

AGRICULTURE SERIES

Enhancing your workforce
nutrition programme



NUTRITION FOCUSED HEALTH CHECKS

A practical guide for agricultural organisations
to offer nutrition-focused health checks and
follow-up counselling to agricultural workers

**WORKFORCE
NUTRITION ALLIANCE**

**Nutritional measurements
are the first step towards
healthier behaviours**

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Workforce Nutrition Alliance

Address

c/o GAIN

Rue Varembe 7

CH-1202 Geneva

Switzerland

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Author

Eno-Obong Etetim E. (GAIN)

Contributors

Naïla Yaumima Rahma, Bärbel Weiligmann, Christina Nyhus-Dhillon, Kris Woltering, Chioma Doris Nnabugwu, Royce Wiryohandjojo (GAIN).

Design

Auke Douma, Tasfia Sajjad (Bopinc).

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1

Introduction

BEFORE YOU START

BACKGROUND

Introduction

A practical tool

This guidebook is a practical tool designed to support organisations that work with or support smallholder farmers especially those operating in agricultural settings where traditional workplace structures may not exist. This guidebook is not intended for direct use by farmers, but for those overseeing, designing, coordinating, or managing the activities that support smallholder farmers nutrition and wellbeing efforts across the agricultural supply chain.

Who we are

The Workforce Nutrition Alliance was launched by the Consumer Goods Forum (CGF) and the Global Alliance for Improved Nutrition (GAIN) in October 2019. Since our launch in 2019, the Workforce Nutrition Alliance has supported programmes reaching over 4 million farmers and workers. We aim to reach 10 million by 2030.

We encourage organisations such as supply chain actors, cooperatives, buyers, and implementing partners that are committed to improving nutrition for smallholder farmers and workers to enrol in one of our implementation support programmes. These programmes offer tailored guidance, tools, and technical support to help you design, scale, and monitor effective workforce nutrition initiatives across the four pillars.

This guidebook is one in a series of four produced by the Workforce Nutrition Alliance, which complements the Smallholder [Farmer Scorecard](#) by offering actionable guidance to strengthen programme areas such as breastfeeding support, access to healthy food, nutrition education, and health checks. All four guides are publicly available on our [website](#) with the aim of helping supply chain actors and smallholder farmers to enhance their nutrition programmes.



Definition of “workforce nutrition programme”

Workforce nutrition programme is a term we use to describe a set of actions that aim to improve nutrition and wellbeing in diverse work environments. These programmes can be implemented in formal work settings (e.g., factories, offices) or agricultural settings (e.g., tea plantations, coffee farms, vegetable fields).

Before you start



Who is this guidebook for?

Imagine a smallholder farmer living in a remote agricultural community rising early, working long hours in the fields, and often travelling far to reach markets or aggregation points. Amid the demands of the farming season, access to health services is limited; clinics may be distant, transportation scarce, and outreach irregular, leaving few opportunities for preventive care. Additionally, smallholder farmers may be ignorant of the importance of getting regular health checks. As a result, nutrition-focused issues such as anaemia, high blood pressure, or elevated blood sugar often go unnoticed. Even when symptoms emerge, many farmers delay seeking care due to ignorance, cost, distance, or a lack of support.

This reality is especially concerning for pregnant farmers, who must contend with the dual burden of intense physical labour and the health demands of pregnancy. Without regular health checks, conditions such as low haemoglobin or elevated blood pressure, which pose serious risks to both mother and child, may go undetected. These barriers not only compromise individual health but also undermine the long-term resilience of farming households and the broader food system.

This guidebook provides organisations with clear guidance to design and deliver accessible, low-cost nutrition health checks and follow-up systems for smallholder farmers. Whether you're launching a new initiative or enhancing existing activities, this guidebook offers actionable guidance to help cooperatives, agribusinesses, and NGOs deliver preventive care in agricultural settings—enabling farmers to protect their health while continuing to sustain their families and communities.



What is covered in this guidebook?

This guidebook provides low-cost strategies to support the delivery of nutrition-focused health checks and basic follow-up care in agricultural settings. It outlines practical guidance for organisations working with smallholder farmers to raise awareness about the importance of preventive health and nutrition, conduct simple screenings, and connect farmers to relevant support - even where formal healthcare systems are limited or hard to access.



Why is this guidebook important?

Good nutrition is essential for maintaining health, energy, and productivity—especially for smallholder farmers who rely on their physical strength to sustain their livelihoods. By supporting regular, low-cost nutrition-focused health checks in farming communities, organisations can help identify health issues early, improve dietary practices, and prevent serious illness. These efforts not only strengthen the wellbeing of individual farmers and their families but also contribute to broader development goals - supporting more resilient agricultural communities and advancing progress toward the nutrition and health targets of the United Nations Sustainable Development Goals (SDGs).



Definition of nutrition-focused health checks

Nutrition-focused health checks are periodic one-to-one meetings with a health or nutrition professional to assess, and usually discuss, the individual's nutritional health. Health checks provide data that enables a better understanding of nutritional risk factors. These might include cholesterol and/or blood-pressure screening, clinical examinations of nutrient deficiencies and/or anaemia, or weight monitoring and classification. For example using body mass index (BMI) to assess whether an individual is underweight, overweight, or obese. Counselling can be coupled with health checks to help devise behaviour change strategies and follow up counselling can support individuals in tracking their progress towards nutrition-focused goals.



