

Community Food Actions As a Nutrition Intervention in Primary Health Care

Primary Health Care (PHC) may be defined as a broad multisectoral approach to community health as a major outcome of national development. In the PHC approach, health and disease are the key issues around which appropriate actions are developed and implemented. Underlying these issues is the equally important subject of nutrition and its importance to the achievement and maintenance of good health. In order to prevent or resolve malnutrition among the poor so they may enjoy better health and many of its benefits, access to sufficient, nutritious food is essential. Improved food availability for undernourished children and mothers is particularly important and must be built into the PHC system effectively. Community food actions are one nutrition intervention which enhance access to adequate, nutritious food on a sustained basis thereby promoting health within the context of a multisectoral PHC system.

First of all, what are community food actions?

Community food actions refer to a wide variety of food related activities at the local level, either community or household, which both involve and benefit the members of that community or household. The ultimate purpose of community food actions is to prevent malnutrition and thereby contribute to good health. This is accomplished through food production activities, in the broadest sense of the term, which assist community or household members so that they may achieve and maintain good nutritional status.

Most community food actions consist of the following characteristics: (1) participation of the community in the action process; (2) utilization of appropriate, low-cost technologies; (3) promotion of self-reliance and, conversely, minimal use of outside inputs and resources; and (4) particular attention to the needs of the poor and the vulnerable population, especially mothers and young children. In this regard, community food actions share several features in common with the PHC approach.

Community food actions in a PHC system can take a number of forms, some of which have existed for centuries. Gardening, as one example, may have originated in the Near East as early as 7000 B.C. The Hittites evolved garden cities containing vegetable plots early in the second millennium B.C. Before the first century AD, various garden forms had fully evolved. In addition to home or community gardens, community food actions often include the local production of weaning foods using indigenous crops; improved food storage, processing and preservation methods which utilize appropriate, low-cost technologies; promotion of small livestock enterprises (i.e., chickens, guinea pigs, goats, fishponds) within household food production activities; creation of community seed banks; extension of credit to small farmers;

insect and rodent control; community irrigation or wells; availability of fuel-efficient stoves as well as sources of local fuel for domestic purposes; and development of a food marketing and distribution system to handle the sale of surplus produce and livestock as a source of income. These are but a few of the variety of community food actions which contribute, directly or indirectly, to good nutrition and health.

Simultaneous to the implementation of community food actions, nutrition education, particularly targeted at women and young children, is important in order to better establish the link between increased food production and consumption. Even when the connection between nutrition and health is explained through health/nutrition education programs, children often do not get better fed and their health doesn't markedly improve. Often times this is because mothers cannot obtain the nutritious foods which are advocated. Nearly always the mothers need practical help in growing or preparing food, and not just the knowledge of what foods are especially valuable for their children. In this process of learning by doing, there will be greater retention and more effective utilization of the nutrition education information. As well, the connection between increased food production and consumption for improved nutrition and health will be clearer and more easily understood.

If PHC is truly a broad, multisectoral approach, then a clear, functional link with the food and agriculture sector is essential. Community food actions are one example of a way to establish and promote the linkage. In the past, both the health and agriculture sectors have, by and large, consisted of vertical approaches to address their sector's particular needs. More often than not, the basic problems were not resolved since attention was usually focused on one part of the problem while, often times, the rest of the problem still remained, to be addressed by other sectors. Recognition of the failings of the vertical approach to development issues has led to the general realization that, in the long run, an integrated, multisectoral approach probably provides the most effective solution to a problem.

As a bridge between the health and agriculture sectors in order to achieve a more effective, integrated approach, community food actions can play an important role not only in increasing food availability, but also, prior to production, in the selection of the most nutritious and appropriate crops according to the community's food needs, habits and resources, particularly with regards to available land, labor, water and other necessary inputs. In short, community food actions can make a difference between an inadequate diet and a well-balanced one at the community or household level. Consequently, there is now considerable interest among the international donor agencies, third

world government institutions, private voluntary organizations, and concerned citizens of the world regarding the role and nature of community food actions within the health sector, their contribution to improved nutritional status and, concomitantly, improved health, and their potential for promoting the community development process.

