
Children, Food Security and Nutrition

*Review of MDG-F Joint Programmes
Key Findings and Achievements*



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MDG-F Thematic Study: Review of Key Findings and Achievements

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Abbreviations

ACM	Acute chronic malnutrition	IYCF	Infant and young child feeding
AFDB	African development bank	IMAM	Integrated management for acute malnutrition
ANC	Antenatal care	JPTAC	Joint program technical advisor and committee
BADC	Bangladesh Agricultural Development Corporation	MDG	Millennium development goal
BCC	Behaviour change communication	MNP	Multi micronutrient powder
BF	Breast feeding	MOH	Ministry of Health
BFCI	Baby friendly community initiatives	MSP	Medical services plan
BHW	Barangay health workers	MTE	Mid-term evaluation
BNS	Barangay nutrition scholars	MUAC	Mid upper arm circumference
BPHS	Basic package of health services	M&E	Monitoring & evaluation
1.1.1	CARD Council for Agricultural and Rural Development	NIN	National Institution of nutrition
		NGO	Non-governmental organization
CBN	Community based nutrition	NNN	National nutrition strategy
CHD	Community health days	NNP	National nutrition policy/program
CBCC	Children behaviour change communication	NRC	Nutritional rehabilitation centre
CIS	Commonwealth of independent states	NSC	National Steering Committee
CMAM	Community-based management of acute malnutrition	OD	Operational District
1.1.2	CNAC Child Nutrition Advisory Council	OECD	Organization for economic cooperation and development
1.1.3	CNC Certified nutritional consultant	ORS	Oral rehydrating solution
COMBI	Communication for behavioural impact	OSH	Occupational Safety and Health
CRAAN	North Atlantic autonomous region council	OTP	Out-Patient Treatment Program
CRECER	National strategy for poverty reduction and economic opportunities	PDESC	Social Development Program
CRC	Community rehabilitation centre	PFE	Patients and Family Education
CSAM	Community-based Management of severe acute Malnutrition	PHD	Provincial Health Department
CSFN	Children food security and nutrition	PLW	Pregnant and lactating women
CSO	Civil society organization	PMC	Project Management Committee
CSR	Corporate social responsibility	PMD-C	Multi sectoral zero malnutrition program
EBF	Exclusive breast feeding	PMU	Program Management Unit
ECD	Early childhood development	PNUD	United Nations Program for Development
FAO	Food and agriculture organization	PVM	Parallel Virtual Machine
FDA	Food development authority	RICM	Rice integration crop management
FIVIMS	Food insecurity and vulnerability information and mapping systems	RUTF	Ready-to-use therapeutic food
FMOH	Federal Ministry of Health	SAM	Severe acute malnutrition
FSNDAT	Food security data analysis team	SFP	Supplementary feeding program
FSNIS	Food Security and Nutrition Information System	SMART	Standardized Monitoring and Assessment of Relief and Transition
GII	Gender Inequality Index	SISCa	Integrated Community Health Service
GOA	Government of Angola	SMS	Short message service
GOB	Government of Bangladesh	SOFI	State of food insecurity
HACCP	<u>Hazard analysis & critical control points</u>	SUN	Scaling up nutrition
HDI	Human development index	<u>TOR</u>	<u>Terms of reference</u>
HIPC	Heavily indebted poor countries	<u>TOT</u>	<u>Training of trainers</u>
HC	Health centre	TSF	Targeted supplementary food
HEB	High energy biscuit	TFU	Therapeutic feeding units
HEW	Health extension worker	TWG	Technical working group
HIS	Health information system	UNDP	United Nations development program
HP	Health Practitioners	UNIDO	United Nations Industrial Development Organization
ICM	Integrated crop management	UNESCO	United Nations Educational, Scientific and Cultural Organization
IDA	Iron deficiency anemia	UNICEF	United Nations International Children's Emergency Fund
IDD	Iodine deficiency disorder	UNFPA	United Nations Population fund
IEC	Information education and communication	U5MR	Under-5 mortality rate
IFA	Iron folic acid	VAM	Vulnerability assessment and mapping
IFAD	International Fund for Agricultural Development	VCHW	Volunteer community health worker
ILO	International labour organization	VHSG	Village health support group
IMCI	Integrated management of childhood illnesses	WFP	World food program
IOM	International Organization for Migration	WHO	World health organization
IP	Implementing partners	WSB	Wheat-soya blend

Definitions¹

Acute hunger - Acute Hunger is when lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations.

Chronic hunger - Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. 'Hidden hunger' is a lack of essential micronutrients in diets.

Disability Adjusted Life Years (DALY) - DALY is the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability (WHO).

Food security - When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

Hunger - Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body's way of signalling that it is running short of food and needs to eat something. Hunger can lead to malnutrition.

Malnutrition - An abnormal physiological condition caused by inadequate, excessive or imbalanced intake in macronutrients, -carbohydrates, protein, fats - and micronutrients.

Millennium Development Goal 1 (MDG 1) - Eradicate extreme poverty and hunger - has two associated indicators for its hunger target: 1) Prevalence of underweight among children under five years of age measures under-nutrition at an individual level, collated by WHO and maintained in a global database on nutrition that allows comparability across countries. 2) Proportion of the population below a minimum level of dietary energy consumption measures hunger and food security, and is measured only at a national level (not at an individual level) through national food balance sheets based on aggregate data on food availability and assumed patterns of food distribution in each country. However, increased aggregate food availability is not synonymous with improved nutritional status.

Nutrition security - Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household (HOUSEHOLD) members.

Severe Acute Malnutrition (SAM) - A weight-for-height measurement of 70% or less below the median or 3 SD or more below the mean international reference values, the presence of bilateral pitting oedema, or a mid-upper arm circumference (MUAC) of less than 115 mm in children 6 – 60 months old.

Stunting - Reflects shortness-for-age; an indicator of chronic malnutrition and calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children.

¹ A Road Map for Scaling-Up Nutrition – September 2010

Under-nutrition - When the body does not have adequate amounts of one or more nutrients reflected in biochemical tests (e.g. Haemoglobin (Hb) level for iron deficiency anemia), in anthropometric indicators such as stunting (low height-for-age) or wasting (low weight for-height) and/or in clinical signs (e.g. goitre for iodine deficiency or bilateral oedema).

Underweight Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children.

Wasting Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Wasting is calculated by comparing weight for-height of a child with a reference population of well-nourished and healthy children. Wasting is often used to assess the severity of emergencies because it is strongly related to mortality.

Executive Summary

Following the Millennium Summit of the United Nations (UN) in 2000, and adoption of the United Nations Millennium Declaration, all 189 member states and more than 20 international organizations agreed to adopt 8 development goals with specific targets and dates to be achieved globally by the year 2015 – Millennium Development Goals (MDGs). The G8 Finance Ministers agreed (June 2005) to provide adequate funds to the World Bank (WB) International Monetary Fund (IMF), and the African Development Bank (AfDB) to cancel an additional \$40–55 billion debt owed by members of the Heavily Indebted Poor Countries (HIPC) to allow the countries to use these resources to expand social programs (health and education and for alleviating poverty).

Organization for Economic Cooperation and Development's (OECDs) aid for achieving the MDGs has been increasing over recent years, however, progress towards reaching the goals are uneven. The UN conference (September 2010) reviewed progress and adopted a global action plan to achieve the targets by 2015. There was a new commitment on women's and children's health, and new initiatives in the worldwide battle against poverty, hunger and disease. There are several organizations assisting in achieving MDGs such as the United Nations Millennium Campaign, and the Global Poverty Project.

On 18 December 2006, UNDP Administrator and the Spanish Secretary of State for International Cooperation signed a landmark agreement to program €528 million over the next four years through the UN system, towards key MDGs and related development goals in select sectors and countries. This agreement paved the way for the establishment of the UNDP/Spain MDG Achievement Fund (MDG-F) which was launched in the first quarter of 2007. MDG-F supported 8 key thematic areas: (1) Children, Food Security and Nutrition (CFSN); (2) Gender Equality and Women's Empowerment; (3) Environment and Climate Change; (4) Youth, Employment and Migration; (5) Democratic Economic Governance; (6) Development and the Private Sector; (7) Conflict Prevention and Peace-building; and (8) Culture and Development.

The window on CFSN supported programs to halt preventable deaths caused by child hunger and poor nutrition. CFSN allocated US\$134.5 million through 24 Joint Programs (JPs) in 4 regions - Africa, Asia & Pacific, Europe and Central Asia, and Latin America and Caribbean and represents almost 20% of the Fund's work.

The purpose of the JPs in the 24 countries was to improve the health, nutritional and education status of the poor and vulnerable households keeping in view the United Nations Development Assistance Framework (UNDAF) outcomes. The projects supported activities to strengthen policies and programs and demonstrate successful pilots that would provide a direct and sustainable impact on national progress towards MDG 1, and 4. The project funds proposed to leverage government funds to expand their outreach, and improve coverage and quality.

The scope of this report is to consolidate the design and progress to capture the main achievements in the 24 JPs through a literature review. A detailed Bibliography is attached. The main documents reviewed comprised project Fact Sheets, JP documents, Mid-Term Evaluations (MTEs), and Final Reports, Project Monitoring Reports, and other generic global and country specific documents. Feedback from country teams was also sought. The recommendations in this review are based on the findings and the researcher's analysis and understanding of the global issues of malnutrition.

The Background chapter in the report begins with a detailed situation analysis in the 24 countries where the JPs were implemented. The situation analysis especially focuses on progress towards MDG 1, 4 in these countries (taking a 5-7 year time frame ending 2008). Most of the JPs were initiated in 2009; therefore, the situation analysis sets as background scenario. Regional perspectives are established in the situation analysis and also maintained throughout the report to continue the context of MDG achievements. However, each individual JP in a country was a small innovative project, with limited coverage and time frame. The JPs in themselves are unlikely to directly impact MDG progress in their countries, but the comprehensiveness of the designs and successful implementation has enabled the possibility of scaled up actions on Food Security and Nutrition (FS&N) in the countries.

When the JPs were initiated the situation analysis reveals that of the 24 countries, Under-5 mortality rate (U-5MR) was high (more than 50) in Afghanistan, Cambodia and Timor-Leste in the Asia region, and all 8 countries of Sub-Saharan Africa. In Mozambique U5MR had worsened. In Latin America there was no improvement in Bolivia, Cuba, and Nicaragua.

The absolute numbers of hungry people remained the same in China, Mozambique, Niger, Columbia, El-Salvador, Nicaragua, and worse, increased in Bangladesh, and Philippines.

More than 50% Child Stunting persisted in Afghanistan, Bangladesh, Cambodia, Timor-Leste, Ethiopia, Mozambique, Niger, and Guatemala. Interestingly, the Gender Inequality Index (GII) showed a correlation with child stunting in-Afghanistan, Bangladesh, Cambodia, Mali, Mozambique, Niger, and Guatemala (high stunting high GII).

The 5 worst ranking countries on Human Development Index (HDI) were Niger, Mozambique, Guinea-Bissau, Mali, and Ethiopia.

The three broad strategies followed in the design and implementation of the JPs:

Support to national and sub-national governments to incorporate nutrition security into policies and programs (national/sectoral):

In 9 countries the projects were designed to directly complement the on-going national programs (background page 14). In all other countries the JPs were closely linked to the nutrition activities of on-going programs of Ministry of Public Health. The overall aim of the JPs was to enable policy dialogue based on global evidence on FS&N with a purpose to integrate into mainframe policies and programs. JPs reflect 'good practice' examples of mainstreaming nutrition into national school curricula, and establishing nutrition courses in universities and medical courses (regional findings page 17-35). Support for developing or revising national level monitoring frameworks and nutrition surveillance systems was also a common strategy adopted by the JPs.

Capacity development (at national and sub-national levels) to strengthen service delivery and knowledge management:

Capacity building for implementation has been a successful across all JPs. Main activities have been (1) promoting program decentralization and constituting regional and lower level management synergies, (2) enabling improved program coverage and quality through mapping and local area planning, (3) making guidelines and protocols for programs 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 training and re-training of critical program 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 targeting specific national level academic and professional institutions (developing nutrition courses, recipe trails and documentation), and mass media strategies to mainstream nutrition information and initiate sustained dissemination.

Pilots (A) 'Integrated packages for women and children' – (B) Improving food security:

Community level integrated packages to address hunger and malnutrition in women and children was designed and implemented across all JPs. This mainly comprised of developing cross-sectoral interventions addressing malnutrition, and implementing 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 severe and acute malnutrition (SAM) children (both at community and facility levels). The community packages gave equal emphasis to preventive (nutrition and health education), and curative (nutrition rehabilitation centres) strategies and implemented a mix of both direct and indirect interventions.

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

The JPs had holistic designs involving a range of interventions from different sectors- agriculture, health, water, sanitation, education, and poverty alleviation. This integrated community approach is unique unlike common nutrition programs that land up being dominated by individual sectors implementing the program (health, agriculture). For example, Dietary Diversification received equal importance to promoting IYCF and the home and school garden initiatives work side by side to the expansion of the Nutrition Rehabilitation Centers (NRCs).