2

**Before you start
with this guidebook**

GUIDEBOOK INTRODUCTION

BUSINESS CASE

The evidence of impact

The benefits summed up

Supporting nutrition and health among agricultural workforces contributes to more resilient communities and stable food systems. For smallholder farmers, good health enables them to meet seasonal demands, sustain a steady income, and contribute to household food security. When integrated into agricultural activities, nutrition-focused health checks provide a simple, low-cost way to detect health risks early, encourage positive behaviour change, and enhance overall well-being.

At the same time, agribusinesses and other supply chain actors also benefit. By supporting farmer health, they strengthen trust, improve engagement, and enhance the stability of supply relationships. Promoting farmer wellbeing signals a strong commitment to responsible sourcing and can contribute to broader sustainability and social impact goals.

The benefits for farmers



Greater awareness of their own health and nutrition status



Early detection of issues like anaemia or high blood pressure



Reduced risk of illness-related income loss or missed work due to better health management



Better health for pregnant women and older adults in farming households



Improved ability to make informed decisions about food and health

The benefits for supply chain actors



Can foster stronger relationships with farmers built on trust and care



A healthier and more reliable farming base



Recognition as a responsible and farmer-focused buyer or partner



Contribution to sustainability, nutrition, and gender goals in the supply chain

Health, nutrition, and farmer productivity

Farmer health and nutrition are directly tied to agricultural productivity and food system resilience. Well-nourished farmers are more physically capable, resilient, and efficient—qualities that are particularly vital during labour-intensive seasons.

- *In Burkina Faso, for example, access to health services along with education significantly increased farm labour productivity per person during the rainy season, a critical period for farming activities.¹*
- *Similarly, in Ethiopia, research found that both nutritional status and overall health positively influenced agricultural output among rural households.²*
- *In Nigeria, improvement of farmers' health status has also been reported to result in a 31 percent increase in farmer efficiency.³*

Farmers in good health can sustain consistent labour, reducing disruptions in planting and harvest cycles. With greater energy, strength, and focus, they achieve higher yields and contribute to more reliable supply chains—an essential foundation for regional food security.^{4,5}

Why nutrition health checks?

While the link between farmer health and productivity is well established, the specific role of nutrition-focused health checks in agricultural contexts has been less extensively studied. Direct evidence remains limited, but related programmes suggest promising outcomes when checks are combined with education and counselling. For example, promoting nutrition education and disseminating nutritional dietary knowledge have been shown to improve farmers' self-evaluation of health.⁶

Nonetheless, emerging initiatives targeting farmers point to the potential impact of health checks. In Ireland, the Farmers Have Hearts programme found that 48% of participating farmers reported changing at least one health behaviour within 12 weeks of a health check, and nearly one-third acted on health professional referrals. These findings indicate that health checks can raise awareness, prompt behaviour change, and connect farmers to preventive care—though sustained follow-up support is needed to ensure long-term impact.⁷

Together, this evidence highlights how nutrition-focused health checks, when embedded in agricultural contexts and supported by counselling or education, can help farmers detect risks early, adopt healthier practices, and safeguard both their livelihoods and broader food system resilience.

Good practices

CASE 1

Health checks reveal health risks affecting farmers wellbeing and productivity



Country

Ireland



Sector

Farming communities



Intervention and outcome

The Farmers Have Hearts – Cardiovascular Health Programme in Ireland shows how health checks can reveal critical health risks that affect farmers' wellbeing and productivity. The programme found that most participating farmers were living with multiple cardiovascular risk factors:

- 86% were overweight or obese, limiting physical capacity for demanding farm work.
- 40% had high blood pressure and 46% had high cholesterol, increasing risk of heart disease and reduced stamina during peak labour seasons.
- 24% had high blood glucose, with many unaware they were at risk of diabetes.
- Poor dietary habits were widespread, with 79% consuming fewer than 5 portions of fruit/vegetables daily, alongside high intake of salty and sugary snacks.

Importantly, the health checks showed that many farmers were unaware of existing conditions, even though some had access to health professionals—indicating that care was often reactive rather than preventive. By combining routine health checks with counselling and mobile follow-up, the programme demonstrated the value of integrated support in turning results into action. Identifying hidden risks created opportunities for early intervention and encouraged farmers to make and sustain healthier behaviours.



Impact for farmers

- Greater awareness of their health status.
- Earlier identification of serious but manageable risks.
- Support to make realistic dietary and lifestyle changes.

This case highlights how embedding nutrition-focused health checks in farming contexts can improve farmers' wellbeing, sustain their productivity, and reduce long-term risks that threaten both livelihoods and food system resilience.

Source: [Farmers Have Hearts: Cardiovascular Health Programme, Baseline Report 2020.](#)

A woman in a white lab coat and mask is examining a sample in a laboratory setting. The background shows laboratory equipment and a poster with the word 'KINESIA' visible. The image has an orange overlay.

3

Assess the needs

PREPARING YOUR PROGRAMME

FIRST STEPS

Start with a needs assessment

Before starting your nutrition-focused health check programme, it's essential to understand the realities of farming communities and the barriers that smallholder farmers face in accessing preventive health care. A simple, well-structured needs assessment helps ensure your programme is relevant, respectful, and grounded in community needs. It also lays the foundation for effective monitoring and adaptation over time.

