Nutrition in Australia’s aid program

Operational guidance note

**Key messages**

* Nutrition is a development outcome, not a ‘sector’ or ‘project’.
* Malnutrition (under-nutrition and over-nutrition) undermines economic and human development.
* Good nutrition depends on availability of good food, good health and good care: it is a complex multi-sectoral issue requiring coordinated action across many sectors and partners.
* The greatest gains come from effective evidence-based early intervention. For best effect, nutrition interventions should focus on the first 1,000 days, from conception to the second birthday of a child.
* To tackle malnutrition, structure programs to address the immediate and underlying causes of malnutrition, as well as integrate nutrition into aid investments across multiple sectors.

# Purpose and policy setting of this operational guidance

Nutrition is a development outcome, not a ‘sector’ or ‘project’. It cuts across multiple sectors. This operational guidance note aims to provide good practice principles in nutrition which can be applied to different sectors and country contexts, and to help DFAT staff integrate nutrition into a range of sectoral investments.

This guidance is informed by:

* [*Australian Aid: promoting prosperity, reducing poverty, enhancing stability*](http://dfat.gov.au/about-us/publications/Pages/australian-aid-promoting-prosperity-reducing-poverty-enhancing-stability.aspx).
* DFAT’s [Health for Development Strategy 2015-2020](http://dfat.gov.au/about-us/publications/Pages/health-for-development-strategy-2015-2020.aspx).
* The Office of Development Effectiveness 2014 review, [*A window of opportunity: Australian aid and child undernutrition*](http://dfat.gov.au/aid/how-we-measure-performance/ode/odepublications/Pages/strategic-evaluations.aspx).

A note on trade policy: Policies in relation to certain types of food or drink can involve barriers to trade. Australia respects and supports the sovereign right of countries to improve the health and nutrition of their citizens, such as through a balanced diet and reducing the consumption of unhealthy food through domestic policy legislation and regulation. Australia’s international trade obligations do not impinge on countries’ ability to ensure proper nutrition for the health of their citizens.

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| Causes of malnutritionMalnutrition is caused by multiple factors operating at the level of the individual (immediate causes), household (underlying causes), and society (basic causes).Individual Level – examples include food intake which is inadequate because it is in the wrong quantities or lacks specific nutrients, or infectious diseases which often lead to under-nutrition.Household Level – examples include access to processed foods, safe water and sanitation, levels of agricultural productivity and the status of women in the household.Societal Level **–** poverty, education, and governance factors are a major determinant in malnutrition. |

# Why invest in nutrition?

### The Indo-Pacific region is grappling with complex nutrition issues.

* Under-nutrition alone contributes to 45 per cent of child deaths under-five.
* Globally, over 500 million people are obese, many in the lower-middle income countries of the Indo-Pacific. Related non-communicable disease (NCD) rates are on the rise, threatening to overwhelm already stretched health systems.
* Under and over-nutrition can co-exist. For example, in the Solomon Islands, 33 per cent of children are stunted and 39 per cent of women are obese.

### Malnutrition is a major brake on economic growth and development.

Child under-nutrition in the first 1,000 days of life is largely irreversible, and therefore carries long term economic impacts. The environment in which a child is conceived, develops in utero, and then is born has profound effects on their subsequent life-course, and specifically on the risk of developing obesity, heart diseases and diabetes in adulthood. Children who are stunted at age five earn an estimated 22 per cent less as adults. Globally, it is estimated that under-nutrition costs global GDP 2-3 per cent annually. As a value-for-money investment, nutrition is estimated, globally, to return $16 for every dollar invested in nutrition (in nutrition specific investments for stunting reduction). In the Indo-Pacific the ratios are even higher: Philippines is 44:1; Pakistan is 29:1, and Indonesia is 48:1.

# Good practice principles for Australia’s nutrition investments

### 1. Focus investment on the ‘first 1,000 days’

* Good nutrition early lays the foundation for later health and productivity: poor nutrition in this period lasts a lifetime, leading to increased risk of illness and non-communicable diseases, poor education attainment, and reduced productivity. Stopping the intergenerational transmission of malnutrition is essential.
* The ‘first 1,000 days’ covers the period from conception until a child is two years old.

### 2. Work across sectors to address the underlying causes of poor nutrition

* While the underlying causes of malnutrition sit in several sectors, evidence on disease (e.g. diarrhoea rates) and underlying causes (e.g. lack of sanitation) can point to a single-sector (e.g. WASH). Adjustment to an existing aid program to address an underlying nutrition factor can be an efficient investment for Australia.

