

## **Draft Terms of Reference for UNDP-Spain MDG Achievement Fund on Children, Food Security and Nutrition**

This document provides policy guidance to UN Country Teams applying for funding under the UNDP-Spain MDG Achievement Fund (MDG-F) Thematic Window for **Children, Food Security and Nutrition**. The framework elaborated below aims to establish the policy goals of the fund in this area and illustrate the *types* of interventions that this Fund will support. This guidance will also be applied by the technical assessment process that will review applications. These Terms of Reference should be read in conjunction with the Fund's "Framework Document" which explains the overarching strategy for the MDG-F and the "Concept Note Format" which provides the format for submissions. This can be viewed at the Fund's homepage at [www.undp.org/mdgf](http://www.undp.org/mdgf). Kindly note that MDG-F Thematic Windows will only accept applications from UN Resident Coordinators in eligible countries, applying on behalf of their UN Country Team.

### ***1. Background and Rationale***

The second target of the first MDG aims to halve the proportion of people who suffer from hunger as indicated by the prevalence of underweight children under five years of age, as well as the proportion of the population below the minimum level of dietary energy consumption. Progress has occurred in reaching the underweight target between 1990 and 2006 when the prevalence was reduced from 32% to 27%. However, the current rate of reduction is not sufficient to meet the MDG target and it is expected that the rise in food prices and energy will further undermine progress, increasing irreversible damage. At least 3.5 million under-five deaths annually and more than 10% of the global disease burden can be attributed to undernutrition, clearly indicating the strong link of MDG 1 and 4.

In addition, FAO reported that there were 852 million chronically hungry people in developing countries in 2005 – a figure which does not include the 2 billion people who suffer from 'hidden hunger' (micronutrient deficiencies). Furthermore, new articles published in *The Lancet*<sup>1</sup> reported that around 200 million children are not developing their full potential due to poor health, nutrition and insufficient early stimulation, with poverty as an underlying cause. This further undermines the development potential of countries as under-nourished children cannot grow into fully productive members of society.

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<sup>1</sup> The Lancet Series on Maternal and Child Malnutrition, coordinated by the Johns Hopkins Bloomberg School of Public Health, with support of UNICEF, USAID, the World Bank, the World Health Organization, and the Bill & Melinda Gates Foundation, provides state-of-the-art evidence for increased investment in nutrition programmes, especially for the most vulnerable

Among the countries within the geographic framework for action under the Spanish Development Cooperation Fight against Hunger Strategy progress is varied. Some countries are not making any progress towards the achievement of MDG1 by 2015 while others are making progress, but at an insufficient pace. It is important to note that although many countries are struggling to reach MDG 1 – some are “on track”, as indicated by the average annual rate of reduction in underweight prevalence, as for example Guinea Bissau, Viet Nam, Bangladesh, Mauritania and Guatemala – indicating that it is -possible for the goal to be met if strategic actions are taken in key countries. The world produces enough food to feed its population and the development community possesses the technical and programmatic knowledge to work towards optimal nutrition for all. However, with only 7 years left to achieve the goal, strategic actions based on current experience and state of the art evidence will need to be initiated quickly.

There is no magic bullet which can eliminate hunger and undernutrition given the complex nature of these problems. There are many inter-related issues which cause hunger and undernutrition, some of which are related to poverty and lack of empowerment, including gender issues, discrimination of ethnic groups, land use, rights and ownership, war, the HIV pandemic and environmental issues. Efforts to realise the “right to adequate food” need to go beyond provision of nutritious food and improving the production and distribution of food, if the root causes of hunger and undernutrition are to be adequately addressed. “Safety nets” should systematically include or be accompanied by measures to promote sustainable livelihoods for households with malnourished children. Adequate feeding and care behaviours, including exclusive breastfeeding for the first 6 months of life and appropriate complementary feeding, which are basic requirements for the achievement of good nutritional well-being, should be an integral part of national strategies and programmes to reduce hunger and undernutrition. It is important to ensure that the nutritional needs of the different members of the population are met. Approaches for ensuring food security (combining short term livelihood support with mid and long-term measures) will need to be supplemented as appropriate with short-term measures including targeted provision of specific foods or complementary food supplements or general food assistance. Rights-based approaches demand non-discriminatory participation of the rights holders, in particular those who are food insecure, and the design of programme interventions to be transparent and conducive to accountability.