It is important that health assessments happen voluntarily and that all employee information is treated confidentially. This means individual outcomes of the health assessment cannot be shared with employers and only broad anonymised data can be shared with the company with employee consent.

Start by exploring these key questions:

- *What information do we need to know before designing the programme?*
- *What is the objective or changes we want to achieve?*
- *Who in the community or supply chain can help gather reliable information?*
- *How will these insights inform programme design and implementation?*



Using the assessment results

- ✓ Focus screening activities on the most relevant and common health concerns such as anaemia during pregnancy, high blood pressure.

- ✓ Adapt delivery methods to match the cultural expectations of the farming community.

- ✓ Build on existing networks— For example as community health workers, traditional birth attendants, women's savings groups, or farmer cooperatives to deliver and promote the programme.

- ✓ Plan for low-cost, realistic follow-up mechanisms, such as linking with mobile clinics, informal referral pathways, or regular check-ins by trained focal persons.

- ✓ Use the needs assessment as a baseline to track changes over time - for example, by monitoring uptake of screenings, referrals, or improvements in self-reported health



Practical guidance

Sample key assessment areas

Table 01

What to assess	Objective	Who to involve	How to collect information
What are the most common nutrition-related health concerns in the community (<i>anaemia, high blood pressure, underweight</i>)?	Identify priority health risks.	<ul style="list-style-type: none"> • Community health workers • Peer leaders • Local clinics 	<ul style="list-style-type: none"> • Surveys • Existing community health workers records • Observation
Are farmers aware of or interested in nutrition-related health issues?	Understand motivation and shape awareness activities.	<ul style="list-style-type: none"> • Male and female farmers • Cooperative members 	<ul style="list-style-type: none"> • Short surveys • Community discussions • Market-day polls
What barriers prevent farmers from accessing health services? (<i>e.g., distance, cost, stigma, time</i>)?	Identify and address obstacles to participation and follow-up.	<ul style="list-style-type: none"> • Farmers • Household members • Community health workers 	<ul style="list-style-type: none"> • Focus group discussions • Interviews • Survey
How do farmers and their families perceive the idea of being screened for nutrition-related health issues?	Ensure the approach aligns with cultural values and respects privacy.	<ul style="list-style-type: none"> • Local leaders • Elders • Women's groups • Community health workers • Farmers 	<ul style="list-style-type: none"> • Story circles • Key informant • Interviews
Who could realistically deliver basic health checks in the area? What services already exist within the community? (<i>e.g., CHWs, local health NGOs</i>)	Find practical and trusted delivery options.	<ul style="list-style-type: none"> • Community health workers • Health posts • NGO staff 	<ul style="list-style-type: none"> • Community resource mapping, stakeholder consultations
What tools or spaces are needed for delivery? (<i>e.g., shaded space, blood pressure cuff, screening forms</i>)	Plan feasible, low-cost delivery logistics.	<ul style="list-style-type: none"> • Programme staff • Health outreach workers 	<ul style="list-style-type: none"> • Facility walk-throughs • Supply checklists • Interviews with community health workers

Good to know

It is important that health assessments happen voluntarily and that all information is treated confidentially. This means individual outcomes of the health assessment cannot be shared with anyone and only broad anonymised data can be shared with the organisation with farmer's consent.

Four types of health assessments related to nutrition



Anthropometric

Measurement of the size, weight, and proportions of the body. Anthropometric measurements are easiest to measure and most relevant when initiating health-checks. An example of an anthropometric indicator is Body Mass Index (BMI).



Dietary

Assessing the intake of food and fluids. Dietary measures can be used in follow-up nutritional counselling.



Biochemical

Checking levels of nutrients in a person's blood, urine, or stools, and other types of physiological indicators including blood-pressure. Biochemical measures require more skills and equipment but can be a valuable addition to measuring nutritional status more precisely.



Clinical

Testing for visible signs of malnutrition manifesting in specific symptoms that require further diagnosis. Clinical measurements require assessment by a health professional and/or in a healthcare setting, so are not included in this guidebook.



A note on BMI stigma

BMI is often used as a proxy for health (see Annex A for WHO guidance). However, it should be considered as a rough guide, as it does not show how much fat or muscle a person has. Two people with the same BMI might have very different levels of health status. Therefore, one should be careful when using BMI as a health measure, as it may create stigma or prejudices associated with overweight and underweight rather than improvement in health and wellbeing.

When using BMI as a health measure, pay attention to using it as a medical indicator and avoid judgemental connotation in any messaging or materials developed. Alternatively, a focus on measures including fitness and quality of life factors may be appropriate and successful for a cohesive workforce. As with all data gathered, it is of utmost importance that participation in the health assessment is voluntary and data is treated confidentially.



