In Latin America and the Caribbean (LAC), crisis-response policies and programs often overlook the nutritional needs of mothers and young children—these groups are either poorly targeted or not prioritized. The malnutrition that ensues has significant negative, permanent impacts on human development, the quality of the workforce, and the economic productivity of individuals and society (Figure 1).

The evidence shows clearly that investing in maternal and child nutrition is a sound economic decision for governments, on both moral and economic grounds. Despite the evidence, however, countries in LAC either have not established the appropriate programs to protect the nutritional status of women and children during times of stability, or do not seize the opportunity to expand the coverage of existing nutrition interventions in times of crisis and emergency. This situation results in severe inefficiencies and service-delivery gaps.

Of all the regions in the world, LAC is amongst the most vulnerable to major crises and emergencies. It has experienced a range of crises in recent years, including social and economic upheavals, periods of major food-price volatility, vulnerable food access, nutrition transition, and devastating natural disasters. Such crises have been shown to foster adverse health and nutrition outcomes, including, for example, the stagnation or worsening of infant mortality rates.1

Adding to such consequences, crises have been shown to result in a substantial drop in both public and private health spending. In Peru, for example, public health spending dropped by 60 percent between 1988 and 2002, alongside an economic crisis in the nineties. During the 1995 Mexican economic crisis, consumers reduced individual health spending by a larger proportion than the drop in income.2 Qualitative evidence suggests that the use of certain food distribution practices and consumption adjustment behaviors to cope with the reduction in incomes, leads to several effects that negatively impact nutritional status at the individual and household levels. These behaviors include: i) reducing the number of meals per day; ii) diluting prepared foods; iii) distributing donated foods, targeted to pregnant and lactating women, to other household members; and iv) not providing early morning or evening meals to children.3 Failure to address the nutritional needs of mothers and children as part of crisis-management results in widespread human suffering and missed opportunities for developing every person’s potential.

Figure 1. Short-and Long-Term Consequences of Child Malnutrition for Individuals and Society

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2. Ibid.
3. Ibid.
Investing in Nutrition Pays Off

Countries transitioning between stable conditions and crisis conditions need sound policies to prevent potentially irreversible damage to human capital from malnutrition. Three main principles underscore the importance of ensuring continued support and the sound economic rationale of protecting and promoting the nutrition of mothers and children:

(i). Malnutrition in the early years of life can have costly short- and long-term human and economic consequences for both individuals and society as a whole. Malnutrition alone is the direct cause of over one-third of all child deaths, largely due to the synergistic relationship between poor nutritional status and disease that reduces a child’s ability to resist infection and disease. Those who suffer malnutrition in their early years fail to develop their physical and cognitive potential fully—and have poorer educational outcomes, reduced lifetime earning potential, and are at increased risk of non-communicable diseases in adulthood when compared to children who were well nourished during infancy and childhood. Productivity losses as a result of malnutrition have been estimated to exceed 10 percent of an individual’s lifetime earnings and to be responsible for a 2 to 3 percent loss in GDP.

(ii). The first 1,000 days of a child’s life represent the most effective period in which to invest—both from an individual as well as from an economic perspective. The first 1,000 days of life (that is, the period from conception up to the age of two years) is the critical window of opportunity to establish a lasting foundation for human development, notably through adequate nutrition. Evidence shows that children who are well nurtured during this period tend to do better in school and stand a better chance of developing the skills required to contribute productively to social and economic development.

(iii). Building resilience against shocks among the most vulnerable populations is imperative to break the cycle of poverty—resilience is the capacity to recover fully from acute crisis, and to carry on in the face of chronic difficulties. Building nutrition resilience means the ability of individuals to maintain or transform their living standards in the face of shocks or stresses, without compromising their nutritional status; this is done by building systems that can continue to prevent and treat undernutrition when shocks and stresses arise.

Most recent Copenhagen Consensus (2012) stressed the high returns on investment from nutrition interventions: a bundled set of micronutrient interventions was ranked first out of 30 investment options. Considering the benefits of micronutrients for education and health, this set of micronutrient interventions was estimated to return $30 for every $1 spent, even in very poor countries. Early childhood programs, including a focus on nutrition, have been shown to be the most cost-effective intervention to increase children’s test scores by one standard deviation (Figure 2).

Figure 2. Cost Effectiveness of Different Interventions to Increase Test Scores by One Standard Deviation

Figure 3. Nature of the Response needed in Stable, Crisis, and Emergency Situations

Building Countries’ Resilience to Face Crises

Country- and community-led efforts are needed to assist vulnerable groups to manage a variety of risks and build their resilience. Capacity building of local authorities and better engagement of community leaders increase the likelihood that activities will be relevant to local needs and deliver sustained gains.

In order to support countries in improving resilience to face crises, the World Bank led a consultation that included twelve countries from LAC: Dominica, Grenada, St. Lucia, St. Vincent and the Grenadines, Haiti, Honduras, Nicaragua, El Salvador, Guatemala, Panama, Bolivia, and Colombia. The purpose of this consultation was to collect and compile state-of-the-art information and regional experiences on maternal and child nutrition, in stable times, crises, and emergencies. The findings were used to inform changes in countries’ nutrition policies and practices to better prepare them for shocks, and to address persistently high levels of malnutrition among their poorest, least educated, and indigenous populations.

Participating countries were selected based on a number of criteria, such as level of poverty, malnutrition, susceptibility to natural catastrophes, and vulnerability to crises. Three products resulted from the consultation, namely:

(i) **Policy guidance** for priority nutrition interventions and cross-cutting approaches,
(ii) **Benchmarking** of countries’ actual policies and priority nutrition interventions, and
(iii) **Case studies** that illustrate ways in which countries have implemented some of the recommended interventions to protect the nutrition of mothers and children in times of crisis.