In order to determine which community food actions are most appropriate for inclusion in a PHC program, the following factors should be taken into consideration:

- 1) Livelihood of the target population, be it a community or household (i.e., agriculturalists, pastoralists, fishermen, etc).
- 2) Locale of the target population (i.e., urban, rural, arid/semi-arid, humid tropics, highlands).
- 3) Availability and access to resources (i.e., land, labor, water, seeds, other inputs).
- 4) Food production activities (i.e., what crops are grown; for what purposes; is there a garden; is small livestock raised and for what purposes; who are the food producers and how much time do they spend on this activity; what cultural management processes are used; what post-harvest technologies are utilized; how much is sold, consumed, exchanged/shared).
- 5) Food production problems, either at the production or post-harvest stages.
- 6) Seasonality of food (i.e., is there a shortage or surplus of food at certain times of the year? If so, when and what crops?).
- 7) Food consumption habits (i.e., information about community/household dietary patterns in terms of food availability, cost, knowledge about nutrition, preferences, taboos, existing or potential nutritional deficiencies and problems; intrahousehold food distribution; methods of food preparation and preservation).
- 8) Main health problems in the community (i.e., which problems are related to food and nutrition; who is most affected; what is the nature of the PHC program in the community).
- 9) Socioeconomic conditions in the community or household (i.e., what percentage of the population is landless or squatters; is income seasonal or steady throughout the year; what infrastructures exist to provide for basic

needs such as water, electricity, communications, education; is there a functional marketing and distribution system, a road network).

- 10) Availability of qualified community development workers (i.e., is there a cadre of such workers in the community who could take responsibility for promoting, implementing and monitoring the selected community food actions).

Based on the information provided, the most appropriate food actions would be selected with maximum community involvement. The food actions should be selected based on their ability to both address the food and nutritional needs of the particular community or household, as well as support the PHC system, in one form or another, by regularly providing an adequate, nutritious food supply, particularly to the most vulnerable segments of the population, thereby contributing to a solid foundation for good health.

The problems which beset both the health and agriculture sectors in the developing world will only really be resolved if they become the concern of the community, if the priorities are set right, if a low-cost, appropriate technology is available, and if the community is prepared to share the costs and can afford it. In most experiences, major constraints to resolving the problems of PHC and food production have been low priorities, lack of appropriate, low-cost technologies and infrastructure, high costs and little technical extension or follow-up. These are similar constraints which face community food actions as a nutrition intervention in PHC.

In order to overcome or prevent major constraints, the following key issues and concerns, as relevant, should be addressed during the design and implementation of community food action interventions:

- 1) In a given community or household situation, which community food actions are appropriate solutions to the problem? (i.e., what is the basic problem? See Table I).
- 2) Are community food actions a cost-effective nutrition intervention in a PHC program? What are the costs versus benefits?
- 3) In the case of community food actions which involve food production activities such as gardens, how does one assure that what is produced will also be primarily consumed by the producer and his/her family? Similarly, how does one assure that the money earned from the sale of surplus food and small livestock will actually be used to purchase other food, medicine and health services to improve and maintain health?

- 4) What are the most effective methods of providing technical support and follow-up to community initiatives which address the problems of hunger and malnutrition, especially among the at-risk population? Should the health sector necessarily assume responsibility for such initiatives or rather be a facilitator and provide technical support?
- 5) What is the role of women in allocating labor and expenditure with regards to community food actions?
- 6) What is the nature of intrahousehold behavior on food acquisition and the determinants of a mother's behavior in child feeding and care? What is the relative decision-making power and role of different household members on matters concerning nutrition?
- 7) How does one measure the impact of community food actions on health and nutritional status? In short, how does one measure success? During the intervention development stage, expected outcomes and indicators to measure success should be identified and built into the design in order to facilitate effective monitoring of the intervention and to provide timely feedback.

