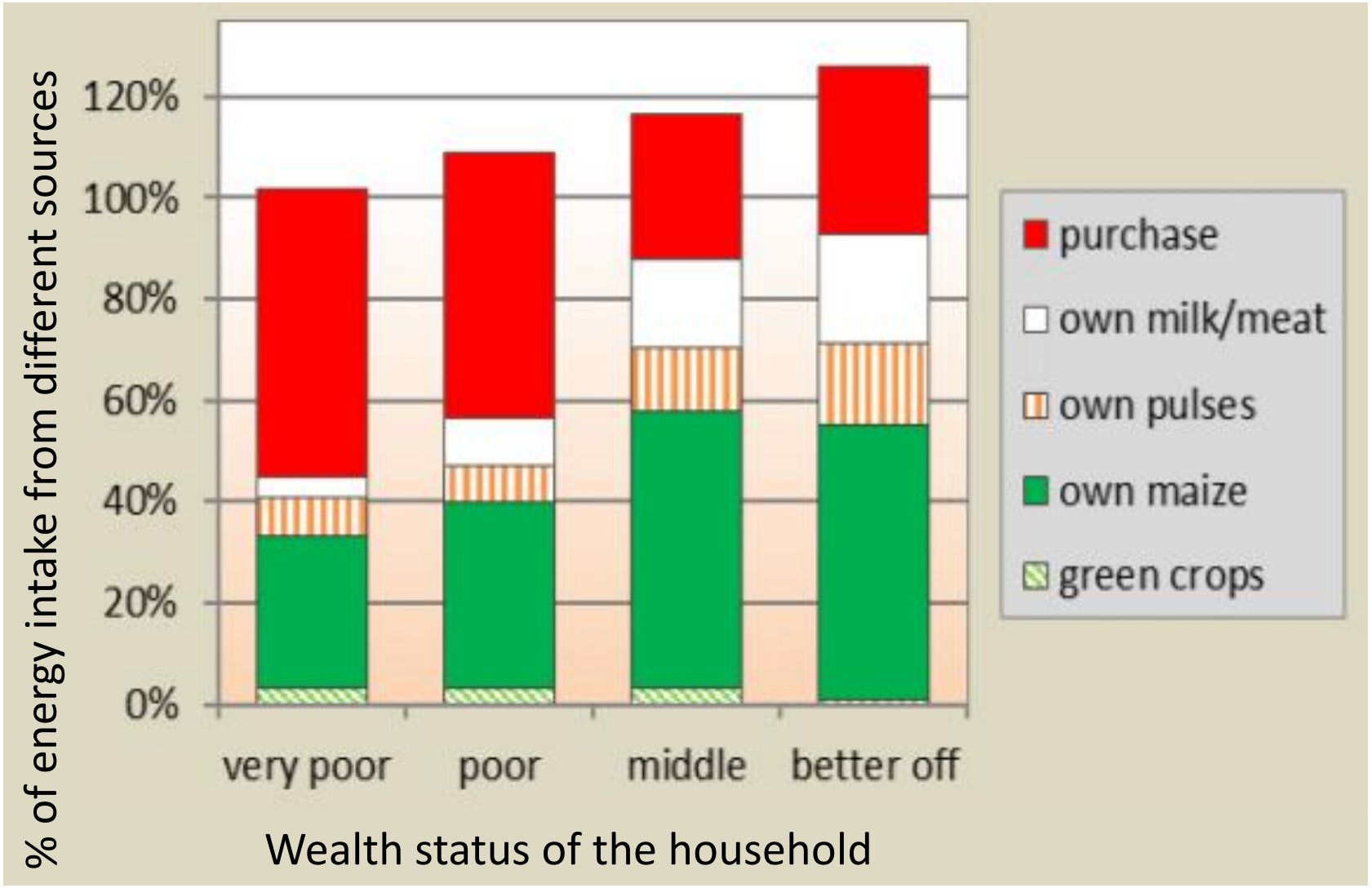
Even in rural areas, households rely on markets for more than 1/3 of their energy intake

WFP CFSVA 2013

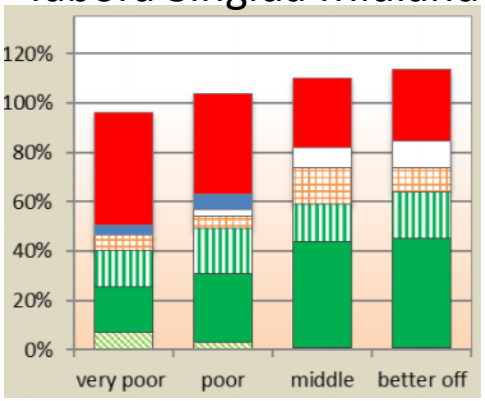


Poor households in particular rely heavily on markets

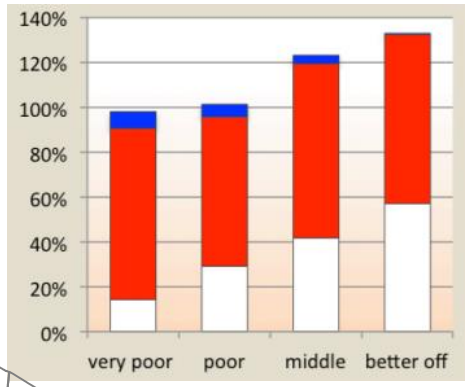
Tanzania Livelihood Baseline Profiles 2016



Tabora Singida Midland



Northern Maasai Pastoral



Purchase

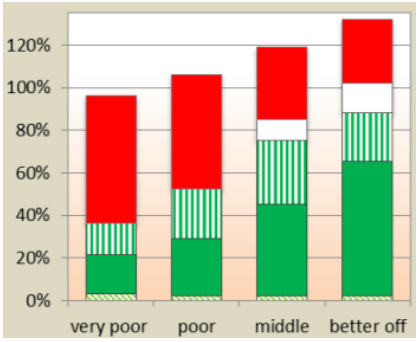
Own maize

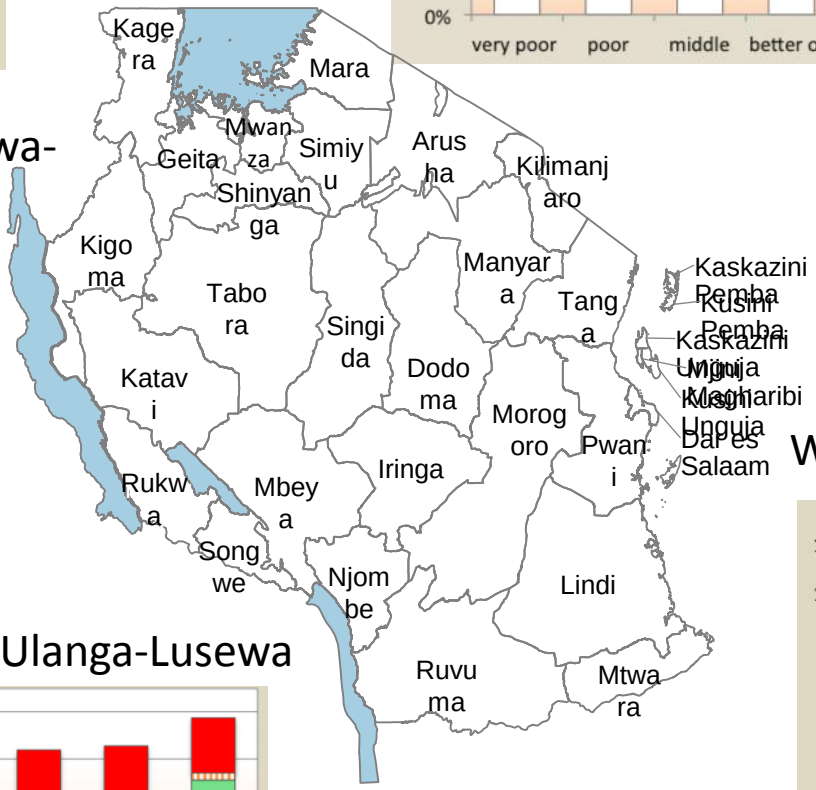
Own crops (other)