The UN strategy of 'Delivering as One' was useful in implementing this integrated design. All 24 JPs had multiple UN organizations collaborating around common programmatic goals. While setting up joint program management units at the national and sub-national levels did not happen, it JP document commitments allowed for building synergies and resource pooling in common geographical areas targeting common communities and households with all the interventions of FS&N simultaneously. Review also indicates high government ownership of the JPs. The implementation of the 24 JPs was a learning process for all the partners in expanding the strategy of 'Delivering as One'.

While the most common approach evident across most of the projects was initiating or expanding the 'integrated package for women and children' at the community level (IYCF and on expanding referral and rehabilitation of SAM children), unique interventions like setting up 'Farmer Field Schools' to train on FS&N, and establishing multi-functional warehouses which acted as micro-credit cooperatives and grain banks, where farmers could keep portion of their grain in anticipation of the lean seasons have been possible.

Design review did not reveal specific gender or strategies, however, good practice examples such as strengthening FS&N assessment systems to regularly monitor high prices and seasonal changes on nutritional status of women and children have been observed. This initiative will inform policy and improve social safety nets in the long term. Another good intervention has been setting up production units for preparing complementary foods at the local level. This serves two purposes -addressing income poverty in women as well as promoting complementary feeding, strengthening community level organizations like the Mothers Support Groups (MSGs) are sustainable strategies in improving long term needs for continued advocacy and communication.

'There is a reservoir of important experience and expertise in individual countries about how to build commitment, develop and monitor nutrition programs, move towards acting at scale, reform or phase-out ineffective programs. Interventions with proven effectiveness that are selected by countries should be rapidly implemented at scale.'²

The MDG-F window of CFSN has established an enabling environment on 'Food and Nutrition Security' with 24 national governments. In order to scale up the successful JP interventions maintaining the enabling environment is necessary through continued engagement with counterparts (government and civil society) in the 24 countries. Cross-sectoral working mechanisms will need to be institutionalised across (national to sub-national and community) to continue joint planning, actions and monitoring. Promoting National Frameworks for FS&N, and enabling fully funded action plans will have to be next phase actions.

Delivering nutrition outcomes through a multi-partner, multi-sector, multi- level of interventions is complex. Working in a time-bound program mode to scale up successful interventions in the 24 countries is important. National Frameworks can be designed and endorsed to deliver the successful interventions on scale in the next 3-5 years. Some recommendations to improve implementation are to: have realistic expected annual impacts (changes in people's well-being such as reduction in under-nutrition in children under 2), improving coverage and evidence planning - properly defined denominators, universal household mapping, and baselines values. Clearly defined roles responsibilities for partner programs and accountability for outcomes will achieve program synergies. Harmonizing Development Partner's (DPs) processes (financial management, procurement, monitoring and reporting systems) also seems important.

As of date, 16 of the JPs have either closed or reaching closure. Based on the available information this report has compiled country specific approaches and achievements for all 24 programs that are detailed in 4 different sections by regions.

Sharing and disseminating program evidence within the country as well as with other countries is important (program final evaluations, good practice documentation). The UNICEF assisted knowledge management forums were useful in this phase and should be continued to share findings and good practices. The updated MDG-F CFSN web-site is

² Lancet –Maternal and Child Under-nutrition 4, January 2008

already an excellent public domain to have all documentation that is completed (e.g., baselines and end-line evaluations of the JPs, good practice documentations and others). **293** million of the **868** hungry people of the world still live in the 18 countries that implemented the JPs. The MDG-F CFSN was timely and was able to establish and address the situation of hunger and food insecurity in all the countries substantially, and more importantly demonstrative an integrated approach to delivering FS&N. Many of the JP countries have large *unfinished agendas* towards their MDG targets of 1 and 4. Some guiding principles are recommended for scaling up actions (Conclusion page 37). **Scaling up successful interventions from all the JPs in the 24 countries is essential for continued progress on achievement of MDG targets.**

To feed a world population expected to surpass 9 billion in 2050, it is estimated that agricultural output will have to increase by 70% between now and then. Concomitantly, measures have to be taken to ensure access - physical, social and economic - by all people to sufficient, safe and nutritious food with particular attention to full access by women and children. Food should not be used as an instrument for political and economic pressure. We reaffirm the importance of international cooperation and solidarity as well as the necessity of refraining from unilateral measures not in accordance with the international law and the Charter of the United Nations and that endanger food security. We call for open markets as they are an essential element of a global food security response.

World Summit on Food Security, Rome, 16-18 November 2009

BACKGROUND

The United Nations Millennium Declaration adopted 8 development goals with specific targets and dates to be achieved globally by the year 2015 – The MDGs. OECDs aid for achieving the MDGs has been increasing over recent years, however, progress towards reaching the goals are uneven. There are several organizations assisting in achieving MDGs and from time to time the goals have been reviewed and fresh commitments made.

This section of the report attempts to build a scenario on the challenges of food insecurity, and child under-nutrition in the 24 countries that were supported under the CFSN window of MDG-F.

The challenge of food security and under-nutrition

Nearly 870 million people (2010-1012), or one in eight, are suffering from chronic under-nutrition according to the new UN Hunger Report released on **October 9, 2012, in Rome**. The vast majority of the hungry, 852 million live in developing countries - around 15% of their population - while 16 million people are still undernourished in developed countries.

The new estimates also suggest that the increase in hunger during 2007-2010 was less severe than previously thought. The 2008-2009 economic crisis did not cause immediate sharp economic slowdown in many developing countries as was feared could happen; the transmission of international food prices to domestic markets was less pronounced than was assumed at the time while many governments succeeded in cushioning the shocks and protecting the most vulnerable from the effects of the price spike.³ However, some reports continue to maintain earlier estimates.

The Action Plan developed on Food Price Volatility and Agriculture in 2011 emphasized that to feed a global population, which is expected to exceed 9.3 billion by 2050, agricultural production will have to rise between 50 and 70% and almost 100% in developing countries.⁴

To address this foreseen crisis, The G20 Summit (2012) emphasised the need to address and prioritise issues of food security, reducing food price volatility and increasing global agricultural productivity sustainably. Also, it was reiterated that chronic malnutrition is a huge drain on country's human resources and economy. Supporting the Scaling up Nutrition (SUN) movement is the key global agenda with wider involvement of G20 members.

The State of Food Insecurity (SOFI) report suggests that if appropriate actions are taken to reverse the slowdown that happened in 2007-08, achieving the MDG 1 (reducing by half the share of hungry people in the developing world by 2015) is still within reach. There is immense support from the highest political heads of the world to the cause of hunger and malnutrition. At the Olympic Hunger Summit (2012), Prime Minister of U.K, and Vice President of Brazil, called on world leaders to make a pledge to save 25 million

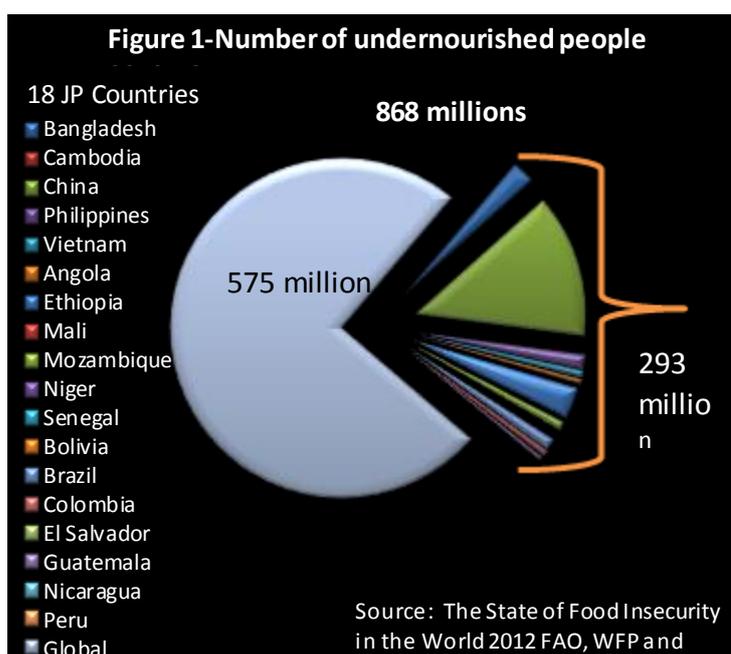
³ State of Food insecurity in the World (SOFI)-2012

⁴ Price Volatility in Food and Agricultural Markets: Policy Responses-2011 FAO, IFAD, IMF,OECD, UNCTAD, WFP, the World Bank, the WTO, IFPRI and the UN HLTF on Global Food Security (http://www.fao.org/fileadmin/templates/est/Volatility/Interagency_Report_to_the_G20_on_Food_Price_Volatility.pdf)

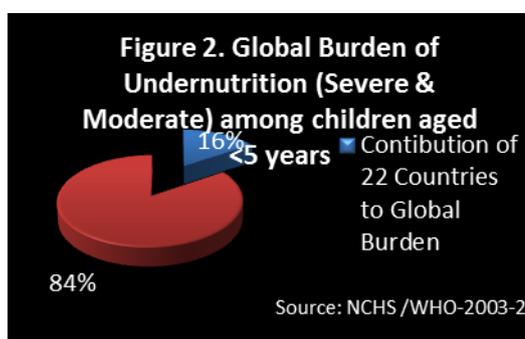
children from malnutrition and stunting between the 2012 (London Olympic) and the 2016 Games (Rio de Janeiro).⁵ The President of the United States of America, at the G8 Summit (2012) has declared a New Alliance on Food Security and Nutrition with African leaders and the Private sector, with a goal to lift 50 million people out of poverty over the next decade.

The 24 countries who received assistance under the CFSN window of the MDG-F represent different epidemiological and ecological contexts. All the 24 countries were face the challenges associated with MDG 1: eradicating extreme poverty and hunger, and MDG 4: reducing child mortality. A situation analysis at the time of JP initiation also seems to indicate reversals on critical indicators in some countries (context of the global economic crisis and affected food prices).

“The State of Food Insecurity (SOFI) in the World” Report 2012 indicates that since 1990 to date, developing regions have made some progress towards reducing proportion of people suffering from Hunger. In the year 2010-12, the same report accounts 868 million people to be under-nourished globally, out of which 293 million people reside in 18 JP countries (Figure 1). The data of under-nourished population for six countries (Afghanistan, Albania, Cuba, Guinea Bissau, Mauritania, and Timor-Leste) was unavailable. Table 1 indicates the proportionate burden in 18 out of the 24 JP countries as compared to the global burden for which updated data was available.⁶



The UN’s ‘MDG Report 2011’ states that the proportion of people going hungry has plateaued from the period 2000-02 to 2005-07, despite reductions in poverty. Based on this trend and in light of the economic crisis and rising food prices, it continues to be a challenge to meet the target in the developing world.⁷



Report 2011’ states that people going hungry has plateaued from the period 2000-02 to 2005-07, despite reductions in poverty. Based on this trend and in light of the economic crisis and rising food prices, it continues to be a challenge to meet the target in the developing world.⁷

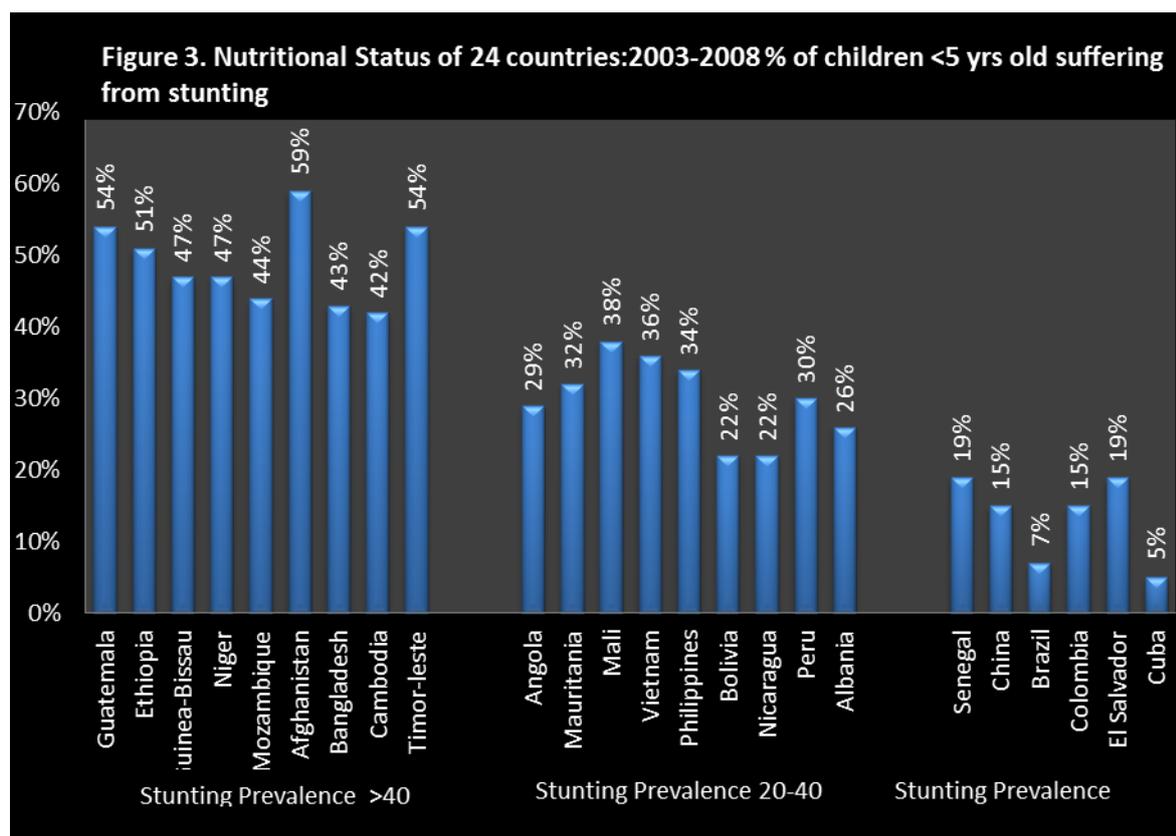
The target of MDG 1 also includes reduction in the prevalence of underweight children under-five years of age. Contribution of the 22 MDG-F countries (for Angola and Brazil data was not available) to the global burden of child under-nutrition before program is reflected in Figure 2 below.

