

20 Building Nutritional Self-reliance

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Summary

Nutritional self-reliance refers to the capacity of individuals and communities to make their own good decisions relating to their nutrition. The issue is important because some nutrition interventions weaken the abilities and motivations of people to provide for themselves. This disempowerment can result from the ways in which commodities are provided, and also from the ways in which information is assembled and decisions are made. Agencies should favour programmes that strengthen people's capacity to define, analyse and act on their own problems, and thus help to build individual and community self-reliance with regard to nutrition.

Introduction

Nutrition programmes are commonly evaluated on the basis of their impacts on anthropometric measures such as children's stunting, underweight and birth weight. However, nutrition programmes for children or families sometimes weaken the abilities and motivations of people to provide for themselves, especially when those programmes last too long. Interventions to deal with malnutrition should be assessed not only in anthropometric terms, but also in terms of their impact on nutritional self-reliance – the capacity of individuals and communities to make their own good decisions relating to their nutrition.

The concern is particularly serious in feeding programmes. Local nutritional self-reliance can be weakened whether the products

delivered are ordinary foods or whether they are those that are specially formulated to combat particular nutritional deficiencies – products such as vitamin A capsules or protein biscuits. The risk of overdependence on outsiders is higher with specially formulated products.

The central concern is not whether the *products* are made locally, but whether the *decisions* are made locally. The emphasis is on self-reliance, not self-sufficiency. As these terms are understood here, self-reliance emphasizes local control, while self-sufficiency refers to local production to meet local needs. Self-reliance allows for trade and other kinds of interactions with others according to the community's best judgement about what would be good for its members. Self-reliance emphasizes self-rule and autonomy, while self-sufficiency emphasizes economic independence and autarky.

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Self-reliance means openness to interaction with others, as that is judged to be beneficial. Self-sufficiency leans towards foregoing interaction with others (Kent, 2010, 2011).

The difference becomes clear when we look at fast-food franchises. They might reflect local self-sufficiency in the sense that their supplies are produced locally, but they would not show local self-reliance if a distant corporate office determined all their policies. Building self-reliance means building independence. The idea is captured in an update to an old adage, attributed to J.D. Chiarro: 'Give a man a fish, and he eats for a day. Teach a man to fish, and you no longer own him'.

The idea of local self-reliance is not new, but more needs to be done to clarify ways in which agencies at higher levels, both nationally and internationally, could help to build local self-reliance more systematically. This study illustrates ways in which agencies at higher levels could help to build nutritional self-reliance within communities.

Commodities

Pressures that undermine nutritional self-reliance arise in many different contexts. One major concern is the promotion of special products for dealing with malnutrition. An example is given by an appeal for funds by Save the Children, which said its 'low-cost, highly effective health programmes give gravely imperiled girls and boys the help they need to survive by providing:

- vitamin A supplements to prevent blindness and early death;
- antibiotics to treat infections;
- oral rehydration therapy to treat dehydration; and
- vaccines to prevent common diseases like malaria'.

This list suggests that special products are needed to help children survive. All of them can be useful, but there is no mention here of how parents and communities might be involved, or how they might be helped to do more for their children. There is no hint of what might happen when outsiders stop supplying these products. Save the Children should

acknowledge what it knows very well: that addressing nutrition problems involves more than just delivering medicines. In some cases, the need for such products can be sharply reduced through better use of ordinary local foods and better care and health services.

The Save the Children list is just one indicator of a growing tendency to treat malnutrition as a medical problem. Severe malnutrition *is* an illness and should be treated medically. Extraordinary measures may be needed to restore the person, child or adult, to a normal life, although such measures, usually prescribed and delivered by outsiders, sometimes at great expense, should be viewed as temporary and as just that – extraordinary measures. They should be designed to get people back to normal and not to become normal. They should not create dependency on outside decision makers and outside funders.

