OPERATIONALIZING THE INTEGRATION OF NUTRITION AND AGRICULTURE

INTRODUCTION

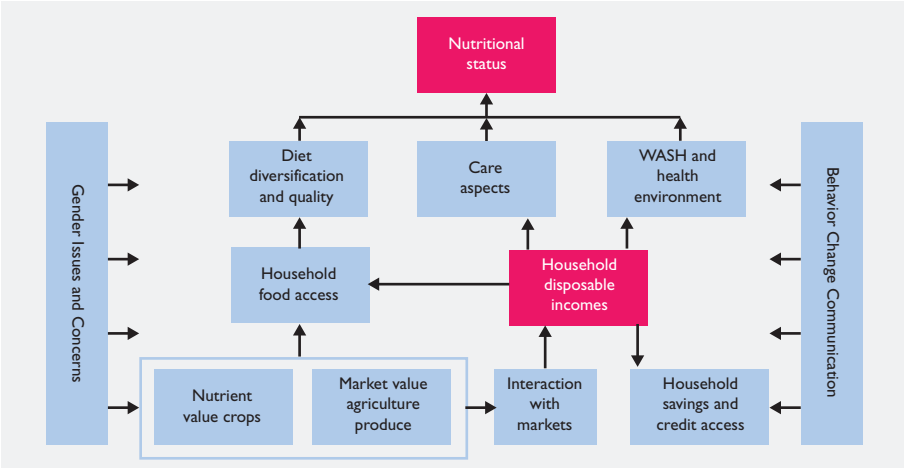
Integrating economic strengthening and agricultural interventions has important potential to improve nutrition among vulnerable populations in rural settings.[1] Activities designed to reduce poverty among women and households, and integrate nutritional concerns in agriculture policies can increase access to diverse nutrient-dense foods.[2] This paper explains how the Community Connector project, funded by the U.S. Agency for International Development (USAID), has operationalized these principles in Uganda and presents lessons learned to date.

BACKGROUND

The five-year Community Connector (CC) project is part of the U.S. government's Feed the Future (FtF) initiative. The project reduces under-nutrition among children and women and improves disposable incomes in poor rural households that rely on subsistence farming. The CC project brings together selected nutrition and poverty-reduction interventions across 15 districts in Uganda to achieve this.

CC takes an integrated approach to gender dynamics, nutrition behaviors, farming as a business, savings and income generation (Figure 1). A comprehensive situation analysis was conducted in each project district to gather information on the CC conceptual framework's components to identify community and household drivers of nutrition, food security and farming as a business among poor households in target districts. Based on the analyses' results, project participants are encouraged to diversify their agricultural production to include nutrient-dense crops, such as legumes, pumpkins, amaranth (dodo), traditional vegetables, papaws and avocados, and products with higher market value, such as onions, passion fruit, groundnuts, chickens, goats and potato seed. Crops were selected for their contribution to

FIGURE 1: FRAMEWORK FOR CC INTEGRATION



[1] IFPRI 2020 International Conference Summary Notes, 2011

[2] Anna Herforth, Jones, A. and Per Pinstrup-Andersen, 2012. Health, Nutrition, and Population (HNP) Discussion Paper; Prioritizing Nutrition in Agriculture and Rural Development: Guiding Principles for Operational Investments. The World Bank, Washington DC.

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Community Connector
The Integrated Nutrition and Agriculture Project

food security (either income or consumption), reducing women's labor and their appeal to women who sell (onions store well over long periods, offering her flexibility to sell when she has time).

OPERATIONALIZING INTEGRATION

Operationalizing integrated interventions for improved nutrition happens at different levels within districts, including household, group, learning sites, and district levels.

MULTI-FACETTED RESULTS OBSERVED AT HOUSEHOLD LEVEL

USAID contracted FHI 360 to reach 81,000 households (a population of about 400,000) with CC interventions that reduce under-nutrition and improve livelihood and incomes. Project staff worked closely with district and community leaders to define desired household outcomes for CC interventions to target. Household interventions promote 10 outputs, referred to as the "CCsee-10" (Box 1). These promote gender equitable practices, strengthening household economics/livelihoods, improving agricultural production and variety and improving nutrition and general hygiene. Project participants review and assess CCsee-10 conditions in their own households and those of their fellow group members. CC believes that supportive interventions carried out at least three times a year will improve household-level CCsee-10 outcomes.