⁵ <http://www.hunger-undernutrition.org/blog/2012/08/the-olympic-hunger-summit.html>

⁶ The State of Food Insecurity in the World 2012-FAO, WFP & IFAD

⁷ Millennium Development Report 2011- UN

UNICEF has recently reiterated that preventing child stunting could help break the cycle of poverty as it represents chronic hunger and malnutrition. Child stunting in the 24 MDG-F countries during 2003-2008 UNICEF⁸ seem to indicate a low (less than 20%), medium (20-40%) and high burden (more than 40%) scenario. The same report had also suggested no progress on MDG 1 in Niger and Timor-Leste, insufficient progress in Ethiopia, Bangladesh, Mauritania, Mali, Philippines, and Senegal, and on track in the remaining. Figure 3 below represents prevailing stunting in 24 countries at program initiation.



Source: WHO Growth Standards 2003-08 /Tracking Progress On Child and Maternal Nutrition, 2009-UNICEF

Globally, more than a third of under-five deaths are attributable to under-nutrition. An overall perspective over the last two decades suggests insufficient progress on MDG 4 and the significance of the 24 JPs in their respective countries were they were initiated to support accelerated actions towards MDG 4.⁹

Figure 4 - Levels and Trends in the under-five mortality, by MDG Region, 1990-2011

⁸ Tracking Progress On Child And Maternal Nutrition, 2009-UNICEF

⁹ <http://www.who.int/mediacentre/factsheets/fs178/en/index.html>

Region	1990	1995	2000	2005	2010	2011	MDG target 2015	Decline (percent) 1990–2011	Annual rate of reduction (percent)			Progress towards Millennium Development Goal 4 target ^a 2011
									1990–2011	1990–2000	2000–2011	
Developed regions	15	11	10	8	7	7	5	55	3.8	4.2	3.5	On track
Developing regions	97	91	80	69	59	57	32	41	2.5	1.9	3.1	Insufficient progress
Northern Africa	77	59	45	34	26	25	26	68	5.5	5.4	5.5	On track
Sub-Saharan Africa	178	170	154	133	112	109	59	39	2.3	1.5	3.1	Insufficient progress
Latin America and the Caribbean	53	43	34	26	22	19	18	64	4.8	4.4	5.2	On track
Caucasus and Central Asia	76	70	61	52	44	42	25	44	2.8	2.2	3.3	Insufficient progress
Eastern Asia	48	45	35	24	16	15	16	70	5.7	3.3	7.8	On track
Excluding China	28	36	30	19	17	17	9	38	2.3	-0.7	5.0	On track
Southern Asia	116	102	88	74	63	61	39	47	3.1	2.8	3.3	Insufficient progress
Excluding India	119	103	87	72	62	60	40	50	3.3	3.2	3.4	Insufficient progress
South-eastern Asia	69	57	47	37	30	29	23	58	4.1	3.9	4.4	On track
Western Asia	63	52	42	37	31	30	21	52	3.5	4.1	3.0	On track
Oceania	74	67	61	56	51	50	25	33	1.9	1.8	1.9	Insufficient progress
World	87	82	73	63	53	51	29	41	2.5	1.8	3.2	Insufficient progress

Note: All calculations are based on unrounded numbers.

- "On track" indicates that under-five mortality is less than 40 deaths per 1,000 live births in 2011 or that the annual rate of reduction is at least 4 percent over 1990–2011; "insufficient progress" indicates that under-five mortality is at least 40 deaths per 1,000 live births in 2011 and that the annual rate of reduction is at least 1 percent but less than 4 percent over 1990–2011. These standards may differ from those in other publications by Inter-agency Group for Child Mortality Estimation members.

Source: Levels & Trends in Child Mortality Report 2012: UNICEF, WHO, World Bank, UN Population Division

A safety net for Cambodia's malnourished children

Sok Chea, nine months old was frail, lethargic and malnourished boy few months ago, but today he is a success story in Kampong Speu province of Cambodia, local health centre and Joint Program.

As an infant, Chea had a tough start. His mother abandoned the family when he was 1 month old and deprived him of the right nutritional start. He suffered from frequent respiratory infections, bouts of diarrhoea and fevers as an infant. Listless and pale, he frightened workers at the local health centre, which initially refused to admit him due to fear that he would die in their care.

In October 2010, volunteers trained by an MDG-Fund-supported program conducted community screening and found more than 150 children undernourished including Sok Chea, who were referred for treatment. He was brought to Toul Sal health center, where he weighed 5.5kg, about half the normal his age. He was diagnosed with severe acute malnutrition and was put on nutrition therapeutic food mix. Chea quickly gained weight and within four months moved out of the malnourished category, looking "fresher, fatter and more active," according to one health worker.

Addressing gender and ethnic inequalities are critical in improving poverty, health, nutrition and education outcomes. Also, gender inequalities place women from ethnic minorities at the foot of the income pyramid.¹⁰ The table below for 24 JP countries suggests that there is a relationship of high child stunting with the high gender inequality index and the low Human Development Index.

Table 1 – MDG-F CFSN country indicators

Region	Countries	U5MR		Stunting prevalence among children <5 yrs. (%) (WHO)		Number of People Under-nourished- (millions) ~		HDI ranking (2011) +	Gender Inequality Index (2011) ++
		2008 *	2010**	2003-08*	2006-2010**	2007-09	2010-12		
ASIA	China	21	18	15	10	158	158	101	35
	Vietnam	14	23	36	31	11	8	128	48
	Philippines	32	29	34	32	14	16	112	75
	Cambodia	90	51	42	40	3	2	139	99
	Bangladesh	54	48	43	43	23	25	146	112
	Timor-Leste	93	55	54	58	-	-	147	N.A
	Afghanistan	257	149	59	59	-	-	172	141
AFRICA	Senegal	108	75	19	19	2	3	155	114
	Mauritania	118	111	32	23	-	-	159	126
	Angola	220	161	29	29	6	5	148	N.A
	Mali	194	178	38	38	1	1	175	143
	Guinea-Bissau	195	150	47	32	-	-	176	N.A
	Mozambique	130	135	44	44	9	9	184	125
	Niger	167	143	47	47	2	2	186	144
	Ethiopia	109	106	51	51	35	34	174	N.A
LATIN AMERICA	Cuba	6	6	5	-	-	-	51	58
	Peru	24	19	30	24	5	3	80	72
	Brazil	22	19	7	7	15	13	84	80
	Colombia	20	19	15	13	6	6	87	91
	El Salvador	18	16	19	19	1	1	105	93
	Nicaragua	27	27	22	22	1	1	129	101
	Bolivia	54	54	22	27	3	2	108	88
	Guatemala	35	32	54	48	4	4	131	109
EASTERN EUROPE	Albania	14	18	26	19	-	-	70	41

Sources:

* Data up to 2008 from Tracking Progress on Child and Maternal Nutrition (2009)-UNICEF

** Data of 2010- The State of World's Children (2012) – UNICEF

~ The State of Food Insecurity in the world (2012)-IFAD, WFP, FAO

+ Human Development Report (2011)- UNDP

++ http://hdr.undp.org/en/media/HDR_2011_EN_Table4.pdf

¹⁰ Can the MDGs provide a pathway to social justice? The challenge of intersecting inequalities-Naila Kabeer Institute of Development Studies & MDG Fund, 2010

The MDG-F and the CFSN Thematic Window

In late 2006, UNDP Administrator and the Spanish Secretary of State for International Cooperation signed a program agreement of 4 years to be implemented through the UN system, for accelerating progress on key MDGs and related development goals in select sectors and countries. The UNDP/Spain MDG Achievement Fund (MDG-F) was launched in the first quarter of 2007. It supported 8 key thematic areas of which one was for Children Food Security and Nutrition (CFSN).

The overarching objectives of all the MDG-F window on CFSN was to accelerate progress towards attainment of MDGs 1, 4 in their countries by supporting policies and programs that promised significant and measurable impact; financing the testing and/or scaling-up of successful pilots; catalysing innovations in development practice; and adopting mechanisms that improved the quality of aid as foreseen in the Paris Declaration on Aid Effectiveness. The programs envisaged sustainability of investments through enabling country system monitoring and evaluation (M&E) frameworks and building technical capacities across all levels.

At the country level, the Fund supported activities in the form of a Joint UN Program with multiple UN organizations collaborating around common programmatic goals (improve the health, nutrition and education status of the poor and vulnerable households -UNDAF outcomes), and halt preventable deaths caused by child hunger and poor nutrition.

The overall aim of the JPs was to enable policy dialogue based on global evidence on FS&N with a purpose to integrate into mainframe policies and programs. Support for developing or revising national level monitoring frameworks and nutrition surveillance systems was also a common strategy adopted by the JPs. The three broad strategies followed in the design and implementation of the JPs:

Support to national and sub-national governments to incorporate nutrition security into policies and programs (national/sectoral):

In 9 countries the projects were designed to directly complement the on-going national programs. (1) "CRECER" in **Peru**, (2) Zero hunger program in **Nicaragua**, (3) Zero Malnutrition Program (PMD-C) in **Bolivia** (4) National public policy framework to prevent anemia and iron deficiency in **Cuba** (5) "Cellule de Lutte Contre La Malnutrition" (Unit for the fight against Malnutrition) in **Senegal**, (6) Plan National de santé et d'action sociale (National Health and Social Action Plan), Stratégie nationale d'alimentation des nourrissons et jeunes enfants (National Strategy for Feeding Infants and Young Children), and the Protocole national de prise en charge de la malnutrition aiguë (National Protocol to Control Acute Malnutrition) in **Mauritania**, (7) National Nutrition Policy and Strategy in **Ethiopia**, (8) National Strategy for Poverty Reduction (PRSP) and National Health Development Program (PNDS) in **Guinea Bissau**, (9) The National Nutrition Program (NNP) and Poverty Reduction Strategy Program (PRSP) in **Bangladesh**.

Capacity development (at national and sub-national levels) to strengthen service delivery and knowledge management:

Capacity building for implementation has been a successful across all JPs. Main activities have been (1) promoting program decentralization and constituting regional and lower level management synergies, (2) enabling improved program coverage and quality through mapping and local area planning, (3) making guidelines and protocols for programs 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 training and re-training of critical program 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 targeting specific national level academic and professional institutions (adding nutrition to school curricula, recipe trails and documentation), and mass media strategies to mainstream nutrition information and initiate sustained dissemination.

Pilots (A) 'Integrated packages for women and children' – (B) Improving food security:

Community level integrated packages to address hunger and malnutrition in women and children was implemented across almost all JPs. This mainly comprised of developing cross-sectoral interventions addressing malnutrition, and implementing 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 centres) strategies and implemented a mix of direct and indirect interventions.

Other community pilots implemented to improve household and community food security were: (1) promotion of home and school gardens, (2) advocacy and training 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 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

The situation analysis reveals that in Latin America, belonging to an indigenous group or being monolingual in an indigenous language constitutes a barrier to access to healthcare in at least five of the region's countries (Guatemala, Bolivia, Ecuador, Paraguay and Peru). Similarly, in South Asia region, religion and caste influences the utilization of maternal health and delivery services, besides household income status and women's education. Sub-Saharan Africa is home to more than 2,000 distinct ethnic groups having different language, culture, traditions and religious beliefs. Ethnic groups in Africa differ in size from few hundred thousand to millions in number and are often associated with a specific territory. These indigenous populations dwelling in rural or difficult terrains are most vulnerable and prevalence of under-nutrition in children and mothers is high due to barrier to health services, no access to information etc.¹¹

¹¹ Can the MDGs provide a pathway to social justice? The challenge of intersecting inequalities- Naila Kabeer Institute of Development Studies & MDG Fund, 2010

All the 24 JPs were focused on addressing inequalities. In Latin America, **Cuba** and **Bolivia** focused more on most vulnerable municipalities. **Guatemala** and **El Salvador** supported indigenous communities to improve nutrition of children. **Columbia** selected indigenous and Afro-Colombian communities. **Brazil** empowered its indigenous population to demand their human rights for food and healthcare.