Practical guidance

Sample key assessment areas

Table 02

Type of health assessment	Indicator	Notes	Required investment	Assessor
Anthropometric (<i>Body measurements</i>)	Body Mass Index (BMI) weight and height (kg/m ²)	Repeat several times for reliable tracking (can help start conversations about healthy weight)	Low	Minimally trained person (able to measure weight and height accurately)
	Mid-Upper Arm Circumference			
Biochemical (<i>Blood and nutrient levels</i>)	Blood sugar	Identifies risk of diabetes or related conditions	High (skills and cost)	Nurse or trained health professional
	Cholesterol	Assesses heart health risk	High (skills and cost)	Nurse or trained health professional
	Haemoglobin	Detects anaemia	High (skills and cost)	Nurse or trained health professional
	Population-relevant micronutrient deficiency (e.g., serum ferritin for iron, serum retinol for vitamin A)	Targets specific deficiencies	High (skills and cost)	Nurse or trained health professional
Clinical (<i>Visible signs</i>)	Blood pressure	Identifies hypertension risk	Medium	Nurse or trained community health worker
Dietary (<i>Food intake</i>)	Diet quality questionnaire	Captures consumption of both healthy and unhealthy diets	Medium	Trained professional researcher or dietitian.
	24-hour recall*	Records all foods eaten in past 24 hours to assess diet quality and dietary patterns.	Medium (time-consuming analysis)	Trained professional or community health worker

*To get a good sense of someone's usual diet, one 24 hour recall is normally not sufficient. Multiple spread over different days are required.

Health checks in practice

Making nutrition-focused health checks a success for smallholder farmers requires simple, farmer-friendly approaches that remove barriers to participation and ensure follow-up support. The following good practices can help make your programme effective and sustainable:



Make it affordable

Health checks are a valuable investment in farmer wellbeing and productivity. Wherever possible, offer them free of charge or at a heavily subsidised rate. Low, or no cost increases participation, especially among low-income households.



Make it easy to participate

Bring health checks closer to where farmers already gather such as market days, cooperative meetings, or collection centres and choose times that fit the farming calendar. Where possible, cover small costs such as transport or provide mobile outreach so farmers do not lose valuable work time.



Make it safe

Explain clearly what information farmers will receive from the health check and what will be recorded by the organising body. Keep individual results private and confidential. Provide a semi-private or fully private space for checks, even if done outdoors such as curtained corner, tent, or shaded area.



Include counselling and follow-up

A health check is just the first step toward healthier living. Strengthen your programme by pairing screenings with nutrition counselling and practical advice, delivered by trained community health workers, cooperative focal persons, or professional nutritionists. Repeat health checks at least once a year and track changes so farmers can monitor their progress. Use follow-up visits or cooperative meetings to share updates, reinforce key messages, and recognise improvements along the way.



Set goals, indicators, and measure results

Define clear goals and simple indicators to track the reach and impact of your health check programme (e.g., percentage of farmers screened for blood pressure; percentage of anaemic women referred and followed up). Monitor participation, follow-up completion, and changes in key health indicators, then compare progress against your goals to assess whether the programme is achieving the intended results (see 5. *Monitoring and learning*).

DINAS KESEHATAN
KABUPATEN CILACAP

GERMAS

4

Simple solutions for health checks

PUTTING YOUR PLAN INTO ACTION

Ayoo!
Kesehatan
Pulih
Elang

JAGA JARAK
KALENDA

LATEX EXAMINATION GLOVES
100

THREE STEPS

Run your programme

In this guidebook, we differentiate three core steps to running your nutrition-focused health checks programme. The first step is to make a plan for your programme, the second is to set up systems. The third and final step deals with counsel and follow-up.

STEP 1: MAKE A PLAN

Your plan is the foundation of the programme. It translates needs assessment findings into clear goals, priorities, and actions that are realistic for smallholder farming communities. A strong plan defines which screenings will be offered, who will be involved, and how services will be delivered and tracked, ensuring the programme is practical, sustainable, and responsive to farmers' needs. To have a solid plan, it is important to:

1. Define your goals
2. Choose your indicators
3. Engage potential collaborators



1. Define your goal(s)

Using the identified key nutrition-related health problem from your needs assessment, your goal should reflect what you want to achieve, who will benefit, and how you'll measure success. Use the SMART criteria: Specific, Measurable, Achievable, Relevant, and Time-bound, to sharpen your focus.



2. Choose your indicators

Your needs assessment may highlight several risks, but with limited resources, focus first on the most common, preventable, and easy-to-measure conditions with clear referral options.

Prioritise indicators that are common and high-risk in the community such as BMI (detects underweight/overweight), blood pressure (for hypertension), haemoglobin (for anaemia), MUAC (a simple nutritional status proxy). Make sure the indicators can be screened with simple, low-cost tools.

Standards for practice

Minimum: Screen at least two indicators (e.g., weight, BMI, or blood pressure), with additional screening for pregnant women.

Best practice: Screen at least four indicators, including at least three of the following: weight, BMI, blood pressure, blood sugar, cholesterol, haemoglobin, and/or any population-relevant micronutrient deficiency.



3. Engage potential collaborators

Effective implementation of a nutrition-focused health check programme relies on strategic partnerships. With limited health infrastructure, leveraging existing community structures, health providers, and farmer-facing institutions ensures programmes are relevant, efficient, and sustainable.

Practical tips:

Identify stakeholders and initiatives

List local health actors, NGOs, cooperatives, and ongoing programmes to build on existing momentum.

Align with existing programmes

Explore opportunities to complement ongoing health or nutrition initiatives, share resources, and address gaps (e.g., nutrition screening for older adults, anaemia follow-up).

Map collaborators and roles

Establish clear roles for each partner and how they can support programme activities.

Make a timeline and roadmap

A timeline helps everyone stay on track and understand when key activities will happen. A roadmap links those activities to your goals.