Own milk/meat

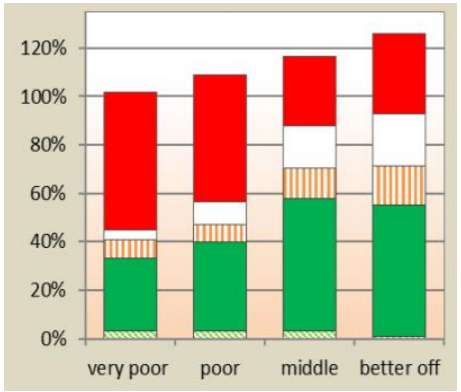
In kind payment

Kiteto-Kongwa-Mpwapwa-Mvomero

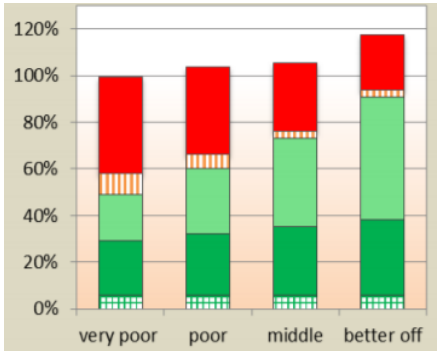




West Simanjiro-Monduli



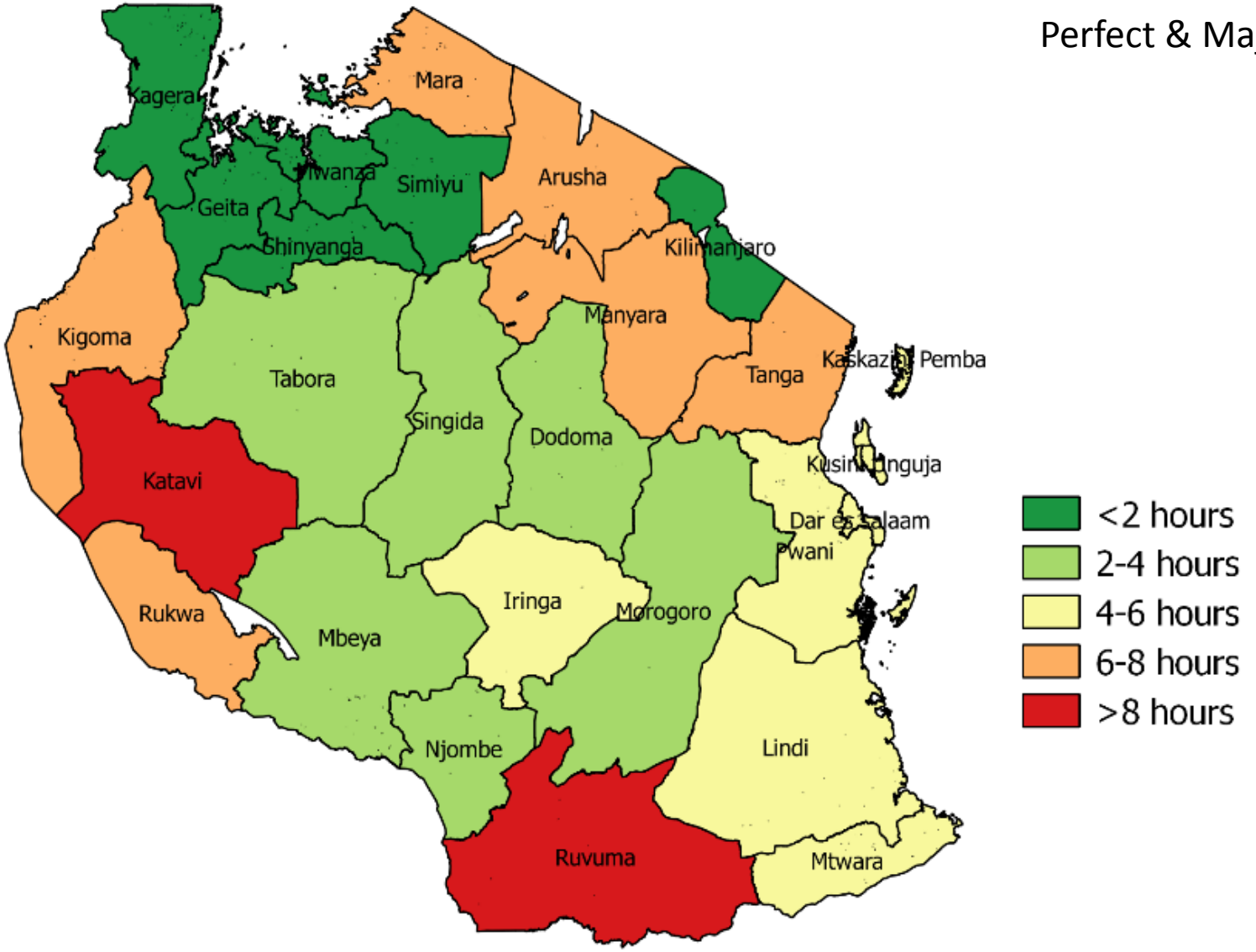
Kilombero-Ulanga-Lusewa



Tanzania Livelihood Baseline Profiles 2016

Lack of infrastructure restricts access to markets

Perfect & Majule 2010



KEY MESSAGE 6

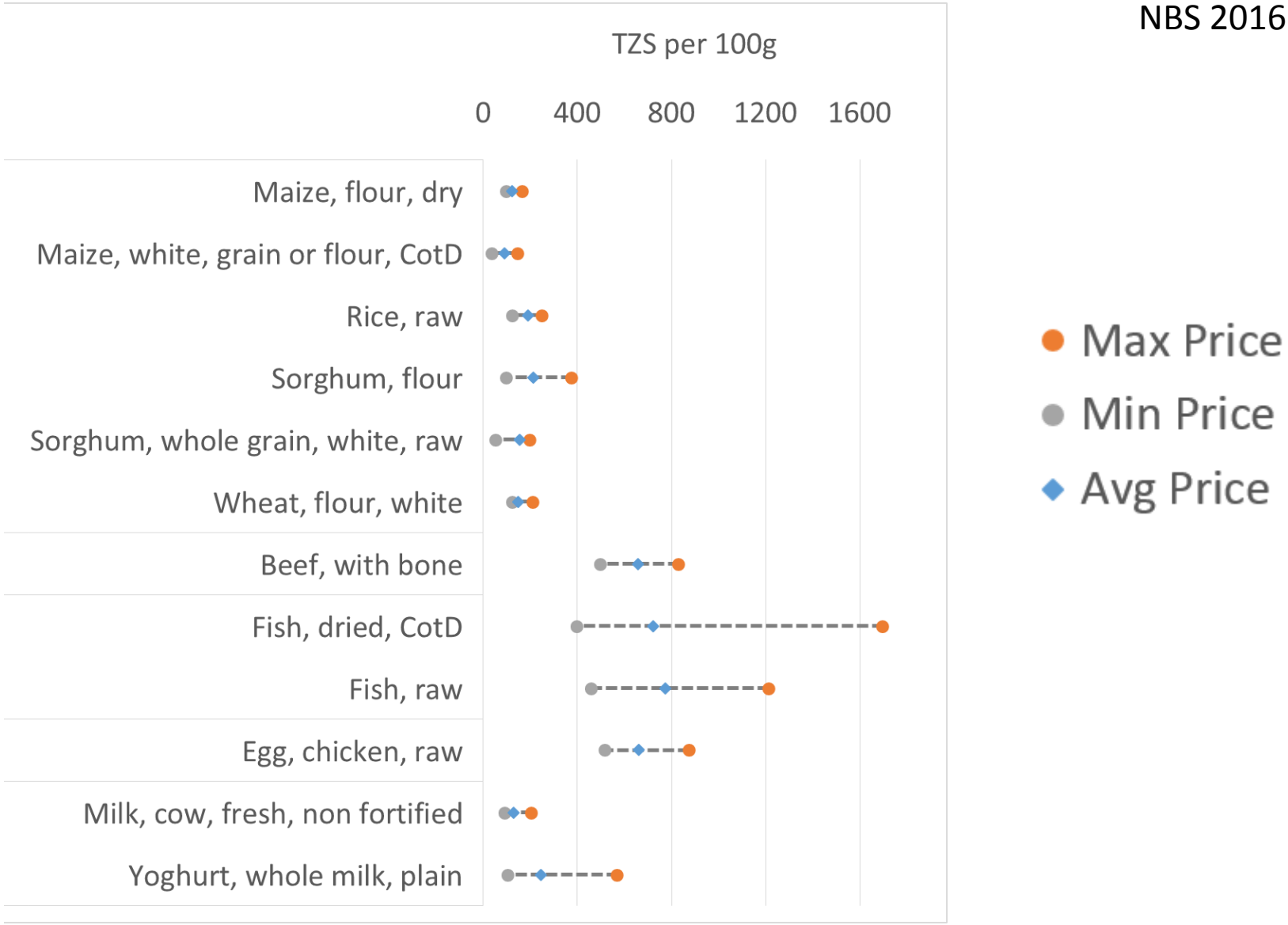
Fill the Nutrient Gap

Nutrition situation analysis framework and decision tool

Diets that **meet the nutrient needs** of different household members are unaffordable for poor households

Prices for most food groups vary widely across regions

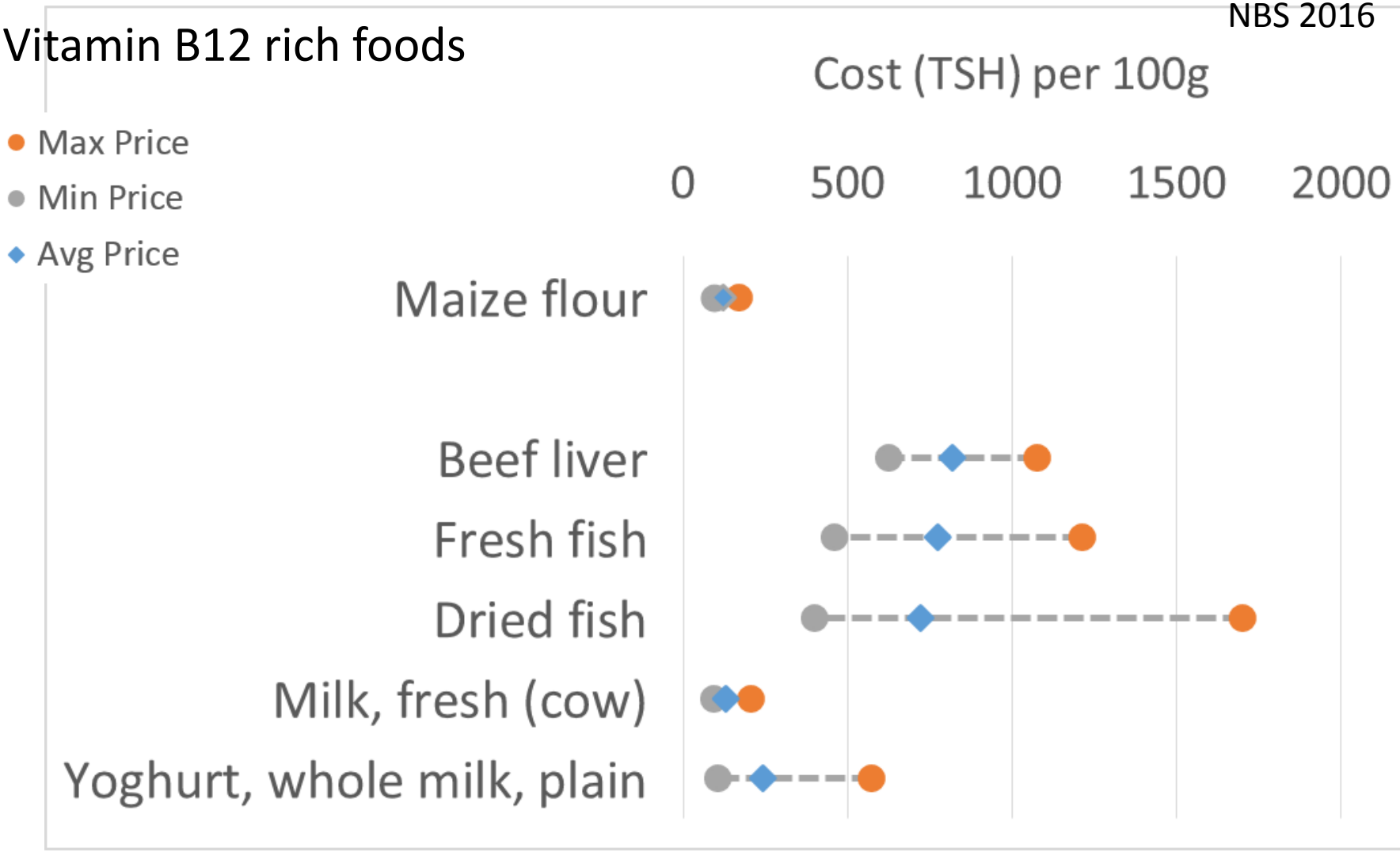
NBS 2016



Foods rich in micronutrients are expensive, have variable prices and are perishable

NBS 2016

Vitamin B12 rich foods

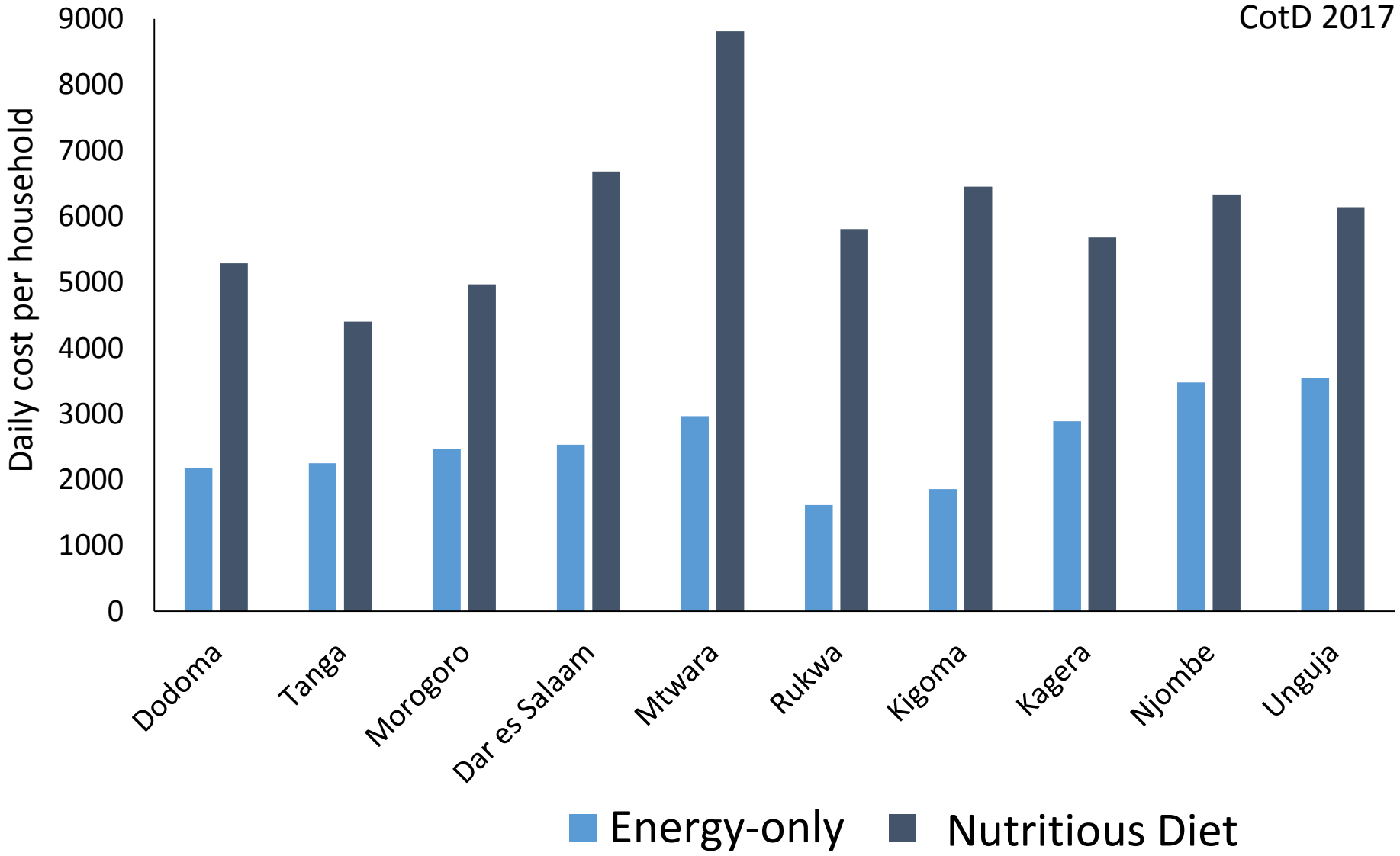


Prices for most food groups vary widely across regions

NBS 2016

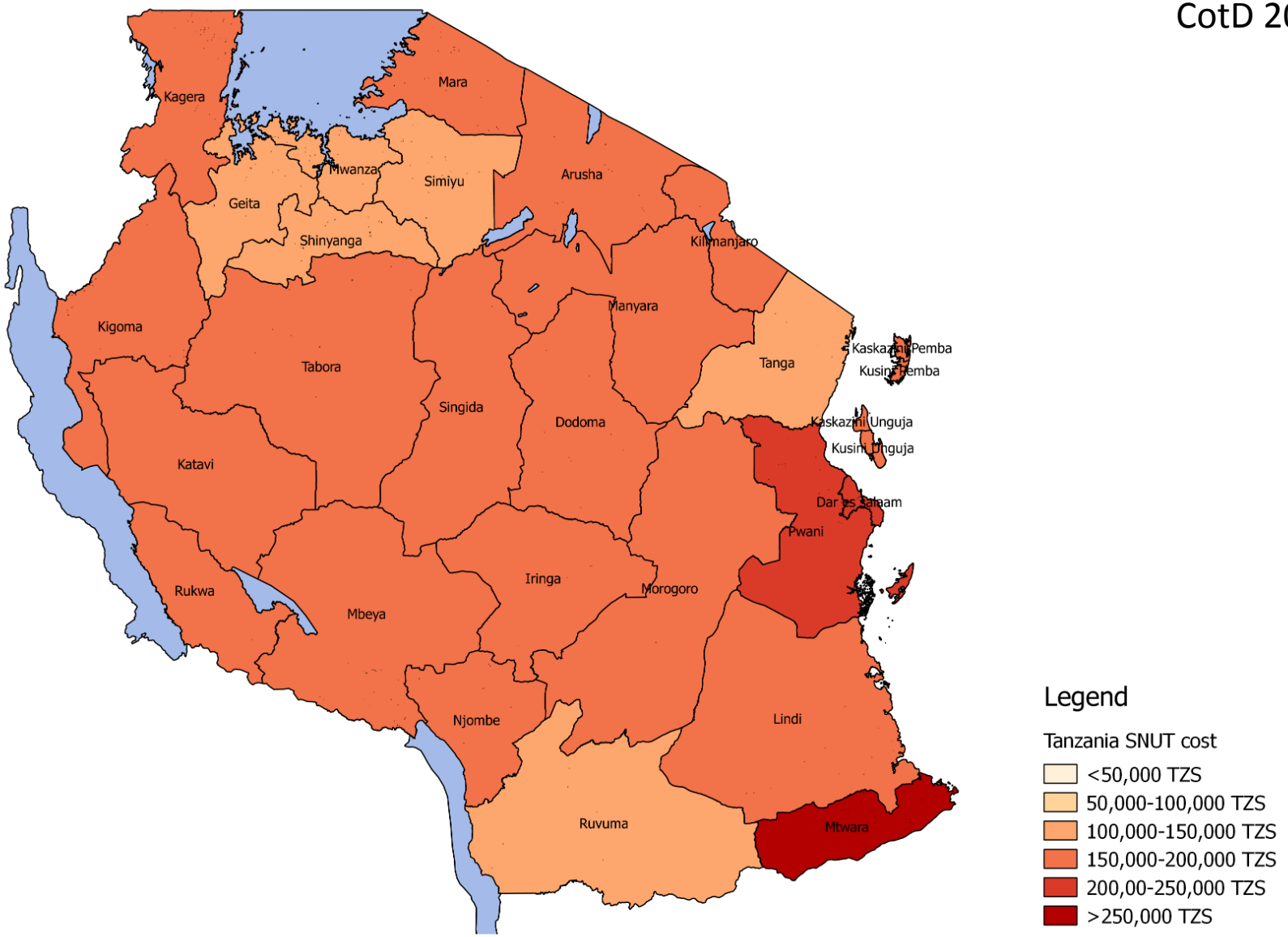
- **Significant variation** in prices between regions and across most food groups.
- **Largest price variability:** Chicken, fish, yogurt, butter.
- **Maize:** Generally least expensive staple with prices fairly steady across regions
- **Rice and wheat:** Average 1.5-2.0 X more than maize
- **Meat:** >2 X cost of legumes.

Nutritious diets are on average 2.5 times more expensive than diets that only meet energy needs



Nutritious diet for 5 person households cost Between 100,000 – 200,000 TZS / month

CotD 2017



Poverty causes widespread food insecurity and households spend half their income on food

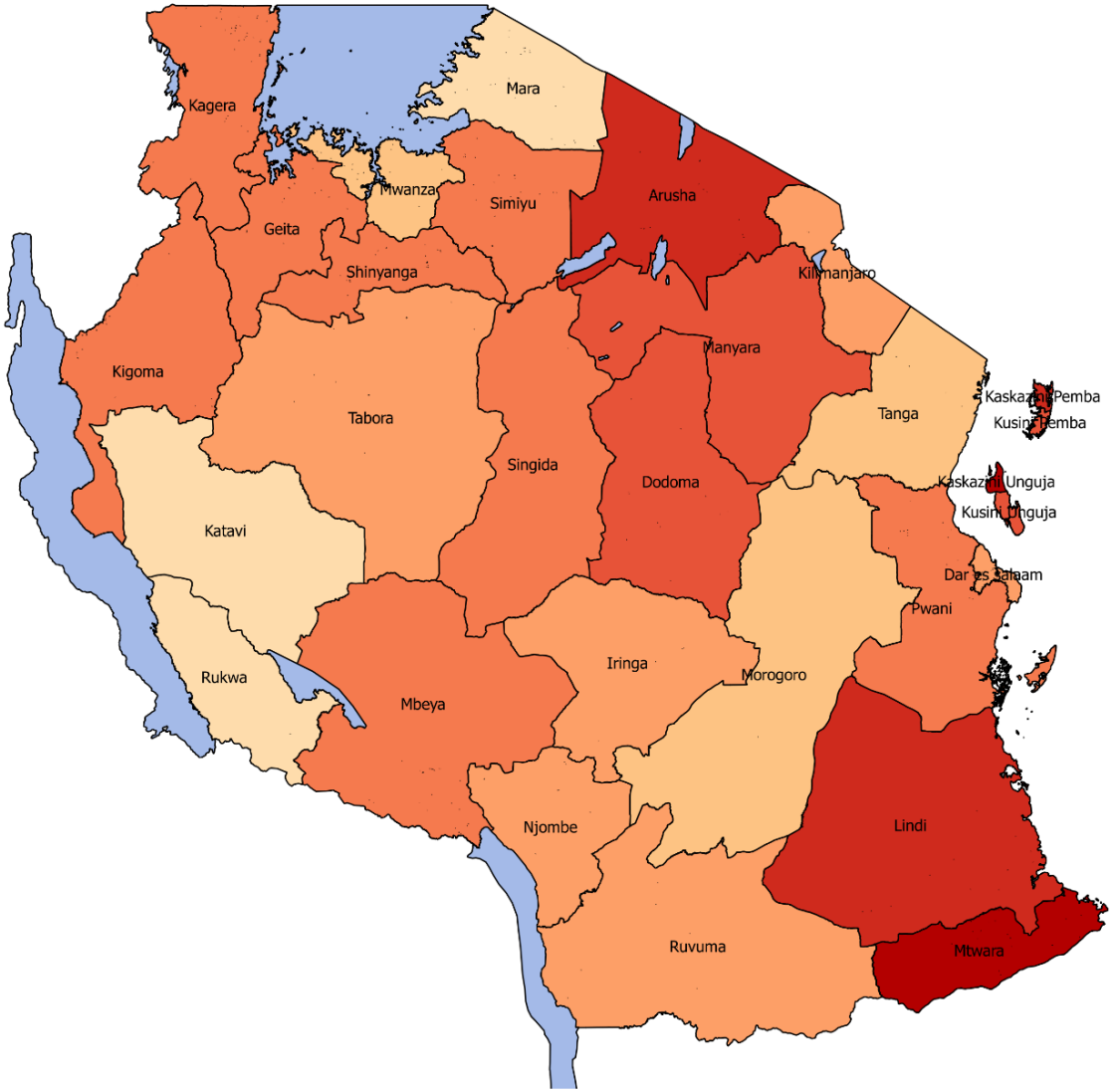
NBS 2014, OCGSZ 2016, CFSVA 2013

56% of expenditure is on food
70% poorest households

Poverty	Food insecurity
28% below basic needs poverty line (2011/12) **Disproportionately affects rural households** (Dar es Salaam 4% / Rural 33%)	**10% below food poverty line** **8% households food insecure** (2011} **15% high coping scores** – indicating severe food access issues

Non-affordability of meeting just energy needs high in the south and Arusha

CotD 2017



20% of households nationally

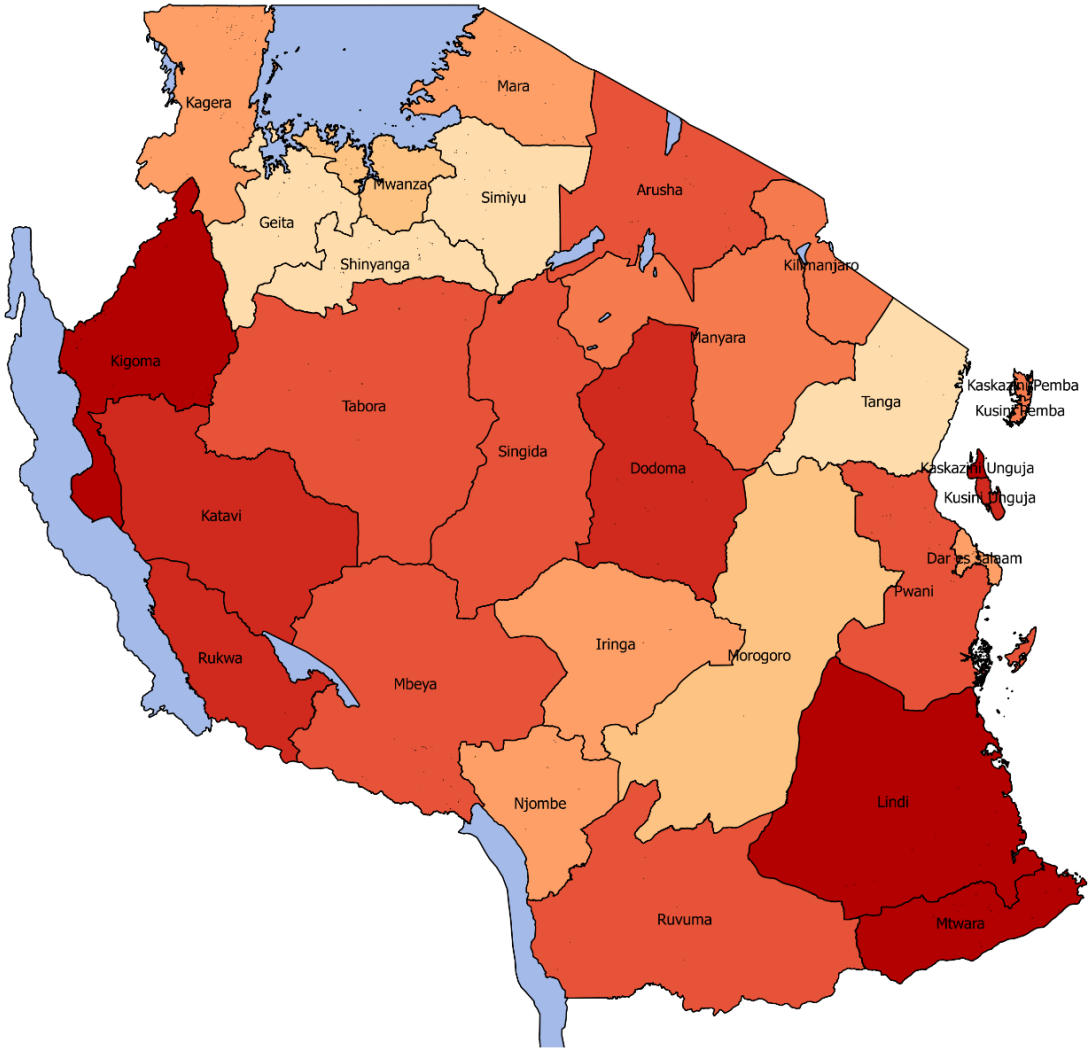
Legend

Non-Affordability Energy Only

- <5%
- 5-10%
- 10-15%
- 15-20%
- 20-25%
- 25-30%
- 30-35%
- >35%

59% of households cannot afford a nutritious diet
Non-affordability particularly high in south and west

CotD 2017



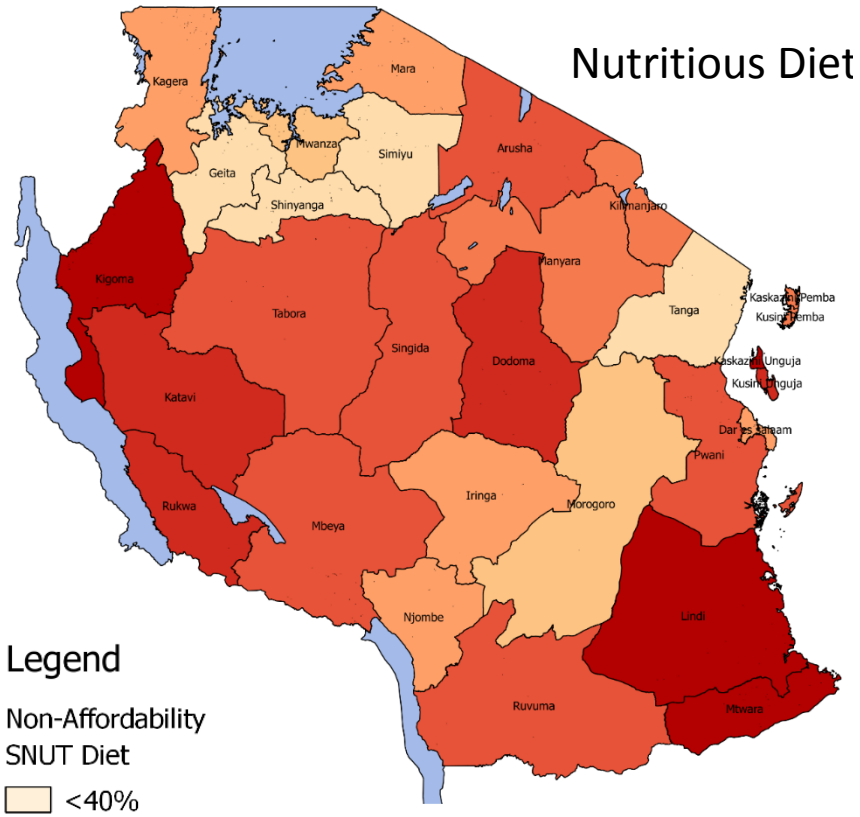
Legend

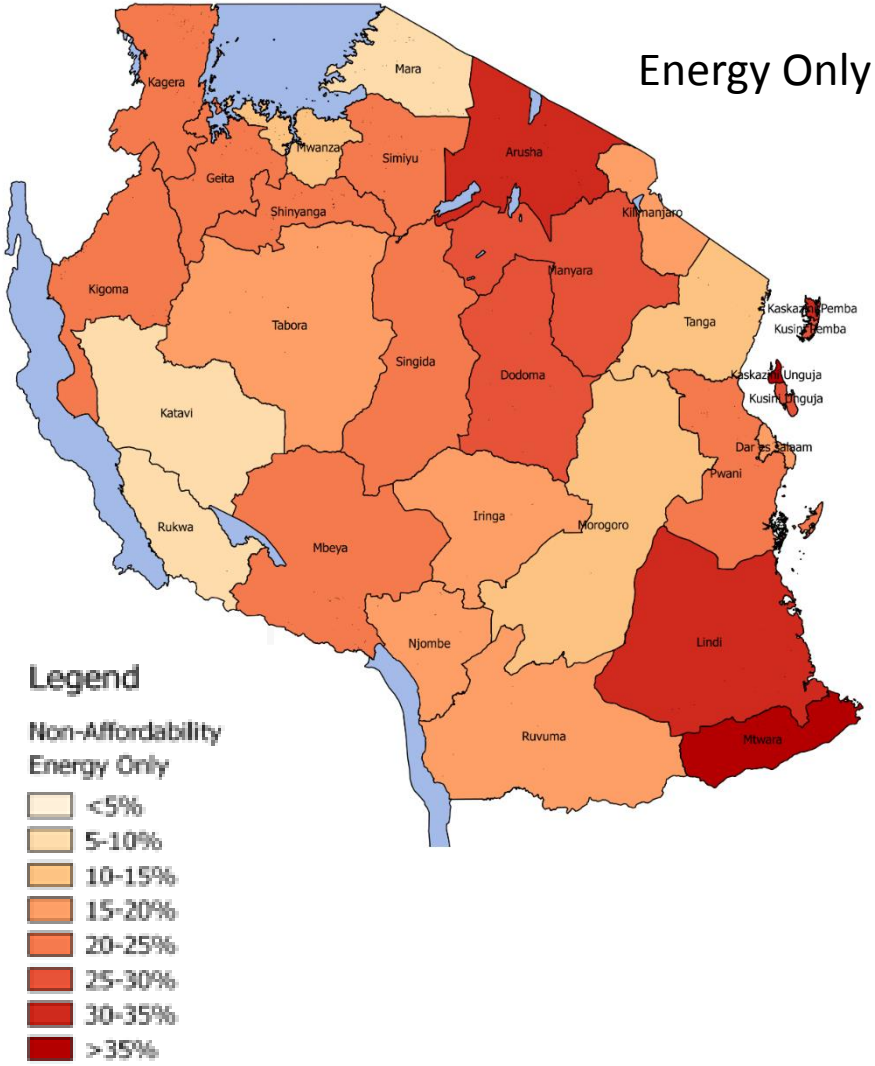
Non-Affordability SNUT Diet

- <40%
- 40-45%
- 45-50%
- 50-55%
- 55-60%
- 60-65%
- 65-70%
- >70%

It is more difficult to afford a diet that meets nutrient needs than one that only meets energy