In Africa, **Mauritania** program aimed to target most vulnerable populations living in 2 regions to improve nutrition of Under 5 children and supporting poorest households. **Angola** also directed its efforts to improve health, nutrition and education status of poor and vulnerable groups. **Senegal** was building capacities of vulnerable groups to fight under-nutrition. Similarly, **Mali** was laying emphasis on improving nutrition and food security in most vulnerable municipalities. In Asia, **China** addressed women and children belonging to vulnerable households.

Table 2 - Beneficiary groups - 24 Joint Programs

Countries	Children (0-5yrs.)*	Female Beneficiaries	Male Beneficiaries	Institutions	Households**/Ethnic Groups/ Ethnic beneficiaries^
AFRICA					
Ethiopia	374400*	96000*	1200000	56	n.d.
Angola	865908*	320853*	296172*	36*	n.d.
Mali	108243	1826	579	70	n.d.
Mauritania	107000	316000	15599	797	120000**
Mozambique	112400	26826	22415	22	22396**
Niger		610230	595176	373	8200**
Senegal	817000	2236000	2064000	132	n.d.
Guinea Bissau	5662*	17664	18264	11*	n.d.
ASIA					
Afghanistan				n.d.	1350**
Bangladesh	9000	15690	n.d.	9	8000**
Cambodia	54490	43273	88	n.d.	2102**
China	9000	87644	54574	138	68030^
Philippines		187905*	1150*	8*	n.d.
Vietnam		n.d.	n.d.	n.d.	n.d.
Timor-Leste	41822	55806	1235	630	n.d.
LATIN AMERICA					
Bolivia		n.d.	233239	15	3
Brazil		6	3	23	10
Columbia		7438	6835	75	14273**
Cuba		227630	131592	95	5320^
El Salvador	15355	109092	98080	35	n.d.
Guatemala		8226	5743	350	3750^
Nicaragua		2517	2676	30	n.d.
Peru		n.d.	n.d.	94	n.d.
EAST EUROPE					
Albania	34000*	36000*	34000*	76*	n.d.*

Source: Data from Monitoring Reports*, Fact Sheets, MTEs, JP feedback

ACHIEVEMENTS AND KEY RESULTS-AFRICA REGION



Nutrition education in Classrooms: Guinea Bissau

11 year olds like Awa Sila grow up under difficult circumstances wherein a third of under-5's in her country suffer from moderate to severe stunting and more than 1 in 10 die before reaching the age of 5. But Awa and her classmates at the Dandum School are adapting sustainable method to reduce malnutrition and child mortality. Thousands of children in the most vulnerable parts of the country are receiving hands-on lessons in good nutrition: they are being taught how to cultivate school gardens, with the support of MDG-F program that provides nutrition training to school staff and distributing seeds, and gardening tools to school.

"All the children from my village are eating the different vegetables we plant," says Awa, whose school is one of 150 where gardens have been planted. Motivated by the learning in school Awa decided to bring knowledge home and convinced her mother and neighbours to start home garden.

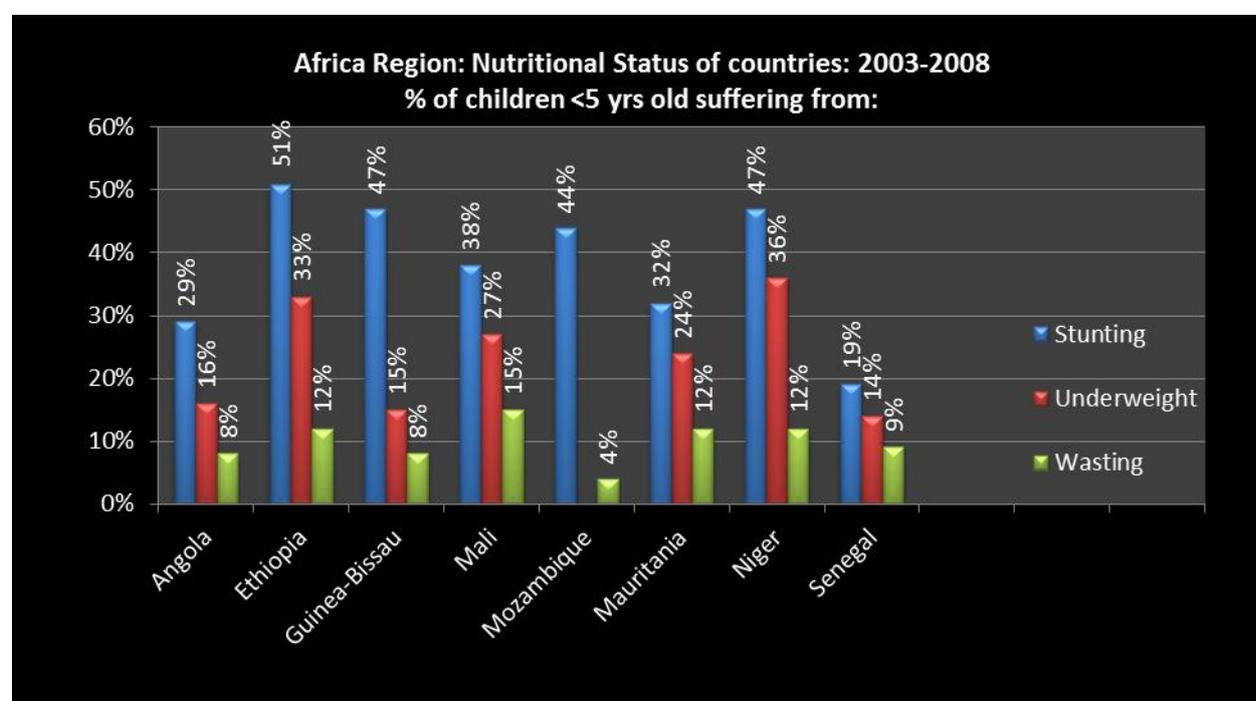
In 2011, Dandum School produced more than 100 kilos of tomatoes, lettuce, onions, peppers, okra and many other vegetables. Awa's school director Bacar Baldé expressed that the approach is changing habits and behaviour around nutrition. "The income from the sale of onions is of US \$400 and it is only the beginning of the sale season!" he explains. "This income is being managed by the women of the village and it will be reinvested in the School Garden."

By 2020, the number of food insecure people in the Sub-Saharan Africa region is projected to exceed 500 million. In 2020, the region will account for only 27% of the population of the 70 countries, but it will have about 59% of the food-insecure people.

The factors behind such a pessimistic projection include high population growth, illiteracy, slow food production growth-yields in particular-and inadequate foreign exchange earnings. In addition to being the most food-insecure region of the world, Sub-Saharan Africa's agricultural sector is characterized by high variability in production. In a region with financial constraints to importing food, and where 80% of grain supplies are from domestic production, this variability can compromise food security at different points in time. On average, the region experiences a grain shortfall (when grain output falls below trend levels) every other year, with an average shortfall of 16%.¹²

There is a good practice example amongst the JPs of Africa region, in Mauritania where multi-functional warehouses were established which act as micro-credit cooperatives and grain banks. Farmers can keep portion of their grain in anticipation of the lean season.

The Africa region countries 8 JPs were designed and implemented during 2009-2013. Table 5 below indicates levels of child under-nutrition prevalent in the 8 countries at the start of the programs.



Source: Tracking Progress on Child and Maternal Nutrition, 2009: UNICEF

National programs supported were: (1)“Cellule de Lutte Contre La Malnutrition” (Unit for the fight against Malnutrition) in **Senegal**, (2) Plan National de santé et d'action sociale (National Health and Social Action Plan), Stratégie nationale d'alimentation des nourrissons et jeunes enfants (National Strategy for Feeding Infants and Young Children), and the Protocole national de prise en charge de la malnutrition aiguë (National Protocol to Control Acute Malnutrition) in **Mauritania**, (3) National Nutrition Policy and Strategy in **Ethiopia**, and (4) National Strategy for Poverty Reduction (PRSP), and National Health Development Program (PNDS) in **Guinea Bissau**.

¹² Food Security Assessment, 2010-20 USDA-<http://foodaid.org/news/wp-content/uploads/2011/01/ERS-Food-Security-Assessment-2010-2020.pdf>

In 2010 about 20 million children worldwide were estimated to suffer from severe acute malnutrition, leaving them more vulnerable to serious illness and early death. Most of these children can be successfully treated at home with ready-to-use therapeutic foods (RUTF). Globally, in 2010, an estimated 171 million children below five years of age were stunted and 104 million were underweight.¹³

The common approach evident across all Africa region projects was the ‘integrated package for women and children’ at the community level. The main focus seemed on expanding referral and rehabilitation of SAM children. As of date more than 30,000 SAM children have received treatment in 4 countries alone (Ethiopia, Guinea Bissau, Mali, and Mozambique). In Mozambique 46,379 MAM children also availed services in intervention areas.

School and Home gardens were also successfully established in all the countries. In terms of unique interventions for improving food security in this region the following stand out:

In **Angola**, farmers were trained to develop their skills to ensure nutrition and food security. The program supported “Farmer Field schools”, and distributed seeds and agricultural kits. In **Guinea Bissau** 100% of communities benefitted from regular nutrition related messages through locally produced radio programs and campaigns. In **Mali**, to strengthen the FS&N assessment system, regular monitoring of high prices and seasonal changes on nutritional status of women and children was constituted. This will inform policy and improve social safety nets in the long term. In **Niger**, units for production of complementary foods were established in targeted areas and about 44% of targeted households benefitted from quality complementary foods. In **Mauritania**, multi-functional warehouses, were established which act as the office of the micro-credit cooperatives and as grain banks. Farmers can keep portion of their grain in anticipation of the lean season. This allows farmers to keep their grains safe without the risk of loss due to improper storage.

Country wise approaches and achievements					
Angola					
Policy & Program Support	Advocacy & Capacity Development	Integrated Package for women & children	Improving food security		
Participation in the drafting of the National Strategy on Infant Feeding & the Child Youth biennial work plan	Introduction of the new WHO growth chart and extensive training to field functionaries	Funds mobilized from key partners to scale up the integrated management of SAM and prepare and share	Vulnerable households were targeted and agricultural and homestead gardening promoted		
Support national plan for food fortification - successful implementation of the new national food safety law	Establishing nutrition rehabilitation centres and training in the treatment of acute malnutrition for health staff	improvement plans with provincial governments			
Ethiopia					
Supported the National Strategy for Poverty awareness	Improved awareness for bringing mothers	14,640 SAM children were treated in OTPs, reporting	Local universities in the participating regions engaged to		

¹³ <http://www.who.int/mediacentre/factsheets/fs178/en/index.html>

Reduction (PRSP) and the National Health Development Program (PNDS) Government directions to decentralize management of SAM were achieved	their children to the health posts for screening and treatment, and improved breastfeeding and hygiene practices Improvement in health post capacity to provide quality outpatient treatment for SAM Training and communication materials made available in local language Expansion of Out-Patient Treatment Programs (OTPs)	more than 80 % cure, and less than 1 % mortality The program reported 10% decline in in underweight children in intervention areas. Up-to 4% defaulter rate was also reported Providing discharge rations to SAM children between the time period in which they have received treatment and before their next screening initiated	develop recipes and launch the production of locally based complementary foods Women's Groups selected and trained in the production and packaging of the complementary food
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Guinea Bissau

Supported the PRSP framework and the Program design was prepared with active government participation	Advocacy and communication plan on FS&N developed Supported existing government efforts in improving monitoring systems, and build capacity of communities to implement community based surveillance	Multi-level approach Management and monitoring of SAM and MAM children improved in all the rehabilitation centres (against 8,733 reported against 5,558 targeted) Community based nutrition surveillance was sustained in all the targeted areas	More than targeted numbers of school gardens achieved and reports indicated children consuming vegetables grown there Supported urban gardening at community levels
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Mali

