



Can your project achieve nutrition outcomes?

Invitation to overview of interventions and indicators

Session in the Netherlands

When: Tuesday 26 Nov. 10.00 – 13.00
Location: Utrecht (exact location TBC after registration)
Registration: via [this form](#)

Webinars

When: Monday 25 Nov. 16.00 – 17.00 CET or
Thursday 28 Nov. 9.30 – 10.30 CET
Registration: via [this form](#)

In collaboration with

Marijke de Graaf, Arine Valstar and Herbert Smorenburg

The Netherlands Working Group on international Nutrition <https://the-nwgn.org>



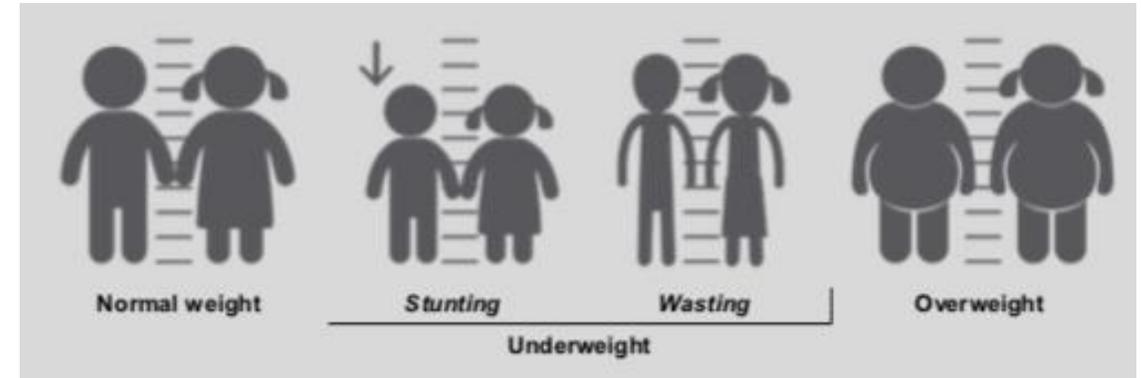
Why Nutrition?

Today, two billion people lack key micronutrients like iron and vitamin A, and on the other hand, two billion adults are overweight or obese. Malnutrition in all its forms, including obesity, undernutrition, and other dietary risks is the leading cause of poor health globally.

Malnutrition also causes enormous economic costs, both at national level (GDP) as well as in the work environment (labour productivity).

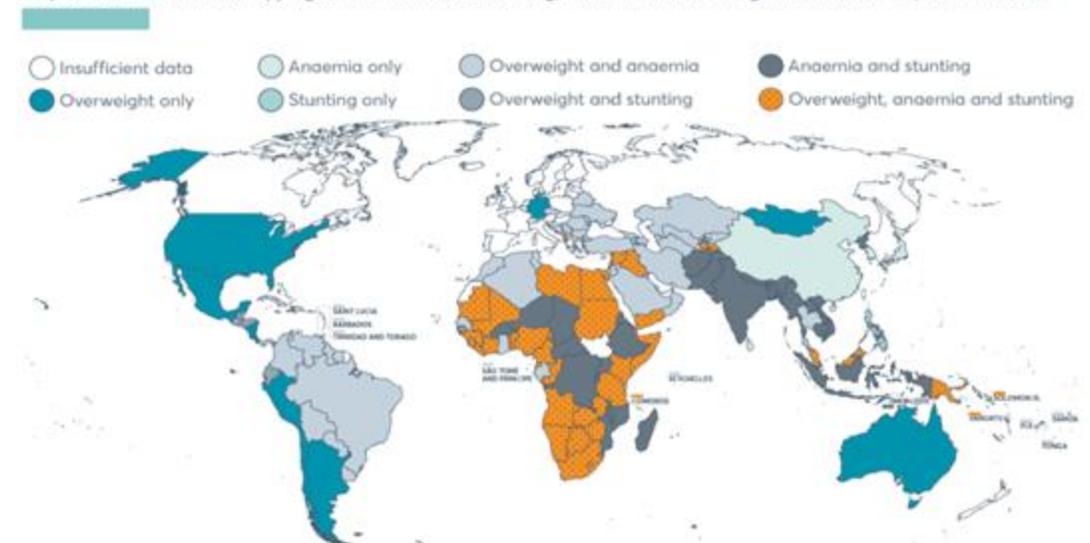
Employers and other stakeholders in value chains benefit from effective nutrition programmes: iron deficiency, low or high-body mass indices, and hypoglycaemia from skipped meals all result in lower work capacity or productivity, and therefore to increased costs in the value chain.

Nutrition is not an extra requirement in FDOV or SDGP projects. However, nutrition is a driver and a marker of development, and therefore we invite all projects to take nutrition outcomes into consideration.



Common indicators for assessing childhood malnutrition

Map of countries with overlapping forms of childhood stunting, anaemia and overweight in adult women, 2017 and 2018



Source: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.
Notes: Stunting in children aged under 5 years $\geq 20\%$; anaemia in women of reproductive age $\geq 20\%$; overweight (body mass index ≥ 25) in adult women aged ≥ 18 years $\geq 35\%$. Based on data for 141 countries.



How?

Current FDOV & SDGP projects typically aim to improve the productivity or quality of certain (export) crops, improve income of smallholder farmers and/or increase the local quality, availability and affordability of certain food crops. However, this does not automatically improve nutrition.

Who decides on what the extra income is spent? Are people aware how to improve their diets? And are these more nutritious foods available and affordable?

We will present you a (relatively) simple framework to help you to decide which interventions and evaluation tools you can use in your project to increase your project's impact on nutrition and illustrate this in the context of current FDOV and SDGP projects.



FDOV-AIM Vegetables for All in Tanzania aims to increase awareness, access and consumption of vegetables

- Increased availability of nutritious vegetables
- Stronger and more sustainable vegetable supply chains
- Improved access to vegetables for Base of the Pyramid (BoP) consumers
- Increased consumption of vegetables by BoP consumers
- Increased income for farming families

Objectives



Multiple interventions from "farm to fork"

Targets	Means of Verification
50% BoP consumers reached with messages on importance of vegetables for healthy diets	Reach radio stations contracted NGOs attendance lists for nutrition orientation sessions
50% BoP consumers aware about importance of vegetables for healthy diets	Incorporated awareness questions in base- and end-line household survey
20% BoP consumers have access to fresh and/or dried vegetables	Incorporated access questions in base- and end-line household survey
12,5% BoP consumers increase in vegetable consumed	Incorporated consumption questions in base- and end-line household survey

Indicators and M&E tools