In sudden-onset emergencies, hunger must be prevented immediately. There is a place for feeding programmes. However, chronic malnutrition in all its many forms should be addressed in broad social, political and economic terms, and not only in clinical terms. Treating an issue as a medical problem when it does not need to be treated in that way disempowers people. For example, suggesting that capsules must be used to treat vitamin A deficiency, without at the same time showing how to make better use of local foods to deal with the problem, is disempowering (Latham, 2010).

The *medicalization* of nutrition issues is closely linked to *commodification*, the tendency to view malnutrition as something that can be addressed by supplying new commodities, especially processed foods. The issues are illustrated by the debate over 'Plumpy'Nut', a peanut-based food specially designed to treat severe acute malnutrition in young children. Jeffrey Sachs and colleagues argue that it should not be oversold:

Plumpy'Nut is not a miracle cure for global hunger or for global malnutrition. Plumpy'Nut addresses only one kind of hunger – acute episodes of extreme food deprivation or illness, the kind mainly associated with famines and conflicts. Plumpy'Nut is not designed for the other major kind of hunger, notably chronic hunger due to long-term poor diets. Nor is it

designed to fight long-term malnutrition that is due to various kinds of chronic micronutrient deficiencies, such as iron, zinc and vitamin A deficiencies. ... Of the billion or so people in our world suffering from undernourishment, Plumpy'Nut is appropriate only for a small fraction. Most of the chronically undernourished need not a solution to acute undernutrition through food aid but regular access to a long-term, balanced healthy diet.

(Sachs *et al.*, 2010)

The World Food Programme (WFP) has become a major promoter of such products, as illustrated by its Project Laser Beam:

This five-year, \$50 million initiative in Bangladesh and Indonesia will combat undernutrition through changes in food, hygiene and behaviour. Launched in 2009, it is a WFP-led initiative working with Fortune 500 companies and others in the private sector as well as three United Nations agencies – WFP, UNICEF and WHO. The aim is to harness the power of global, regional and local businesses. WFP's founding partners are Unilever, Kraft Foods, DSM and the Global Alliance for Improved Nutrition.

As an initial step, the Boston Consulting Group conducted a gap analysis in Bangladesh to determine the underlying causes of malnutrition in the country and potential solutions. Heinz also provided funding to allow WFP to conduct nutrition mapping in Bangladesh to assist WFP in developing its country specific nutrition strategy.

Project Laser Beam (PLB) will employ the many nutritional solutions already available in the marketplace, ensuring they are accessible to those in need. When gaps in products and services are identified, PLB will call on partners to step into the breach to develop new ones for the fight against child hunger in other countries. Special nutritious foods for children under two are desperately needed, yet there is a lack of products or services on the market. PLB aims to systematically employ current tools while creating a stimulating environment in which innovations become real.

WFP (2010a), p. 14.

Several corporations are set to sharply increase their sales of food commodities based on health claims (Cave, 2010). For example,

PepsiCo says its new Global Nutrition Group 'is part of our long-term strategy to grow our nutrition business from about US\$10 billion in revenues today to US\$30 billion by 2020' (PepsiCo, 2010; quoted in *Nutraceuticals World*, 2010). On nutraceuticals, Lucas and Jack (2010) say that 'Nutraceuticals are a step up from the fortified foods market, which is expected to be worth \$175bn worldwide'. Such products may be useful under some conditions, but because of the profit incentive, they are likely to be promoted excessively. Better breastfeeding, good health services and ordinary foods are likely to meet children's needs more effectively and more economically, especially over the long run.

The risks involved in the promotion of these commodities by well-funded international agencies and the business interests behind them are well illustrated by WFP's promotion of Plumpy'Doz:

WFP delivered *Plumpy'Doz* to children in Ouagadougou and Bobo Dioulasso through an innovative voucher system. In 2009, 360 metric tons of the ready-to-use, nutritious food supplement were distributed to more than 40,000 children under two – 20,237 girls and 20,089 boys. Health centres in these locations report better nutrition among children who have received the specialized product, a paste supplement made from vegetable fat, peanut butter, sugar and milk. Burkinabe children, who have grown fond of the supplement, have nicknamed it "chocolate".