Participatory drafting of new PDSEC (Economic Development Plan, Social and Cultural) - resulting in dispersion of activities to cover maximum beneficiaries Inclusion of FS&N aspects in selected national and community based program frameworks Elected officials, local communities & civil servants were trained in the preparation of MDG-oriented development plans	Enhanced national capacities for assessment and monitoring, including improved responsiveness to change levels of nutrition and food insecurity in targeted communities Improved program coverage, retraining of field functionaries-health workers, NGO staff, traditional therapist, birth attendants Communication and advocacy plan implemented-national and regional levels	Introducing new growth standards, establishing NRCs and promoting nutrition education 3866 SAM children treated in Community based health centres Two campaigns per year of vitamin A supplementation and deworming treatment- last round completed in July 2012 and covered 108,243 children 6-59 months and 1827 immediate postpartum women Deworming, 95,817 children aged 12 to 59	School gardens were launched, Developing points of access to safe drinking water-work in progress Establishing school gardens The implementation of improved farming and livestock techniques Two evaluations were conducted in order to analyze consumption patterns, changes in access to food and coping strategies during and between harvests
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(CESCR)-draft document developed		months and 1826 postpartum women	
Mauritania			
Supported the National Nutrition Policy and Strategy	Decentralized management model in the JP to facilitate the implementation of its interventions	Integrated interventions for the prevention and treatment of malnutrition, targeting 107,000 children and 316,000 women in over 120,000 households	Livelihood activities- micro-credit capital provided to beneficiaries (women beneficiaries encouraged)
Strong collaboration with ministries of Economic Affairs and Development, Health, Rural Development, Social, Child and Family Affairs, and the Commissariat of Food Security		High coverage of Vitamin A supplementation (more than 90%) reported in intervention areas	Multi-functional warehouses developed which act as micro-credit cooperatives and grain banks. Farmers can keep portion of their grain in anticipation of the lean season-setting up and supplying of 31 Food Security Stocks (190 tons of food supplies)
			Training farmers in innovative approaches for using local resources for improving agricultural production and making bi-products (fodder)
Mozambique			
Supported the drafting of the infant feeding policy and the national plan for food fortification	Three rounds of health weeks were supported Child Health Week in 2009 and 2010 achieved all its targets. Coverage rates (over 80% in 2009 and over 85% in 2010) Introduction of new registers/reporting formats (for supplementary feeding program) Roll out of the NRP trainings 11,558 HHs benefited from the nutrition education sessions	In Mozambique 46,379 children with MAM and 66,021 children with SAM were reached in interventions areas Harmonization of the supplementation program (for moderate acute malnutrition) with the treatment program for severe acute malnutrition into the Nutrition Rehabilitation Programme (NRP) Partnership with local NGOs made communities more responsive Supplementation with Corn Soy Blend (CSB)	Supported urban and school gardens Inclusion of men as a target group in the promotion of breastfeeding 11,340 HHs had at least one season of implementation of their home gardens Targeting most vulnerable communities/municipalities and providing additional activities contributed to improving the living standards of the population by building links between the local production of food, and the nutrition and health status of the people
Niger			
The program brought together a partnership for working for FS&N which is now better aligned with the national policies	Sustained collaborative efforts of Government and the UN agencies has resulted in 'established partnerships' that work with civil society at the	89% of children under 5 years old and 82% of pregnant women suffering from severe malnutrition have been treated in the intervention areas	The communities show commitment in the management of school vegetable gardens and canteens (the cooks are remunerated by the parents; the parents actively participate) 8200 households received

community levels to implement FS&N activities	vegetable seeds to boost diversification of diets and ensure nutrition security
School curriculum manuals prepared are in great demand	

Senegal

Supported the National Health and Social Action Plan, National Strategy for Feeding Infants and Young Children, and the National Protocol to Control Acute Malnutrition through the program outputs and activities	Involvement of the local authorities (religious, political and administrative) in expanding coverage of community nutrition services	In Senegal screening of children in the program areas was high (86% of children of 6-59 months of age were screened every trimester)	The communities showed commitment in the management of school vegetable gardens
		There was an increase in the percentage of targeted mothers who practised exclusive breastfeeding	

ACHIEVEMENTS AND KEY RESULTS-ASIA REGION



Promoting Livelihood to Improve Access to Food in Afghanistan

In Afghanistan, poverty, food insecurity and malnutrition are strongly interlinked issues. People need money to buy food and agricultural inputs to boost to improve nutrition security. In winters, the prices of food items increases which further aggravate the problem of nutrition insecurity. The MDG-F program in Afghanistan is trying to tackle the crucial problem of under-nutrition by developing capacity of the community, establishing micro-enterprises and thus aiming to improve access to food.

A Local NGO has established Backyard Poultry as micro-enterprise in 500 households with mal-nourished children. This has resulted in increased house-hold consumption of eggs and is greatly impacting food and nutrition security of children. Plus, the extra income from sale of poultry products has played role in diversification of food intake at family level.

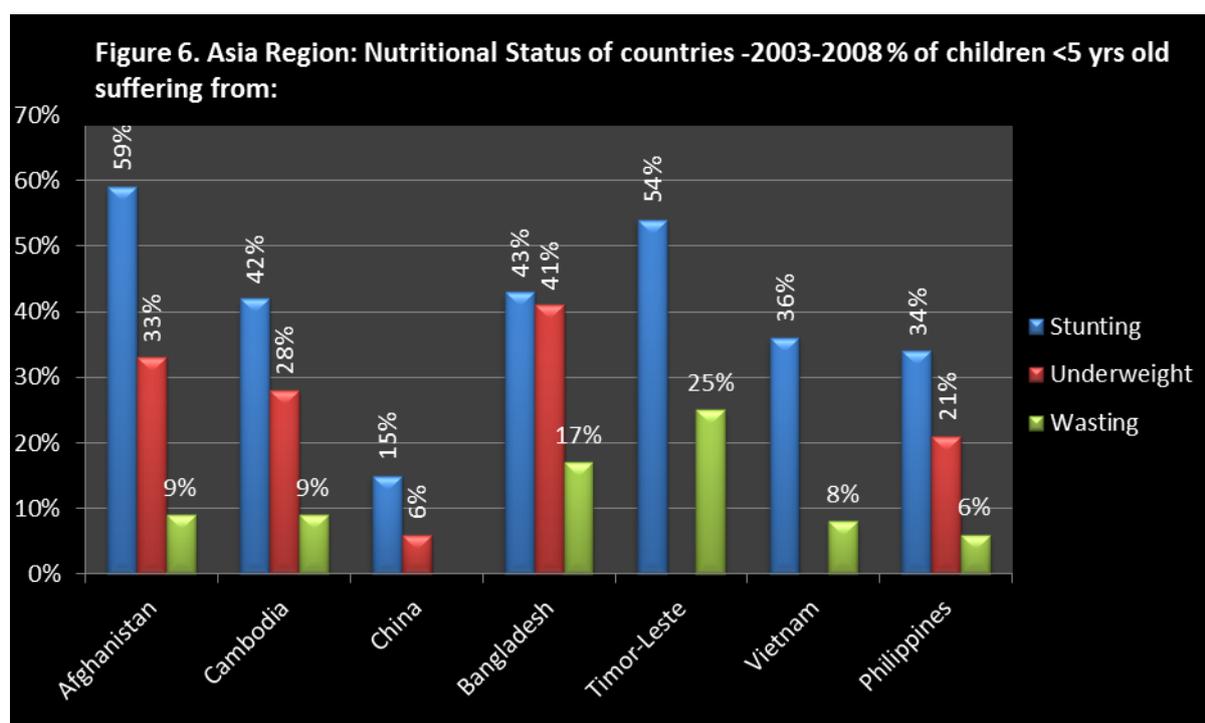
Bee keeping is also being promoted among 200 families by a local NGO in Daikundi. Products are marketed to increase income and food security of house-holds. Local NGOs are implementing partners.

The program has gone an extra mile to develop capacity of community members in food processing, solar drying technique for preservation, school/home gardening, poultry rearing and establishing model green-houses which has improved food security.

In Asia 20 countries have levels of hunger that are “alarming” and South Asia has the highest regional score of 22.5 when Sub-Saharan Africa has a regional score of 20.7.

However, the South Asia score is 26% lower than that recorded in the 1990 index¹⁴, indicating improvements in the region's hunger situation.

'Bangladesh, India, and East Timor have the highest prevalence of underweight children under five (more than 40% in all three countries). China's overall score was lower than expected, having made significant progress in lowering levels of hunger and under-nutrition. This is attributed to strong commitments to poverty reduction, social security, nutrition and health interventions, and improved access to safe water, sanitation, and education. Bangladesh has overtaken India on a range of social indicators, including how fast it has reduced child mortality. In terms of absolute progress, Bangladesh and Vietnam were among 15 countries that saw the largest improvements in their scores from 1990 to 2012.'¹⁵



Source: Tracking Progress on Child and Maternal Nutrition, 2009: UNICEF

Even at the height of the recession in 2008-09, when global real GDP contracted, economic growth in Asia slowed, but remained positive. Asia's encouraging macroeconomic performance and success in improving food availability hide the region's food insecurity problems. While Asia is not experiencing overall food shortages, many of the world's hungry can still be found here, since the region has some of the most densely populated and poorest countries in the world. Many people have not shared equally in the region's economic success. Recent improvement in Asia's food security has been due to several factors, including a slowing of population growth, sustained growth in agricultural

¹⁴ The index reflects data from 2005-2010 and combines three equally weighted indicators into one score: the proportion of people who are undernourished, the proportion of children under five who are underweight, and the mortality rate of children younger than the age of five.

¹⁵ Global Hunger Index (2012), IFPRI co-produced by Welthungerhilfe and Concern Worldwide, The Hunger Index's release coincides with World Food Day (October 16), which this year carries the theme: 'agricultural cooperatives – key to feeding the world'.

production, strong economic growth, and generally supportive agricultural and food policies in most of the countries in the region.¹⁶

National program support in Asia region was in **Bangladesh** - the National Nutrition Program (NNP) and the PRSP, in **Philippines** –supporting the development of the National Standard Module for monitoring Milk Code, and in **China** –revamping the National Food Safety Law.

More than 2000 home and school gardens were established in 2 countries alone (Afghanistan and Timor-Leste). In terms of unique interventions the following stand out:

In **Afghanistan**, local NGOs were strengthened to promote small micro-enterprises to address income poverty and ensure food diversification at household and community level. For example, backyard Poultry was encouraged as a micro-enterprise in 500 households with mal-nourished children. In **Bangladesh**, dietary diversification was promoted through cooking demonstrations at the community level. In **Cambodia**, radio spots to spread awareness about maternal and child health, nutrition and food security are played in the garment and shoe factories where 90% of the workforce is women.

In **China**, 100 journalists were trained on FS&N. Also, at tertiary hospitals human milk banks were established. In **Timor-Leste**, aquaculture activities along with farming and small livestock rearing were supported to improve household economy and food security and Mothers Support Groups (MSGs) were strengthened. In **Vietnam**, 'Farmer field school' helped build household capacities through training and demonstrations and provision of seeds and tool kits.

¹⁶ Food Security Assessment, 2010-20 USDA-<http://foodaid.org/news/wp-content/uploads/2011/01/ERS-Food-Security-Assessment-2010-2020.pdf>

Country wise approaches and achievements			
Afghanistan			
Policy & Program Support	Advocacy & Capacity Development	Integrated Package for women & children	Improving food security
<p>Support in preparing a multi-sectoral plan of action on nutrition</p> <p>Partnering with the Ministry of Health on the Program 'Basic Package of Health Services' to integrate nutrition</p> <p>Support to establish inter sectoral-coordination mechanisms and information management systems</p> <p>Inclusion of nutrition education in the national elementary school curriculum</p>	<p>Significant resources put into the collection of data (baseline survey, household mapping, and screening for malnutrition)- targeting improved during the latter half of the project</p> <p>Developing curricula for offering nutrition courses at university levels</p> <p>Skills transfer made efficient with the co-location of the project team in the ministries</p> <p>Capacity building of 1246 health, other govt., community functionaries</p>	<p>Training in detection of SAM and MAM children</p> <p>Program activities were implemented, supported and/or monitored by provincial and district level government staff ensuring ownership</p>	<p>Established model gardens (66 covering 1,350 beneficiaries); 22 clinic gardens in health facilities; school gardens (34 involving 2,472 children); kitchen gardens (1,351 in different areas covering 15,765 direct beneficiaries)</p> <p>In urban areas backyard poultry (Kabul, 500 mothers of children < 2 years) and beekeeping (200 women in Daikundi) set up</p> <p>High women participation in program activities (IGAs)</p>
Bangladesh			
<p>Supported the National Nutrition Program (NNP), and contributed to the development and approval of the national guidelines for Community Management of Acute Malnutrition (CMAM)</p>	<p>Coordination mechanisms established at the sub-national levels ensuring better implementation</p> <p>Training curricula and materials were developed</p> <p>Strengthened FS&N information and monitoring systems</p> <p>Nutrition education on dietary diversification provided</p>	<p>1000 SAM and 7000 MAM children screened and referred (families of SAM children provided financial support)</p> <p>6110 children 6-23 months received micronutrient supplementation</p> <p>Supported community based management of acute malnutrition</p> <p>More than 9000, children and P&L women received different services</p>	<p>5919 participant families have received technical and material inputs to enhance their food security</p> <p>Children in 110 schools provided high energy biscuits and nutrition education and support for school gardening</p> <p>IGAs-goat & duck rearing, nursery and commercial vegetable gardening, 8000 families benefitted from the home gardening initiative</p>
Cambodia			
<p>Supported development of the national interim guidelines for management</p>	<p>Development and implementation of BCC at the national level,</p>	<p>Targeted children 0-24 months, pregnant and lactating women through an</p>	<p>More than 2000 food insecure households received training and</p>

<p>of acute malnutrition, and the national policy and guidelines for micronutrient supplementation under the National Nutrition Program of Ministry of Health and with the Nutrition Technical Working Groups, involving NGOs working on FS&N</p> <p>Maternity and Workplace Policy was revised</p> <p>National Plan of Action for ECD was revised</p>	<p>website established, radio spots developed, hot lines established</p> <p>Capacity building - (maternity protection, ECD, homestead food production, FS&N for sub-national staff)</p> <p>Curriculum for MSc in nutrition developed through consultative processes</p> <p>3 editions of the FS&N Data Analysis Team (FSNDAT) bulletin published</p>	<p>integrated package of nutrition and food security, and BCC activities to promote breastfeeding and appropriate complementary feeding</p> <p>Distribution of MNP (multiple micronutrient powder)-now planned for scaling up nationwide</p>	<p>capacity building support</p>
China			
<p>Supported availability of an improved national database on nutritional status of women and children and food security</p> <p>National plan for food fortification is in place and being implemented</p> <p>New national food safety law successfully implemented</p>	<p>Media training of at least 100 journalists in pilot counties</p> <p>Capacity building initiatives undertaken- in agro-techniques -training for farmers bureau to bring poverty focus in needs assessments</p> <p>National nutrition indicator's assessment conducted and data collection tools developed</p>	<p>Complementary food supplementation in 3 counties reaching 9000 children aged 6-24 months and prenatal supplements reaching 9000 women of child bearing age respectively</p> <p>Measures to target the girl child early to identify micronutrient deficiencies</p>	<p>Food production for children made safer in pilot areas</p>
Philippines			
<p>The Early Warning System on FS&N was launched and piloted- aiming to improving nation nutrition surveillance</p> <p>Marketing brand and communication logo for Exclusive Breast Feeding developed and approved by the relevant agency</p>	<p>Supported capacity strengthening of national, and local government and other stakeholders for improving Infant and IYCF practices - enabled social marketing strategies to support breast-feeding</p> <p>Documented recipes- homestead gardens and locally available foods</p>	<p>Promoted multi-micronutrient powder to improve complementary feeding</p> <p>3,760 peer counsellors trained on Exclusive Breastfeeding in the JP areas</p>	<p>Recipe trials for complementary food</p>
Vietnam			
<p>Technical support in drafting the National Nutrition Strategy (NNS)</p>	<p>Training need assessments done for improving monitoring of food production, market prices</p>	<p>Other than curative measures to treat micronutrient deficiencies through supplementation, the</p>	<p>On-farm demonstrations on the production and conservation of rice seeds using integrated crop</p>

<p>Support to set up a National Information and Early warning system on food and agriculture</p> <p>Facilitated the introduction of a specific chapter on food fortification in the Food Safety Law</p>	<p>and climate risks</p> <p>Technical assistance to improve national databases updating with global indicators and national and provincial level data collection</p> <p>Supported the national communication campaigns of MoH, communication materials translated and adapted</p> <p>Capacity building of health workers on SAM-through Integrated Management Acute Malnutrition (IMAM)</p>	<p>program also made efforts to improve availability, accessibility and consumption of diverse food in selected highland and mountainous regions</p>	<p>management</p> <p>Adopt integrated rice Crop Management technologies and systems to local conditions</p> <p>Supported homestead gardens</p> <p>Supported small livestock and group aqua culture production activities</p>
Timor-Leste			
<p>Enabled revision of the National Nutrition Strategy lead by MoH to integrate FS&N issues</p> <p>Supported establishment of a FS&N surveillance system(FSIEW) and regular review of data at the central level</p>	<p>Mother's Support Group (MSG) strengthening to support the CMAM and improve IYCF practices</p>	<p>Micronutrient powder (MNP) supplementation was launched</p> <p>Expanding CMAM, nutrition education and distribution of supplementary foods</p>	<p>1,447 home gardens initiated and a small number of farmers groups implemented livestock rearing and aqua-culture initiatives</p> <p>984 school gardens established in 4 districts</p>

Achievements and Key Results-Latin America Region



Home Gardens in El Salvador

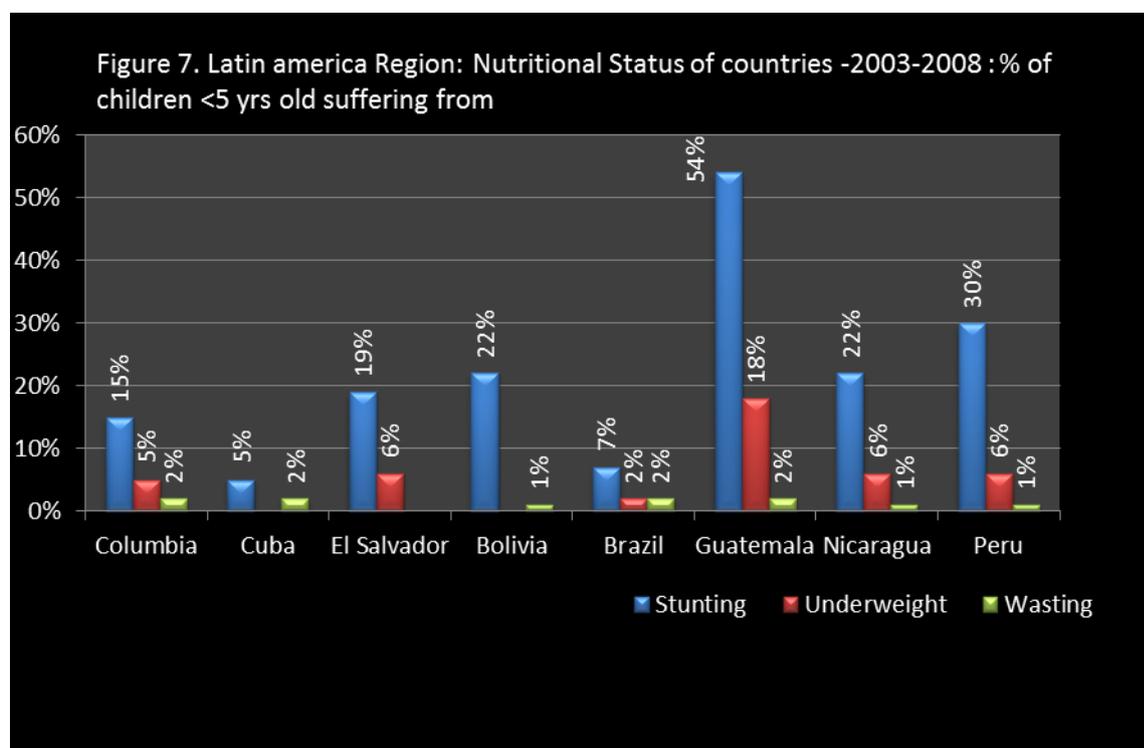
Eriberta is one of the 582 fortunate people benefitting out of MDG-F United Nations program. She shows off her plot of land, half a hectare skillfully planted with corn and beans. "Before, we planted only six sections of our plot, now, with the help we sowed ten and it's going to feed her family of eight for a year," she expressed. The joint program aims to improve food production in El Salvador's eastern department of Morazán which has highest rates of under-nutrition in country. Also promotion of home and school gardens are carried out to diversify agricultural production and increase incomes.

One of the hardest hit areas during the Salvadoran armed conflict, Morazán has startling levels of food insecurity. Forty-five percent of Eriberta's municipality of Cacaopera lives below the poverty level, three times the national average. In Guatajiagua, another municipality where the joint UN program is providing agricultural supplies and technical assistance, more than 60% of people live in extreme poverty.

Although the region produces enough food to meet the nutritional needs of three times the current population, 8.8 million Latin American and Caribbean children suffer from chronic under-nutrition (stunting) due to a persistently inadequate nutritional intake, and 4.2 million are underweight.¹⁷

Chronic under-nutrition affects half of the children under 5 years of age of indigenous origin; in rural areas under-fives are 1.6-3.7 times more likely to become undernourished than in urban areas; and over 40% of the undernourished live in cities.¹⁸ According to WFP estimates, the annual cost of fighting malnutrition in all children under 5 years of age in the region amounts to US\$ 2.05 billion but the cost of not fighting it would be between US\$ 104 billion and US\$ 174 billion (owing to child mortality, productivity loss caused by growth delay and losses due to chronic illnesses, among other causes).¹⁹

The overall child malnutrition in the 8 countries when the JPs were initiated is indicated in Figure 7 below. Amongst the 8 JP countries in this region there was one (Guatemala) that had child stunting above 40% and 3 countries with 20-40% children under 5 years stunted.



Source: Tracking Progress on Child and Maternal Nutrition, 2009: UNICEF

Four JPs directly supported national level programs to combat under-nutrition. (i) “CRECER” in **Peru**, (ii) Zero hunger program in **Nicaragua**, (iii) Zero Malnutrition

¹⁷ ECLAC and UN system organizations, The MDGs: A Latin American and Caribbean Perspective, 2005

¹⁸ ECLAC/WFP, Hambre y desigualdad en los países andinos. La desnutrición y la vulnerabilidad alimentaria en Bolivia, Colombia, Ecuador y Perú, 2004

¹⁹ WFP estimates based on World Bank and UNICEF statistics and the cost of WFP programs in Latin America and the Caribbean; and WFP calculations based on data from the United Nations Millennium Project, Task Force on Hunger: Halving Hunger: It Can Be Done, and the World Bank.

Program (PMD-C) in **Bolivia**, and (iv) National public policy framework to prevent anemia and iron deficiency in **Cuba**.

In terms of unique interventions the following are important:

In **Bolivia**, two micro-enterprises were supported that provide fortified food for school feeding, in response to reducing anemia in children. In **Brazil**, program used the ‘rights approach’ by empowering indigenous communities to demand services. In **Colombia**, advocacy materials targeted young children 4-7 years old to promote healthy diets. In **Peru**, training programs at ‘Farmers Field Schools’, aimed to improve children’s health and nutrition by skilling farmers.

Country wise approaches and achievements

Bolivia			
Policy & Program Support	Program	Advocacy & Capacity Development	Integrated Package for Improving food security women & children
Build local response capacity for the inter-sectoral implementation of the national Multi-sectoral Zero Malnutrition Program (PMD-C) in 22 vulnerable municipalities		<p>Training of teachers-24 schools- improve local dietary practices and use of safe drinking water</p> <p>Strengthening technical capabilities of grass-root level community organisations, teachers, health personals and mayors</p> <p>Capacity development of farmers to promote farming</p> <p>24 modules on sanitation developed benefitting 72 communities in 8 municipalities</p>	<p>Supported food based interventions, part of national Zero Malnutrition program for children aged 2–5</p> <p>Seeds and agricultural machinery distributed to 1,030 families during agricultural campaign, to improve food security</p> <p>Micro-enterprises built to prepare fortified foods for the school feeding program</p>
Brazil			
Support to mainstream diagnosis of indigenous people’s needs and rights in the food and other policy frameworks		<p>Need assessment surveys to strengthen health and nutrition services in indigenous population</p> <p>Capacity development of indigenous people to demand their rights and healthcare services</p> <p>Strengthening of community health posts</p>	<p>Strengthening GMP</p> <p>Strengthening production systems of indigenous communities by accessing natural resources</p>
Supported integration of 2 systems- dietary and nutritional surveillance- (SISVAN) and surveillance system for Indigenous Peoples			

(SISVAN indígena) for GM and other health services

Awareness activities on GM and IYCF practices

Cuba

Supported development of National Public Policy Framework to prevent anemia and iron deficiency

Capacity building of beneficiaries to increase production, access and use of micro-nutrient rich foods, particularly iron

program addressed issue of Anemia among pregnant women and children under 5 years of age through BCC activities, iron

Strengthened monitoring and nutrition surveillance

22,000 food guides, national reference documents and food handbooks for children printed and distributed

supplementation and other healthcare services

57 PAMI (Mother and Child Care Program) physicians trained in IYCF

Human milk banks established

Colombia

Review of food and nutritional safety plans in 9 municipalities

Volunteer committees and community groups' Promoted BCC and gender equality

Integrated approach to reduce childhood illnesses-through nutritional screening, nutrient supplementation, anti-parasite medication and other preventive approaches

Identifying and enabling women's associations to participate in the forums related to food security

Supported in preparing inventory of local agricultural food proposals in SAN led by women, design of integral production models, and reactivation of the Choco CONSEA

Awareness in the participating families rose from 34.54% to 51.5% through BCC activities

Health and nutrition fairs were held to promote healthy habits

Training in SAN issues that is aimed at Afro-Colombian and indigenous male and female leaders to strengthen their capacities in decision-making

56,760 envelopes of Sprinkles (micronutrients) distributed (boys and girls diagnosed with Hb levels below 11g/dl)

Reviving institutional forums-the National Food Security (NFS) initiative

El-Salvador

Support to the National Council of Nutrition and food security, for the revision of the drafting of the law for FS&N	Supported institutional capacity strengthening Teachers and parents trained in nutrition and appropriate diets	Improved child nutrition and food security in three municipalities of the north-eastern area, through multi-sectoral interventions	11 school gardens were established and 566 families benefited from seeds and agricultural inputs to initiate first harvest cycle of beans and corn
Support to drafting policies on FS&N Breastfeeding	Partnership with the University of El Salvador in the formation SAN		Local agricultural techniques promoted
Supported one national and 3 local systems of information on FS&N	Collaboration with national and local institutions to strengthen capacities		