CotD 2017





KEY MESSAGE 7

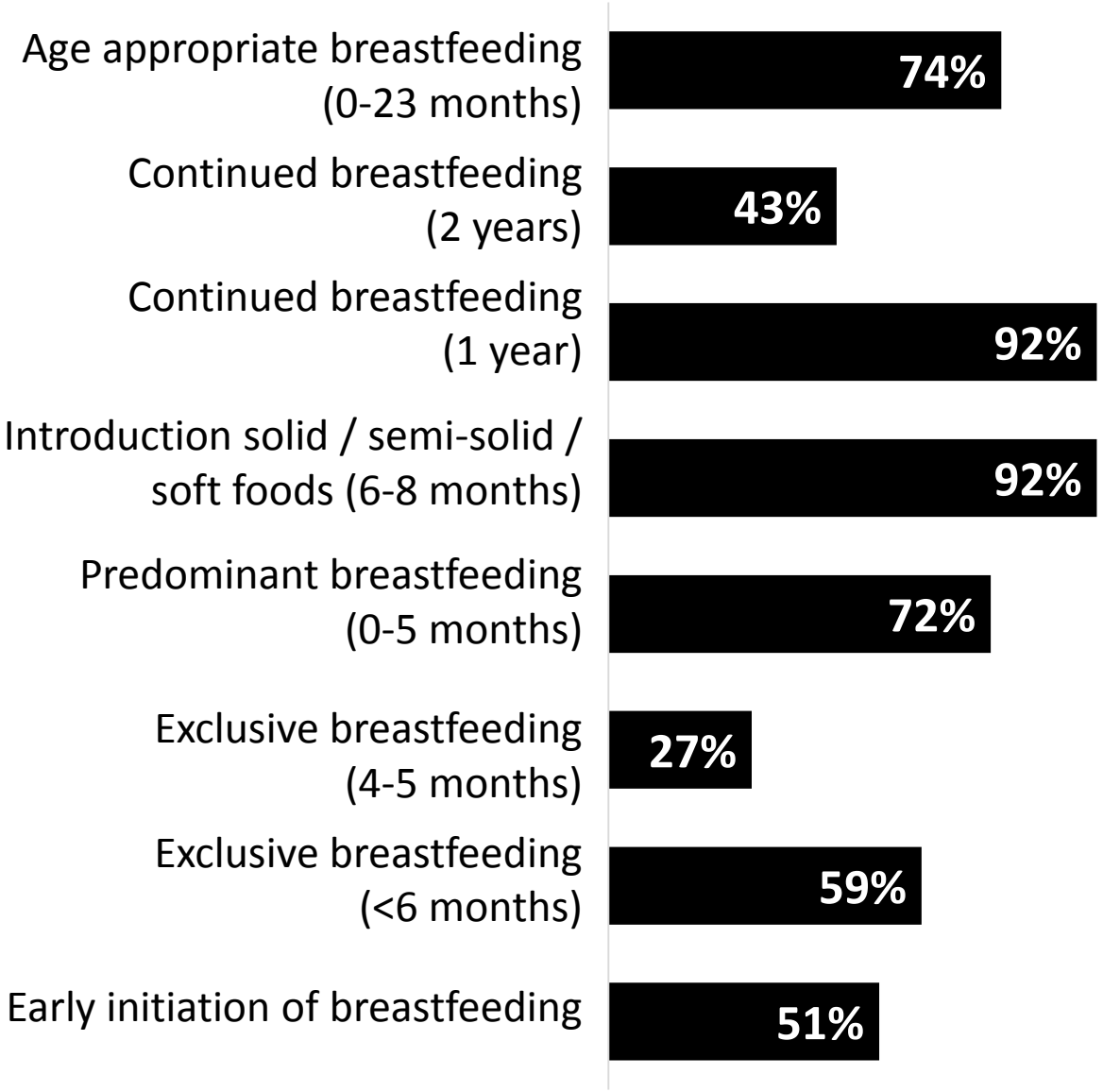
Fill the Nutrient Gap

Nutrition situation analysis framework and decision tool

Infant and Young Children Feeding practices are inadequate country-wide

Key Barriers:

- Economic Access
- Time



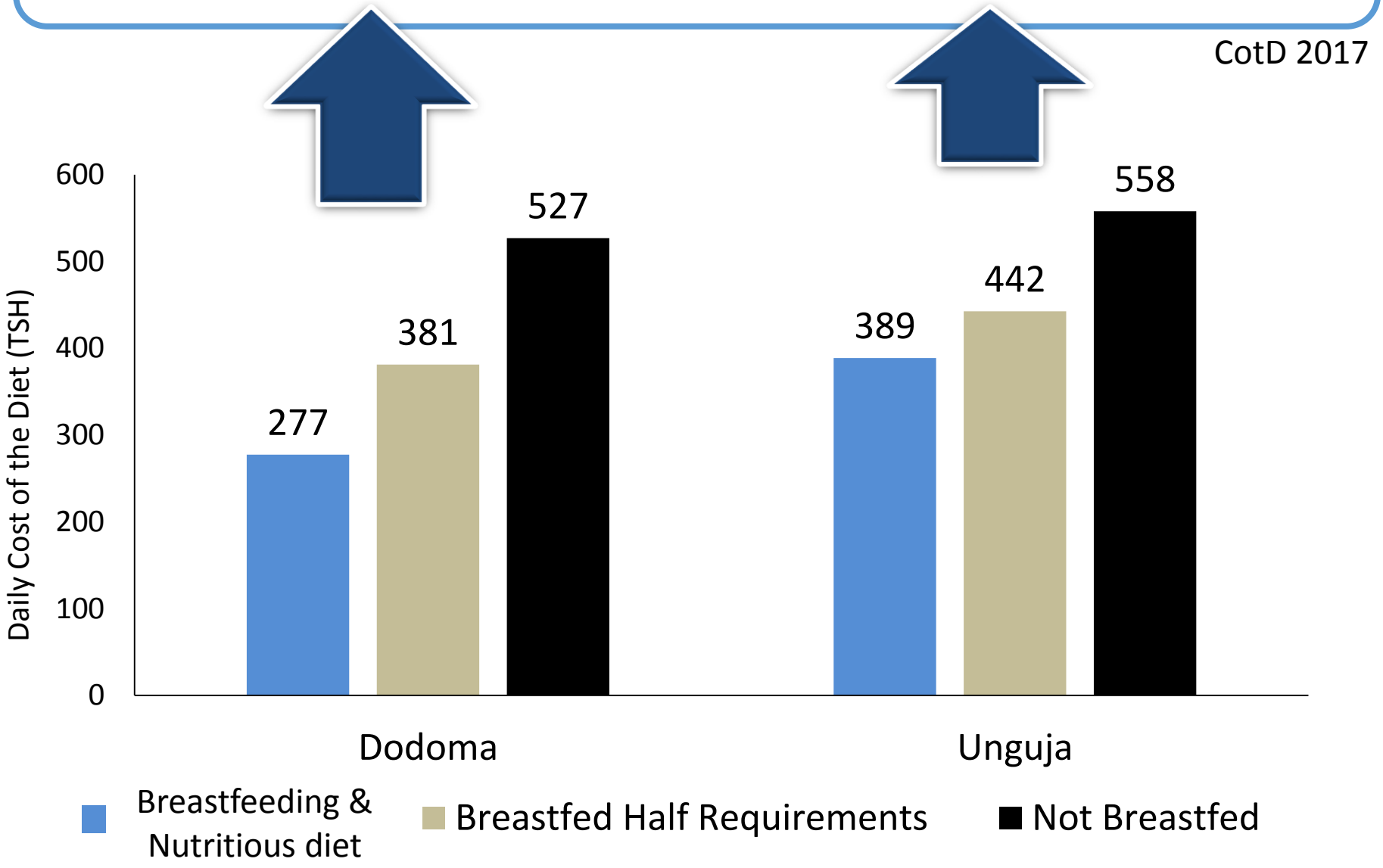
Exclusive breastfeeding does not last long enough

Complementary foods are introduced too early

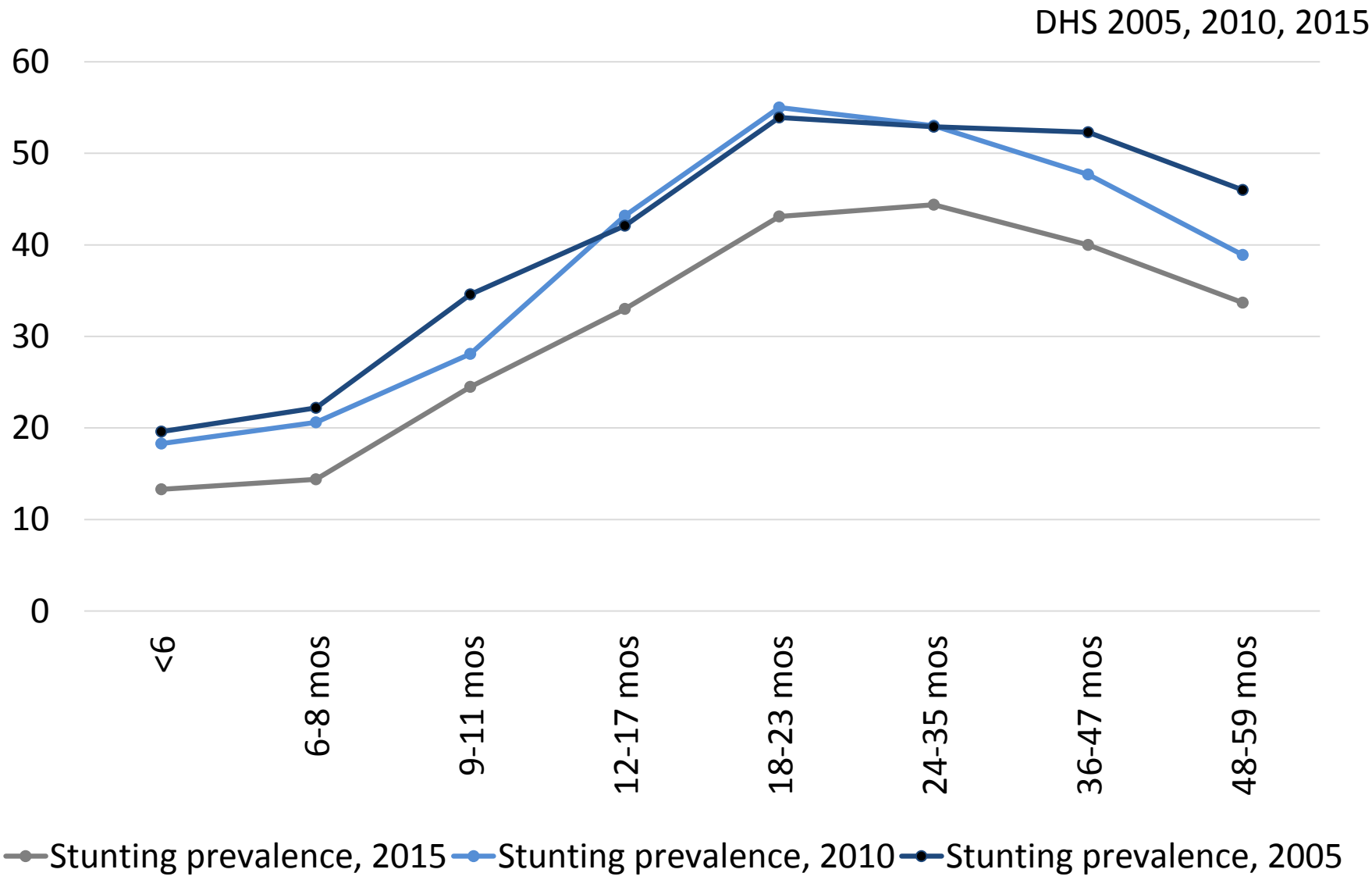
DHS 2015-16

Not breastfeeding could dramatically increase the costs to feed a child 12-23 months

CotD 2017



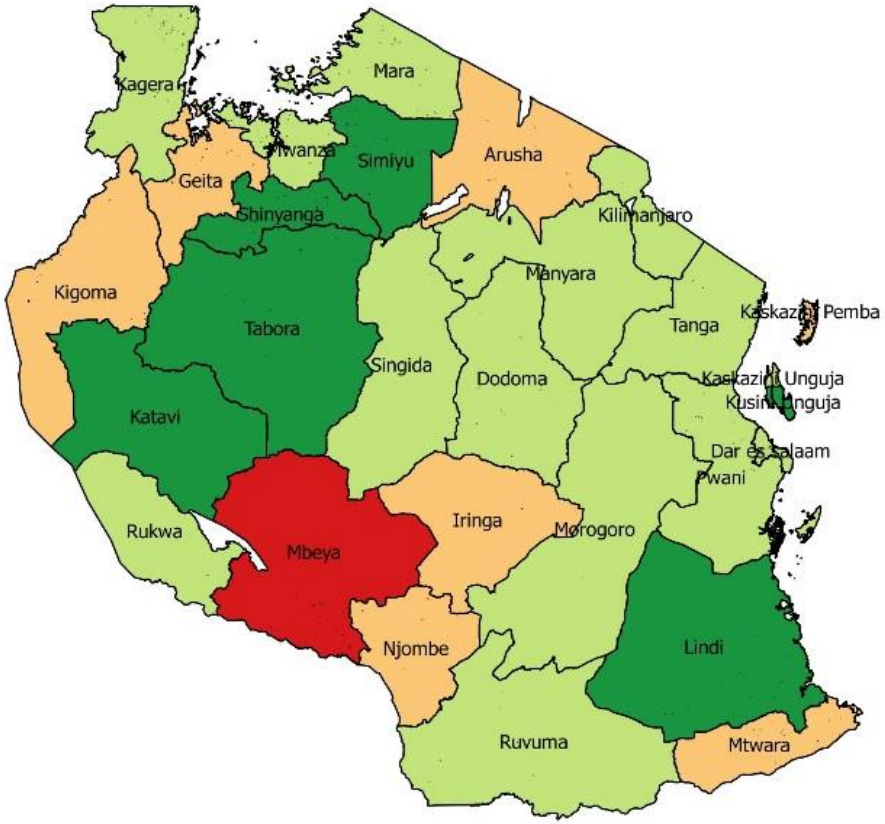
Complementary feeding is a critical time



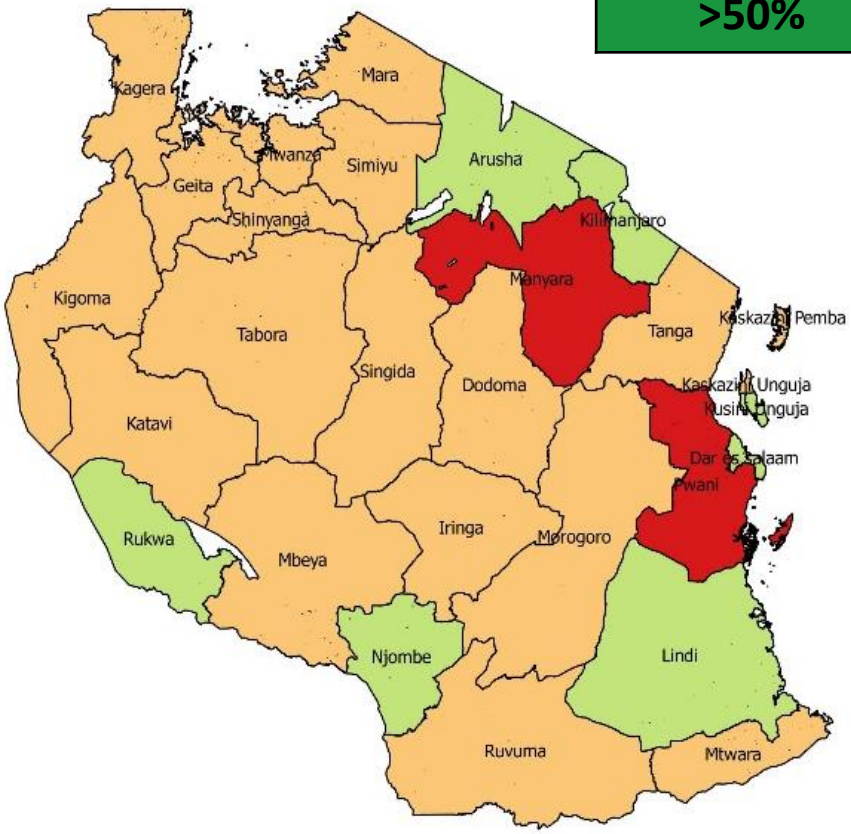
Minimal acceptable diet is very low in children 6-23 months
National average 9%