## ***2. Key Challenges and opportunities in this thematic area***

Current key challenges and opportunities for the successful implementation of programmes to eliminate hunger and undernutrition include the following:

- **Rising food prices**: The rapid increase in food prices over the last few years has raised serious concerns about the nutrition situation of poor people in developing countries. The number of countries facing difficulties due to increased food prices is on the rise and many have already imposed some sort of food-price controls or

export bans in reaction to the deteriorating situation. The world's poorest nations not only harbour the greatest hunger risk but also face civil unrest, with riots which broke out in Africa, Asia and Latin America in reaction to rising food prices. Safety nets for vulnerable groups will therefore be important not only to help the growing numbers of hungry people to weather the crisis, but also to avert conflict. The UN Secretary General has therefore drawn the world's attention to the risk of widespread hunger, undernutrition and social unrest, thereby moving the topic to the top of the agenda and opening opportunities for addressing the causes of child hunger and undernutrition.

- Fragmentation of efforts and weak coordination at national level: A variety of institutions (government, UN, NGO/CSOs, donors) are seeking to improve nutrition in any given country at national level and often compete for funding, resulting in confusion, duplication and gaps in activities. While all UN agencies have a contribution to make to alleviate child undernutrition, they generally give insufficient effective attention to this issue. As a result, nutrition is frequently absent of UNDAF and PRSP processes and national institutions (in particular at local level) are not in a position to contribute to joint efforts to address the issue. Integration of existing efforts and upscaling of good practices, as well as capacity-building of relevant stakeholders is essential. The interventions proposed must seek to implement the principles stated in the Paris Declaration to improve aid effectiveness. The heads of agencies of FAO, UNICEF, WFP, and WHO, have embarked on a global effort to facilitate synergies at country level to address child hunger and undernutrition through the REACH (Renewed Efforts Against Child Hunger) initiative.
- Disparities and vulnerability: The MDGs have been a wonderful asset to encourage synergy, garner support for and accelerate action around key issues. However the use of national average of indicators to monitor progress tends to hide disparities. A country with a low average prevalence of underweight children can have significant pockets of undernutrition in a particular geographical area or among certain population subgroups. Disaggregated statistics may indicate large disparities between children living in rural areas and children living in urban areas. On average at the global level, children's underweight prevalence in rural areas is almost double that for their urban counterparts. But high underweight prevalence in urban slums in many developing countries undergoing accelerated urbanization also gives cause for increased concern. Also, because urban populations depend almost entirely on cash income, the high food prices are likely to affect the urban poor comparatively more than rural households who may be able to access directly some of the foods they consume. While there are no apparent gender disparities at the global level<sup>2</sup>, with boys and girls having a similar underweight prevalence, children living in the poorest households are twice as likely to be underweight as children living in the richest households. The greatest disparities between rich and poor are found in Latin America and the Caribbean, where children living in the poorest households are 3.6 times more

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<sup>2</sup> Progress for Children, UNICEF, 2007

likely to be underweight than children from the richest households. Although most countries are “on track” to achieve MDG1 at the national level in that region, In Honduras for example, the underweight prevalence at national level decreased from 21% in 1987 to 11% in 2005, however the underweight prevalence among the poorest wealth quintile was still 22% in 2005 – indicating that efforts are still needed to improve the situation of vulnerable population groups which are hidden by national averages. Addressing disparities will require not only disaggregated data collection and analysis, but systematic efforts to address discrimination within societies and to prioritize interventions on the most vulnerable, as well as taking special measures to counter discrimination and correct policy failures.

