



Children, Food Security and Nutrition

MDG-F Thematic Study: Key Findings and Achievements.

Executive Summary

Background

The challenge of food security and under-nutrition

Over the past two decades, developing regions have made significant progress in reducing the proportion of people suffering from hunger, but improvements have slowed down since 2007. According to *The State of Food Insecurity in the World 2012* report, nearly 870 million people were still suffering from chronic under-nutrition in 2010-2012ⁱ, the very large majority in sub-Saharan Africa and Southern Asiaⁱⁱ. Achieving the Millennium Development Goal (MDG) of reducing by half the share of hungry people in the developing world by 2015 still remains a key challengeⁱⁱⁱ. Tackling food insecurity and under-nutrition is crucial to reducing poverty and inequalities across the globe. UNICEF has recently reiterated that preventing child stunting could help break the cycle of poverty.



The MDG-Fund Children, Food Security and Nutrition Thematic Window

The thematic window on Children, Food Security and Nutrition (CFSN) of the Millennium Development Goals Achievement Fund (MDG-F) was launched in 2008, with the overarching objective to accelerate progress towards the achievement of MDG 1: Eradicating extreme poverty and hunger, and of MDG 4: reducing child mortality. US\$134.5 million were allocated to 24 Joint Programmes (JPs): 8 in Sub-Saharan Africa; 7 in Asia; 8 in Latin America; and 1 in Europe and the CIS^{iv}, representing the largest thematic area of intervention of the Fund. The 24 countries that received assistance under the CFSN window have various social development characteristics, but available data indicates that 18 of the 24 countries hosted about 35% of the under-nourished people of the world in 2010-2012^v.

Achievements and Results

Common Programmatic Objectives

At the country level, the JPs were implemented by multiple United Nations Agencies in collaboration with local counterparts, working together to improve the health and nutritional status of vulnerable households. Three main programmatic outcomes guided the work of the JPs: (1) promoting integrated

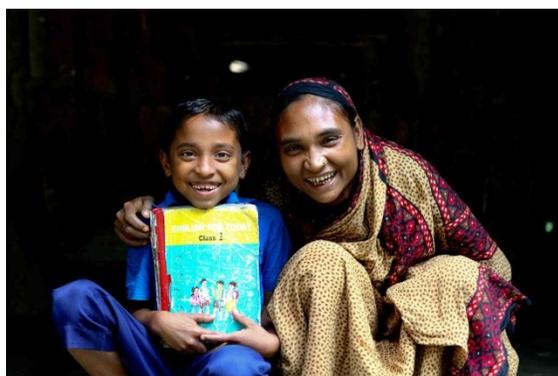
approaches for alleviating child hunger and under-nutrition; (2) advocating and mainstreaming access to food and child nutrition into relevant national and sub-national policies; and (3) reinforcing the assessment, monitoring and evaluation of food security.

The Main contribution of the Joint Programmes

The thematic study on CFSN puts into light some key achievements reached by the JPs across the 24 countries. In particular, the study highlights progress in the following five areas:

- The advocacy work undertaken by the JPs facilitated policy dialogue on food security and under-nutrition, and helped integrate food security and child malnutrition issues into mainframe national and sub-national policies.
- The focus on capacity development allowed the JPs to reinforce the monitoring and surveillance systems in the regions of intervention, as well as to strengthen service delivery and knowledge management.
- The JPs promoted the implementation of innovative cross-sectorial and holistic approaches that contributed to alleviating child hunger and under-nutrition.
- The JPs provided direct support to women and children affected by food insecurity and under-nutrition through integrated packages.
- The JPs addressed inequality issues by targeting the most vulnerable groups.

Support to national and sub-national governments to incorporate nutrition security into policies and programs:



The overall aim of the JPs was to enable policy dialogue based on global evidence, with the aim of incorporating nutrition and food security into policies. The advocacy efforts of the JPs have resulted in major achievements with the revision or development of food/nutrition policies at the national and sub-national level. Noticeable improvements were also completed with respect to national monitoring frameworks and nutrition surveillance systems. In 9 countries, programmes were designed to directly complement on-going national programs (Peru, Nicaragua, Bolivia, Cuba, Senegal, Mauritania, Ethiopia, Guinea-Bissau and Bangladesh).

