



Revisiting the UNICEF malnutrition framework to foster agriculture and health sector collaboration to reduce malnutrition: A comparison of stakeholder priorities for action in Afghanistan

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ABSTRACT

High rates of undernutrition persist in Afghanistan, but community-level information is scarce on its underlying causes. Developing policy in such situations is affected by varying stakeholder perspectives on the issues. This study uses the UNICEF malnutrition framework and a rapid assessment methodology to compare how stakeholders at community, provincial and national levels describe the food and nutrition situation. Consistent differences in problem definition by administrative level and between agriculture and health sectors were apparent. Stakeholders at all administrative levels widely agreed on the need to improve incomes and employment to ensure food security because of the many constraints to agricultural production. Provincial and national level stakeholders further agreed on the need for nutrition education at all levels of society. The research illustrates how local adaptation and application of the UNICEF malnutrition framework can reveal divergent perspectives, as a first step toward finding common ground and an appropriate policy response.

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Introduction

In 1990, UNICEF introduced a conceptual framework for the causes of undernutrition highlighting food security, health and child care as the three necessary, but not sufficient, conditions for adequate nutritional status (UNICEF, 1990). The framework was developed because the lack of common understanding of the causes of malnutrition within the nutrition and partner communities (i.e. agriculture and public health) was impeding the development of coherent, effective policies and programs in many countries. The framework was intended to foster common understanding and provide a guide for assessment, analysis and action. Because there is considerable variation among countries, it was assumed that the framework would require modification to address local conditions.

Despite broad awareness of the UNICEF framework and frequent reference to it by nutrition practitioners, the framework is infrequently applied, resulting in continued disciplinary, sectoral

and organizational biases that influence the assessments, analyses and actions related to nutrition (Pelletier, 2002). Having multiple perspectives on a given policy problem is not limited to nutrition, as shown by the substantial literature on the politics of problem definition (Clark, 2002; Dery, 1984; Rochefort and Cobb, 1994; Stone, 2002). How a problem is defined affects the nature and magnitude of the issue, who is deemed to be affected, and how causality and responsibility are attributed. The appropriateness of solutions and determination of which organizations are well positioned to contribute to successful resolutions also hinge on problem definition. Struggles over definitions commonly occur in policy debates and may involve many stakeholders including politicians, technocrats, and mass media. Our working definition of stakeholder is “any organized group or subunit thereof whose resources, authority, status, influence, or survival is affected by a policy” (Milio, 1990).

The application of the UNICEF framework in Afghanistan is interesting because of the severity of malnutrition, the dearth of information on underlying causes, and the strong commitment of nutrition practitioners and others to base policy and programs on the framework (Dufour, 2007; Ministry of Public Health, Tufts University, 2003; Pain and Lautze, 2003; Young et al., 2004). Recent national survey data showed that malnutrition was endemic among Afghan women and children under five years (U5s)

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(Ministry of Public Health et al., 2005). Fifty-four percent of the U5s were chronically malnourished (growth stunted), 38% underweight, 38% anemic, and over 70% suffered from iron and iodine deficiencies. Twenty-one percent of reproductive age women were underweight, 70% iodine deficient, 48% iron deficient and 25% anemic. The importance of food, health and care as underlying causes of malnutrition in Afghanistan is evident, but many questions remain about what occurs at the household level (Assefa et al., 2001; Johncheck and Holland, 2005; Lautze et al., 2002). Given the importance of problem definition in developing policy to decrease malnutrition in Afghanistan, this paper examines the varied perspectives on the food and nutrition situation in that country among diverse stakeholder groups. The following questions are addressed: (1) Using the UNICEF malnutrition framework as a guide, how is the food and nutrition situation understood by stakeholders at different administrative levels (community, provincial, national)? and (2) How do perspectives on problem definition, underlying causes and solutions vary between the health and agriculture sectors?

Methods

The study was conducted from May 2006 through February 2007 in four locations in Afghanistan. The protocol for human subjects' protection at each level was uniform. Investigators obtained oral or written informed consent from all individuals interviewed following the guidelines of the Cornell University Committee on Human Subjects. Permission to conduct interviews and site visits was granted from partner institutions at each administrative level in Afghanistan prior to study.