- Gender: in all cultures women play a key role in both food security and child nutrition. They should therefore constitute a major, if not the main, target group of policies and programmes aiming to alleviate child nutrition problems and improve household food security. An integrated approach to ending child under-nutrition will in itself result in increased attention and priority to gender issues and increased empowerment and capacity of women (in particular poor women). In addition it also clear that a large part of undernutrition is already caused during the period of intra-uterine life, and providing good nutrition during pregnancy will positively influence nutritional status of a child.
- School based approaches: Primary schools have the highest coverage of any development institutions. School teachers usually play a key role in community development and parent-teachers associations provide a community-based mechanism to debate priority issues and inform community members. Schools therefore provide a unique entry point for integrated approaches to promote child nutrition and food security. Limited attention is given to nutrition problems of school aged children, yet in many parts of the world, the majority of children miss their morning meal or eat a breakfast of inadequate quantity and quality to support their needs. The lack of proper nutrition is one reason why an estimated 115 million school-aged children around the globe are out of primary school. The high food prices also present a risk for children to drop out of school in order to save money and/or earn an income. School feeding programmes offer the opportunity not only to alleviate hunger – both overt and hidden – among school going children but to help them to benefit from education. In the poorest pockets of the world, this strategy has been shown to double primary school enrolment in just one year. They also transfer income to poor households by substituting resources that can be reallocated. The incorporation of locally produced foods in school meals is not only important for sustainability of school feeding programmes but can also stimulate the diversification of local food production for improved diets. People need a better understanding of the nutritional value of local or traditional foods and of the importance of a varied diet. At the same time, it is important to ensure that nutrient needs, especially of micronutrients, are adequately met. Mainstreaming of nutrition education in school curricula and school gardens can

therefore be effective in the promotion of appropriate food and hygiene practices. School health and nutrition programmes should also promote hygiene (in particular by ensuring supply of safe water and appropriate behaviour) and deworming.

- Knowledge management for capacity building and planning: Important lessons have been learned at global and local level on good practices to improve nutrition. It is essential to harness this experience to inform decision makers and program people. A new series published in The Lancet in January 2008 also provides state-of-the-art evidence for benefits of increased investment in delivering a combination of effective interventions to reduce undernutrition; breastfeeding counselling and the alleviation of micronutrient deficiencies (vitamin A supplementation, and zinc supplementation) were found to have the greatest benefits of all the reviewed interventions<sup>3</sup>. More information is needed on local experience in specific socio-economic and ecological contexts which should feed back into national policies and inform appropriate local strategies. It will be important to use this opportunity and translate knowledge into national plans for scaling-up key nutrition interventions, including the promotion of sustainable food-based approaches, as well as for the establishment of monitoring and evaluation systems, laws and policies to enhance the rights and status of women and children. The recent Lancet series also clearly pointed out that there is a limited window of opportunity to influence the nutritional status and development of a child: pregnancy up to 2 years of life. This time period should be the main focus for interventions.
- Protection and promotion of biodiversity and food safety: insufficient attention has been given so far to ensuring appropriate use of local food sources, leading to monotonous diets, increased dependency on imported foods, decreased income-generation opportunities and biodiversity erosion. Environmental hygiene and food quality control have classically by-passed the poorest population groups who are logically most at-risk, due to both limited choice options and impaired biological response.
- Advocacy: Although nutrition is clearly seen as essential for development, in particular by the public, insufficient attention is being given by policy makers and managers of key institutions. Even in countries where malnutrition is recognized as a major problem, it eventually disappears as the UNDAF formulation process aggregates issues on a sectoral basis. Institutions (UN, government, donors) have difficulties and are not equipped to deal with inter-sectoral issues. It is essential 1/ to draw their attention to the urgent need for action and 2/ to convince them that this is feasible and 3/ that they need to work together to build on their strengths and look for additional support. There has been increased attention lately to nutrition issues and programmes through renewed collaboration within the UN Standing committee on Nutrition, the publication of the Lancet Nutrition series,

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<sup>3</sup> For further information please refer to <http://www.thelancet.com/online/focus/undernutrition>

and key initiatives such as REACH and the Countdown Report. In addition, there is increased acknowledgement of the bi-directional linkages between food and nutrition security and HIV. This increased recognition for nutrition can be used as an opportunity to convince governments to coordinate and scale up efforts to alleviate malnutrition and enhance the ability of key actors to influence policy (e.g. food prices).