STEP 2: SET UP SYSTEMS

Turn your plan into action by creating simple, internal and community-based systems that deliver support consistently. In agricultural settings, where formal workplaces, fixed schedules, or health facilities may be absent, it is important to design a delivery model that is flexible, mobile, and integrated into existing community structures. This section provides guidance on how to operationalise your health check programme by:

1. Defining the delivery model
2. Organising tools and materials
3. Assigning clear roles and responsibilities
4. Promoting awareness and normalising participation
5. Training key actors for implementation



1. Define the delivery model

Health checks can be delivered in different ways depending on local realities, partner capacity, and available infrastructure. Different communities will require different delivery strategies. Choose a delivery approach that aligns with your goals, is acceptable to farmers, and uses available community resources. A key first step is deciding who will deliver the health checks.

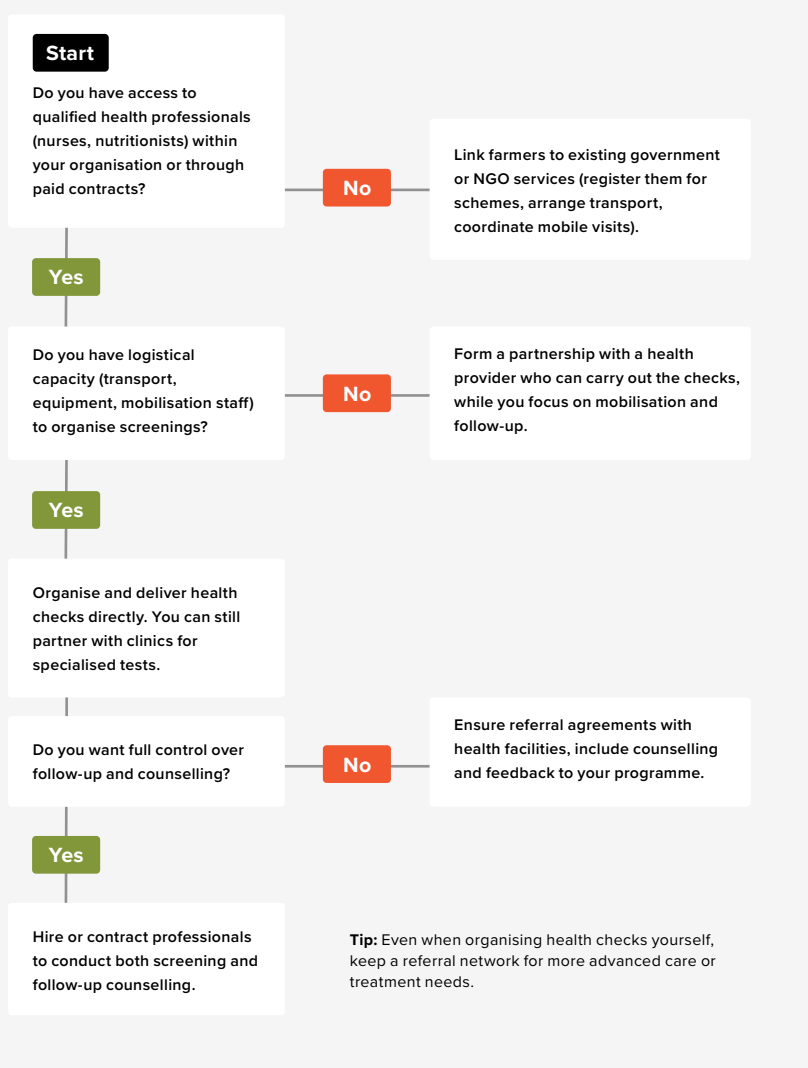
Programmes can:

- **Link farmers to existing services:** Facilitate access to government or NGO-run schemes (e.g., registration at health facilities, for health insurance cards, arranging transport to clinics, or scheduling visits with mobile teams).
- **Organise and deliver health checks directly:** The implementing organisation coordinates screenings on-site or through mobile teams, hires or engages health professionals, and ensures follow-up counselling and referrals.

Your choice will depend on the resources available, existing partnerships, and the level of control you want over the service.

Decision-making flowchart

Choosing how to deliver nutrition-focused health checks



Common nutrition-focused health checks delivery models

Table 04

Model	Description	Suitable for
Community event-based	Screenings take place during routine events (e.g., cooperative meetings, market days, at buying centres, VSLA sessions)	Areas with strong community gathering routines
Mobile outreach	A mobile team (community health workers, NGO staff, or local health providers) visits different farming households/communities with equipment and referral forms	Remote areas with limited fixed infrastructure
Facility-linked screening	Screenings occur at or near existing health posts, often through coordination with local clinics or outreach days	Areas near health centres with good partner links
Door-to-door screening	Volunteers or community health workers visit households to screen individuals directly, especially during seasonal lulls	Low participation or dispersed areas

Note: You may require more than one delivery model depending on the indicators chosen or may use different models in different seasons. For example, basic checks like weight and blood pressure can be done at group events, while more sensitive screenings may require facility-linked settings. Similarly, event-based delivery may be more effective during planting/harvest and home visits during off-season.

Ensure privacy and trust

Farmers are more likely to participate when the screening process feels safe, respectful, and trustworthy.



2. Organise tools and materials

Once delivery models are defined, ensure that the necessary tools, materials, and logistic arrangements are in place to support screening, referral, and follow-up.

Keep tools simple, low-cost, and easy to use. Basic equipment may include:

- ✓ MUAC tapes or weighing scales
- ✓ Blood pressure cuffs (manual or digital)
- ✓ Haemoglobin testing kits (where available)
- ✓ Portable tables, chairs, and privacy dividers (where needed)
- ✓ Documentation tools like counselling cards, checklists, screening logs, simple referral slips and follow-up trackers. Where literacy is limited, incorporate visual icons, colour codes, or tick boxes.



3. Assign clear roles and responsibilities

Clear roles help ensure that screenings and follow-ups happen consistently. Assign responsibilities early, using local structures and trusted individuals. Keep role descriptions simple in a written format and make sure each role is supported and understood.

Table 05

Role	Responsibility	Who could be responsible?
Mobiliser	Spreads awareness, encourages participation.	Youth volunteers, trained peer farmers, CHWs
Referral coordinator	Issues referral slips, tracks follow-up.	CHW, NGO focal person
Counsellor	Provides simple advice on diet, health practices, and care-seeking.	CHWs, Professional nutritionist/dietician – hired by organisation
Community Liaison	Coordinates with clinics, mobile teams, or implementing partners.	NGO focal person, community leader
Data Officer	Maintains simple records and checklists.	Trained Youth, NGO rep, community health volunteers



4. Promoting awareness and normalise participation

Participation increases when farmers know what to expect and feel encouraged to take part. Health checks should be promoted as supportive, inclusive, and relevant to everyone, not just the unwell.

Key strategies:

Use trusted messengers

Engage community health workers, cooperative leaders, peer farmers, women's group representatives, or faith leaders to promote health checks. Personal stories from respected farmers can make the message relatable.

Make participation a community norm

- Announce screening days at cooperative meetings, VSLA sessions, at buying centres, or through radio.
- Frame participation as a collective responsibility.
- Reinforce messages and use local proverbs or idioms if relevant, like: "Strong farmers, healthy families, increased productivity".

Use visual aids

- Display simple posters, flyers, or hand-drawn boards near common spaces showing what health checks involve.
- Include visuals of men, women, and older farmers participating, to show inclusivity and reduce stigma.

Build it into routine events

- Integrate short health awareness messages into existing community activities, even if screenings are not happening that day.
- Link with seasonal milestones: "Pre-planting check-up" or "Post-harvest screening."

Keep messaging simple and positive

- Avoid highly technical terms.



5. Training key actors for implementation

Short, practical training helps ensure quality, consistency, and community confidence in the programme. Focus on the most essential skills for each role. If your programme organises the health checks directly, focus training on logistics, mobilisation, and respectful engagement, while trained health professionals conduct the screenings.

Training topics may include:

- Proper use of screening tools (MUAC tape, BP cuff, scales)
- How to explain screening results and recommend next steps – preferably by health professional
- How to make referrals and follow up
- Basics of nutrition messaging (e.g., food groups, iron-rich foods)
- Respectful communication and gender sensitivity
- Privacy and confidentiality, including data storage and safety

STEP 3: COUNSEL AND FOLLOW-UP

Without appropriate counselling and follow-up, even the most well-executed health checks, risk having limited impact. Many nutrition-related health risks may not be well understood, and without clear, supportive guidance, farmers may struggle to access care or make healthy changes. Counselling translates screening results into practical action, helping farmers understand what their results mean, what to do next, and how to sustain healthier habits. Follow-up, meanwhile, reinforces those choices over time, and ensures that farmers needing support are not lost after the first interaction. Together, counselling and follow-up strengthen the impact of your programme. This section provides guidance on how to best go about counselling and follow-up. The key parts are:

1. Who can offer counselling?

2. Define counselling goals

3. Effective counselling

3. Beyond counselling



1. Who can offer counselling?

Effective nutrition counselling requires a blend of technical knowledge, practical problem-solving, and strong communication skills. While a qualified dietitian or health professional may be ideal, in many agricultural settings trained community health workers, NGO nutrition staff, or peer counsellors can also play this role, provided they receive adequate training and supervision. When selecting a counsellor, look for individuals or organisations that can combine nutrition expertise with cultural sensitivity and an ability to work in low-resource, informal settings. Check-ups should be offered at least once a year, with at least one to two follow-up sessions for those at risk (e.g., anaemia, high blood pressure, undernutrition). Where possible, integrate follow-up into routine community meetings, farm visits, or market days to reduce travel burdens.

Potential counsellors include:

- ✓ Community Health Workers, especially those already trained in nutrition health
- ✓ Peer educators and volunteers
- ✓ NGO health staff or outreach teams where partnerships exist
- ✓ Nutritionists or dietitians: hired directly or available through local clinics

Scope of work for counsellors

A counsellor should be able to:

- Interpret results from nutrition-focused health checks and translate them into practical goals.
- Provide one-on-one guidance to help farmers make progress towards those goals, adapting recommendations based on progress, feedback, and seasonal realities.
- Advise on locally available, affordable food options, and health services.
- Report common trends, barriers, and successes to the programme team to inform planning and improvement.

Time investment:

- Ideally, offer check-ups at least once a year, with at one to two follow-up sessions for those at risk (e.g., anaemia, high blood pressure, diabetes, undernutrition).
- Where possible, integrate follow-up into routine community meetings, farm visits, or market days to reduce travel burdens.