WFP (2010a), p. 28.

These vouchers might be a way of distributing free samples, in anticipation of marketing these products as a new kind of treat.

Some companies, such as Nutriset (the maker of both Plumpy'Nut and Plumpy'Doz), have promoted local production of these special foods, but outsiders generally control these operations as franchises. They do little to build local nutritional self-reliance. Indeed, they may do the opposite by creating doubts about whether ordinary family foods could meet the family's needs as well as the more exotic processed products that come in from the outside.

While special medicines might be needed to *treat* nutritional problems as therapy, in

most cases the *prevention* of such problems should rely on familiar local foods. Studies that demonstrate the efficacy of medical treatments as a means of prevention (e.g. Isanaka *et al.*, 2009; Rotondi and Khobzi, 2010) frequently fail to ask whether the same preventive effect might have been achieved with better use of ordinary foods. Some studies do consider the locally available options. For example, a study in a rural and poor district of Burkina Faso showed that improving gruel for children through better use of familiar local foods was just as effective as using micronutrient fortification (Ouédraogo *et al.*, 2010).

Special products from outside the community should be considered if they produce real benefits that cannot be obtained with local foods, although outside suppliers of commodities are likely to have interests that go beyond concern for the health and well-being of the community. These concerns have to be balanced against the health benefits derived from use of the products. The possibilities for gaining the same benefits with local foods should be explored. The final decision about what to use should come from within the community.

There is no reason to resist commercialization as such. Those of us who live on store-bought foods should not insist that others must produce their own food. However, there are risks – for high-income as well as low-income people – that should be assessed in specific local conditions. We should be concerned about the following:

1. Health claims for particular foods may be exaggerated. This is especially true for fortified foods.
2. There are many ways in which processed commercial foods can be bad for consumers' health.
3. There are some safety risks with commercial foods that are unlikely to occur with non-commercial foods.
4. The idea that commercial foods are always more convenient may be overstated. Apples and carrots are ready to eat.
5. The purchase of processed foods from outside the local community means there is an outflow of funds that instead might have circulated locally, benefiting neighbours.

6. While some manufacturers of food products operate with high integrity, others may be primarily concerned with profits and sacrifice the well-being of consumers.

7. There is a need for caution about possible overdependence on foods from outside suppliers. People might have difficulties if the supply were to be cut off or if the prices increased sharply.

8. The commodity-centred approach to dealing with malnutrition can deflect attention away from the political, economic and social reforms needed to address problems of malnutrition at their source.

Nutrition Status Information

The preceding section pointed out that commodity-centred interventions often have the effect of shifting decision making about nutrition issues to agencies outside the community. Similar things can happen when outsiders dominate the management of information relating to nutrition.

Consider, for example, the many efforts to collect information on nutrition status. One of the most prominent is the FAO (Food and Agriculture Organization of the United Nations) programme FIVIMS, the Food Insecurity and Vulnerability Information Management System. Decision makers at country, regional and global levels need reliable and timely information on the incidence and causes of food insecurity, malnutrition and vulnerability for improved policy and programme formulation, targeting and monitoring of the progress of interventions aimed at reducing poverty and hunger. Cross-sectoral food security analysis helps to strengthen the understanding of why people are food insecure, malnourished or hungry. In line with the broad definition of food security, FAO supports its analysis along four key dimensions: availability, access, stability and utilization (FAO, 2010d).

Certainly, people working in agencies at country, regional and global levels need good information on which to base their decisions, but so do people in the community. However, the FIVIMS programme gives little attention to the ways in which people in the community

might be supported with better information. Perhaps FIVIMS could devise ways to provide useful information to local communities so that they could make better decisions themselves. Perhaps it could advise on ways to support people in communities in collecting and analysing their own information.

Large-scale studies that evaluate the impact of nutrition programmes are usually designed to guide decision making by outsiders and serve the intended beneficiaries of the programmes only indirectly. When a World Bank study asks: 'What can we learn from nutrition impact evaluations?' the *we* does not include people in the communities being studied (World Bank, 2010). The findings are designed for use by technical specialists in the capital cities or in agencies based outside the country. Often the issues are defined in technical terms that are unfamiliar to people in the community. The data are rarely shared in any systematic way with the people who supposedly benefit from their collection.

