



## Food systems and how they relate to malnutrition in low- and middle-income countries



This is a summary of the following report:  
*ENN (2021) Food systems and how they relate to malnutrition in low- and middle-income countries. Oxford, UK.*  
<https://www.ennonline.net/foodsystemsscopingbrief>

**T**he year 2021 was a critical year for nutrition with issues around food systems taking centre stage following the UN Food Systems Summit in September. This summit, and the subsequent momentum generated, presented a unique opportunity to transform food systems so that they work to reduce malnutrition in low- and middle-income countries (LMICs). Nevertheless, it is not always immediately clear how food systems are related to malnutrition in all settings and actors working in malnutrition reduction do not always know how best to contribute to food systems conversations.

ENN developed this brief to help the nutrition community to contribute to conversations on food systems transformation and to capitalise on the opportunities offered to drive forward actions to reduce malnutrition in LMICs. The brief summarises the relevant aspects of food systems and suggests key entry points for engagement. The authors conducted a scoping review of the literature and key informant interviews and found that today's food systems are broken and are unable to deliver nutritious, safe, affordable and sustainable diets. Instead, such systems actually undermine nutrition in several ways, particularly for vulnerable and marginalised populations.

The key pressures on food systems that are leading to suboptimal function and ultimately to poor global diets include agricultural production becoming increasingly dependent on a small number of intensified monocultures which does not match global nutritional needs, climate change influencing the quality and quantity of food that can be produced and our ability to distribute it equitably, population growth, urbanisation and globalisation which are resulting in longer supply chains, more processing and the greater availability of ultra-processed foods and consumer behaviours being heavily influenced by the unregulated marketing campaigns of transnational companies.

The report highlights the effects of food systems on nutrition in fragile environments, the relevance of food systems for infant and young child feeding (IYCF), the relevance of food systems for the nutrition of school-

aged children and adolescents and the effect of food systems on the prevention and treatment of wasting and stunting. For example, in-kind food assistance, a life-saving solution in fragile contexts, has not been successful in rebuilding and strengthening food systems. It is increasingly recognised that multi-sector development actions need to be combined with humanitarian aid in fragile contexts, such as actions across agricultural production, market and trade systems, food processing and retail, as well as actions to improve consumer demand and purchasing power. Examples of food systems interventions influencing IYCF include the regulation of trade and the promotion of breastfeeding substitutes, policies around maternity leave for working mothers, investment in breastmilk bank infrastructures, interventions to increase public knowledge of optimal IYCF practices, the regulation of commercially available baby foods and nutrition-sensitive agriculture and livestock interventions for improving access to healthy complementary foods in farming communities. Adolescents and children are especially susceptible to the power of marketing by large food corporations due to the current lack of regulation. School food systems are an important entry point for influencing diets in school-aged children. Lastly, the report discusses the system surrounding the provision of ready-to-use therapeutic food for children with wasting which is a microcosm of wider food systems and needs a similar transformations such as shorter supply chains, cohesive but efficient product regulation and investment in national infrastructure.

The report concludes that, although there is a plethora of existing food systems knowledge and evidence within the areas of nutrition mentioned above, these topics are often not articulated together. The evidence-base regarding the impact of interventions within food systems on nutrition is vast but also complicated and somewhat disorganised which can make it difficult for policy-makers, donors and practitioners to navigate. There is a need to identify and translate relevant evidence of food systems interventions for improving undernutrition in LMICs since the links here are not always directly apparent and discussions can often be siloed.

## A self-monitoring tool to improve nutrition counselling in Cambodia

This is a summary of the following papers:  
*Sigh S & Sacher A (2021) The use of a self-monitoring tool improves nutrition counselling delivered by community volunteers in Cambodia. Action Against Hunger Cambodia;*  
*and Sigh S (2020) The use of a self-assessment tool in care groups to promote behaviour change, increase self-confidence and perceived control of women, and assess individual behaviour adoption over time. Action Against Hunger Cambodia.*

**T**o promote optimal child and maternal care and nutrition practices, the Multisectoral Food and Nutrition Security (MUSEFO) project implemented by Action Against Hunger implemented care groups in 180 villages across the Kampong and Kompong Thom provinces in Cambodia. The care group approach is a community-driven behaviour change model that combines cascaded, repeated messaging with comprehensive coverage to elicit nutrition- and health-related behaviour change. The groups are formed of female health volunteers who conduct regular group sessions and counselling with 10-15 caregivers of children under two years of age from their neighbourhood.

These papers evaluate the added value of using a self-monitoring tool – an illustrated card given to the caregiver to monitor practices at home – and participatory learning methods in addition to the existing delivery model, using mixed-methods: a desk review, telephone and in-person interviews, focus group discussions, and secondary data analysis.

In June 2020, 26 interviews and focus group discussions were conducted with 108 respondents and data from 30 self-monitoring cards. Both volunteers and caregivers perceived the card and participatory method as useful, noting that it acts as an aid that guides conversations during home visits, focusing the nutrition and health counselling on relevant priorities. Volunteers felt more confident when providing counselling which should result in increased job satisfaction. Feedback indicated that the tool enabled caregivers to participate actively in conversations. In addition, keeping the card at home made it easier for caregivers to recall key recommendations with one caregiver noting that “having this card is like having a teacher who keeps reminding me at home”.

Despite some challenges, e.g., illiteracy and incomplete or lost cards, the findings of this pilot study suggest that the combination of the self-monitoring tool and participatory methods is a promising approach to improving nutrition counselling quality and move beyond dissemination of nutrition information alone.