- Community-based management of malnutrition : The advent of ready to use therapeutic foods (RUTF) and community-based management of severe acute malnutrition (CMSAM) programmes has provided the opportunity to treat the majority of affected children within their homes. CMSAM programmes have been shown to increase coverage to over 70% while maintaining recovery rates of over 75%. This is in part due to the fact that RUTF has made it possible for treatment at home which enables caregivers to continue with economic and household activities (“classical” inpatient approaches require caregivers to stay in a centre for a month with the child). Other innovative products such as micronutrient powder for home-based fortification of complementary foods and oil based food supplements such as ready to use foods also present a great opportunity for improving the quality of diets for vulnerable groups such as pregnant women and young children. Systematic efforts should however be made to combine these interventions with sustainable livelihood support to at-risk households (in particular families with acutely malnourished children) and promotion of local food mixes.

### ***3. Goals and Illustrative Interventions***

In general the MDG Achievement Fund aims to accelerate progress towards the achievement of the MDGs in select countries by supporting policies and programmes, financing the testing and/or scaling up of effective models, catalysing innovations in development practice, and adopting mechanisms that improve the quality of aid as foreseen in the Paris Declaration on Aid Effectiveness. The part of the Fund described in the present document aims to accelerate progress towards the hunger target of MDG 1. Actions should be nationally owned, and build upon/add value to existing initiatives and processes. They should draw from the evidence generated at local, national, regional and global level, and be implemented within the framework of strengthened national programmes, policy, and partnerships, underpinned by monitoring, evaluation and capacity building. This includes advocacy for integrated, demand-driven and right-based support to the vulnerable and food insecure. Safety nets should include systematic measures to promote sustainable livelihoods for vulnerable households. Adequate feeding and care behaviours, including exclusive breastfeeding for the first 6 months of life and locally appropriate complementary feeding are essential for child health and development. Complementary strategies such as fortification of foods/condiments with micronutrients, and where needed, supplementation, should also be pursued. Breastfeeding and appropriate dietary practices should not only be promoted, but also protected, through adequate legislation (e.g. marketing of breastmilk substitutes), support to mothers and communities to allow them to provide optimum care, and monitoring of

the impact of key development policies. Specific strategies should be promoted to support pregnant women and mothers living with HIV ensuring the access to information, breastmilk substitutes as well as providing livelihood support and promoting actions to prevent stigmatization. HIV is a challenge, also in terms of the nutritional status of children affected, the impact on household food security and the ability of care-givers to provide adequate care. In a similar way the challenges faced by vulnerable groups such as ethnic minorities, socially excluded groups, and the problems of refugees should be identified and addressed.

Under the Children, Food Security and Nutrition Thematic Window, the MDG-F will welcome applications that support countries to improve effective programs and interventions using synergy and coordination of relevant inter-sectoral policies and approaches.

#### Outcome Area 1 – Promotion of integrated approaches for alleviating child hunger and undernutrition

- Develop or strengthen networks of stakeholders (government institutions, UN agencies, bilateral partners, NGO/CSOs, academic institutions and private sector) and elicit concrete and explicit partnerships towards development of integrated national/local food security and nutrition plans and policies
- Strengthen the capacity of local and national institutions including increased capacity for upstream work such as development of laws and policies required for optimal implementation of interventions which improve livelihood, household food security and nutrition.
- Promote local food security (as much as possible relying on local or traditional foods), nutrition and livelihoods strategies and integrate support to vulnerable households and communities ensuring increased participation of communities and local institutions in the development, implementation and M&E of activities, projects, programmes and policies.
- Document country level experience in addressing under-nutrition and food security: in order to make the best of existing resources, it is essential that good practices at local level be documented, reviewed and fed back into policies and programmes
- Scale up interventions and strategies, ranging from macro-economic policies to homestead food production, aimed at improving the quality and variety of diets, through diversification (as much as possible from local or traditional foods) and fortification of food/condiments with key micronutrients, with specific attention to children under two years of age and vulnerable children (eg living with HIV and on HRT, disadvantaged groups, refugees). This also includes school feeding programmes which promote incorporation of locally produced foods in school meals (improving the sustainability of the programme)
- Scale up programmes that improve key feeding and care behaviours such as exclusive breastfeeding, timely and appropriate complementary feeding (with micronutrient supplementation where required), including the development of behaviour change communication initiatives . Initiatives that reduce gender

differences require specific attention in this programming area, including those that promote sharing care responsibilities amongst parents. HIV affected mothers require specific programmatic approaches in order to minimize the chance of transmission of the virus. Depending on conditions mothers may opt to use breastmilk substitutes or may need to be supported to breastfeed exclusively. Stigmatization by communities can influence the appropriate choice and needs to be dealt with.

