

Strengthening the supply and demand for local, nutritious, agroecologically produced foods in secondary cities in Bangladesh, Kenya, and Rwanda: A first impression to understand the context

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1 Introduction & Objective

While **overweight and obesity are increasing globally, food security is worsening** in many low- and middle-income countries, especially with the COVID-19 pandemic. Nutritious, locally, and agroecologically produced foods offer the potential to **transform food systems**, alleviate pressure on the environment, and improve diets. The **Nutrition in City Ecosystems (NICE)** project aims to improve nutrition for urban populations through agricultural, food and health sector collaborations. An assessment of nutritional indicators, socio-economic status, food production and consumption patterns was conducted in 6 secondary cities from 3 countries between April and June 2021 to inform the project design.



2 Methods

- Mixed-methods, cross-sectional design
- Target population: vulnerable people (slums, area with reported malnutrition etc.)
- In each city, 150-300 households visited to assess:
 - Household Food Insecurity Access Score**
 - Household Dietary Diversity Scores**
 - Minimum Dietary Diversity Scores for Women**
 - Socioeconomic information**
 - Consumer behaviour**
 - Food production decisions**
 - Anthropometrics** (stunting, wasting, under- and overweight)
- Health centers in the catchment area were visited to collect secondary data on birth weight and anaemia during pregnancy



4 Conclusion

The **double burden of malnutrition** is a public health concern in secondary cities and food security is worsening with the COVID-19 pandemic.

Demand for and access to an affordable healthy diet including nutritious, local, and agroecologically produced food presents a pathway for overcoming complex challenges related to malnutrition, decline in biodiversity, and poor soil fertility in city contexts.

Transformation towards more resilient food systems with improved nutritional outcomes needs to be addressed holistically from farm to fork. Vulnerable populations should be targeted, and the learnings disseminated and scaled up.



3 Selected results

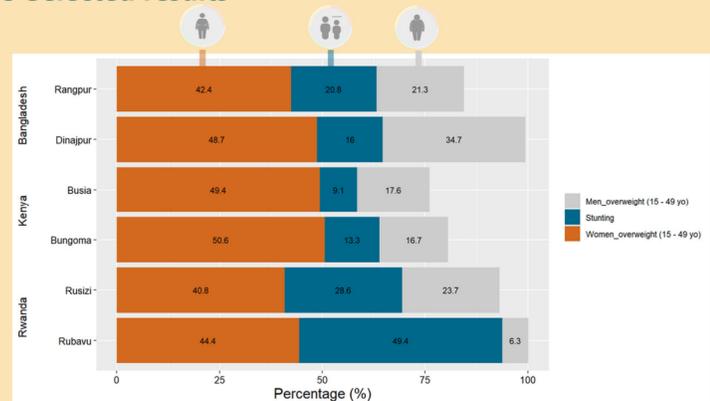


Figure 1 Child stunting and adult overweight in the 6 NICE focal cities of Bangladesh, Kenya, and Rwanda

Table 1 Exclusive breastfeeding during the first 6 months of life, low birth weight and anaemia prevalence in pregnant women

	Exclusive breastfeeding (n)	Low birth weight (n)	Anaemia in pregnancy (n)
Rangpur	52.3% (298)	19.6% (1771)	9.9% (4644) ¹
Dinajpur	59.4% (301)	18.9% (1851)	21.4% (1637) ¹
Busia	61.9% (168)	8.1% (869)	24.1% (1230)
Bungoma	47.0% (136)	6.3% (3077)	30.0% (3112)
Rusizi	50.0% (181)	-	-
Rubavu	62.6% (169)	-	-

Exclusive breastfeeding data collected within this survey. Low birth weight (<2500g) data and anaemia (hb>11g/dl) prevalence data collected through review of respective ANC records from Jan-May2021 in Bangladesh and from Jan-Mar2021 in Kenya. ¹ only NGOs' antenatal care centers as governmental hospitals/clinics don't keep records of haemoglobin/anaemia.



Figure 2 Selected results from the baseline data assessment

NICE is working across 6 SDG's:

