Every year, 100 million people fall below the poverty line due to illness. According to WHO, malnutrition is a sickness that accounts for half of infant mortality and generates impacts for the adult health of one out of two children. It is both a cause and a consequence of poverty and under-development.

In order to break this malnutrition-illness-poverty vicious circle, GRET has developed skills and know-how focusing on four complementary areas of work: making available appropriate fortified food produced with the local private sector; raising awareness on appropriate feeding practices and maternal and child healthcare; improvement of quality of healthcare; and development of social health protection systems.

GRET devotes significant attention to preventive actions and promotes sustainable approaches. In terms of nutrition, together with the IRD, GRET has developed innovative strategies in partnership with the local private sector to locally produce and distribute fortified food that is affordable for vulnerable populations. GRET ensures its work is in line with public policies by contributing to their definition via the outcomes of its projects and/or by supporting their effective implementation in the field.

Modus Operandi

GRET adapts its modus operandi to the contexts based on in-depth diagnostics. It works in partnership with and provides technical assistance to public institutions, players from the local private sector, health and/or social health protection systems, and players in research. GRET gives priority to action-research approaches to help evidence-based decision making, facilitate discussion between key players and contribute to innovation in the sector.
“Poor health care provision clearly restricts the impact of any actions to prevent malnutrition and of social health protection actions. In light of this, GRET gradually became involved in actions to reinforce primary health care providers and the community health workers network. It developed partnerships with medical NGOs to complement its action at hospital level”, explains Pascale LE ROY, manager of the Social Health Protection programme at GRET.

“Today a broad consensus is emerging on the necessity to invest more in prevention of malnutrition, while at the same time continuing efforts being made in the treatment of malnutrition. To do this, GRET is implementing specific actions for the most vulnerable groups in terms of malnutrition (with priority for pregnant women and young children), to improve their food and care practices. This requires strengthening health care provision and its affordability, especially in terms of maternal and child health as well as reproductive health” adds Mirrilyn DENIZEAU, manager of the Nutrition programme at GRET.

"GRET and the IRD have been working together since 1994 with an action-research approach to develop, implement, validate and disseminate sustainable strategies to prevent malnutrition. Filling our complementary know-how as field project implementor and research body, in synergy with local partners, is essential if we want knowledge, practices and policies in the area of nutrition to evolve”, explains Claire Mouquet Rivier, Researcher within UMR Nutripass at the IRD.

"After 15 years of projects fighting against infant malnutrition in Madagascar, in 2013 GRET, with support from its Find endowment fund and in partnership with various social investors and the AFD, created the Nutri’zaza social enterprise to develop and sustain actions being conducted to market fortified infant flours that are affordable for underprivileged populations. Apart from its role as a shareholder, GRET continues to provide technical assistance to Nutri’zaza to support its progression towards a financial stability that will be built over the long term”, says Mieja Vola Rakotonarivo, director of Nutri’zaza.

“My child was sick. My husband and I have no paid work. When I got the 15,000 Ougiyas (45 Euros) [via a nutritional cash transfer project], I went directly to the health centre and they prescribed the medicine for my child, which I used as instructed until (s)he completely recovered”, says a mother during a study to assess the impact of the nutritional cash transfer project in Mauritania.

As part of the Pasmi project (support for the improvement of maternal and child health), GRET is training healthcare staff in the prevention of malnutrition; strengthening the community health care system; raising awareness of local populations in terms of maternal and child as well as reproductive health; and pilot testing a strategy to improve financial access to health care.

In Cambodia, the I-Hop project aims to support the professionalization of local social health protection operators to which GRET transferred 10 years of health micro-insurance activities for the informal sector (Sky project) in agreement with the Ministry of Health.

SOME REFERENCES

- Public-private partnerships to fight against malnutrition, GRET, Development policies and practices no 17, February 2015.
- How to improve integration of nutrition in AFD rural and health development projects? Two examples in the Ivory Coast and Chad, 2015.
- A practical guide for producing and marketing infant flours, GRET-IRD, France (to be published in 2016).
- Video: “10 years of social health protection in Cambodia”, www.gret.org/2013/05/10-ans-de-protection-sociale-sante-au-cambodge/?lang=en