Capacity development to strengthen service delivery and knowledge management:

Capacity building activities have been a success across all JPs. They have mostly consisted of the following types of efforts: (1) promoting programme decentralization and constituting regional and lower level management synergies;; (2) enabling improved programme coverage and quality through mapping and local area planning;; (3) making guidelines and protocols for programmes available in the field;; (4) implementing additional advocacy and communication activities and improving on-going advocacy through media and materials (in local languages);; (5) support to for training and re-training of

critical programme functionaries, community and household stakeholders, and (6) strengthening supply in some cases (provision of food, micronutrient supplements, weighing scales, new WHO growth charts).

Knowledge management was also enabled through targeted training offered to national academic and professional institutions (adding nutrition to school curricula, recipe trails and documentation), and through mass media strategies to mainstream nutrition information and initiate sustained dissemination.

Innovative Programmes: 'Integrated packages for women and children':

Community level integrated packages to address hunger and malnutrition in women and children were implemented across almost all JPs. This consisted mainly of developing cross-sectorial interventions addressing malnutrition and implementing them in targeted areas/vulnerable communities. The main activities included: (1) Growth Monitoring and Promotion (GMP); (2) intense nutrition, health, and hygiene advocacy; (3) Behaviour Change Communication (BCC) to promote Infant and Young Child Feeding (IYCF); (5) improving health and immunization services for women and children; (6) micro-nutrient and food supplementation; and (7) expanding treatment and rehabilitation of severely malnourished (SAM and MAM) children (both at community and facility levels). The integrated packages gave equal emphasis to preventive (nutrition and health education), and curative (nutrition rehabilitation centers) strategies and implemented a mix of direct and indirect interventions.



Alleviating child hunger and improving food security through multi-sectoral approaches:

Other community pilots implemented to improve household and community food security were: (1) promotion of home and school gardens; (2) advocacy and training of school children and families in dietary diversification; (3) increasing production of locally available foods; (4) preparing fortified complementary foods at the local levels (training to improve local complementary foods); (5) improving agricultural technologies; (6) support to micro enterprise for the production and consumption of nutritious foods by vulnerable households; (7) improving safe drinking water and sanitation facilities; and (8) other income-generating activities (IGAs), especially for women's groups.

Addressing inequalities:

Food insecurity and under-nutrition often intersect with other types of deprivations, and an analysis of social indicators across the 24 countries of intervention indicates that some groups are more vulnerable than others. In Latin America, indigenous people appear to have less access to healthcare (Guatemala, Bolivia, Ecuador, Paraguay and Peru). Similarly, in South Asia, religion and caste influence the use of maternal health and delivery services, in addition to household income status and women's education. In Sub-Saharan Africa, indigenous populations dwelling in rural areas show a higher prevalence of child and mother under-nutrition.

All 24 JPs focused on addressing inequalities. In Latin America, the JPs in Cuba and Bolivia focused more on the most vulnerable municipalities. In Guatemala, Colombia and El Salvador, the JPs supported indigenous communities to improve child nutrition. Brazil empowered its indigenous populations by supporting their demand for the respect of their human rights to food and healthcare.

In Africa, the JPs in Mali and Mauritania targeted the most vulnerable regions and municipalities so as to reach the poorest households. Angola also directed its efforts to improve the health, nutritional and educational status of poor and vulnerable groups. Senegal focused on reinforcing the capacities of vulnerable groups to fight under-nutrition. Similarly, in Asia, the JP in China addressed the needs of women and children belonging to vulnerable households.

Access to full report: <http://on.mdgfund.org/128wxaV>

ⁱ *The State of Food Insecurity in the World 2012*, Food and Agriculture Organization of the United Nations, Rome, 2012.

ⁱⁱ Millennium Development Report 2012, United Nations, New York, 2012.

ⁱⁱⁱ The proportion of people who suffer from hunger is measured by the prevalence of underweight children under five years of age, as well as by the proportion of the population below the minimum level of dietary energy consumption.

^{iv} The MDG-F funded 24 CFSN JPs: 8 JPs in Sub-Saharan Africa: Angola, Ethiopia, Guinea-Bissau, Mali, Mozambique, Mauritania, Niger, Senegal; 7 JPs in Asia: Afghanistan, Cambodia, China, Bangladesh, Timor-Leste, Vietnam, Philippines; 8 JPs in Latin America: Colombia, Cuba, El Salvador, Bolivia, Brazil, Guatemala, Nicaragua, Peru, 1 JP in Europe: Albania.

^v Data for the 6 other countries (Afghanistan, Albania, Cuba, Guinea-Bissau, Mauritania and Timor-Leste) was not available. *The State of Food Insecurity in the World 2012*, Food and Agriculture Organization of the United Nations, Rome, 2012.