The same issues arise in an exercise called *Mapping Food Security Actions and Resources Flows at a Country Level* (CFS Secretariat *et al.*, 2010), managed primarily by international agencies, including the Committee on World Food Security (CFS). A document from this exercise explains:

The main objective of the proposed mapping tool is to provide multiple users with an improved capacity to make better informed decisions about how best to design national and regional policies, strategies and programmes and to allocate resources to achieve food security and nutrition objectives. The users include governments and their associated institutions, representatives of civil society, private sector organizations and other development partners that participate in country-led processes and are involved in promoting efforts to reduce hunger and malnutrition.

CFS Secretariat *et al.* (2010), p. 2.

The mapping exercise appears to be based on the assumption that decisions would be made at national, regional and global levels, and not at the local level. Maps and other kinds of data collection activities usually are means for enabling others outside the community to make decisions affecting the community.

FIVIMS could develop a similar tool designed to provide data to communities that want to improve their nutrition situation locally. Even though people generally have a good idea of what goes on around them, data and maps of some kinds could help them to make better decisions concerning their own well-being. People at the community level would probably be happy to share their findings with outsiders who offer to organize such resources. However, problems can arise if outsiders simply assume that they should be the ones who make decisions affecting the community.

Dietary Self-reliance

The issue of self-reliance becomes very personal when it comes to decisions about the diet. It is generally agreed that people should be free to decide what they and their children should eat, but we also agree that governments have an important role in protecting us from dangerous products and helping us to understand what is good for us.

Within these broad outlines, there is much room for debate. Should governments prohibit certain foods they judge to be bad for us, perhaps because they are too fattening, too salty or too sugary? What control should governments have over food supplements and the fortified foods?

Similar issues arise on the role of non-governmental organizations (NGOs). They cannot prohibit or command anything, but they can give strong advice. Some people dismiss advisory groups such as the Center for Science in the Public Interest in Washington, DC as self-appointed 'food police' and suggest that they should not be given any attention at all.

There are no easy answers, but many different parties are proposing guidelines. The Codex Alimentarius Commission, a joint project of FAO and WHO (World Health Organization), regularly prepares guidelines on food, and many of them are adopted by national governments in their national laws and regulations. While the Codex focuses on the composition of foods, other guidelines are concerned with the conditions under which

they are marketed. The International Code of Marketing of Breastmilk Substitutes, adopted by the World Health Assembly in 1981, provides guidance designed to limit the ways in which infant formula and food products for young children are promoted. Many nations have incorporated that guidance into their national laws. The Global Alliance for Improved Nutrition, GAIN, has published a Working Paper on using the code to guide marketing of complementary foods for young children (Quinn *et al.*, 2010). FAO's work on biodiversity has led to a call for a Code of Conduct for Sustainable Diets, also modelled on the International Code of Marketing of Breastmilk Substitutes (Burlingame, 2010). A group in Asia has advanced the Colombo Declaration on Infant and Young Child Feeding (IBFAN Asia, 2009). A recent essay calls for guidelines for Ready-to-Use Therapeutic foods, (RUFs) based primarily on concern that such products could interfere with good breastfeeding practices (Latham *et al.*, 2011).

Rules and guidelines should be based on solid nutritional science, but often they are also influenced by special interest groups such as food producers, processors and sellers, and also by advocates of particular diets. People have strong opinions about these matters. The prevailing view is that families and local authorities, not national or global agencies, should make dietary decisions. Of course, families and local authorities should be well informed about the best current understandings of nutrition science specialists. Rather than assuming the authority to make detailed dietary decisions themselves, higher level agencies should help to inform local agencies and families so that they can make their own decisions. This is much better than having authorities issue directives to lower levels.