Community level data collection

Community-level data were obtained from two districts within Balkh Province with differing water availability. Balkh province is a priority for the Afghan National Development Strategy because of its high agricultural potential and opportunities to offset the poppy trade with alternative crops (Ministry of Agriculture Irrigation and Livestock, 2007). Eighty to ninety percent of household income in Balkh was derived from agriculture, but the province was in the lowest quadrant for food security and food diversity (Islamic Republic of Afghanistan, 2005). Predominantly Tajik communities were selected in irrigated (water-adequate) and rainfed (water vulnerable) districts. Tajiks are the second largest ethnic group in Afghanistan (27%) living predominantly in the north/central regions (Central Intelligence Agency, 2007).

The irrigated communities were located approximately 10 km by road from the provincial capital and had reliable access to a nearby river. Wheat, vegetables, milk and cotton were the most important agricultural products. Three community locations were selected within this district because the communities were small and we needed to include households with children under age three. Households were selected based on recommendations from local aid agencies to ensure economic diversity among the respondents. These communities were located different distances from a major highway and those closer to the road were generally more affluent. The rainfed zone was in a district approximately 50 km from the provincial capital. Two communities were visited in this locale each about 10 km from the district capital. Communities were larger in the rainfed district which led to the selection of two rather than three sites. Traditionally, this zone was known for production of fruit, nuts, milk and wheat. Water came from a mountain stream and from rainfall. However, due to drought and battles over water rights, these communities had become dependent on the scarce and variable rainfall for agricultural livelihoods. Average rainfall during 2005–2006 ranged from 301–379 mm in

Balkh Province with 35–40 days of precipitation (Agromet Network, 2006), well below the amount required for crop production.

Key informant interviews: In-depth key informant interviews lasting 1–1.5 h were held individually with male and female community leaders in agriculture, education, health, and governance to obtain overview information about the irrigated and rainfed zones respectively. Identical, open-ended questions were posed to both male and female key informants about each domain in the UNICEF framework adapted to the Afghan context (Fig. 1). These domains were: Malnutrition, Diet, Health and Health Services, Maternal and Child Care, Agricultural Production, Household Capacities Community Livelihood Factors (i.e. transportation, physical and communications infrastructure, employment, markets, schools), Sociopolitical Environment, and Biophysical Environment. In this framework, the domain of 'Household Capacities' is emphasized, because understanding the constraints and opportunities to enhance households' capacities to improve nutrition and food security was a priority objective of the government and its partners. Components of this domain included knowledge, skills, and resources as highlighted by Pretty et al. (2003). The domains of Community Livelihood Factors, Agricultural Production, Biophysical Environment and Sociopolitical Environment were all generated based on a review of literature on the malnutrition provided by the government's Public Nutrition Department (Ministry of Public Health et al., 2003). Specific questions were asked about anemia (lethargy), night blindness, and goiter to discern local views of the prevalence of these conditions, which could suggest deficiencies in iron, vitamin A or iodine respectively. We also inquired about child growth. Six key informants were interviewed in the irrigated communities which had a more centralized local organizational structure and ten were questioned from the rainfed agroecozone. The key informant interviews also provided information on gender roles and local knowledge of men and women in the different domains of the UNICEF framework. This was necessary to determine which domains to explore in-depth among the gender-specific focus groups as time, cost and security constraints prevented in-depth exploration of all domains with focus groups of both genders.

Focus groups: Men's and women's focus groups were organized to achieve a balance of socioeconomic levels. Care was taken to include households with women of reproductive age and children under three to assess the nutritional status of these particularly vulnerable groups. Both men's and women's groups of 6–12 people were asked about the food and nutrition situation, underlying causes of identified problems and solutions. Specific questions were asked about anemia, night blindness, goiter and adequacy of child growth to discern local views on the prevalence of these

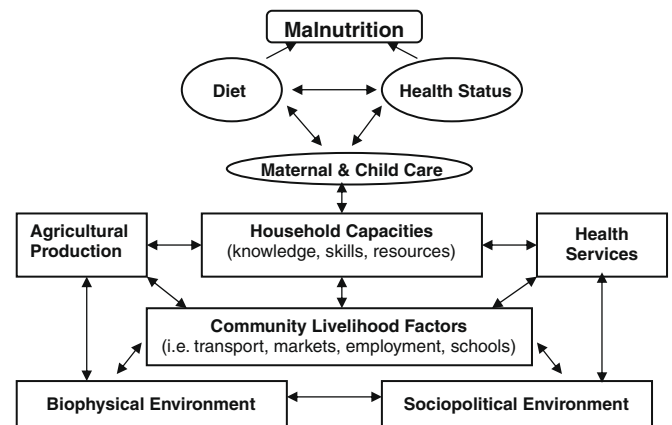


Fig. 1. UNICEF framework adapted and expanded for this study in Afghanistan.

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