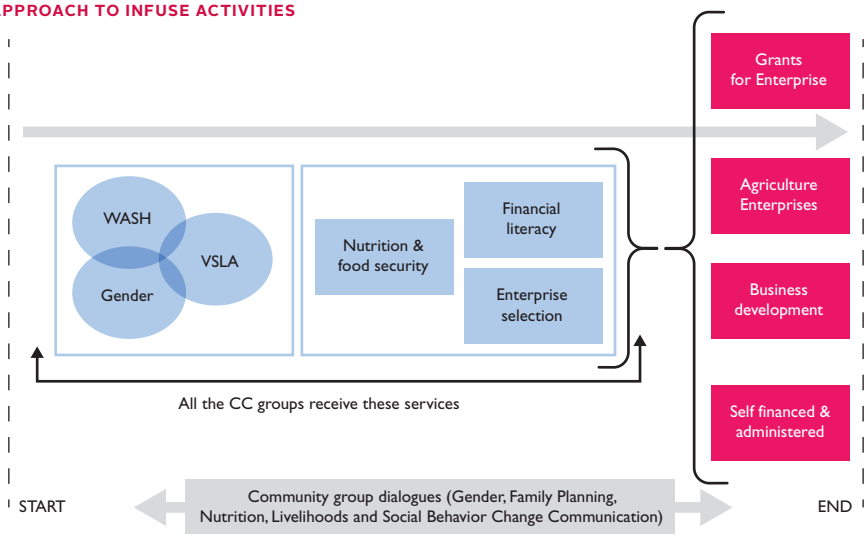
BOX 1: SEE 10 IN A CC HOME

1. Women/family are saving (Saving with a Purpose).
2. Water, sanitation and hygiene (WASH) facilities (like a toilet, garbage pit, utensil drying rack, hand washing facility with flowing water) exist.
3. Homestead compound is clean and neat.
4. Pumpkin, amaranth and other traditional vegetables are planted near the homestead.
5. At least four pawpaw trees, an avocado tree or other fruit trees is seen near the homestead.
6. Family has chicken, goats or apiary.
7. Family has an agricultural income generation activity.
8. Production assets (e.g. hoes, pangas, spray pumps, oxen/ox, ploughs, watering cans, wheelbarrows) have recently been acquired.
9. Signs of family having enough food stocks to last three months, e.g., in the garden or a store.
10. Signs that family members support each other in production and feeding decisions.

REINFORCEMENT OF MULTI-SECTORAL MESSAGES AND SKILLS IN GROUPS

A key strategy to quickly bring CC community interventions to scale at relatively low cost is to work through existing groups.[3] CC works with 60 to 75 community groups in a sub-county.[4] To garner CC participation, all groups registered with the local government at sub-county level are invited for an inaugural meeting where group representatives hear about the CC mandate, work format and benefits to the community and groups. Groups show

FIGURE 2: CC STEPWISE APPROACH TO INFUSE ACTIVITIES



[3] Community groups comprise 15 to 35 people who come together for common objectives like savings, agricultural labor support, health care and training. They include women groups, youth groups, farmer/producer groups, networks of people living with HIV. They are identified from the local government registration files/lists but in some places all existing groups are invited to attend a launch meeting.

[4] A sub-county is the second level of administration in a district with a population of 40,000-50,000 (or 5,000-8,000 households). Sub-counties are divided into parishes that are further divided to villages.

their interest in participating by completing an application, after which group leaders are interviewed. When a group is selected, it is then profiled by CC staff. CC applies a stepwise approach to disseminate information to groups across the multi-sectoral areas as shown in Figure 2. CC introduces simple tasks communities have found acceptable and relevant. Community knowledge workers (CKWs) and Community Connector Officers (CCOs) identify "early adopters" to facilitate applying skills and reinforcing messages learned at project-supported community learning sites (see more below). The village saving and loan association (VSLA) approach is an anchor intervention to bring group members together. Group members agree to save with a purpose ("SWAP"), with accountability to the group, to increase value of predefined household productive assets. At group gatherings, CKWs or CCOs lead structured dialogues that emphasize nutrition, gender equality, child spacing and water, sanitation and hygiene (WASH) messages. Financial literacy (including maintaining up-to-date farm records) is also introduced to the groups to support the farming-as-a-business initiative.

INCEPTION OF CC MULTI-SECTORIAL INTERVENTIONS AT LEARNING SITES

Learning sites allow groups to learn together about enterprises that are of interest to the majority of the groups' members.[5] In the CC model, five to seven community groups form a learning site at a central place, such as a group member's home or near a church, health facility or school. A learning site must be able to accommodate between 100 and 140 households. An agricultural service provider (ASP), a subject matter specialist (SMS)[6] within the local government structure or from a community-based organization, and/or the CC technical staff guide learning.