Strengthening dietary self-reliance is crucially important as a means of resisting pressures to eat in ways that serve the interests of others. As David Kessler, former commissioner of the US Food and Drug Administration (FDA) put it: 'While a combination of human biology, personal experience and a determined industry may explain why we overeat, we still have the ability to make

choices about whether we allow this triumvirate to dominate our behavior' (Kessler, 2009).

Concerns about who should make dietary decisions are well illustrated by the debate in India over the use of eggs in school meals. It came to a head when the Chief Minister of Madhya Pradesh 'vetoed his own government's proposal to include eggs in the mid-day meal programme, saying vegetarian food had everything the human body required and there was no need for the state's 66,000 anganwadis to change their menu' (Kidwai, 2010). Despite the fact that almost half of India's children are malnourished, three ministers opposed the proposal to include eggs, saying 'eggs would encourage non-vegetarianism'.

In India, the diverse diet that would have evolved naturally became skewed as a result of government policy. India's diet has been overloaded with cereals (Shatrugna, 2009), because they are viewed as the cheapest and most available form of calories:

So in a country where vegetarians are a definite minority, we now plan our daily meals based on [a notion of] a Brahminical notion of an 'easily available, balanced diet', and the cultural production of modern India as vegetarian. This was fine for the upper castes rich, who had the luxury of eating 3-4 kinds of vegetables and other supplements like nuts, oil etc., along with their rice, but for the poor, this meant serious lack of vital sources of energy. So if the poor man got his plate of rice and three rotis a day, he was expected to be happy and satisfied. The result? We survived, but barely.

Vena Shatrugna, quoted in Anand (2008).

The result has been serious malnutrition among children throughout India. Children can do well with vegetarian diets, but not just any vegetarian diet. Children who do not consume animal products of any kind must have carefully composed, diverse diets. Poor children in India rarely get that. Indeed, because the food subsidy programmes focus on providing grains, children get too much grain and too little of the other foods they need. The simplest ways to compensate for the deficiency would be to include small amounts of animal products such as milk and eggs and, where it is acceptable, meat.

Why should the composition of meals be decided at high levels of government? Government can reasonably require that school meals include particular nutrients (energy, protein, various micronutrients), but leave it up to local officials to decide how those requirements are to be met. Many of the requirements could be met from local food sources.

As adults, we would find it insulting to have someone else decide what we should eat. There is a need to respect the dignity of communities, families and children as well. With the help of good nutrition education, parents and their children should be presented with good alternatives and they should be encouraged to make good nutritional choices themselves.

Subsidies for Nutrition Interventions

Any nutrition project that involves free or heavily subsidized products from outside agencies tends to subvert local decision making. This matters because subsidies are often designed to support producer interests more than consumer interests (Moss, 2010). If the product is offered free or with a heavy subsidy, along with the promoters' arguments in its favour, the outsiders would dominate the decision making. By paying for the product, the outsiders in effect bribe people to take what they offer.

In principle, one could imagine outside agencies providing funds directly to the community and offering the product separately, at a reasonable cost. If the people were well informed and made their own informed choice of the product, their role in decision making would be fully honoured.

This issue arises in high-income as well as low-income countries. The US Department of Agriculture's Special Supplemental Nutrition Program for Women, Infants and Children, commonly known as WIC, provides more than half the infant formula used in the country, at no cost to their families (Oliveira *et al.*, 2010). Many of them take the formula not only because it is free but also because it appears that the government

endorses its use (Kent, 2006). The situation would be quite different if families were instead provided with small amounts of money. They could at the same time be provided with science-based information, through WIC and other agencies, that compared the health impacts of formula feeding and breastfeeding. Having the families rather than the government decide how the money should be used would build the families' nutritional self-reliance.

This concern about subsidies can also arise with unprocessed products such as milk and eggs. If an outside agency decides milk and eggs should be provided with school meals, and gives the schools and the communities no voice and no choice, then local nutritional self-reliance would be weakened.

Empowering Interventions

Some nutrition programmes focus on maximizing the amount of assistance that is provided. Long-term programmes should instead focus on minimizing the need for assistance, reducing the demand for it, rather than increasing the supply.