- Improve behaviours that can impact nutrition status, such as hand washing, parasite control, and treatment of diarrhoea, and provide attention to food safety for poor consumers.
- Implement therapeutic feeding programmes to reduce severe-acute malnutrition with appropriate livelihood support and community nutrition programmes, particularly in countries and regions with high wasting rates.
- Support supplementation programmes for vulnerable groups such as pregnant women and under-five children with key micronutrients where dietary means are insufficient
- Establish sustainable institutional mechanisms at local and national level to ensure effective integration and joint reporting of activities and programmes contributing to improved child nutrition and food security.

#### Outcome Area 2 – Advocacy and mainstreaming of access to food and nutrition of children into relevant policies

- Develop joint advocacy campaigns to raise awareness and understanding of food and nutrition problems and the right to food of specific population groups and advocate for urgent attention to children and their families (in particular in the context of rising food prices).
- Mainstream nutrition (in particular that of mother and children) in key political and development agendas, including in the response to rising food prices.
- Make reduction of hunger and undernutrition a regional, national and local priority and mainstream appropriate interventions focused on children within national development and humanitarian plans and related frameworks
- Support the development/revision of regional and national policies, guidelines and legislation related to food security and infant and child nutrition, including on HIV and infant feeding.
- Support for the development/revision of policies and legislation as well as capacity building to improve safety net programmes related to child nutrition at local level and scale up at national level.
- Increase capacity and participation for upstream work such as development of an enabling legal framework to protect, promote and realize the right to food for children.

#### Outcome Area 3 – Assessment, monitoring and evaluation

- Strengthen existing information systems (in particular health and agriculture) with a view to ensure appropriate targeting and impact assessment of relevant

- development and humanitarian policies, programmes and projects on child nutrition.
- Ensure incorporation of appropriate nutrition and food consumption indicators in nutrition and food security information activities and systems.
  - Ensure the dis-aggregation of data on nutrition interventions, food consumption and anthropometry according to livelihoods group and gender at local and national level, with a view to improve targeting and impact assessment (with specific attention to disadvantaged social, linguistic, ethnic or religious groups as well as the urban poor, especially those without official residency).
  - Articulate health and agriculture-based information systems.
  - Predict, monitor and evaluate the impact of development policies and programmes on food consumption and child nutrition, with particular attention to dietary diversity and participation of stakeholders and institution at local and national level
  - Ensure coherence and consistency, as well as ownership and alignment, across local, national and regional strategies, priorities, institutions and systems and relevant global initiatives (e.g. FIVIMS, SMART, REACH, MICS, DHS)

#### ***4. How will we know we are having an impact?***

Programmes financed by the MDG-F will need to demonstrate credible, measurable results in terms of:

- inter-sectoral and inter-institutional collaboration (in particular at local level) and demand driven strategies to support households with malnourished children
- increased visibility of food and nutrition in UNDAF
- improved management for results within PRSP processes.
- increased awareness and additional resources leveraged.
- improved knowledge management related to household food security and child nutrition
- improved reporting and information on child feeding and nutrition

Ultimately – underweight prevalence among under-fives and the proportion of the population below the minimum level of dietary energy intake will be the key indicators to assess impact, as will complementary nutrition indicators such as stunting prevalence, anaemia prevalence as indicator of micronutrient deficiencies, and number of countries (or provinces or districts) with wasting rates above the emergency threshold of 10%. Outcome and process indicators related to coverage of key programmes and status of national policies and programmes, which are relevant to the outcome area(s) of the proposal, will also be important to assess progress.