2. Define counselling goals

It is important to define exactly what the counselling should achieve. This ensures the sessions respond directly to farmers' needs and lead to measurable improvements in health and wellbeing.

Potential goals for counselling:

Setting nutrition goals and monitoring progress

- Focus on clear, individualised goals based on screening results. For example: developing a plan to increase iron intake and improve iron absorption for women diagnosed with iron deficiency anaemia.
- Use follow-up sessions to track progress and adapt recommendations as needed.

Educating on nutrition knowledge

- Build farmers' understanding of food composition, the role of different food groups, and how diet impacts energy, strength, and overall wellbeing. See [Nutrition Education](#) and [Access to Healthy Food](#) guidebooks.
- Use local examples and foods that are accessible and affordable.

Supporting behaviour change

- Help farmers turn nutrition knowledge into daily practice by focusing on small, achievable steps. See [Nutrition Education](#) guidebook.
- Use motivational techniques to sustain changes, such as keeping a simple food diary or pairing with a peer for encouragement.

Reducing external barriers and enabling supportive factors

- Understand the farmer's broader context, such as seasonal food availability, household decision-making, and market access.
- Work with the farmer to identify solutions, such as low-cost local alternatives, meal planning around market days, or engaging family members to support dietary changes.



3. Effective counselling

Effective counselling means understanding the farmer's unique situation, their health status, seasonal workload, food access, and household responsibilities, and helping them make realistic, healthy changes they can sustain. Simply telling someone what to do is rarely enough to change behaviour; good counselling combines accurate information with practical, achievable steps and encouragement.

A counsellor should not only know what advice to give, but also how to prioritise messages according to the farmer's needs and deliver them clearly and respectfully, even in a short conversation.



4. Beyond counselling

Nutrition-focused health checks can do more than guide individual behaviour change, they can inspire broader, community-level activities that strengthen farmer health and wellbeing.

Create a network of “nutrition champions”

Identify respected farmers, cooperative leaders, or CHWs who can encourage others to attend screenings, follow advice, and share healthy practices. Offer them basic training and recognition so they feel empowered to promote positive change.

Use screening results to improve the farming environment

If health check data shows a high incidence of high blood pressure, encourage cooperative canteens, food vendors, or community kitchens to reduce salt in meals. If headaches and fatigue are common, work with leaders to ensure safe drinking water is available at markets, buying centres, and farm sites, and that farmers can take breaks to rehydrate and eat.

Maintain a list of local, trusted sources of support

Keep contact details of nearby health centres, government health schemes, and reliable NGOs. Based on the results of health checks, provide tailored recommendations. For example, where to get free iron supplements, nutrition education, or hypertension screening.

Think about data protection

When using health check results to inform wider initiatives, protect individual privacy. Work with group-level data wherever possible and always obtain informed consent before sharing any individual information. Check and follow your country’s regulations on data use.



5

Monitoring and learning

MONITOR YOUR PROGRESS

TRACKING CHANGE

Monitor your progress

Tracking nutrition-focused health checks in agricultural settings

Monitoring helps you understand whether your health check programme is reaching the right farmers, identifying priority health needs, and leading to meaningful changes. In farming contexts — where activities are seasonal, informal, and spread out — simple, community-based monitoring systems are often the most effective.

Regular tracking ensures the programme remains relevant, inclusive, and responsive, even when resources or infrastructure are limited. Basic tools such as logbooks, attendance registers, or short CHW reports can be highly effective when used consistently.



Questions to guide your monitoring process

What do you want to know?

Are the right groups (e.g., pregnant/lactating women, older farmers, undernourished households) being reached? Are screenings and follow-ups being completed? Is awareness about nutrition and preventive care improving?

How will you gather and measure the information?

Will you use a physical register, community health worker reports, cooperative meeting notes, or mobile phone records?

Who will collect the information?

Can community health workers, peer educators, or focal persons track participation and report back?

What does success look like?

Are farmers acting on referrals? Are more people aware of their blood pressure, sugar and haemoglobin levels, or nutrition status? Are dietary changes being reported after counselling?

What will you do with the results?

Will you adjust your mobilisation strategies, introduce more frequent follow-ups, or strengthen referral partnerships?

Key monitoring areas and simple indicators

Table 06

Monitoring area	What to track?	Simple indicators	Frequency	Data collection methods
1. Reach and Participation	How many farmers have access to health checks and follow-up counselling, and how many use them.	<ul style="list-style-type: none"> Percentage of farmers with access to at least one subsidised/basic health check per year. Percentage of farmers participating in health checks annually Percentage of farmers receiving follow-up counselling. 	Quarterly or annually	<ul style="list-style-type: none"> Community health worker or cooperative reports. Event registers or logbooks. Referral and counselling tracking forms.
2. Health outcomes	Improvements in farmers' nutrition and health status over time. (Use only aggregated, anonymised data)	<ul style="list-style-type: none"> Percentage of farmers with improved anthropometric measures (weight, BMI, MUAC). Percentage of farmers with improved biological markers (e.g., haemoglobin, blood pressure). 	Annually	<ul style="list-style-type: none"> Aggregated Community health worker or cooperative data Health facility or mobile clinic reports (anonymised).
3. Counselling and behaviour change	Whether counselling is helping farmers adopt healthier nutrition and lifestyle habits.	<ul style="list-style-type: none"> Percentage of farmers setting nutrition or health goals after counselling. Percentage of farmers reporting they have taken at least one action to improve diet or health. Qualitative stories of change collected from participants. 	Every 6 months	<ul style="list-style-type: none"> Counsellor follow-up forms. Short verbal surveys during meetings. Focus group discussions.
4. Community awareness and engagement	Whether farmers and their families are aware of the benefits of regular health checks and good nutrition.	<ul style="list-style-type: none"> Number of awareness sessions held (e.g., market days, cooperative meetings). Percentage of community members (including men and youth) aware of the programme. 	Every 6 months	<ul style="list-style-type: none"> Community health worker or community leader reports. Short verbal or visual surveys at events.
5. Referral and service linkages	Whether referrals from screenings are being completed and followed up.	<ul style="list-style-type: none"> Percentage of referred farmers who attended follow-up care. - Average time between referral and care received. 	Quarterly	<ul style="list-style-type: none"> Referral slips and tracking logs. Community health worker follow-up reports.