Empowerment means increasing one's capacity to define, analyse and act on one's own problems. An empowering programme is one that steadily reduces the beneficiaries' need for it. It builds the capacity of individuals and communities to make their own good decisions on their nutrition.

There are several different approaches that agencies at national and global levels could take to help build nutritional self-reliance in communities. One approach is to make use of time limits for assistance. This was a key element of the welfare reforms in the USA in 1996. Under these reforms, it was established that individuals could benefit from particular programmes only for a limited number of years. What had been known as the welfare programme came to be known as Temporary Assistance for Needy Families (TANF), with emphasis on the *temporary*.

Similarly, instead of being based on long-term or open-ended commitments, international food aid could be designed around

short-term programmes with well-designed exit strategies. For example, programmes for providing vitamin A capsules could be time limited and tied directly to programmes for increasing the production and consumption of appropriate local foods.

Time limitations should be accompanied by capacity building through educational programmes of various kinds. Capacity is defined as 'the ability of people, organizations and society as a whole to manage their affairs successfully. Capacity development is the process of unleashing, strengthening and maintaining of such capacity' (FAO, 2010a). This definition is based on the work of the Organization for Economic Co-operation and Development (OECD/DAC), and reflects a broad consensus of opinion (FAO, 2010a). Baillie *et al.* (2008) further discuss this topic in putting forward a conceptual framework for capacity building in public health nutrition practice.

Many communities are not well prepared to make important decisions relating to the nutrition of their people. Thus, there may be good reasons for outsiders to take the lead in making such decisions, but only for a time. The outsiders should see that part of their job is to enhance the capacity of people in the community so that after a while the outsiders' intervention is no longer needed.

To illustrate this approach, school meal programmes supported by the WFP could be established with the clear understanding from the outset that WFP's involvement would be time limited, and the joint task of WFP and the community during this period would be to plan a smooth exit process. WFP resources and management would be phased out and local resources phased in. The transition programme would build people's ability to take charge.

The concept of an 'enabling environment' is central to this approach. Feeding programmes should be accompanied by efforts to create enabling conditions that would allow people to provide for themselves. The core of capacity building at any level is education designed to empower.

Capacities need to be strengthened not only for agencies of national governments but also for sub-national governments,

communities, families and individuals. Unfortunately, some advocates of capacity building seem to assume that those at higher levels always know what needs to be known, and need to teach what they know to people at lower levels. In some cases, it might be better if the higher levels simply facilitated peer-to-peer teaching and learning. For example, spaces could be created in which neighbours could share their knowledge of household food production. In many cases, those at the higher levels have much to learn. Under a well-facilitated dialogue process involving people at every level, all of them would be likely to learn a great deal.

Interventions that reduce people's range of choices are generally disempowering and likely to provoke resistance. Banning unhealthy food often raises complaints about interference with freedom of choice. In terms of building nutritional self-reliance, it is better to offer more good options rather than to prohibit bad ones. Policy makers should promote good foods and provide information that will strengthen people's capacity to make good dietary choices – make the healthy choice the easy choice.

Capacity-building efforts can focus on building knowledge and skills directly related to nutrition, but general education is helpful as well. Education for women has a strong positive impact on children's nutritional status, even when that education is not specifically about nutrition (Burchi and De Muro, 2009). The nutritional self-reliance of families and communities is likely to grow with improved general education for women, especially primary education.

The rights approach, centred on the human right to adequate food, has made important advances around the world (Kent, 2005; FAO, 2010c). However, many of its supposed beneficiaries do not know their rights and many of those who are supposed to carry the correlative duties do not know their obligations. Even if rights holders do know their rights, they might not know what to do to ensure that they are realized. When fully implemented, the rights approach enhances people's control over their own nutrition situations.