Guatemala

Supported the national policy on FS&N	Institutional capacity-building, SAN-related community empowerment, and of BCC	Multi-sectoral approach starting with identification of the causes underlying the problem of chronic under-nutrition	Schools were selected to promote school health plans
Strengthening institutional coordination for FS&N - Early Warning Observatory was established	Build capacity for demand generation at the municipal level for health and nutrition services		Vulnerable households were identified and enabled to produce additional foods (corn) to supplement their nutritional needs
			46 schools established vegetable gardens and 4593 children participated in the management of the gardens
			Improving HH food production and consumption - use of traditional foods

Nicaragua

Complemented the "Zero Hunger Program" which addresses chronic under-nutrition among vulnerable population	BCC plan for improving breastfeeding and adequate use of health services Capacity building of families-FS&N to combat food crisis and natural disasters Training of members of the School Meals Committee (CAE)	Strengthening of three healthcare centres, leading to improved healthcare services for families in 42 communities School feeding and nutrition education activities	Delivery of agricultural packages (including basic grains, plants from the Musaceae or banana family, tubers, vegetables, and poultry) to a total of 1,027 vulnerable families Provision of school snacks to in targeted schools
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Peru

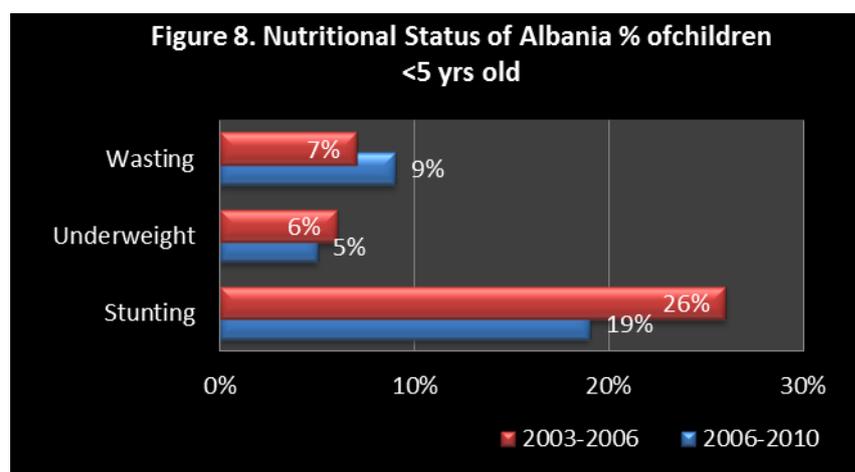
<p>Technical support for the implementation of the National Strategy for Poverty and Economic Opportunities (CRECER) to reduce child under-nutrition at the national, regional and local levels</p>	<p>Supported program decentralization</p> <p>Child under-nutrition vulnerability map was drawn up and capacity building of health and other staff was undertaken</p>	<p>Integrated approach - interventions to improve child and maternal nutrition at household and community levels</p>	<p>25 small enterprises/creative industries were financed and technical assistance was provided to promote economic activities and ensure food security</p>
	<p>Capacity-building of officials in integrated management of the plans and programs</p>		

ACHIEVEMENTS AND KEY RESULTS - EASTERN EUROPE – ALBANIA



Eastern Europe and Commonwealth of Independent States (CIS) region comprises diverse countries in terms of economies as well as human development profiles. Malnutrition in population ranges from high levels of overweight and obesity to high levels of under-nutrition and stunting in children (Azerbaijan, Turkey, and Albania). While under-nutrition in women is not a problem, rates of anemia seem to be high. Lack of knowledge is the most important determinant of malnutrition in this region leading to faulty dietary practices including low rates of exclusive breastfeeding and inadequate complementary feeding in young children.²⁰

Situation of child under-nutrition in Albania between 2003 -2010 (Figure 8 below)



Source: Tracking progress on child and maternal nutrition 2009: UNICEF

²⁰ Prospects for improving nutrition in eastern Europe and Central Asia- World Bank, 2001 HNP Series

Albania is the only country representing the Eastern Europe and CIS region in this JP. Despite high economic growth, and GDP averaging 7% over the period 1992 - 2006, Albania remains one of the poorest countries in Europe. The national poverty line was 18.5% in 2005 and 12.4% in 2008.²¹ The UN reports approximately 3.5% of Albanians living in extreme poverty, i.e. on less than \$1/day. Albania also suffers one of the highest IMR in Europe, and wasting in children under 5 years of age has increased between 2003, 2010.

Albania and Vietnam are 2 countries amongst the 24 JPs of this window who are part of a 8 country team to implement the pilot “Delivering as One” initiated by the UN in 2007, to respond to the development challenges and test how the UN system could provide development assistance in a more coordinated way. The pilots aimed to experiment with ways to increase the UN system’s impact through coherent programs that would enable lowering transaction costs for governments, and the overhead costs for the UN system. The Four principles of this initiative were: One Leader, One Budget, One Program, and One Office. This UN exercise helped to align the JP more closely to the national priorities. The JP in Albania was focussed on high risk rural and peri-urban communities with a combination of policy and community level interventions-strengthening of national policy, building partnerships, and capacity building of front line workers and agricultural experts on issues related to household FS issues. The main activities included cash transfers, nutrition education, and enabling quality healthcare in poor communities. The JP contributed significantly by supporting the communication strategy that was developed, based on baseline surveys. “A new and better national baby feeding campaign” was subsequently planned targeting behaviour change among women, expectant mothers and grandmothers to promote comprehensive IYCF practices.

Policy & Program Support	Advocacy & Development	& Ca	Integrated package for w & children	Improving food security
The new Food and Nutrition Action Plan (NFNAP) developed by the inter-sectoral working group based on in depth assessment of the current FNAP involving ministries, national institutions, local authorities and civil society	Participatory assessments and planning of interventions in the regional forums Established inter-sectoral coordination structures at district levels-reported increase in needs assessment and activity planning	needs and planning of discussion forums inter-coordination	GMP was conducted in health facilities using revised tools Communication strategy and plan for IYCF was approved and implemented	Courses on mainstreaming gender issues into the food price data and preparing food balance sheets It was agreed to include nutrition education as core curricula in education and also develop a new public health curricula for Post graduate public health

²¹ www.data.worldbank.org/country/albania

CONCLUSION

293 million of the **868** hungry people of the world still live in the 18 countries that implemented the JPs. Absolute numbers of hungry people have remained same in China, Mozambique, Niger, Columbia, El-Salvador, and Nicaragua, over the last decade and increased in Bangladesh, and Philippines. There is high U5MR in Afghanistan, Cambodia, and Timor-Leste (Asia region), all 8 countries of Sub-Saharan Africa, and Bolivia in Latin America. There is no decline in U5MR for several years in Mozambique, Bolivia, Cuba, Nicaragua; worse increased in Mozambique and Albania. Many of the JP countries have large *unfinished agenda* towards their MDG targets of 1 and 4.

In 7 countries the projects were designed to directly complement the on-going national programs. In all other countries the JPs were closely linked to the nutrition activities of on-going programs of Ministry of Public Health. The overall aim of the JPs was to enable policy dialogue based on global evidence on FS&N with a purpose to integrate into mainframe policies and programs. JPs reflected several 'good practice' examples of mainstreaming nutrition into national polities and programs such as inclusion of nutrition in school curricula, and establishing nutrition course in universities and medical courses. Knowledge management was further enabled through building partnerships with national level academic and professional institutions (nutrition courses) to mainstream actions and ensure wide dissemination.

The MDG-F CFSN was timely and was able to establish and address the situation of hunger and food insecurity through combining interventions of food security including dietary diversification at the household and community levels and supporting agricultural production and technologies to eventually address additional food and nutritional requirements of the vulnerable communities.

Most successful initiatives to improve household and community food security were establishing home and school gardens, training school children and families in dietary diversification, support to production of locally available foods, and preparing fortified complementary foods, and addressing income poverty by supporting micro enterprise especially involving women.

The situation analysis in this report reveals that more than 40% child stunting persists in Afghanistan, Bangladesh, Cambodia, and Timor-Leste (Asia), and Ethiopia, Guinea-Bissau, Mozambique, and Niger (Africa), and Guatemala (Latin America). For most countries where the Gender inequality Index is available it also relates with high child stunting (Afghanistan, Bangladesh, Cambodia, Mali, Mozambique, Niger, and Guatemala). Overall, the 5 worst ranking countries on the Human Development Index (HDI) are Niger, Mozambique, Guinea Bissau, Mali, and Ethiopia.

It is well acknowledged that 'The progress of children lies at the heart of all MDGs. Along with cognitive and physical development, proper nutrition contributes significantly to declines in U5MR, reductions in disease and poverty, universalization of primary education, improvements in maternal health and gender equality – thus, it is essential for achieving most of the MDGs'.²²

²² Tracking Progress on Child and Maternal Nutrition - A Survival and Development Priority – Unicef 2009

The common approach in the JPs was to deliver community level integrated packages to address under-nutrition in women and children which comprised of implementing some cross sectoral essential interventions in targeted areas. The main activities included GMP, advocacy, BCC to promote IYCF, health service delivery strengthening (micro-nutrient supplementation, immunization), expanding NRCs, and community management of SAM and MAM children.

Gender inequality, social discrimination, and illiteracy along with the lack of access of poor households to human, financial, social, natural, and physical capital is the chief cause of a vicious cycle in which gender, under-nutrition, and poverty reinforce each other. The low social status of women in the society impacts negatively her ability and resources to make decisions concerning her children’s health, nutrition, and education, and prevents them from accessing health and nutrition services for their survival.²³

All the 24 JPs addressed gender and inequalities through a targeting to reach most vulnerable communities, indigenous populations, and all women and children in program areas.

Expanding the UN strategy of ‘Delivering as One’ was another important lesson from the MDG-F supported JPs. All the 24 JPs had multiple UN organizations collaborating around common programmatic goals. The overarching goal of all the JPs was to improve the health, nutrition and education status of the poor and vulnerable households (UNDAF outcomes), and halt preventable deaths caused by child hunger and poor nutrition. All the programs were designed in partnerships with the national and regional governments and other stakeholders enabling ownership and sustainability. While multi-sector partnering was complex, it was a learning process delivered in 24 countries of 4 different regions and the Governments showed high commitment to this approach.

The implementation time-frame of the programs has been short (2-3 years), 16 JPs will have closed at the end of 2012. Given this time-frame and the available information to date there are some impressive results and achievements as below. Activities are ongoing in many of the JPs and the list below does not reflect all the achievements of all the JPs:

Policy and program support	Food and Nutrition Action Plan (NFNAP) was developed - Albania
	Integration of 2 systems- SISVAN) and SISVAN indígen supported – Brazil
	Maternity and Workplace Policy was revised – Cambodia
	National nutrition indicator assessment was conducted – China
	Developed a National Public Policy Framework for monitoring FS- Cuba
	Policy on infant-feeding was drafted – Mozambique
	Early Warning System on FS&N was launched and piloted – Philippines
Advocacy and capacity development	Training in detection of SAM and MAM children - Afghanistan Capacity building courses- mainstreaming gender into the food price data and preparing food balance sheets – Albania

²³ From research to Action - Nutrition and Gender in Asia -<http://www.ifpri.org/sites/default/files/NutritionGenderbro.pdf>

		Capacity building support to 2000 food insecure households- Cambodia
		Agri-techniques training for farmers bureau – China
		11,558 households benefitted from nutrition education- Mozambique
		Child under-nutrition vulnerability map was drawn up and capacity building of health and other staff was undertaken- Peru
Integrated packages for women and children		9000, children and pregnant and lactating women received services for management of malnutrition from facilities – Bangladesh
		Supply strengthening and advocacy for GMP- Brazil
		Food supplements in 3 counties reached 9000 children aged 6-24 months and prenatal supplements reached 9000 women of child bearing age - China
		Supply and purchase of food and nutritional supplements, and anti-parasites- Colombia
		14,640 SAM children were treated OTPs- Ethiopia
		Extensive training in IYCF to community members- El Salvador
		8,733 SAM children treated- Guinea Bissau
		2000 SAM children treated in community based health centres- Mali
		Vitamin A supplementation (90%+) in intervention areas- Mauritania
		46,379 children with MAM and 66,021 children with SAM were reached in interventions areas- Mozambique
		89% of children under 5 years old and 82% of pregnant women suffering from severe malnutrition have been treated in intervention areas- Niger
		3,760 peer counsellors trained in EBF- Philippines
		86% of children of 6-59 months of age were screened every trimester, increase in the % of targeted mothers who practised EBF in target areas- Senegal
		Micronutrient powder (MNP) supplementation was launched, Mother’s Support Group (MSG) established – Timor-Leste
Improving security nutrition	food and	Model gardens (66 covering 1,350 beneficiaries); 22 clinic gardens in health facilities; school gardens (34 involving 2,472 children); kitchen gardens (1,351 in different areas covering 15,765 direct beneficiaries); and in urban areas backyard poultry (Kabul, 500 mothers of children < 2 years) and beekeeping (200 women in Daikundi) – Afghanistan
		5919 participant families received technical and material inputs. Nutrition

education on dietary diversification was also provided – **Bangladesh**

Agricultural campaign and distribution of seeds and machinery to 1,030 families, micro-enterprises to prepare fortified foods for use in the school feeding program, 24 sanitary modules were built-**Bolivia**

Community pilots -school gardening activities launched - **El Salvador**

Training women in horticulture- **Mali**

11,340 HHs reaped one season harvest from home garden – **Mozambique**

8200 households received vegetable seeds – **Niger**

25 small enterprises financed, technical assistance provided - **Peru**

1,100 home gardens were initiated, farmers groups implemented livestock initiatives –**Timor-Leste**

To conclude, all the 24 JPs were able to establish country presence and initiate policy dialogue to either enable new policies or mainstream nutrition into other policies and programs. Capacity building has been very successful in all the JPs. Direct beneficiaries - women, children, households, and indirect beneficiaries-community groups, schools, academic institutions. Community integrated packages for women and children comprised both direct (food and micronutrient supplementation) and indirect (advocacy, growth promotion) interventions and covering the continuum of care- improving home based infant feeding practices to rehabilitation and treatment of the severely malnourished children. Household and community food security was enabled through promotion of micro-enterprises, and establishing home and school gardens. The emphasis on improving household mapping, surveillance and improving monitoring (establishing new WHO growth standards, merging two systems) are sustained interventions of the JPs. The Expenditure statement in Figure 9 below is indicative of the pace of implementations and not the final expenditures.