### 3. Use a twin track approach where possible to address immediate and underlying causes of malnutrition

* Simultaneously addressing both the immediate and underlying causes of malnutrition, as well as ensuring Australian investments are closely aligned with the efforts of partner governments is the most effective strategy.
* Nutrition improvements will not be achieved without tackling the basic causes of inequity and gender inequality. Good practice is to undertake poverty and gender nutrition analyses to understand household and individual food and nutrition decisions.

### 4. Political will is crucial

* Because it crosses multiple sectors and ministries, nutrition interventions require high level political will in multiple areas of policy. Australia may need to support partner governments to develop their capacity to work effectively across sectors and ministries, and be prepared to act quickly when opportunities arise that present domestic policy momentum.

# Potential Multi-Sectoral Actions to Support Nutrition

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| Food and Agriculture | Health | Water, Sanitation & Hygiene |  Humanitarian responses intersect all of these sectors |
| **Food consumption*** Improvement of local recipes
* Dietary advice

**Horticulture/Crops*** Diversification
* Local adaptations
* Bio-fortification

**Livestock/Fisheries*** Small-scale animal husbandry
* Animal health services

**Food processing and storage*** Fortification
* Food preservation
* Food storage

**Other*** Women’s empowerment, including reducing workload through labour saving technology
 | **Maternal and child health*** Antenatal clinics
* Breastfeeding
* Maternal nutrition
* Weaning foods

**Micronutrient supplementation***(particularly important pre- and during pregnancy)** Iron and folic acid
* Vitamin A/D/E
* Zinc/Ca supplementation

**Disease prevention*** Vaccinations
* ITPp for malaria
* DOTS for TB

**Disease management*** Acute malnutrition
* Diarrhoea management
* Deworming
* HIV treatment
 | **Water*** Construction of safe water points
* Household water treatment

**Sanitation*** Latrine construction

**Hygiene*** Personal hygiene
* Food hygiene
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| Social Protection | Education and Schools | Private Sector |
| **In-kind transfers*** Food distribution
* Blanket supplementary feeding
* Food for assets/training
* School feeding

**Cash and vouchers*** Incentivise ANC attendance and well-baby checks
* Food vouchers

**Other*** Maternity/paternity protection
* Domestic regulation and legislation for food pricing
 | **Education*** Girls’ education
* Family Planning
* Dietary advice
* Hygiene and sanitation
* Early child development services

**Schools*** Healthy school meals
* Deworming in schools
* Promoting healthy diets
 | * Parental leave and breastfeeding entitlements
* Work site encouragement to exercise and adopt healthy diets
* Improve income, especially women’s income, coupled with nutrition messaging

 **Food industry*** Adherence to codes on the marketing of breast milk substitutes
* Regulation of advertising of unhealthy products aimed at children
* Food standards and labelling
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# For further help:

1. See the following further resources and references:

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| [DFAT ODE (2014). A window of opportunity: Australian aid and child undernutrition](http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&cad=rja&uact=8&ved=0CCAQFjAA&url=http%3A%2F%2Fdfat.gov.au%2Faid%2Fhow-we-measure-performance%2Fode%2FDocuments%2Fa-window-of-opportunity-australian-aid-and-child-undernutrition-2015.pdf&ei=TK6DVYriKIPh8gW2oYO4Bg&usg=AFQjCNHwBTlQUC-lkc_HKU99sJ6R8OqaNg&sig2=4oGkHshgUu4rBkgtvo09rA&bvm=bv.96042044,d.dGc)  |
| DFAT (2015) Operational Guidance Note: Gender Equality and Women's Economic Empowerment in Agriculture  |
| DFAT (2015) Social protection and nutrition: Guidance note  |
| DFAT (2015) Operational Guidance Note: Nutrition-Sensitive Agriculture |
| Global Nutrition Report (2014) |
| [Haddad L, Cameron L and Barnett I (2014). The Double Burden of Malnutrition in Asia and the Pacific: Trends, Consequences, Drivers, Policy and Priorities.](http://www.ncbi.nlm.nih.gov/pubmed/25324529) |
| [World Bank, Improving Nutrition Through Multisectoral Approaches](https://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0CCEQFjAA&url=https%3A%2F%2Fopenknowledge.worldbank.org%2Fbitstream%2Fhandle%2F10986%2F16450%2F751020WP0Impro00Box374299B00PUBLIC0.pdf%3Fsequence%3D1&ei=v7KDVfX8BIKl8AXShoLQCg&usg=AFQjCNFK0STgr0ZsgbdL3BgvLK32ytoaqQ&sig2=UpF5qmqo1-eaKJE0GAelMA&bvm=bv.96042044,d.dGc) |
| [World Bank (2014). NCD Road Map report (for the Pacific Islands)](http://documents.worldbank.org/curated/en/2014/07/19778739/non-communicable-disease-ncd-roadmap-report) |