

Nutrition success stories from the south:

Case Studies of successful nutrition programmes in Brazil, Bangladesh and Malawi

Case Studies

The amazing impacts of tackling poor nutrition are best explained by exploring some of the programmes and strategies that have been implemented by governments and NGOs in developing countries. These case studies, from Brazil, Bangladesh and Malawi, demonstrate how targeting under nutrition specifically can lead to a wide range of great outcomes for communities and can be used as example in your letters to your MPs.

Brazil

In 1974, the prevalence of stunting (low height for age; can cause lifelong disabilities) in children under the age of five in Brazil stood at 37.1%. Over a 33-year period, this figure steadily declined, and in 2007 was estimated to be 7.1%. Brazil is now one of few low- and middle-income countries that can feasibly expect to fulfil the Millennium Development Goal (MDG) of reducing mortality in children under the age of five by 50%. A number of factors can be seen as accountable for this decline. The levels of stunting decreased most drastically in the period 1996–2007, which correlates clearly with stark reductions in the socioeconomic disparities between children of low- and high-income families. Studies suggest that this correlation demonstrates that as much as two-thirds of the decline in stunting can be attributed to a number of

government-led policies.



Until 2003, Brazil suffered from huge economic inequality. To counter this, the government introduced schemes to ensure better distribution of income, mainly through cash transfer and by increasing the official minimum wages of unskilled

workers. At the same time, the government worked towards universal access to primary education and to improve the quality of Brazilian schools. Further, by focusing on maternal education, the Government has also succeeded in improving the quality of child care.

The work of the *Sistema Único de Saúde*, the Brazilian national health system, has also contributed to the reduction of social and economic inequalities. This body works for the improvement of the availability of free services, such as access to primary health care, and by 2006 there were some 26,000 family health teams active across 90% of Brazil's local councils. 75% of Brazil's 190 million citizens now rely on the *Sistema* for their health care coverage.

In all of these areas, the greatest beneficiaries of the government-led schemes have been the poor. This broad approach to address the underlying socioeconomic inequalities that cause and perpetuate undernutrition has resulted in a marked decrease in the prevalence of stunting. This case study demonstrates the importance of a coherent set of policies that tackle all forms of social and economic inequality in order to reduce ingrained and wide spread problems like poor nutrition.

Bangladesh

Breastfeeding provides many of the nutrients that infants need to develop healthily. In Bangladesh, approximately 41% of children under the age of five suffer from stunting. Although the majority of children in Bangladesh are breastfed, many of them face disruption to breastfeeding; mothers starting breastfeeding too late; and switching between bottle and breast feeding.

Alive and Thrive (A&T) is an organisation working to improve infant and young-child feeding (IYCF) and complementary feeding practices in Vietnam, Bangladesh and Ethiopia. In Bangladesh, A&T is working towards this goal in a number of ways. They work to change policies which impact undernutrition

in a variety of ways. By working with and lobbying donors, NGOs and the Bangladeshi government, they are working to ensure that the importance of combating undernutrition and the necessity of developing clear, effective IYCF-based policies is impossible to ignore. These efforts are supported by work with the global media, in order to bring the issues and their importance to a wider audience.

Secondly, A&T is working in Bangladesh to roll out a number of community-based strategies. By the end of 2014, they aim to reach 8.5 million families with children under the age of two by employing frontline workers to lead community-based interventions, and engaging with communities in less overt ways, such as educational programmes. These measures aim to both treat the problem at its source and provide clear and accessible information to families about the importance of breastfeeding. It is hoped that this work will help to foster an atmosphere of knowledge and awareness in the community that will have a long-lasting impact on the improvement of exclusive breastfeeding levels in Bangladesh.

From 1994 to 2007 the figures of exclusive breastfeeding remained relatively static (displaying only a minimal improvement of 42%–46%). Preliminary figures released in 2011 (two years after the initiation of the Alive and Thrive programme), however, demonstrated a dramatic increase to 64%. A & T's work on both the national and global levels is gradually helping to improve the number of women who are breastfeeding their children and as a result A & T predicts it will have prevented the development of stunting in 350,000 children by 2014.

Malawi

A total of 1.6% of children under the age of five suffer from severe wasting (low weight for height) and UNICEF figures published in 2009 placed Malawi as having the 34th-worst under-five mortality rate in the world (120 deaths per 1000 live births). In response to this, the policy of CMAM (community-based management of acute malnutrition) has been rolled out since 2001 and has proven to be a cost-effective and efficient method of beginning to manage these shocking statistics.

In contrast to traditional care methods – which are often mean long waiting periods and stays at hospitals or clinics – CMAM aims to provide access to quality health care in the community from the first signs of undernutrition. CMAM evaluates each individual child to establish the level of undernutrition. Where possible, making this distinction allows children to be treated as out-patients with the use of ready-to-use, easily administered interventions like 'plumpy nut' a tasty paste that is specially designed to be packed with vital nutrients for reducing undernutrition.

This significantly reduces costs and the necessity of staying in health centres for lengthy periods of time, whilst simultaneously providing a platform to educate the community about the prevention, recognition and treatment of undernutrition. CMAM also runs tests and screening procedures to *actively* find cases of undernutrition at its earliest stages, and to create awareness within the community of early warning signs of undernutrition. Further, the nature of CMAM enables it to be integrated into existing health services, and as such is relatively easy to establish and cost effective.



Since 2001, CMAM has been rolled out to all 28 districts in Malawi, and 70% of health centres now offer CMAM services. Recent studies have highlighted the cost efficiency of CMAM, which demonstrates the importance of CMAM-based projects' inclusion into currently existing systems. It is effective both in terms of performance and cost, and is something that must be considered and developed in order to help the 19 million children worldwide currently suffering from undernutrition.