Recommendations

‘MDG Goals are achievable when nationally owned development strategies, policies and programs are supported by international development partners. At the same time, it is clear that improvements in the lives of the poor have been unacceptably slow, and some hard-won gains are being eroded by the climate, food and economic crises’.²⁴

The 24 JPs have set the background to meet the MDG target challenges. All the national governments have shown high commitments and the desire to work in partnerships.

Scaling up successful interventions from all the JPs in the 24 countries is essential for continued progress on achievement of MDG targets.

A group of stakeholders from Governments, donor agencies, civil society, research community, the private sector, intergovernmental organizations and development banks met at intervals during 2009 and 2010 to develop a Framework for Scaling up Nutrition (SUN)

²⁴ Ban-Ki-Moon, Secretary General, United Nations, MDG Report 2010

which was presented during the 2010 spring meeting of the World Bank and IMF. The SUN Movement focuses on the critical 1,000-day window between pregnancy and a child's second birthday, when proper nutrition can mean the difference between health and sickness, life and death. Poor nutrition during this period can lead to stunted growth and impaired cognitive development, among other consequences. The forum also came up with the most important indicators that need to be continuously monitored in order to meet the challenges of hunger and malnutrition.

1. Proportion of children 6-23 months who receive a minimum acceptable diets
2. Proportion of population below minimum level of dietary energy consumption
3. The household dietary diversity score (HDDS)

The MDG-F CFSN JP designs comprised of interventions to address the above indicators of household food security holistically. Establishing home and school gardens, advocacy and capacity building for dietary diversification (adding nutrition to school curricula), and simultaneously providing income opportunities and technology transfer (training to produce/improve local complementary foods, small scale farming and agro based enterprises) targeted at most vulnerable communities.

The unique integrated approach included improving IYCF for children, rehabilitation for the SAM children, improving nutrition and health services for women and children, and improving safe drinking water and sanitation facilities. This set of interventions addressed the remaining indicators:

1. Proportion of stunted and wasted children below age five (<2yrs and 2-5yrs)
2. Proportion of women in reproductive age with Hb <11g/dL
3. Incidence of low birth-weight
4. Proportion of underweight/overweight children below age five (<2yrs and 2-5yrs)
5. Infants under 6 months who are exclusively breastfed

The MDG-F CFSN JPs are unique and holistic unlike more common approaches to deal with under-nutrition that land up being sectoral dominated by either health or agriculture and do not focus on household outcomes rather on programs and services.

Some guiding principles for scaling up the successful interventions demonstrated in the JPs:

Generating an enabling environment:

Continued engagement with counterparts (government and civil society) will be necessary and the engagements have to intensify at the sub-national levels. Cross-sectoral working is complex, continued joint planning and action will require committed national frameworks of actions. National frameworks for FS&N will require to be backed up with fully funded action plans, and human resource plans.

Programmatic recommendations

- Have reasonable expected outcomes/impacts when perusing time-bound targets. For example 'it is expected that the program interventions will double on the annual linear trend of under-nutrition reduction in the country (suppose the trend was 1% to make it 2% in project areas would be a reasonable target.
- Mechanisms especially for the sub-national levels to ensure cross-sector collaboration (within the existing government mechanisms) need to be further strengthened. JP

Initiatives such as developing planning skills of local elected representatives and partnership with local NGOs are some strategies that need to be replicated on scale.

- Roles and responsibilities and fixed accountability for project outcomes should be agreed upon (multi-partner, multi-sector, several levels of interventions).
- Simplifying and integrating monitoring mechanisms for ground levels should continue to improve continued follow-up and feedback systems (e.g., use of mobile phone feedback).
- National monitoring frameworks should be separated from independent time to time program evaluations.
- Access to information, education, and services (safe water, electricity) is still low for the women in general and indigenous communities and rural populations in several JP countries. Beneficiary targeting needs to expand based on modern mapping techniques to improve coverage of the most vulnerable households.
- Program logistics can improve with synergising planning at all levels, streamlining procurement and financial management (of different programs).

Knowledge sharing and advocacy efforts:

Sharing and disseminating program evidence is essential within the country as well as with other countries. The UNICEF assisted knowledge management forums were useful in this phase and should be continued to share findings and good practices. The MDG-F web-site should be updated to include all documentation that is being completed especially reports that have included baseline and end-line evaluations of the JPs.

Table 3 – Joint Program Details

Country	Project title - Start-End dates - Partners	Committed \$
Africa		
Angola	Children, Food Security and Nutrition in Angola Dec 09-Dec 12 UNICEF, WHO, FAO, IOM, UNDP	4,000,000
Ethiopia	National Nutrition Program/MDG-F JP Sept 09-Sept 13 WFP, UNICEF	7,000,000
Guinea Bissau	Promotion of a multi-level approach to child malnutrition Sept 09- Sept 12 UNICEF, WHO, FAO, WFP	2,500,000
Mali	Improving Child N and FS in the most vulnerable municipalities in Mali Nov 09-Nov 13 FAO WFP, UNICEF, WHO,	8,000,000
Mauritania	Scaling up the fight against child hunger and malnutrition in south-east Mauritania Aug 09- Aug 13 UNICEF, WFP, FAO, WHO	7,500,000
Mozambique	Children, Food Security and Nutrition in Mozambique Sept 09-Sept 12 UNICEF, WFP, FAO, WHO	5,500,000
Niger	Niger Childhood Food Security and Nutrition Program Jan 10-Jan 13 UNFPA UNICEF, WFP, FAO,	4,000,000
Senegal	Preventing and managing child malnutrition in highly vulnerable regions Oct 10-Oct 12 UNESCO UNICEF, WFP, FAO,	5,500,000
Asia & Pacific		
Afghanistan	Feeding the Children of Afghanistan Together December - 09- December 12 UNIDO FAO, WFP, UNICEF,	5,000,000
Bangladesh	Protecting and Promoting Food Security and Nutrition for Families and Children in Bangladesh March 10-March 13 WFP, UNICEF, FAO	7,984,873
Cambodia	Joint Program for Children, Food Security and Nutrition in Cambodia Jan 10-Dec 13 ILO WFP, WHO, FAO, UNICEF, UN	5,000,000
China	Improving N and food safety for China's most vulnerable women and children Dec 09 -Dec 12 UNIDO WFP, WHO, UNICEF, UNESCO, FAO,	6,000,000
Philippines	Ensuring FS and N for Children 0-2 Years Old in the Philippines Nov 09- Nov 12 WFP FAO, UNICEF, ILO,	3,500,000
Timor-Leste	Promoting Sustainable Food and Nutrition Security in Timor-Leste Dec 09- Dec 12 UNICEF, WFP, WHO, FAO	3,500,000
Vietnam	Integrated Nutrition and Food Security Strategies for Children and Vulnerable Groups in Vietnam Mar 10-Mar 13 UNICEF, WHO, FAO	3,500,000
Latin America		
Bolivia	Building the local response capacity for the inter-sectoral implementation of the PMD-C Oct 09-Oct 12 UNFPA FAO, ONUDI, UN	7,000,000
Brazil	MDGs beyond averages: Promoting Food Security and Nutrition for Indigenous Children in Brazil Dec 09-Dec- 12 PAHO UNDP, UNICEF, ILO	6,000,000
Colombia	Indigenous and Afro-Colombian Communities in the Chocó Dept. promote their Food Security Nov 09- Nov 12 UNICEF FAO, OPS/OMS, PMA, UN	7,500,000
Cuba	Support for the fight against anemia in vulnerable groups in Cuba Oct 09-Oct 12 PMA,PNUD UNICEF, FAO, OPS	8,500,000
El Salvador	Protecting children: towards a coordinated food security and nutritional program for El Salvador Jan 10-Jan 12 UNICEF, WHO, WFP UNDP	4,500,000
Guatemala	Alliances to improve the situation of Children, Food security and Nutrition Dec 09- Dec 12 UNIDAS FAO, UNICEF, OPS/OMS, UN	7,500,000
Nicaragua	“TUKTAN YAMNI” Integrated Model Dec 09-Dec 12 FAO UNDP, UNICEF, OPS	5,000,000
Peru	Improving N and FS for the Peruvian Child: a Capacity Building Approach Oct 08-Oct 11 PAHO UNICEF, WFO, FAO, UN	6,000,000
Europe & CIS		
	Reducing Malnutrition in Children	4,000,000

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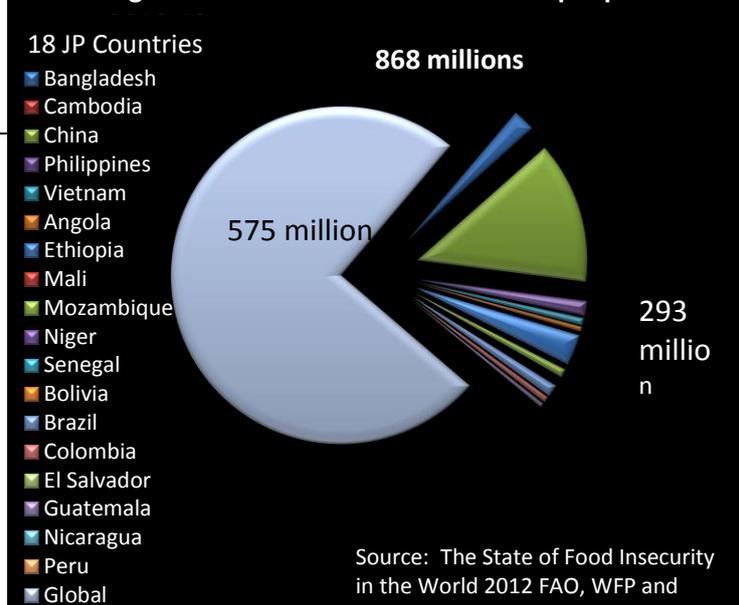
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Figure 1-Number of undernourished people



Annexure 1

Methodology:

The findings of the report are based on an in depth literature review from available documents (i) JP Factsheets (24), (ii) Monitoring reports (13), (iii) M&E Framework (5), and (iv) Mid Term evaluation reports (16), (v) JP Documents, and (vi) available Improvements plans. Mozambique was the only JP country which had final evaluation report.

Other generic reports by UNDP, UNICEF, WFP, FAO, WHO, Lancet, IFPRI, were also referred to create a background and situation analysis for the 4 regions and the 24 countries to build the context on FS&N and progress on MDG 1 and 4. No single report had all the beneficiary numbers and the monitoring reports made it difficult to derive consolidated figures in each category (men, women, households) making it difficult to estimate the scope of each JP as compared to the overall population proportions in the countries. The beneficiary table in the report has been derived from the numbers available in different reports (fact sheets, MTEs, Monitoring reports).

Reports published by United States Department of Agriculture (USDA) on Food Security Assessment (2010-20), The State of Food Insecurity in the world 2012 (SOFI) by WFP, FAO and IFAD etc. were used to describe the current global agenda on FS&N. Statements of eminent global leaders were extracted from international forums and global summits like G-8, G-20, and Olympic Hunger Summit, to comprehend the future commitments. The description and progress of the 24 JP programs was systematically documented in detail in annexure tables. Expected outcomes, sub-outputs, activities and progress are based of JP reports, in some cases sub-outputs if not available were extrapolated from the MTE's and Monitoring reports.

Detailed program description with specific country question were shared with all 24 teams and findings and achievements enriched through direct feedback from 6 country teams- Mozambique, Mali, Timor Leste, Cambodia, El Salvador, and Senegal.