Options

Nutrition

The platform for progress to better health and development

Better nutrition is an essential driver for sustainable development. We integrate nutritional approaches with innovative expertise that strengthens health systems, promotes demand-side interventions and social inclusion. We use evidence to promote accountability in order to improve the nutritional status of vulnerable children, girls and women.

THE GLOBAL STATE OF NUTRITION

Although there is increasing international attention on nutrition, a monumental increase in efforts will be needed for the world to meet the global sustainable development goals for ending all forms of malnutrition (SDG 2.2). Today, 155 million children under five are stunted and 52 million wasted. Nearly 25% of women of reproductive age in developing countries are underweight and 40% of women globally suffer from anaemia, which is estimated to contribute to 20% of maternal deaths. At the same time, obesity is on the increase: 39% of women and 350 million children and adolescents aged 5 to 19 were overweight in 2016.

Poor mothers are often unable to provide children with the care and food they need, and malnutrition is the underlying cause of nearly 50% of deaths in young children. Malnutrition represents estimated losses of 11% of gross domestic product in Africa and Asia every year. Improving the nutritional status of women and children is a condition for making progress towards at least 12 of the 17 Sustainable Development Goals, including those to improve maternal and child health.

A CALL TO ACTION

Malnutrition has multiple causes. Inadequate food and nutrient intake, inadequate feeding and care practices and infections directly contribute to malnutrition. The underlying determinants of poor nutrition include food insecurity, poor education, poor sanitation and gender inequality.

There are **two critical windows of opportunity** for improving the nutritional status of women and children.

- **The first 1000 days of a child's life,** from the start of a mother's pregnancy to two years of life, during which it is crucial to ensure that the right conditions are in place for optimal foetal and early childhood growth, offers the greatest return on nutritional investment.
- **Adolescence**, a time when apart from in the first year of life physical growth is at its fastest, offers a second window of opportunity to invest in the nutrition of women and girls. The period between pregnancies represents a further opportunity to strengthen women's nutrition status and ensuring optimal healthy outcomes for the mother and child.

There is a strong body of knowledge on what needs to be done to address inter-related causes during these two critical windows of women's lives:

- **Scaling up coverage of ten low cost and high impact nutrition specific interventions**, such as breastfeeding promotion, appropriate complementary feeding and micronutrient supplementation, which fall mostly within the health sector and focus on the first 1000 Days This has potential to tackle about one third of the malnutrition burden globally[1].
- **Nutrition-sensitive interventions across sectors** such as WASH, agriculture, poverty reduction and education.
- Experience from countries which have successfully reduced malnutrition show that political will and accountability are key, and that we need to work at multiple levels and sectors through an **integrated approach.**

1 2013 Lancet series on maternal and child nutrition

STRATEGIES NEEDED to improve global nutrition	OUR EXPERTISE From 25 years of experience, we bring approaches that can help accelerate progress towards each of these strategies
Strengthen political commitment, government stewardship and capacity to deliver nutrition interventions.	We **strengthen governments' stewardship**, coordination and action with high quality technical assistance, promoting use of evidence-based planning and budgeting across sectors.
Integrate nutrition into broader health systems interventions.	We **scale-up integrated health, nutrition and WASH programmes**, supporting the implementation of cross-government approaches which target the poorest and hard to reach women and children.
Leverage resources for nutrition investments as most countries still allocate insufficient funding for nutrition. World Bank estimates show that an additional USD $8.50 per child under 5 is needed to meet the global stunting targets.	We **support governments' resource mobilisation,** priority allocation and financing strategies for health programmes, including revenue collection, pooling and purchasing mechanisms towards universal health care.
Improve the quality of data to diagnose the root causes of malnutrition, increase the visibility of the problem and target those most in need.	We work with governments, civil society and other stakeholders to **strengthen the quality, analysis and use of data,** making data smarter and ensuring the evidence-base for planning, advocacy and accountability.
Strengthen accountability to accelerate progress against commitments and sustain action.	
Prioritise women's and girls' nutrition, focusing on scaling up proven interventions, testing new solutions and mainstreaming gender-sensitive nutrition interventions across multiple sectors.	We support the design and implementation of strategies integrating **women and adolescents' sexual and reproductive health** and rights, family planning and nutrition. Birth spacing is linked to improved women's and children nutrition status.

In addition, Options brings expertise that cuts across all strategies:

- **Social change approaches and communications to change gender norms and behaviour.** We work with multiple stakeholders using a range of participatory and advocacy methods to strengthen women's and adolescents' decision-making over health and nutrition.
- **Monitoring, evaluation and implementation research.** We design and manage rigorous evaluations and research to ensure strong programme implementation and contribute to increase knowledge of what works and what does not to address malnutrition.

EXAMPLES OF OUR WORK AND RESULTS

- We supported the Government of Odisha, one of India's poorest states, to improve the health and nutritional status of women and children by integrating nutrition, water, sanitation and hygiene services into the broader health system. At community level we empowered women's groups and village organisations to address local barriers to better health and nutrition. Our support for community-led sanitation led to many more households having their own toilet. **Stunting in children under five declined at an average rate of 2.7% between 2006 and 2016; higher than the national rate.**
- In India, most surveys do not provide sub-district estimates, which can hide block-level disparities and inequities, nor do they include integrated indicators on Health, Nutrition, Water, Sanitation and Hygiene (HNWASH). We helped the Government of Odisha to conduct Concurrent Monitoring (CCM), the first household level survey in India to provide household, block-level data disaggregated by socio-demographic characteristics. **CCM provided reliable and representative HNWASH results to inform sub-national management and decision making.**
- Increased funding for nutrition requires effective budget advocacy. In Nigeria, we established State Led Accountability Mechanisms (SLAMs) that bring together civil society, service providers and government officials to track progress in providing quality MNCH services. This in some cases has led to increased domestic budgetary allocations to health. For example, **the SLAM in Bauchi State achieved a commitment to increase State resources allocated to health from 8% to 17% in 2017.**
- In Nepal, integrating nutrition as a package into approaches to improving MNCH has **contributed to a reduction of the under-five mortality rate from 142 per 1,000 live births in 1990 to 42 per 1,000 live births in 2013.**
- In Odisha, Madhya Pradesh and Bihar, we have supported the reform of ICDS (Integrated Child Development Scheme) including **a greater focus on children under 2 and training of community workers to strengthen the management of acute malnutrition.**
- In Yemen, safe motherhood and family planning **vouchers have been distributed to 120,369 pregnant women** between 2013 and 2016. Health care workers provide advice on health and nutrition and refer malnourished children for CMAM treatment.