Some people interpret the right to food primarily in terms of entitlements to free or

subsidized food. This is the dominant view in India's Right to Food Campaign (Right to Food Campaign, 2010). The campaign says little about what needy people might do for themselves. An alternative perspective is that the primary legal obligation of the state is to *facilitate* by establishing enabling conditions under which people can provide for themselves (Kent, 2005, 2010). The obligation of the state to *provide* food directly applies only when people are unable to provide for themselves through no fault of their own.

The idea that outsiders should facilitate needy people in providing for themselves was clearly articulated by a poor Haitian farmer:

Here's what Jonas Deronzil has to say to the U.S. Government: "your policies are bad. Help us produce, don't give us food. We're not lazy. We have water. We have land, especially in the Artibonite. Give us seeds, give us material. Don't give us rice, we don't need it. Our country can produce rice. If we're short, we'll let them know. There's a lot of things I'd like to tell the American Government but I don't know where to find them. But if I could find the Americans, I'd tell them that.

(Bell and Deronzil, 2010)

In the realm of managing information, communities should be supported in assembling and analysing their own nutrition data. Instead of enhancing the capacity of outsiders to make decisions that affect nutrition in the community, some resources could instead be used to enhance the information collection, analysis and decision-making capacity of people in the community.

There is a need to go beyond the management of pieces of information and also to encourage local analysis of the nutrition situation. The possibilities are illustrated by Alexandra Praun's work in Central America (Praun, 1982). *Promotores* or facilitators were trained to work with local groups, leading discussions on matters such as:

1. The nutrition situation in the locality.
2. Why do children die?
3. Why don't we have enough food?
4. The foods in the community.
5. Local food preparation.
6. The local food taboos and traditions.
7. The agricultural services in the region.

8. The health services in the region.
9. The food aid programmes in the region.
10. The communal/home garden situation.
11. The chicken, rabbit and pig farms situation.

To illustrate, the theme 'nutrition situation in our locality' was explored through a set of questions concerning local food prices, food availability, local production, family diet, common child sicknesses, budget used for food, and so on. The appropriate questions would naturally be different in different circumstances. They would not be addressed mechanically, as in some sort of examination, but would be used to stimulate an open-ended joint analysis of the local food situation (Praun, 1982).

In another case, in the Dominican Republic, a women's nutrition training course was established:

Some 62 women started attending the course – structured along Paulo Freire's lines – which examined nutrition not only in technical terms but also in the social, political and economic context of the women's lives. They studied the nutritional situation of their own region and of the entire country. They also made surveys in their own neighbourhoods to assess the nutritional problems of their families, friends and neighbours, and to work out ways of dealing with them.

Hilsum (1983)

As a result, the women, calling themselves Women of the South, developed detailed critiques of the export orientation of the country's agriculture and of their own excessive dependence on food aid; they launched a number of projects for food production and distribution; and they undertook a systematic programme of self-evaluation of their efforts (Hilsum, 1983).

The strengthening of communities can help to improve their nutrition status. Community-based strategies have proven effective, as in Lalitpur, India, where women from the village were facilitated in forming mother support groups (Kushwaha, 2010). Another study in India showed that 'a community-based programme that trains village health workers can have long-lasting impacts on child mortality' (Mann *et al.*, 2010).

FAO has a programme specifically designed to support community-based action: the Participatory Nutrition Programme, under FAO's Nutrition and Consumer Protection Division (Thompson, 2000; Ismail, 2003, 2005). FAO describes the community-based approach as follows:

Community-centred approaches for improving nutrition build capabilities and empower communities to effectively demand services and productive resources and at the same time support local initiatives for implementing food and nutrition programmes. This involves increasing the participation of communities in the design, implementation and monitoring of development programmes and interventions. Achieving household food and nutrition security requires co-ordination among local institutions that can or should support food-insecure groups.

FAO (2010b)

Thus, the programme recognizes the need to build nutritional self-reliance at the community level.