[5] The Learning Site Model borrows largely from the principles of farmer field school, including nutrition skills and technology, WASH technologies, and life skills in gender and child spacing.

[6] Subject matter specialists include the Health Assistant, the Community Development Officer in charge of social determinants of health/development, including gender, education (mainly for BCC).

For most of the learning sites, one trained group disseminates messages targeting behavior change on relevant topics (nutrition, gender or farming) through music and drama. To ensure follow up, the CCO or the volunteer CKW is always present during learning meetings.

FIGURE 3: CC FAMILY LIFE MODEL

To facilitate integration, the Family Life Model (FLM) is introduced at the learning sites (Figure 3). The FLM shows that families are supported by three pillars: 1) Enough quality food for all its members throughout the year, noting that seasonality is a threat to availability, access and use of quality foods; 2) Good health of all its members; and 3) Adequate income and wealth to build productive resources to stabilize consumption and reduce risks from hazards and poor agricultural production or employment. Family cohesion and existing resources or institutions are at the core of the FLM. Here gender issues come into play and are discussed to ensure they permeate all pillars.

The backbone of a learning site is usually an agricultural enterprise in which participating members are interested. These enterprises may include bee keeping, growing onions or groundnuts, multiplication of passion fruit or Irish potato seeds, or keeping of local chicken or goats. Interested farmers meet weekly or monthly during a learning/cropping season. At the learning site, they learn basic skills in farming as a business and try out farming principles, which they later can adapt in their group or household. For most enterprises, the learning site runs for at least two cropping seasons before the groups graduate. Most sites—referred to as Family Life Schools–conduct learning on nutrition, WASH and gender equity issues.

INTEGRATED APPROACHES COORDINATED AT DISTRICT LEVEL

The Uganda Nutrition Action Plan (UNAP) guides the multi-sectorial approach to addressing malnutrition. The Office of the Prime Minister provides guidance to establish a multi-sectorial district coordination group. This group, known as the District Nutrition Coordination Committee (DNCC), is composed of local government employees from different sectors of agriculture, health, education and community development services and representatives of development partners that work on district nutrition and food security. The Chief Administrative Officer (or a representative) chairs committee meetings. CC is a committee member and, in most target districts, is also a member of the secretariat. CC supports a participatory process to help districts develop and implement multi-sectorial district and sub-county nutrition[7] action plans. CC builds the DNCC's capacity to engage and monitor food security and nutrition development activities in the district. CC supports sub county plans through working with multi-sectorial teams under the leadership of the sub county chief.

INTEGRATED ACTIVITIES DESIGNED AND MANAGED AT PROGRAM LEVEL

The CC consortium of partners specialize in agriculture, finance, and health/nutrition, including two universities—one in public health and the other in agriculture and environment. The partners contribute technical staff to each of the three project offices under one project management structure. This unified project leadership ensures that partners plan activities jointly and use assimilated manuals to implement the project. Although certain trainings are held by partners as a standalone training, effort is always made during the training to reference other key components of the project to ensure an integrated package is presented to communities. For instance, a training on savings will have aspects of WASH or gender incorporated; and all trainings refer to the CC see-10. Monitoring and evaluating CC intervention components are integrated into all activities. CC uses mobile technology (smartphones) and volunteer networks to combine project integrated data collection/reporting and provide accurate, timely agriculture and nutrition extension messages to the households.

LESSONS LEARNED

- A key lesson in integration is that audiences traditionally targeted for different components of these services differ. Nutrition activities mainly target marginalized and poor women/children, while most agriculture/livelihood activities target active farmers with the ability to link to markets. Implementer and donor flexibility and willingness to learn and adapt program interventions is key to successful integration.
- Partnerships are key, since no one service organization can adequately provide quality services in all topics (gender, agriculture, livelihood, health and nutrition) and with the required community, institutional and policy impact (frequency and quality) . For instance, collaboration with other partners like UNICEF (at health facility level) has increased achievement of health and nutrition outcomes.
- In districts where implementing partners and government representatives are generally siloed, a project such as CC can still come to a district and garner commitment from various actors—with clearly delineated roles and responsibilities—to work under an integrated project framework.
- Integration of agriculture and health is not obvious to our partners. Continuous assessment and improvement/adaptation are necessary to meet the needs of the target audiences and ensure success. Assumptions to examine include, are community groups best placed to carry out multi-sectorial integrated interventions?

[7] Nutrition is defined from the wider perspective of food security, care/gender and health, including interventions that are specific to nutrition but also those that economically strengthen to ensure sustainability of efforts.