DHS 2015

Legend
<15%
15-30%
30-50%
>50%

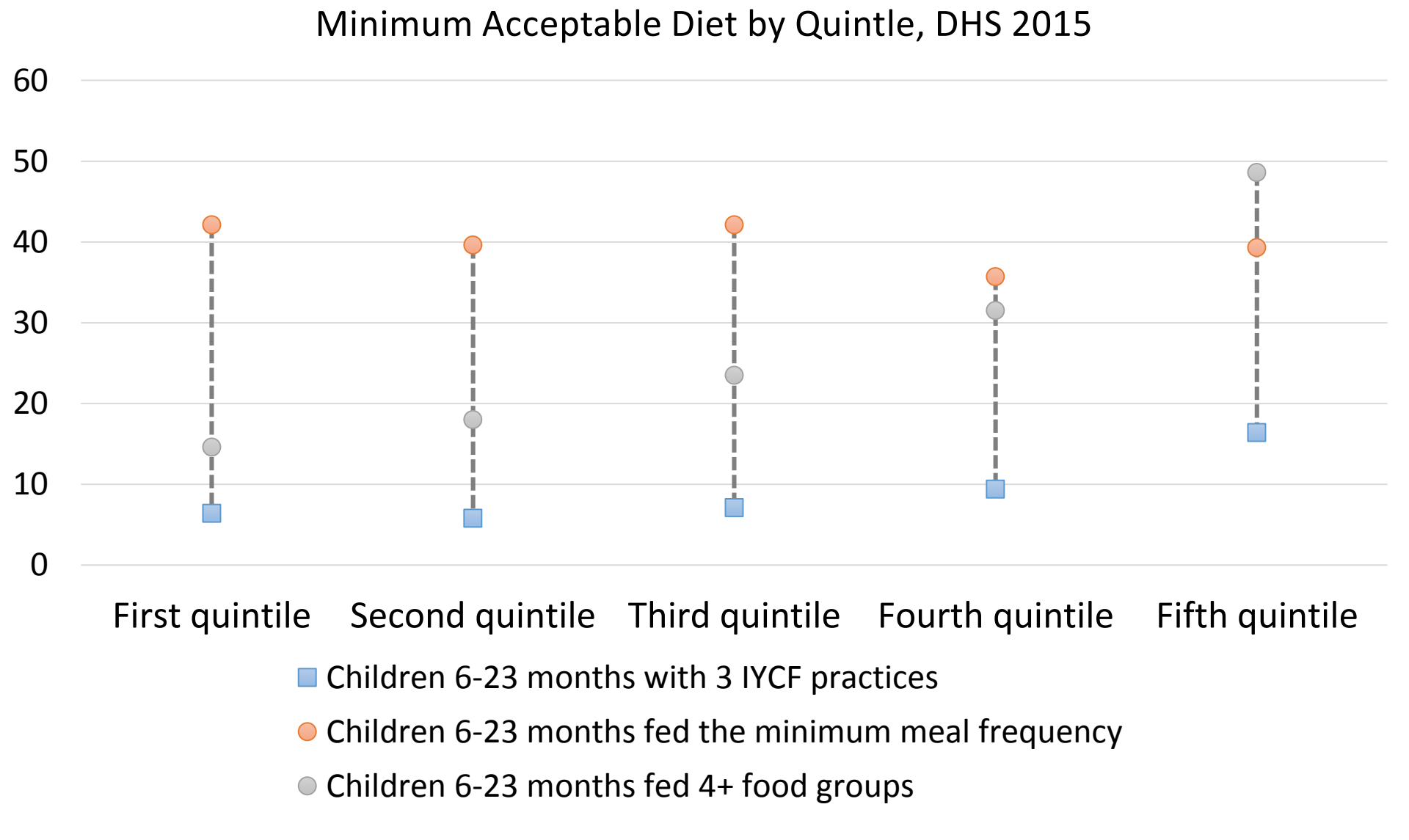


Minimum meal frequency



Minimum dietary diversity

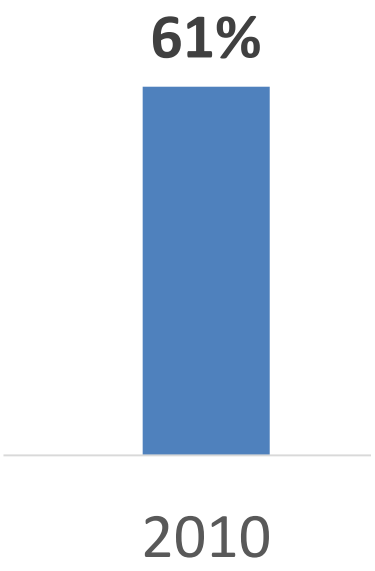
Income plays an important role in achieving a diverse, nutritious diet



Vitamin A supplementation indicates room for improvement

DHS 2010

Coverage
(children 6-59 months)



Large regional discrepancies

Evidence suggests that young children consume the same food as the household

Maliti 2016, DHS 2015

Study in 2 districts (Simanjiro/Longido):

- Children <5 mostly ate same foods as household.
- Separate food only prepared 1/4 (23%) of the time.
- Fewer than half (44%) ate from a separate plate.
- Children often did not eat meat or eggs (traditions/cultural beliefs).

Nationally:

- Children 6-23 months often did not consume meat, eggs, cheese, yogurt, or milk products.

Lack of time and awareness are barriers to good nutrition for children

Remes 2017

Barriers to appropriate feeding:

(ASTUTE study in 5 districts)

- **Insufficient time** to prepare special meals.
- **Fears** that if children become accustomed to too much food they will be unable to cope during shortages.
- **Lack of knowledge**.
- **Men less informed than women** and do not provide sufficient support for exclusive breastfeeding or appropriate complementary feeding.

Consumption of inappropriate foods by children a growing concern

ARCH 2015

ARCH labelling study:

- Identified 8 categories of
  Snack foods commonly fed to children <2 years:

  Biscuits-cookies / Cakes / Candy-sweets-chocolate / Chips-crisps / Yogurt / Soft drinks / Other sweetened beverage / Other products including soy flour porridge, milk powder, and cream cheese.

- **Imported commercially produced foods for general consumption** (snacks) that are often fed to young children were up to 9 X cheaper than imported commercially produced complementary foods.

Modelling to improve access to nutrients

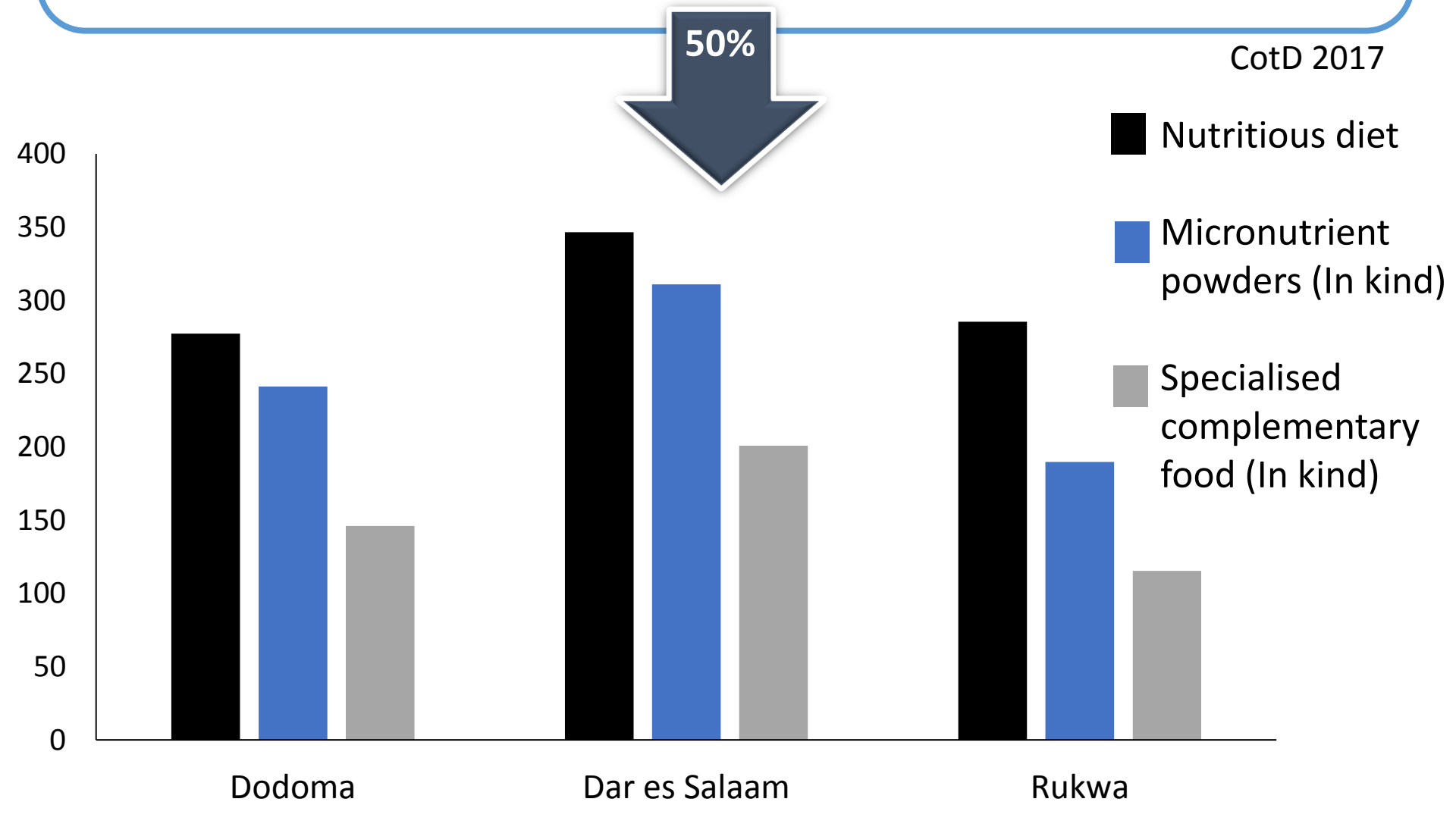
CotD 2017

Children 6-23 months

Intervention	Transfer Modality	Possible Entry Points
SQ-LNS (Specialised Nutritious Food)	In-Kind/Voucher Market (100 TSH)	• Health • Social Protection • Markets (Private Sector)
Multi-Micronutrient Powder (MNP)	Voucher/In-kind Market (100 TSH) Market (200TSH)	

Child 6-23 months:

Specialised Complementary Food given in kind is highly effective in reducing the cost of the diet

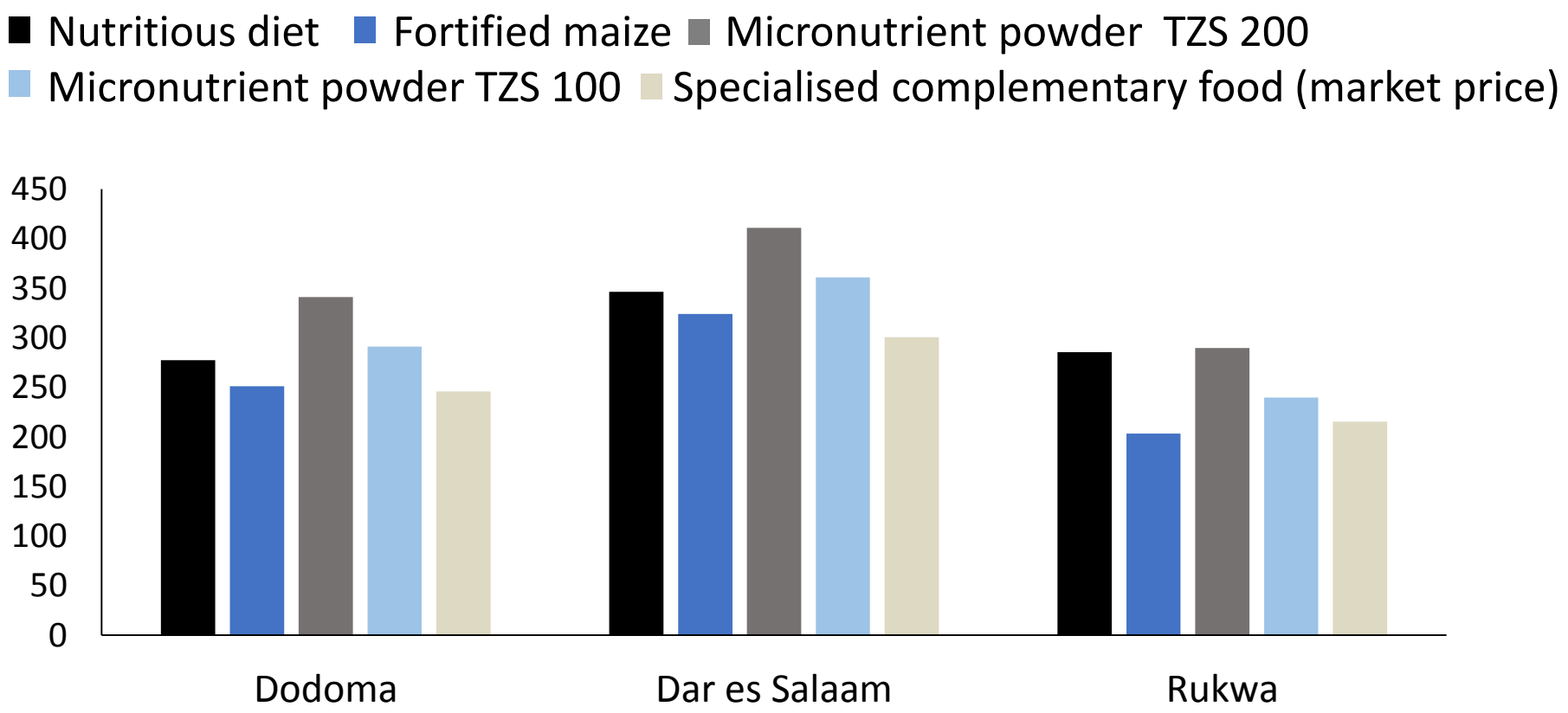


Child 6-23 months:

Market based interventions can be effective at reducing costs but the price points need to be considered carefully

CotD 2017

MNP at 200 TSH is ±1/3 of the cost of the diet



KEY MESSAGE 8

Fill the Nutrient Gap

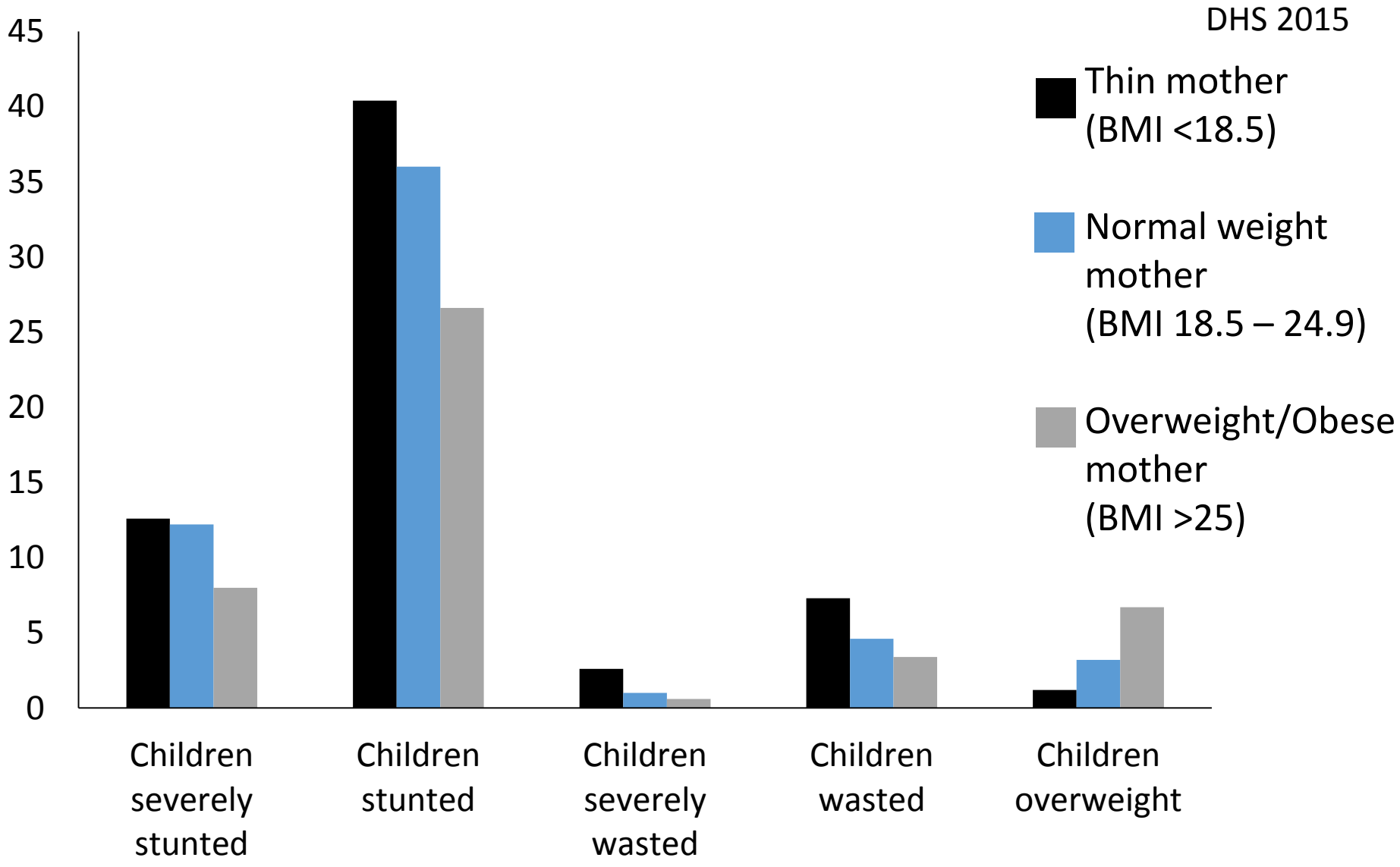
Nutrition situation analysis framework and decision tool

The diets of

women and adolescents girls

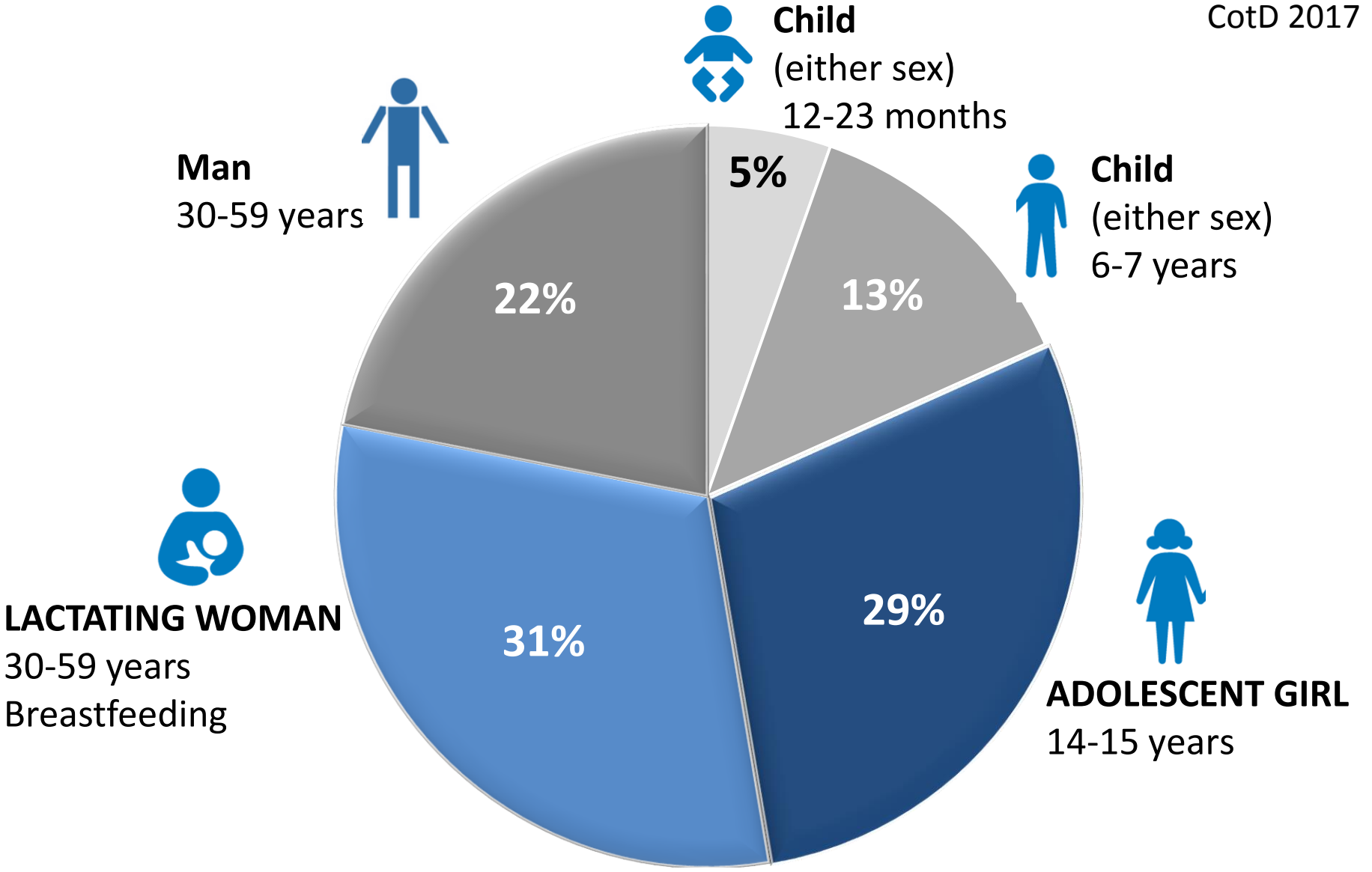
are poor

The nutritional status of women is associated with childrens nutritional status



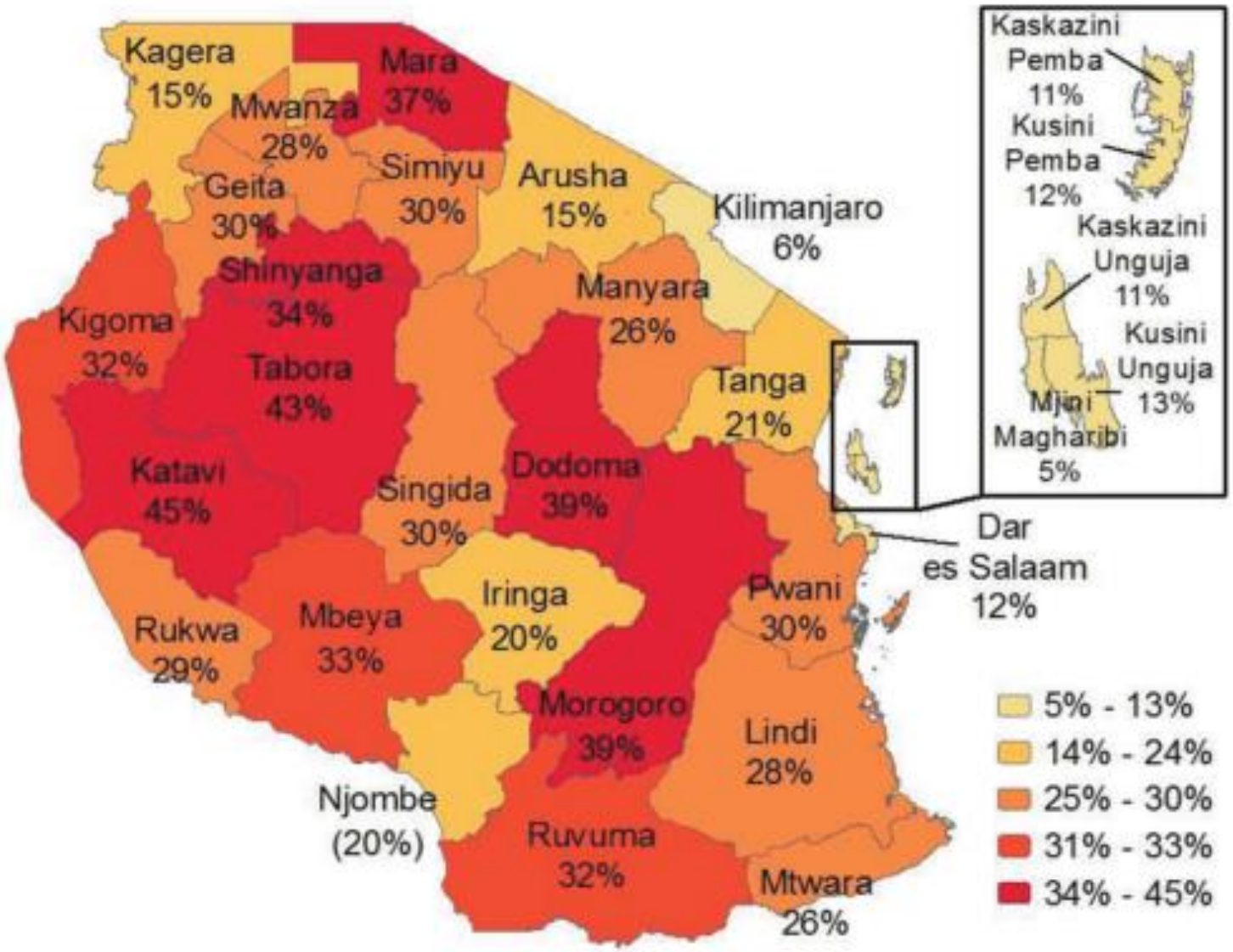
Breastfeeding women & adolescent girls contribute to 60% of household's diet costs

CotD 2017



½ of women begin childbearing before age 20
¼ are pregnant between age 15-19 years

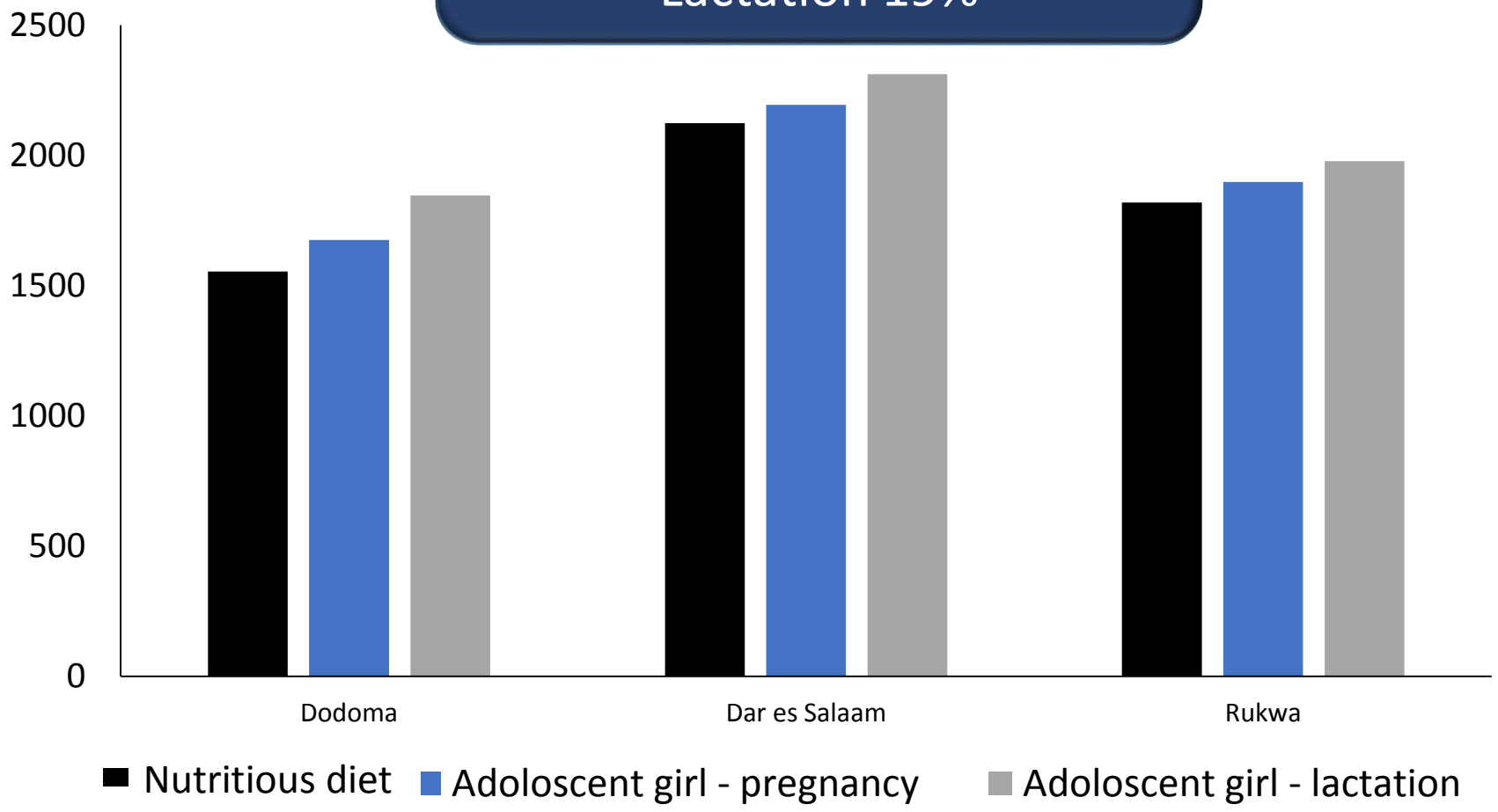
DHS 2015-16



Meeting the needs of adolescent girls is already expensive
Pregnancy/lactation increases diet costs and vulnerability

