

# **A WHO multicountry study on improving household food and nutrition security for the vulnerable**

## **Rationale**

It is well recognized that household food insecurity is one of the three underlying causes of malnutrition. At the International Conference on Nutrition (ICN) held in Rome in 1992, food security was defined in its most basic form as *physical, social and economic access by all people at all times to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life*. Thus food insecurity exists when people lack access to sufficient amounts of safe and nutritious food and are therefore not consuming the food required for normal growth and development, and for an active and healthy life. This may be due to the unavailability of food, insufficient purchasing power, inappropriate distribution, or inadequate utilization at household level. Food insecurity, poor conditions of health and sanitation, and inappropriate social and care environment are the major causes of poor nutritional status.

It is difficult to know how many households or even individuals are food and nutrition insecure, given the multiple dimensions (chronic, transitory, short-term and long-term) of food and nutrition insecurity and intrahousehold inequalities of differing natures in different regions. Because of the lack of a universally applicable indicator and the lack of understanding household dynamics and factors influencing its dynamics, it is difficult to design or evaluate policies and programmes intended to address household food and nutrition security or to examine the impact of non-household food and nutrition security policies or programme activities on household food and nutrition security.

To shed light on these issues, in 1995 the WHO Department of Nutrition for Health and Development (NHD) began undertaking a multicountry study on improving household food and nutrition security for the vulnerable. The aim is to provide guidance for policy-makers to ensure that household dynamics, and cultural, socio-economic and behavioural considerations are routinely included in development policies and programmes that are intended to improve household food and nutrition security for the vulnerable, e.g. infants, young children, adolescents, pregnant and lactating women, the disabled, and the elderly.

## **Study objectives**

The specific objectives of the study are:

1. To identify factors influencing the dynamics of intrahousehold food and other resource distribution for improving nutrition security of the vulnerable;
2. To stimulate and build national capacity for operational research on determinants of health, nutrition and behavioural change, and approaches to enhancing the health, nurturing, caring and development functions within households and communities;
3. To facilitate household and community-based interventions to ensure and enhance family well-being with specific focus on caring for the vulnerable;
4. To foster the development of human resources and programmes to protect and promote nutrition security of the vulnerable;
5. To collect and disseminate scientific and technical information, and facilitate and encourage an international exchange of ideas and experience in the area of household food and nutrition security.

### **Study sites**

Given the global dimensions, complexity and rapid increase of urban poverty and malnutrition, urban and/or periurban communities were selected as study sites in nearly all of the six participating countries through the following institutional links:

China	:	Chinese Academy of Preventive Medicine
Egypt	:	National Nutrition Institute
Indonesia	:	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), Universitas Indonesia
Ghana	:	Noguchi Memorial Institute for Medical Research at the University of Ghana, International Food Policy Research Institute (IFPRI), Rockefeller Foundation, Canadian International Development Agency (CIDA), International Development Research Centre (IDRC), UNICEF, national NGOs
Myanmar	:	Ministry of Health
South Africa	:	Department of Paediatrics and Child Health at the University of Natal Medical School, University of Zululand, Ministry of Health

## **Methodology**

At most sites, the study proceeded through six phases:

1. A thorough review of the scientific literature;
2. Consultation with policy-makers, researchers, international and bilateral agencies, nongovernmental organizations, and community groups;
3. Qualitative studies at community, household and individual levels, including participatory rapid appraisal studies;
4. Quantitative data collection;
5. Data entry, processing and analysis;
6. Preparation of final report and dissemination of findings through a national seminar.

A mid-project review meeting at the WHO Centre for Health Development in Kobe, Japan (November 1997) brought together principal investigators with experts from various disciplines to examine progress and preliminary findings at each study site, share information and experience, and assist some sites with revising their study designs, and analysing and interpreting data. The meeting also reviewed data on intrahousehold resource distribution to identify patterns and contributing factors.

## **Multi-disciplinary expert advisory group and review of the study**

A multi-disciplinary expert advisory group was formed to review and evaluate the outcomes of the study and to assist WHO in developing effective and sustainable guiding principles for improving household food and nutrition security and disseminating them to Member States to be incorporated into national nutrition policies and programmes. The members of the multi-disciplinary expert advisory group consist of those experts from the field of nutrition, anthropology, sociology, psychology, agricultural economics, economic geography, communication and education.

On the occasion of the 8th Asian Congress of Nutrition held in Seoul, Korea, from 29 August to 2 September 1999, WHO organized, jointly with FAO, a workshop on "Achieving household food and nutrition security in societies in transition", in order to examine preliminary outcomes of the study sites in Asia, such as China, Indonesia and Myanmar. Similar critical analyses on food and nutrition security, particularly the issues related to nutrition transition from Korea and Japan, were also presented and reviewed at this workshop. The proceedings of this workshop was published as a special supplement of Asia Pacific Journal of Clinical Nutrition.<sup>1</sup>

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1 Nishida C, Webb P, Nantel G. Achieving Household Food and Nutrition Security in Societies in Transition. Asia Pacific Journal of Clinical Nutrition, 2001, 10 (Supplement): S1-S62.

The final review meeting of the Multicountry study with the multi-disciplinary expert advisory group and the principal investigators of each study site, was held in Yangon, Myanmar from 29 to 31 May 2002. The purpose of this meeting was to review and evaluate the findings and outcomes of the study from each site, identifying the common themes and lessons learned from the study in each country, and to develop guiding principles that would be incorporated into the future developing and implementation of effective national food and nutrition strategies and policies for improving food and nutrition security for vulnerable populations. The final report of the Multicountry study, as well as individual country reports, will become available shortly from the Department of Nutrition for Health and Development (NHD).

The final review meeting recommended to undertake a 3-country meta-analysis (Ghana, Myanmar and South Africa), as well as country intervention studies, as follow-up action.

### **Significance**

Globally there is enough food for everyone, but inequitable access is a glaring problem. Therefore, understanding factors affecting household food and nutrition security and developing guiding principles to be incorporated in national nutrition policies and programme will be significant for:

1. Improving nutritional well-being of the most nutritionally vulnerable groups through enhanced access to adequate social and care environment within the household;
2. Enhancing a understanding of women's reproductive, nurturing, educational and economic roles, which are fundamental to the health and nutritional well-being of both the household and the entire community;
3. Ensuring meaningful equity between men and women and encouraging equitable distribution of food and other resources within the household, among all its members.

WHO considers ensuring household food security is a basic human right. Many WHO collaborative programmes have important household food security components. Therefore, ultimately, significant improvement of household food and nutrition security will contribute to the attainment of health for all in the 21st century.