

Nutrition

Goal Statement

World Vision is committed to realising the objectives of the Millennium Development Goals within its partnering communities. Within those communities, we work to reduce primary nutrition indicators (stunting, wasting, underweight, anaemia and micronutrient deficiencies) to minimal levels, and improve proximal indicators (immunisation, exclusive breastfeeding, diarrhoea and other infectious disease prevalence).

Problem Statement at Community-Level

World Vision recognises the dramatic effect that malnutrition has on global under-five mortality and morbidity. Over 50 percent of under-five deaths, globally, have malnutrition as a proximal causal factor. Every other major disease, and many health complications, capitalises on the weakened immunity of malnourished individuals.

World Vision also acknowledges the lifelong and irreparable effects of malnourishment in the early stages of infancy. Cognitive development is marginalised, as is general immunity, and studies have demonstrated that the burden of malnutrition has a terrible impact on Disability Adjusted Life Years, and economic achievement. As such, World Vision is especially concerned with the health and nutrition of mothers and infants under the age of two.

World Vision's Strategic Approach

World Vision has prioritised its Nutrition Strategy globally, and assimilated it into its operational structure. The following points illustrate how the organisation operationalises this important area of work:

- **Prioritisation of Nutrition programming in Area Development Programme designs:** World Vision has established Nutrition as a central element of its global health strategy. This priority reaches through subsequent regional and national strategy development, to the communities in which we work.
- **Implementation of Nutrition 'Threshold' indicators in target communities:** World Vision monitors six 'triggers for action' in the communities in which it works (stunting, wasting, underweight, iodine fortification, iron-deficiency anaemia and vitamin A supplementation) as well as four indicators closely related to nutrition (related to diarrhoea, immunisation, breastfeeding and access to improved water source).
- **Monitoring of Nutrition Transformational Development Indicator (TDIs):** Globally, every World Vision country programme evaluates impact using six core indicators. One of the six measures is stunting; the others measure immunisation rates, access to improved water sources, management of diarrhoea, completion of formal education and adoption of coping strategies. The direct and indirect incorporation of nutrition-related indicators in the central impact evaluation system for World Vision indicates the organisation's high prioritisation of nutrition.
- **Mainstreaming evidence-based, best practice relief and development interventions:** World Vision is scaling up well known interventions such as Infant Young Child Feeding, Positive-Deviance Hearth, Small-Scale Fortification of foods and Community Therapeutic Care. The World Vision Nutrition strategy highlights the following tactical areas of intervention:
 - Adequate Household Food Security
 - Quality food for infants and young children
 - Nutrient dense food for families
 - Quantity and quality of food for families in crisis

Nutrition

- Adequate Maternal and Child Care Practices
 - Care of young child
 - Care of mother
 - Family response to child illness
 - Household and personal hygiene
- Adequate Health Services and Healthy Environment
 - Community-based Maternal and Child Health
 - Access to essential primary health care
 - Healthy environment

World Vision's Principles

As a child-focused organisation, World Vision is especially concerned with the tragic and irreversible effects of malnutrition on the human lifecycle. To combat what becomes a vicious circle, World Vision prioritises preventive intervention with adolescents, pregnant women and infants from conception through the age of five. We believe that with dedicated attention to the global nutrition crisis through bringing current evidence-based interventions to scale, trends in malnutrition in the poorest quintiles of target societies can be reversed. We maintain that the root causes of malnutrition must be addressed simultaneously with the symptoms.

Intervention Example

Implemented by World Vision's field partners in Ethiopia, Ghana, Senegal, Tanzania and Malawi, World Vision's CIDA and private-funded Micronutrient and Health (MICAH) project reached more than 2.5 million direct beneficiaries (including women and children under 5) between 1996 and 2006. MICAH's objectives and activities include: increasing intake and bioavailability of micronutrients (iron, iodine and vitamin A) through supplementation, fortification, improved infant and young child feeding practices and dietary modification; reducing the prevalence of diseases that affect micronutrient status through water and sanitation, immunisations, malaria control and treatment for worms and parasites and building local capacity for delivery systems to improve micronutrient status through training staff, influencing national policy and enhancing compliance to policy.

Results of the MICAH project were:

- Increased exclusive breastfeeding rates from baseline to final in MICAH (vs. non-MICAH areas at final), in all countries: Ethiopia 25% to 49%; Ghana 17% to 49%; Malawi 15% to 69%; Senegal 7% in 2003 to 22% in 2006; and Tanzania 15% in 2000 to 21% in 2004.
- Significant reductions in the prevalence of anaemia in children under 5 were also shown: Ghana 75% to 31%; Malawi 85% to 60%; Senegal 84% in 2003 to 69% in 2006; and Tanzania 88% to 75%.
- Significant reductions from baseline to final in stunting of children under five were also documented in all countries.