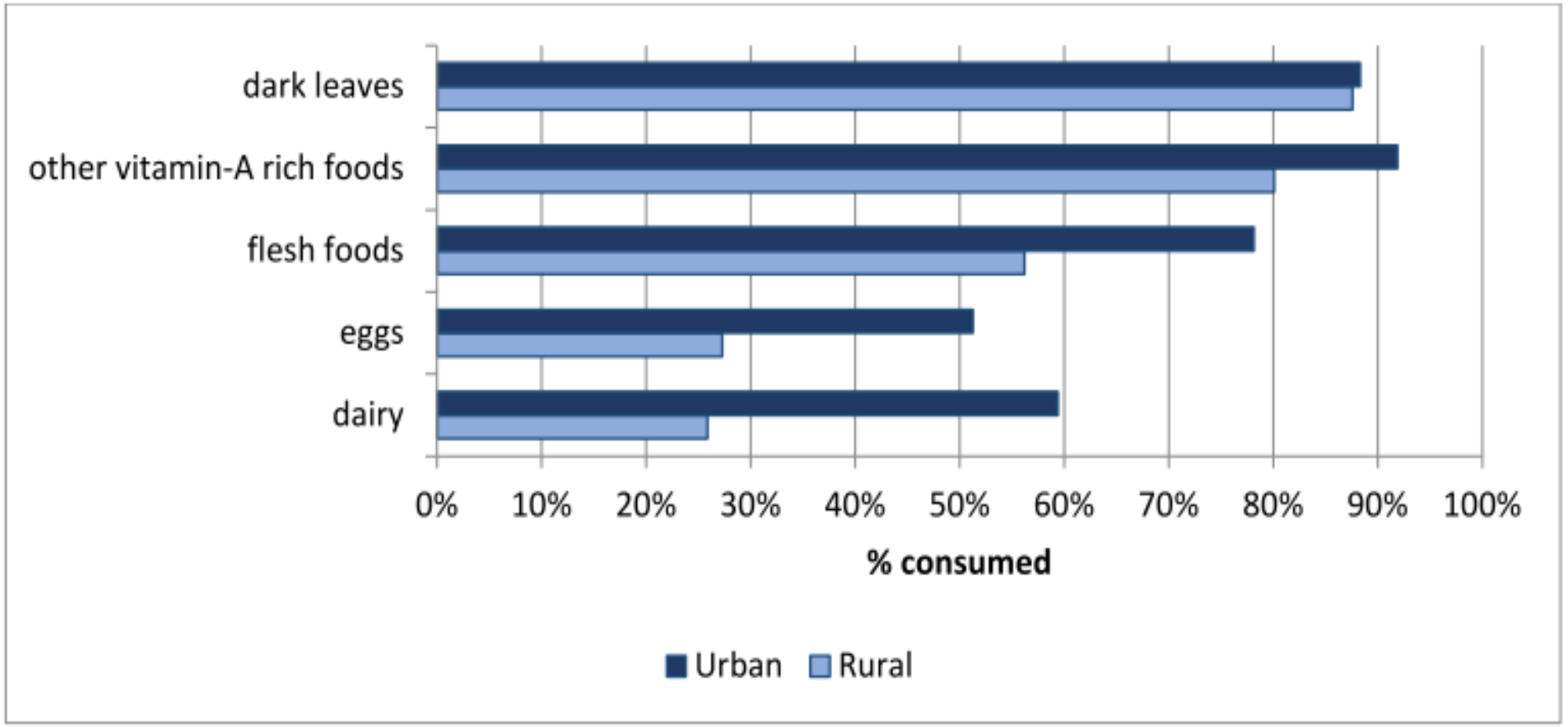
CotD 2017

Diet cost increases by up to:
Pregnancy 7%
Lactation 19%



75% of women (in 2 regions) met dietary diversity
Higher in urban than rural areas

Smith & Kaishozi 2016



Time, knowledge and costs are barriers to good nutrition for women

Smith & Kaishozi 2016, Remes 2017

- **Women:** Understand that nutritious food is expensive and therefore unaffordable, both during their pregnancies and for young children.

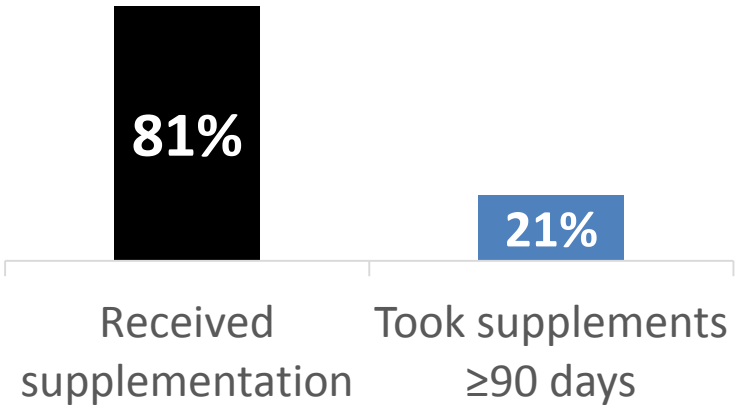
- **Pregnancy:** Women are unlikely to change their diets or habits – may restrict calories and continue working as usual.

- **Key influencers:** Husbands (ASTUTE study), mothers-in-law and community elders (Maasai study in Ngorongoro).

Duration and compliance of iron supplementation in pregnant women is a concern

DHS 2015

Iron supplementation for pregnant women



Anaemia most common in regions with lowest supplementation

Vitamin A supplementation

- Only ¼ of women nationally received vitamin A in the first 2 months after delivery.
- <10% in Rukwa and Shinyanga.

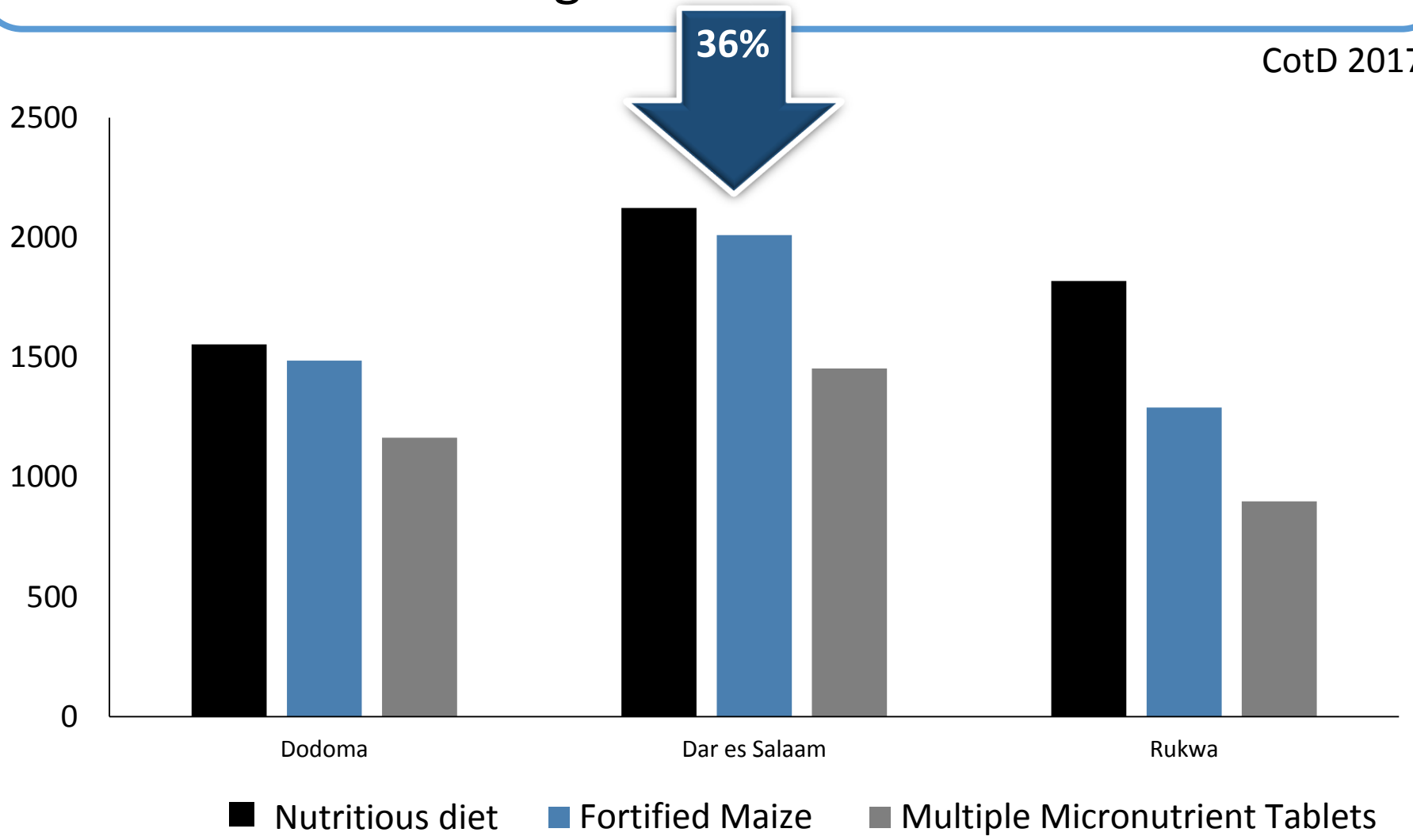
Modelling to improve access to nutrients

CotD 2017

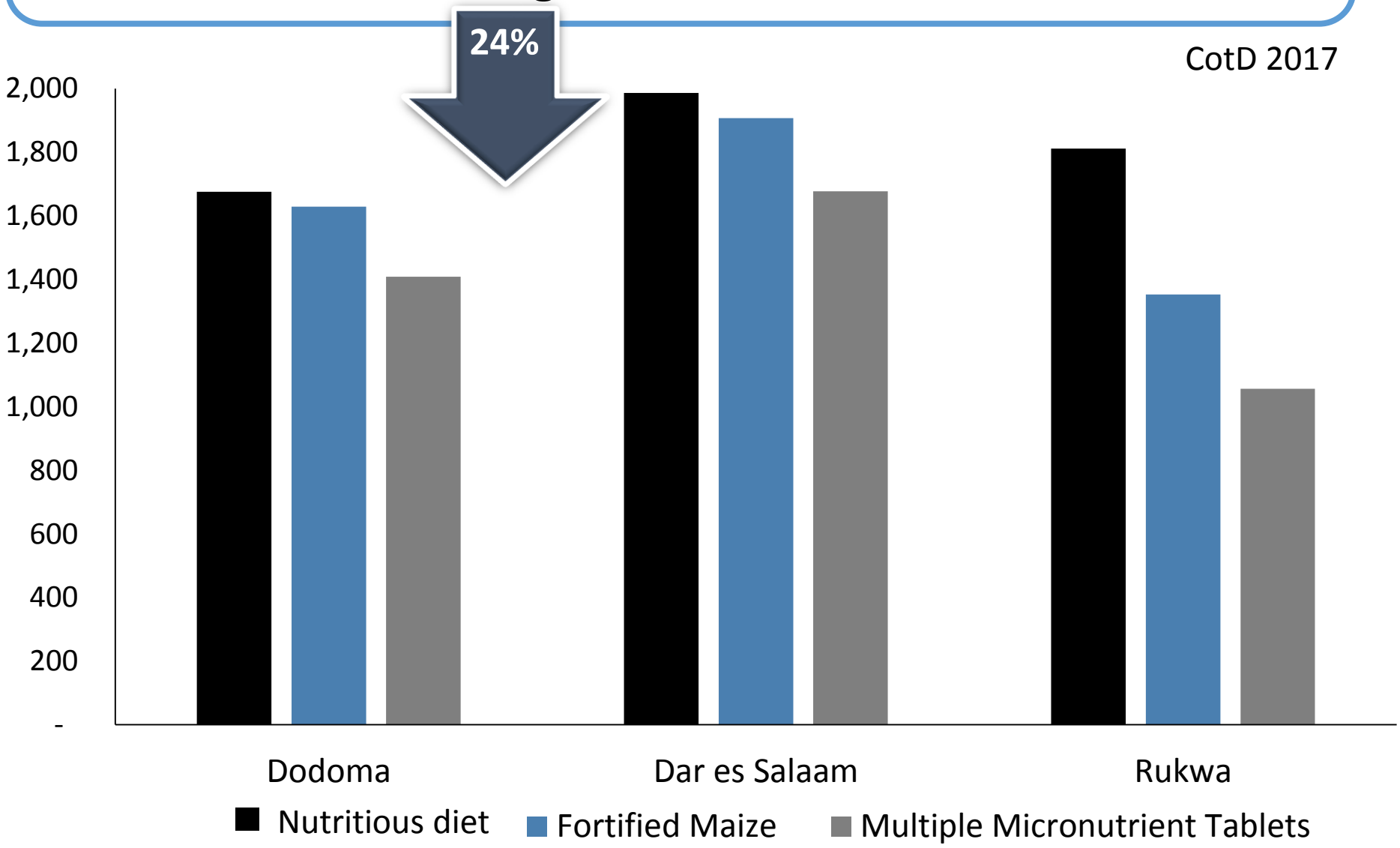
Target group	Intervention	Transfer Modality	Possible Entry Points
Adolescent girls	Multi-Micronutrient Tablet (MMT)	Voucher/ In-kind	• Health • Agriculture • Social Protection • Markets (Private Sector)
Pregnant and lactating women	Multi-Micronutrient Tablet (MMT)	Voucher/ In-kind	

