Strengthening the links between nutrition and resilience

Improving Nutrition Services in the Care of the Ill and Vulnerable Newborn and Child Workshop
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photo by Kate Holt/MCSP

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Resilience

• “The ability of people, households, communities, countries, and systems to **mitigate, adapt to, and recover** from shocks and stresses while adapting and **transforming** their communities and livelihoods to withstand future events.”

• Targets individuals and groups living in poverty

• Young children and women are most vulnerable to hunger or other stresses

• Dimensions of Resilience (*defined by Béné and colleagues (2012)*):
  
  • **Absorptive capacity**: withstand threats and minimize exposure to stressors through preventative measures and appropriate coping strategies
  
  • **Adaptive capacity**: adapt to new options in the face of crisis by making proactive and informed choices
  
  • **Transformative capacity**: transform the set of livelihood choices available by creating a fundamentally new system (or way of life) when conditions require it. There is a systemic change.
Resilience is as a result of the three dimensions

Strengthening resilience requires strengthening these overlapping capacities

Christophe Béné, 2015
Nutrition and Resilience- Interlinked

• Nutrition is an input to and an outcome of strengthened resilience
  • **Nutrition Resilience**: good nutrition results in a more resilient person, or household
  • **Resilience for Nutrition**: a resilient person or household results in good nutrition

• Focus on the most vulnerable people: provide a safeguard to the poorest, most vulnerable and food insecure people in the event of shocks

• Local and national ownership and leadership
  • Ethiopia’s Productive Safety Net Program
  • Brazil

• Multi-stakeholder/multi-level approach

• Combine humanitarian relief and development

• Put greater emphasis on longer term preventative measures rather than short term curative responses.
Nutrition-Friendly Resilience programming

• Need to focus on individuals in addition to households- targeting 1000 Days households with PLW and 0-24 months children.
  • USAID/NOURISH- Cambodia
  • USAID/Growth Through Nutrition and ENGINE-Ethiopia

• Viewing absorptive, adaptive, and transformative capacities of individual or household with a nutrition lens:
  • absorptive capacity if, in the face of a shock, negative nutritional coping strategies are not very common.
  • adaptive capacity could mean being able to access foods that meet nutritional requirements from sources that are more reliable in the face of climate change or crisis.
  • transformative capacity might refer to being able to alter the sources and types or varieties of food in the face of a crisis while maintaining or improving nutritional status.

• Nutrition education to address the dimensions of resilience and to empower households through:
  • improving feeding practices prevention of undernutrition as well as increased human capital;
  • helping households in their decision making on what foods to produce and purchase, and consume
Nutrition-Friendly Resilience programming

• Diversification of food intake and livelihoods as a nutrition-sensitive risk-reduction intervention
  • contribute to the prevention of malnutrition
  • contribute to income generation through growing more nutritious crops
  • reduce vulnerability to shocks through diversifying food production, livelihoods, and economic alternatives

• Link food and agriculture interventions with social protection measures to improve nutrition and strengthen resilience
  • providing families with either cash, food, or livelihood alternatives to protect the families’ nutritional status when they cannot afford to buy nutritious food
Relevance for Nutrition of Sick Children

• Well nourished child resilient to negative effects of illnesses
• Households practicing optimal IYCF practices
• Maintain consumption of diversified foods
• Access to management of acute malnutrition and WASH services
• Resources/means for quality foods and health services