Elaboration of the country benchmarking stemmed from discussions with some 130 key informants, representing senior managers from governments, development agencies, and civil society organizations. The benchmarking exercise identified trends, strengths, and weaknesses in policies and interventions related to ensuring maternal and child nutrition in each of the countries, including those related to (i) assuring nutrition, (ii) promoting healthy growth, (iii) preventing and treating micronutrient deficiencies, (iv) infectious diseases, (v) healthy motherhood, and (vi) ensuring food security. In addition to these priority interventions, seven cross-cutting interventions were analyzed in the benchmarking exercise; these included targeting, multisectoral coordination, emergency communication, and human resources (Figure 4).

Main Findings from the Benchmarking Exercise: Do Countries ‘Put Their Money Where Their Mouth Is’?

The benchmarking exercise revealed weaknesses in current policies and programs on nutrition. Very few countries are adequately investing to protect human capital during times of crisis. As already noted, they either have not set up appropriate programs in stable times or do not expand coverage of nutritional interventions in times of crisis and emergency. In turn, most interventions that are in place do not protect or promote the nutrition of mothers and young children.

This situation is a result of severe inefficiencies and gaps in service delivery. In addition, the exercise highlighted that in comparison to countries in Latin America, those in the Caribbean are even less prepared to address crisis situations. Weak monitoring systems and rare systematic evaluations of the crisis response also continue to be a challenge, further compromising the ability to make timely and informed decisions.

In identifying specific country weaknesses and challenges, it was found that the main challenge across the region is to provide effective support for changes in country policies and programs to address persistent high malnutrition.

![Figure 4. Categories of Policies and Interventions](image-url)
A Toolkit for Policy Makers

While ample information exists on the management of emergencies and on nutrition in normal settings, scant literature is available on how to respond to the nutritional needs of vulnerable populations who move in and out of crises. A novel Toolkit was developed and shared with partners across the region to close this knowledge gap.

The Toolkit is simple and comprehensive in design, and is contained in a single volume of guidance that has been validated internationally. It includes recommendations on how to protect and promote the nutrition of mothers and children in stable, crisis, and emergency situations. It also offers the means to assess a country’s readiness to protect the nutritional status of its most vulnerable populations, and contains clear policy directions for countries that shift in and out of a crisis.

The Toolkit is intended for use both by health and nutrition professionals and by those who are not specialists in nutrition, such as policy makers, program managers, and crisis-response personnel. It can be used to review, adapt, and update current policies and programs according to the specific country context. The Toolkit can easily be adapted and replicated for use in other regions of the world, beyond LAC. Finally, it was widely endorsed during a high-level workshop on Nutrition of Mothers and Children in Panama (December 6-7, 2012), and it has been updated based on recommendations obtained and discussed during these consultations.

Key Recommendations

Governments and their development partners are encouraged to use the findings reflected in the Toolkit for their own planning purposes. Significant challenges have been identified for each of the twelve countries that participated in the benchmarking exercise across the region, allowing them to define a course of action to improve their policies and practice. The following key recommendations were derived from the country benchmarking:

- **All countries should reinforce the promotion and protection of breastfeeding in emergencies;** notably by providing an enabling space for mothers to breastfeed their children safely, and by managing the provision of breast milk substitutes. The provision of powdered artificial formula instead of ready-to-use formula to infants that cannot breastfeed is of significant concern, as it greatly increases the risk of illnesses and malnutrition resulting from dilution and unsafe water.

- **All countries need to reinforce their monitoring and evaluation systems, including the surveillance of food and nutrition insecurity.** While most countries have some form of monitoring system, few are computerized, which impairs timely and informed decision making. Systematic evaluations of emergency and crisis responses are seldom performed as often as necessary.

- **A number of countries would benefit from updating their nutrition policy and protocols, based on the latest evidence available.** Of particular importance are updates to prevent and treat micronutrient deficiencies with micronutrient powders; treat acute malnutrition, notably with the use of ready-to-use therapeutic foods; and treat diarrhea efficiently, through the use of oral rehydration therapy plus zinc.

- **Most countries would benefit from adapting the food and water rations given in emergencies to meet the specific nutritional needs of pregnant and lactating women and children <2 years of age.**

- **All countries would benefit from improved coordination with international and domestic NGO partners, as well as from strengthened coordination across sectors within the country.**

In summary, the establishment of a solid foundation during stable times, by mainstreaming nutrition in country development programs, and then scaling up and intensifying programs in times of crisis to address immediate nutritional needs, can protect the nutritional status of mothers and children.

Resources can and should be put to more efficient use through improved collaboration across actors and sectors such as crisis response, health, nutrition, agriculture, water and sanitation, and social protection. Such action can contribute to protecting the human capital of the most nutritionally vulnerable populations, essentially to promote the economic development of countries, and interrupt the intergenerational cycle of poverty.

Endnotes:

Note: The development of the Toolkit was supported by a grant from the Rapid Social Response (RSR) Trust Fund, the Human Development Department of the Latin America and the Caribbean Region, and the Panama Country Office of the World Bank. The RSR is a multi-donor endeavor to help the world’s poorest countries to build effective social protection and labor systems that safeguard poor and vulnerable people against severe shocks and crises. The RSR has been generously supported by the Russian Federation, Norway, the United Kingdom, and Australia.

This Note was reviewed by: Leslie Elder and Julie Ruel Bergeron.
The Toolkit is available at http://www.worldbank.org/lacnutrition
Virtual Exchanges Sessions on Nutrition can be accessed at http://worldbankva.adobeconnect.com/intercambio/

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