In many places, there is no lead agency that gives sustained and comprehensive attention to nutrition. Community-based analysis and recommendations should be led by a specific agency with a clear mandate to give attention to the full range of nutrition issues. Existing village councils might do the job, or newly created food policy councils could provide the locus for community-based consultation relating to nutrition issues (Harper *et al.*, 2009; Mata'afa, 2009; Sagapolutele, 2009; Lukens, 2010; Kent 2011). These councils could facilitate constructive dialogue on local concerns and strengthen their communities as they stimulate improvements in specific policies. They could join their voices together to address higher levels of governance. The work of such councils should be facilitated by agencies at higher levels.

Evidence for the Effectiveness of Efforts to Build Nutritional Self-reliance

What evidence would demonstrate the value and effectiveness of efforts to build nutritional self-reliance? Methods should be developing for assessing both initiatives from

within the communities and interventions from outside.

The premise here is that strengthening nutritional self-reliance is inherently a positive thing. Any action that does this should be endorsed, provided there are no countervailing harms that outweigh the benefits.

To some extent, the merits of any nutrition-related intervention can be judged on the basis of its character, even before the assessment of actual impacts 'on the ground'. For example, a project that helps people in any locality to jointly reflect on their nutrition concerns would score well. An intervention plan that involves talking with the people who are supposed to benefit would be better than one that does not. As such, the Food Aid Convention would score poorly because it is periodically renegotiated by the donor countries, with no involvement of the receiving countries (FAC, 2010; Harvey *et al.*, 2010).

A project that provides people with capsules to combat a particular type of malnutrition and is wholly funded and implemented by people outside the 'target' community would score poorly. The capsules might yield immediate nutritional benefits that outweigh that weakness, but on the dimension of building nutritional self-reliance, the programme would score poorly.

There are no established measures of nutritional self-reliance, but sensible judgements can be made. The degree of nutritional self-reliance can be understood as the degree to which people, acting alone and in community, make their own decisions affecting what they are going to eat. This can be understood as a continuum. At one extreme, outsiders make all the decisions, with no consultation with those who will get the food – in the way that might occur in a prison, a refugee camp; in some cases, people might be treated as if they were livestock in a feedlot. At the other extreme, people make all their own decisions. They might draw in products and information from outside the community, but they base their choices on what they see as being in their own interests.

It would be useful to have good measures of the level of nutritional self-reliance in any community. However, it might be more

important to be able to estimate the extent to which interventions from outside the community are likely to strengthen or weaken its nutritional self-reliance. These judgements could be made systematically. To illustrate, given a list of nutrition projects with a brief description of each, a panel of judges who have familiarized themselves with the concept should be able to rank those projects on how likely they are to make a positive or negative impact on nutritional self-reliance. Is the project likely to shift the locus of decision making toward or away from the community? Guidelines could be developed to improve the validity and reliability of the judgements made.

Increased nutritional self-reliance is likely to be associated with improved nutritional status, but that should not be assumed to be true in every case. The strength of that linkage is really an empirical question, one that would depend on local circumstances. It would be useful to collect case studies of local initiatives and also of interventions from outside that have helped to build local nutritional self-reliance, and to examine how that and other factors interrelate and affect nutrition status.

If people are not well informed and well motivated on their nutrition, perhaps because their main source of information is advertisements for highly processed foods, increasing

their capacity to make their own decisions is not likely to lead to improvements in their nutrition status. If people are addicted to bad food and not motivated to improve their health, they will be less likely to be affected by new scientific information about the qualities of different foods. Factors such as the quality of information and the motivations of the people can be viewed as intervening variables that influence the strength of the linkage between nutritional self-reliance and nutrition status.

The basic conclusion here does not require further evidence. There are many different ways in which outsiders can be helpful to communities with regard to their nutrition (Harvey *et al.*, 2010; WFP, 2010b). Some forms of assistance can be disempowering because they only provide short-term relief, make bad situations more tolerable and have outsiders dominate the decision making. In those situations, the gift of assistance tends to stimulate demands for more assistance.

In contrast, assistance that is empowering helps people to address their nutrition concerns individually and together with their neighbours, building their nutritional self-reliance and reducing their need for assistance over time. Outside agencies can help to build nutritional self-reliance by recognizing the difference and favouring the more empowering approaches.

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