In an effort to address these issues and overcome major constraints, it is essential to include some elements of applied science and technology in the design of the community food action intervention in order to assure an appropriate scientific basis and direction, as well as provide technical and managerial support. Only with such support will community food action interventions have the requisite characteristics for success.

Within the context of PHC, community food actions are one example of a self-sustaining activity within countries communities and households which promote self-provision of food, self-care and help. Furthermore, they serve as an effective bridge between action on the health and food sectors, they draw attention to the food needs of mothers and children, and most, importantly, they foster a self-reliant, participatory approach which is the key to the success of a PHC program.

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Table I

<u>(A) MODEL DESCRIPTION</u>	<u>(B) BASIC PROBLEM</u>	<u>(C) PRIMARY CAUSES</u>	<u>(D) STRATEGIC RESPONSES</u>
I. Inadequate availability of food (may be chronic or seasonal; may be nationwide or area specific)	Supply (Production and Imports)	<ul style="list-style-type: none"> - Low production - Post harvest food loss - Rapid population growth - Inability to import 	<ul style="list-style-type: none"> - Increase food production - Improve production incentives - Reduce food losses - Reduce population growth - Short-term food aid
I. Adequate availability of food, but people unable to procure it (may be chronic or seasonal; may be nationwide or area specific)	Demand (Distribution, Food Price, Consumer Income)	<ul style="list-style-type: none"> - Inequitable geographic distribution due to poor marketing system, transport, storage - Inequitable economic distribution, due to people lacking purchasing power 	<ul style="list-style-type: none"> - Improve transportation, storage and marketing systems - Increase incomes by employment generation - Stabilize prices of basic staples
I. Adequate availability of food, adequate distribution, and people have purchasing power, but do not consume proper diets	Ignorance and motivation	<ul style="list-style-type: none"> - Nutritionally inappropriate beliefs and food habits 	<ul style="list-style-type: none"> - Modify food-related behavior through nutrition education and nutrition motivation
IV. Adequate availability of food, people with power to purchase, distribution equitable, and nutritionally sound beliefs and habits, but nutrient loss in body after ingestion	Malabsorption or poor biological utilization of nutrients	<ul style="list-style-type: none"> - Poor environmental sanitation - Poor water supply - Poor waste disposal - Prevalence of disease 	<ul style="list-style-type: none"> - Improve health care delivery (medicines, education) - Provide improved water supply and sanitation

MALNUTRITION MODELS

Basic Supporting Documents

In addition to the publications listed in the League for International Food Education's Small Scale Agriculture References (attachment), the following documents provide useful information on community food actions:

1. Sarbottam Pitho: A Home-Processed Weaning Food for Nepal
Miriam Krantz, Sabitri Pahari and Susan Colgate. 38 pp, 1983.

Available from: Nutrition Agribusiness Group, USDA/OICD,
Room 4300 Auditor's Building, 14th St. and Independence, S.W.
Washington, D.C. 20250.

2. The UNICEF Home Gardens Handbook, Paul Sommers. 55 pp, 1982.

Dry Season Gardening for Improving Child Nutrition, Paul
Sommers. 48 pp, 1984.

Available from: UNICEF, 866 United Nations Plaza, New York,
N.Y. 10017.

3. Small Scale Food Production: The Human Element. 114
pp, 1981.

Home Gardening in International Development: What the
Literature Shows, Leslie Brownrigg. 331 pp. 1985.

Available from: L.I.F.E., 915 Fifteenth St., N.W. Suite 915,
Washington, D.C. 20005.

4. A.I.D. Nutrition Sector Strategy. 10 pp, 1984

Available from: Office of Nutrition, Room 320 SA-18, A.I.D.,
Washington, D.C. 20523