

Editorial

Do Multiple Interventions Improve health and nutrition outcomes at the family level?

For quite some time now, integrated projects to address multiple community problems have been shunned, mostly due to the high costs of operation and sustainability concerns. While active, such projects are fairly labor and cash intensive, and tend to show transformation of a community by highly visible external inputs. Such projects normally have a good donor, although chances of project renewal are usually minimal as it is often believed that after the 3- or 5- year duration of the project, the respective community or government should be able to pick up the good lessons learnt and continue to offer resources for such activities. The positive aspect of the ENAM project is involvement in the project by Ghanians, which in itself constitutes capacity building and inclusiveness and ownership. Something else concerns the evidence adduced from this operational research project that can be used by other programmes and policy makers willing to effect change at programme level. These 11 papers contain rich information that is applicable not only in Ghana, but in other situations as well of interventions to address poverty, maternal and child morbidity and mortality, and general health. Below are provided some highlights of what each one of the papers has to offer.

The case of ENAM (The Enhancing Child Nutrition through Animal Source Food Management (ENAM))

Paper 1: **Overview Paper:** “The ENAM project provided the evidence that an integrated package of microcredit and education can improve household food security and improve the diet and growth of young children living in rural communities.” **Women’s confidence was improved as they found themselves able to feed their families and to make some money to use on other family needs.**

Paper 2: “The ENAM project model presents a unique approach for addressing caregivers’ income and knowledge barriers to improve child nutrition in rural Ghana and may be a promising intervention model for scale-up in Ghana and other African countries”. **Knowledge is extremely important but by itself may not be enough to make a difference.**

Paper 3: “Anecdotal evidence suggested that the microcredit-education link in this particular situation did positively impact women’s lives with respect to their small businesses, their personal development, and the health of their families” **For too long, women have been denied credit by formal banks, yet access to even small loans makes a huge difference in women’s predisposition and ability to support their families.**

Paper 4: “Being a participant in the ENAM project’s microenterprise development and nutrition education activities was associated with higher enterprise profits, savings deposits, contributions to household- and children-related expenditures, and ASF consumption at the household level”. **The question, of course, is: to what extent can this be sustained after the project ends?**

Paper 5: “The study suggested that there is need to promote ASF-R IGA among caregivers to increase the ability to purchase more varied and nutritious food items for improving children’s growth”. **Caregivers need knowledge on income generation activities and on why animal proteins are important in children’s diets!**

Papers 6 and 7: Paper 6 discusses the backyard poultry business and its possible economic impact and Paper 7 states “, MHH (male household heads) credited the ENAM project with improved caregivers’ incomes and increased share of household expenses. However, this outcome resulted in unanticipated declines in MHH contribution to household expenses. Further studies are needed to understand the impact of empowering women through social experiments on households”. **It seems that as women begin to make some income, the male spouses reduce their contributions towards household expenditures.**

Paper 8: “This study provides evidence that SF (street food) is an important part of children’s diets in rural Ghana and could be an important target for food-based interventions to enhance nutrition in young children”.

Paper 9: “Communal SFP (school feeding programmes) offer an opportunity to address specific population’s micronutrient needs, using interventions to improve dietary quality such as point-of-use fortification, commercially fortified foods, or processed animal source food products”.

Paper 10: “Typical diets of Ghanaian children lack variety and both vegetarian and non-vegetarian diets are insufficient to support adequate iron status. Iron-rich foods such as meat or supplements are needed. There is urgent need for immediate vitamin B12 supplementation for all vegetarian children and a general need for nutrition education to diversify all children’s diets”. **What alternatives are there, other than supplements, preferably food based, that can offer vegetarian children the needed micronutrients that only come from animal base foods?**

Paper 11: “More women in the coastal zone had significantly ($p<0.05$) fewer births and were heads of their households”. “The overall quality of dietary intakes and nutritional status of women in the guinea savannah zone was poorer than that of coastal women”. **It seems that women’s health and nutritional status are determined by more than just a better diet: in this case, fewer births and better empowerment as heads of households helped.**

These lead points should wet readers’ appetites towards wanting to know more of what is in these papers. The supplement has been peer reviewed, each paper separately, and contains excellent messages and advice on what to expect from an integrated project of this type. We at AJFAND feel proud to have been granted the opportunity to carry this supplement. Enjoy it.

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