Adolescent girl:
A Multi-Micronutrient Tablet was highly effective at reducing the cost of the diet

CotD 2017



Pregnant and Lactating Woman:
A Multi-Micronutrient Tablet was highly effective at reducing the cost of the diet



KEY MESSAGE 9

Fill the Nutrient Gap

Nutrition situation analysis framework and decision tool

Great potential
to improve affordability
of a nutritious diet from
context-specific interventions

Fill the Nutrient Gap

Nutrition situation analysis framework and decision tool

PACKAGES TO BE CONSIDERED BASED ON THE MODELLING

Household interventions

+

Targeted interventions

+

Cash transfers

A package of targeted interventions…

- SQ LNS for Children under 2
- Multiple micronutrient table for Pregnant and Lactating Women and for Adolescent Girls

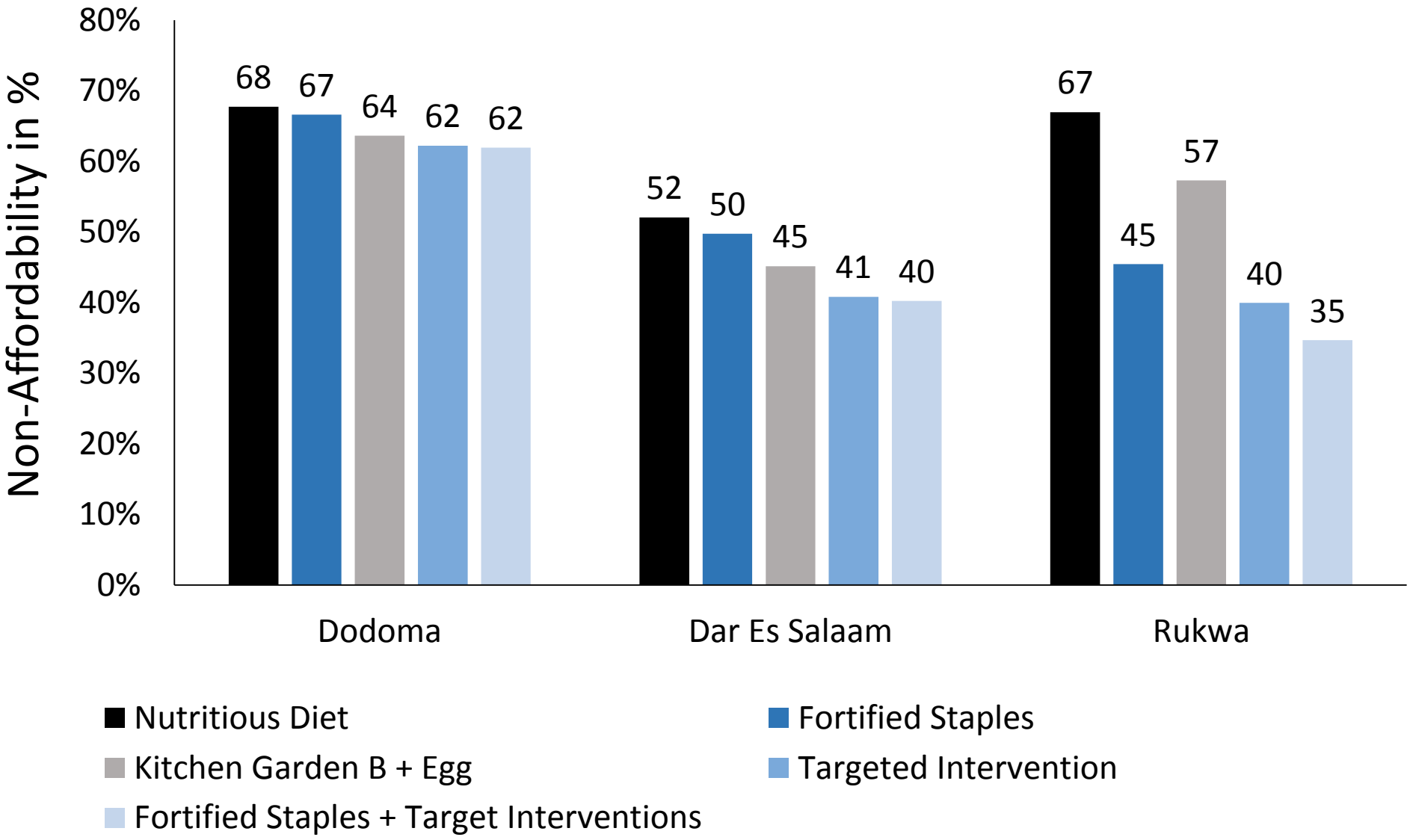
combined with household interventions:

- Fortified Maize

…could reduce non-affordability by 6-32 percentage points

Intervention packages to improve affordability

CotD 2017



Household:
Cash Transfers can reduce non-affordability by 11 to 16 percentage points and a further 12 to 46 percentage points when combined with interventions

CotD 2017

	% of Households that cannot afford a Nutritious Diet	Cash Transfer 25,000 TZS	Cash Transfer 35,000 TZS	Combined Interventions + 25,000 TZS	Combined Interventions +35,000 TZS
Dodoma	68	62	59	50	46
Dar Es Salaam	52	44	41	32	29
Rukwa	67	57	51	25	21

Assumptions:

1. All of the cash provided is used on food.
2. Cash transfer is provided to all households that cannot afford a nutritious diet.

KEY MESSAGE 10

Fill the Nutrient Gap

Nutrition situation analysis framework and decision tool

A **range of entry points**
both public and private
exist within the food system
to improve access to nutritious food

Fill the Nutrient Gap

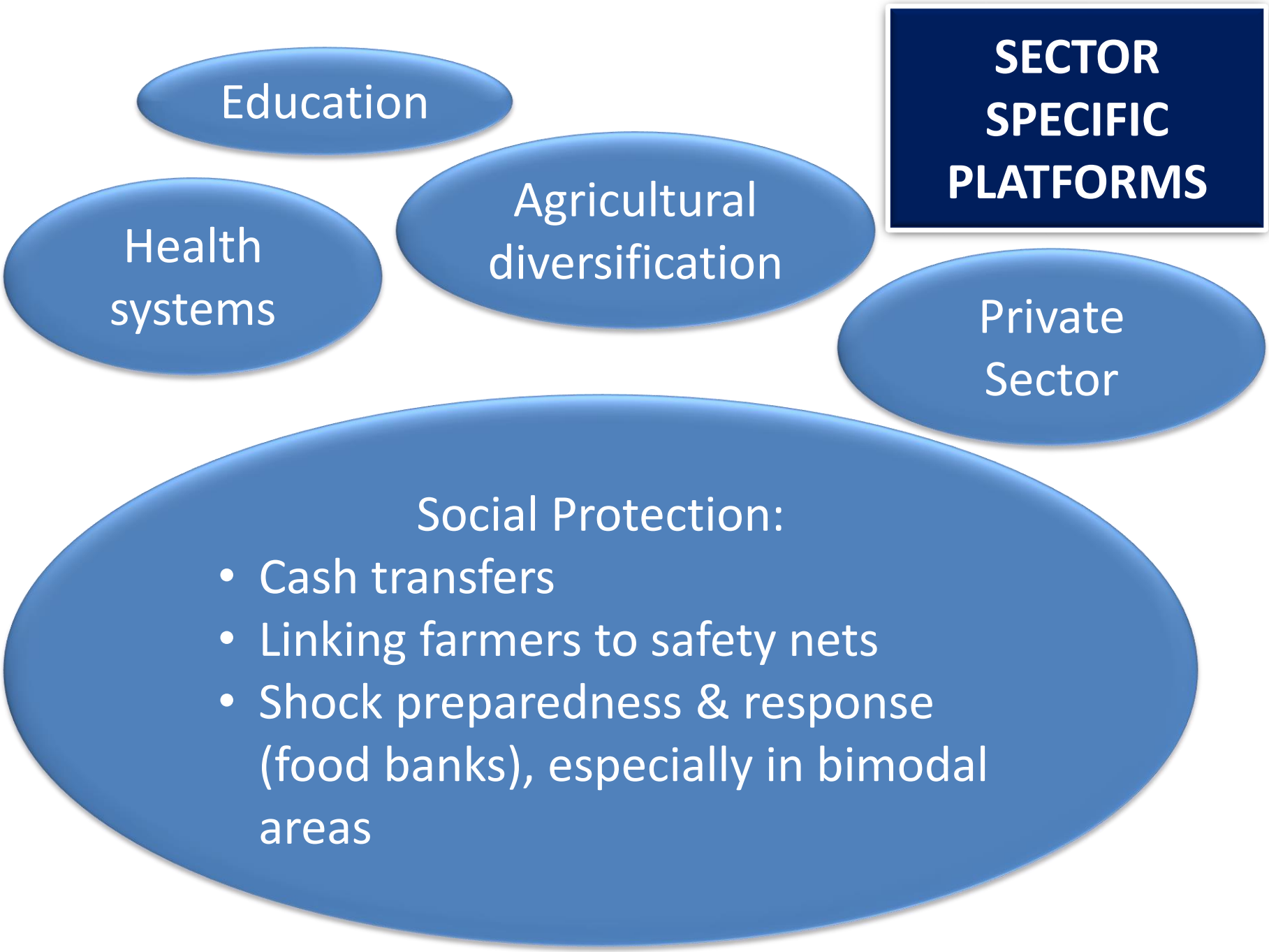
Nutrition situation analysis framework and decision tool

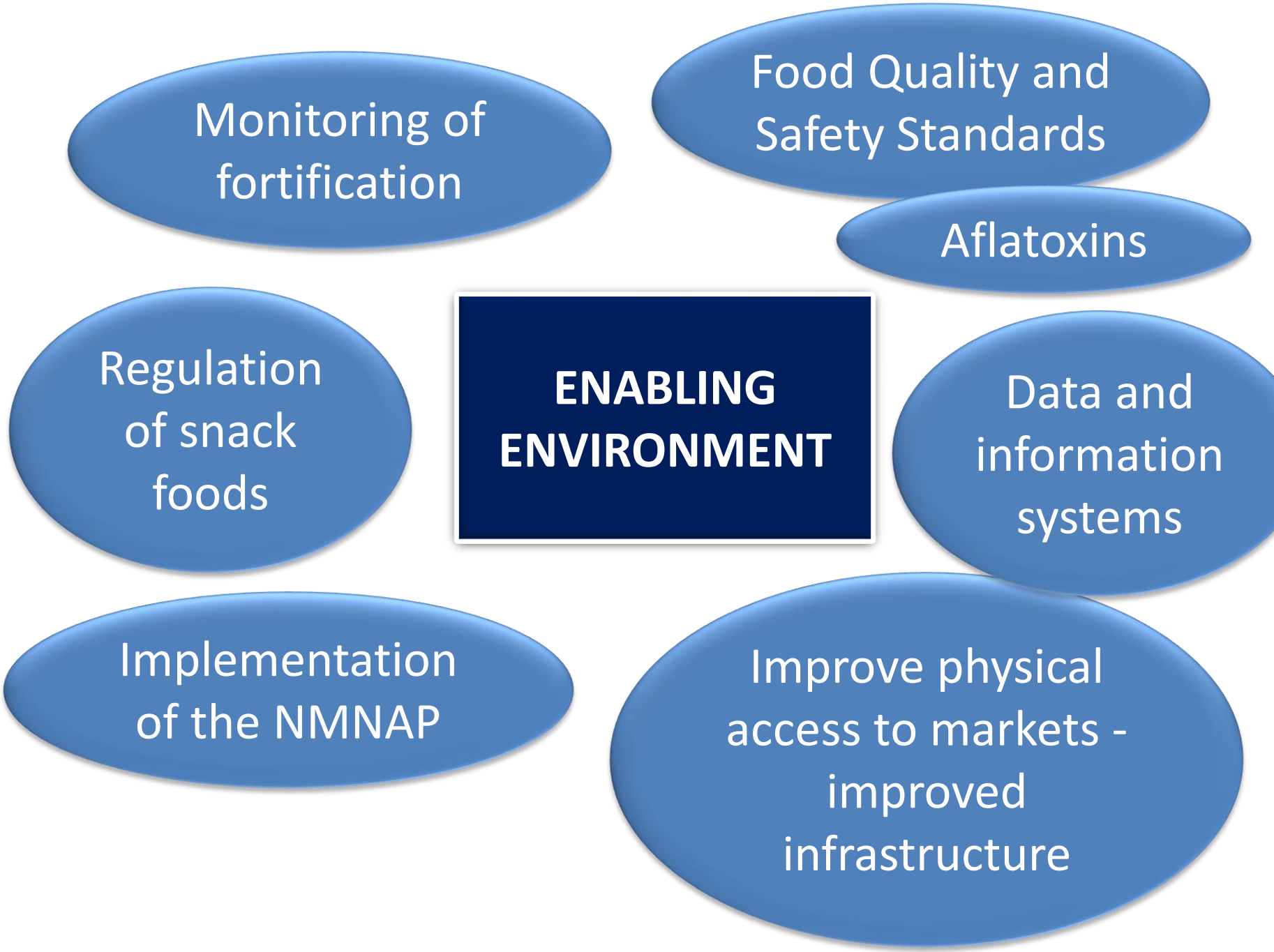
Potential Entry Points

SECTOR SPECIFIC PLATFORMS

ENABLING ENVIRONMENT

SUPPLY AND DEMAND


SECTOR SPECIFIC PLATFORMS
Education
Health systems
Agricultural diversification
Private Sector
Social Protection:
• Cash transfers
• Linking farmers to safety nets
• Shock preparedness & response (food banks), especially in bimodal areas


Monitoring of fortification
Food Quality and Safety Standards
Aflatoxins
Regulation of snack foods
ENABLING ENVIRONMENT
Data and information systems
Implementation of the NMNAP
Improve physical access to markets - improved infrastructure

Markets:
Availability of affordable, safe, nutritious and convenience foods

SUPPLY AND DEMAND

Demand creation for healthy diets and lifestyles

Private sector messaging; targeting; price segmentation

Social behaviour change communication and Nutrition education -
Community health, Agricultural extension officers, conditional cash transfers etc.


Asante
Sana

Fill the Nutrient Gap

Nutrition situation analysis framework and decision tool

Instructions for working session

- Please join one of the five groups relevant to your organisation.
- Select 2-4 of the key findings most appropriate to your area.
- Discuss the implications of these findings on policy.
- Propose concrete actions which use this information to tackle malnutrition
  - Which key finding does it relate to?
  - What are the appropriate actions?
  - Which stakeholders would be needed to carry these out?
- Prioritise these actions.
- Record your conclusions on a laptop, using the template provided.