Simple tools you can use

- Health check register (names, indicators measured, referral status).
- Monthly logbook kept by CHW, cooperative leader, or women's group.
- Visual feedback tools (smiley/sad face cards or coloured tokens) to assess satisfaction.
- Quarterly review meetings with CHWs and farmer reps to discuss progress.

Tips for success

- Keep it simple: Focus on the most important indicators — don't overwhelm your team with too much data.
- Match tools to the context: Use visuals, tick boxes, or symbols in low-literacy settings.
- Share results with the community to build trust (e.g., "Farmers now know their blood pressure").
- Encourage open feedback: Create safe spaces for farmers to share what worked and where challenges remain.

What to do with the data?

- Share updates.
- Map progress.
- Identify and address gaps in participation or follow-up.
- Use success stories in reports, social media, or donor updates.
- Scale and reach.

Key elements of nutrition-focused health checks in agricultural settings

Table 07

Area	Indicator	★★★	★★★	★★★
Support practices	Type of nutrition-focused health checks and follow-up provided	One basic screening offered (e.g., BMI or blood pressure) with verbal advice	At least two screenings conducted (e.g., BMI + BP) with documented referrals or follow-up	Multiple screenings covering key indicators (BMI, BP, anaemia, MUAC) with routine follow-up counselling integrated into programme activities
Identification	Identifying target participants	Farmers identified informally through community health workers, leaders, or peer networks	Participant list maintained and updated at least quarterly with key risk groups flagged	Systematic identification and updating through community health workers, cooperatives, or women's groups, with cross-checks to ensure inclusion
Access and availability	Access to health checks	Screening opportunities announced verbally at community gatherings	Farmers can self-identify and access checks through known focal persons or regular cooperative announcements	Clear, public system for access (e.g., posted schedules, signage) with consistent application across all participating communities
Family and community involvement	Inclusion of household members	Occasional involvement of family in health awareness activities	Family members regularly engaged in education sessions or follow-up advice	Household-level engagement actively promoted, with family participation tracked and encouraged as part of the health strategy
Education and awareness	Awareness of nutrition and health check benefits	Occasional talks or posters shared during meetings	Regular sensitisation through group talks, flipcharts, or mobile loudspeaker messages	Multi-channel awareness (community health worker talks, peer stories, radio, market dramas) promoting preventive health and early detection
Use of community structures	Leveraging local systems for delivery	Linked to one existing structure (e.g., community health workers or cooperative meetings)	Integrated into cooperative routines, savings groups, or market events	Embedded in multiple local platforms (cooperatives, community health workers, TBAs, women's groups) with strong local ownership
Monitoring	Tracking participation and results	Informal feedback gathered occasionally	Simple lists or verbal check-ins to track participation and referrals	Routine tracking of participation, screening results, and follow-up outcomes, with findings fed back into programme planning



5

References

TOOLS TO LEARN MORE

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Annex

Understanding body mass index, overweight and obesity Based on WHO Guidance

What is BMI?

The Body Mass Index (BMI) is a simple measure of weight relative to height, used to assess underweight, overweight, and obesity.

Formula

$BMI = \text{weight (kg)} \div \text{height}^2 (\text{m}^2)$.

Additional measure

Waist circumference can also help assess health risks.

WHO BMI classification for adults

Category	BMI (kg/m ²)
Underweight	< 18.5
Normal	18.5 – 24.9
Overweight	≥ 25
Obesity	≥ 30

Regional variations in BMI

While the WHO global standard defines overweight as BMI ≥25 kg/m² and obesity as BMI ≥30 kg/m². Evidence shows that health risks may appear at lower BMI levels in some populations. This has led to the development of region- and ethnicity-specific cut-offs:

Asian populations

WHO expert consultation recommends overweight at BMI ≥23 kg/m² and obesity at BMI ≥27.5 kg/m², as Asians face higher risks of diabetes and hypertension at lower BMIs.

Japan and China

National guidelines classify obesity starting at BMI ≥25 kg/m².

Practical note

When conducting health checks with farmers, we recommend applying WHO global standards as the baseline but remain aware of national or regional guidelines that may recommend lower thresholds. This ensures at-risk farmers are not overlooked.

Helpful Resources

[WHO Expert Consultation on BMI in Asian Populations](#)

[Diabetes Care – BMI Cut Points for At-Risk Asian Populations](#)

[WHO General BMI Classification](#)



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