

Food Prices Increases/Nutrition Security: Action for Children

Purpose

The purpose of this Technical Note is to provide a framework for UNICEF response to the recent increases in food prices, and to assist Country Offices and Regional Offices in developing and supporting national strategies, including initiating planning for longer-term action. The Technical Note is informed by analyses undertaken by Country and Regional Offices and through working in close collaboration with WFP and WHO, and other sister agencies. Each country will require a context-specific response that is child-centered within the coordinated UN system-wide actions. The recently released Programme Guidance on Management of Severe Acute Malnutrition (UNICEF, 2008)¹ provides additional guidance on specific interventions.

I. CONTEXT

Issue

International prices of basic food commodities have increased rapidly over the last three years. The FAO food price index rose by 9% in 2006 and by 23% in 2007. As of March 2008, wheat and maize prices were 130% and 30% higher respectively in comparison to March 2007 (FAO, WFP, IFAD, April 2008). This situation poses a threat to food and nutrition security in developing countries, particularly for children, pregnant and lactating women and calls for urgent and coordinated action by the international community

The rise in food prices will potentially further exacerbate and deepen the existing vulnerabilities in countries affected by climatic changes and increasing natural disasters, endemic HIV and AIDS and protracted conflict and political crises. In addition, there will be far-reaching consequences of increased in food prices in countries where basic social services are already wholly inadequate. The combined shocks of rising food and energy prices, volatility in financial markets and climate change may not only slow down progress towards achieving the Millennium Development Goals but may also reverse the gains that have been made.

Food prices increase could lead to a reduction in access to the quantity and quality of foods for households, which is likely to have direct consequences for the nutritional status of children and women. In addition, vulnerable households may resort to coping strategies which have detrimental consequences on children. As stipulated in the international law², the right to adequate food is realised when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement. The right to adequate food shall therefore not be interpreted in a narrow or restrictive sense which equates it with a minimum package of calories, proteins and other specific nutrients. In this regard, the role of the UN agencies, including through the UNDAF at the country level, in promoting the realisation of the right to food is of special importance. Coordinated efforts for the realization of the right to food should be maintained to enhance coherence and interaction among all the actors concerned, including the various components of civil society.

Situating UNICEF Action

The strong commitment for a system-wide coordinated response to the situation is evidenced by the Secretary General forming a High Level Task Force and the preparation of a Comprehensive Framework for Action³ which outlines an agreed number of core immediate and longer-term actions. Immediate action is characterized as food assistance, short-term productivity boosts in food production, in particular for small-holder farmers, and the lifting of trade and export restrictions. Longer-term issues include increased investment in agricultural productivity, bio-fuels and lifting of trade restrictions. The Secretary-General has emphasized the need for all

¹ UNICEF Programme Guidance on Management of Severe Acute Malnutrition: Programme and Supply Components of scaling up an integrated approach, 2008.

² General Comment 12 of the Committee on Economic Social and Cultural Rights (the monitoring body of the International Covenant on Economic, Social and Cultural Rights), 1999.

³ A draft of the Comprehensive Framework for Action has been completed (May 28th, 2008)

organizations to combine their strengths and bridge the traditional divide between relief and development. UNICEF, WFP and WHO are committed to collaborating within the overall umbrella of the Comprehensive Framework for Action.

FAO hosted a High-Level Conference on World Food Security: the Challenges of Climate Change and Bio-energy (June 2008) whose overall purpose was to address food security issues in the face of soaring food prices and the new challenges of climate change and energy security. The outcome of the conference is expected to also feed into broader inter-agency and intergovernmental processes.

Strengthening Nutrition Security

Nutrition security implies more than just access to adequate food. It requires access to appropriate micronutrients, safe water, hygiene and sanitation, access to quality health-care services, and improved household and community practices in child care, food hygiene and preparation and environmental health. Food and nutrition security is achieved when adequate food (quantity, quality, safety, socio-cultural acceptability) is available and accessible for and satisfactorily used and utilized by all individuals at all times to live a healthy and active life. A variety of inter-related factors influence nutrition security and thus nutritional status of individuals, communities and populations (see conceptual framework, annex 1). It is imperative that all nutrition assessments include an appraisal of the underlying causes which include access to sufficient quality food, knowledge and practice of child and household care behaviours, access to adequate health, safe water and sanitation as indicated in the conceptual framework. Particular attention should be given to gender disaggregated data with a focus on the situation of women and girls. This will facilitate the choice of strategies to apply in particular contexts.

Indicators of nutrition insecurity include wasting prevalence of 10% and above, stunting prevalence of 30% and above, under-five mortality rate of 100/1,000 live births and above, low rates of exclusive breastfeeding and underlying factors of malnutrition, such as health status and food security as explanatory elements.

II. UNICEF ACTION

Overall Goal and Strategies

The overall goal of UNICEF action is to contribute to ensuring that the rights of all children and women are protected from the adverse consequences of rising food prices, with priority placed on the most vulnerable. Priority action will be taken in the **most vulnerable countries and in those countries that have the most number of vulnerable groups**. The extent to which countries are affected by the impact of rising food prices depends on a number of factors, including:

- Level of existing vulnerability within the countries⁴;
- Countries that are food and fuel importers; and
- Occurrence of additional simultaneous threats or shocks such as droughts, political instability, etc;
- Capacities of countries to implement social protection policies and practices that mitigate against the consequences of rising food prices for the most vulnerable;
- Coverage of basic social services, including nutrition programmes.

While UNICEF should aim to build and strengthen national institutions and systems wherever possible, in some contexts it will need to resort to direct interventions to provide short-term humanitarian assistance as in other

⁴ UNICEF looks at specific measurable indicators to assess vulnerability in countries (as published in the State of the World's Children) including (a) Under-five mortality rate (>100, which is 25% above the average U5MR for developing countries, as per 2006 data) (b) Wasting levels (>10%), (c) Stunting levels (>30%) (d) HIV prevalence (>1%). Countries which have high measurements in at least two of these indicators are those considered to be most at risk in terms of the impact of rising food prices.

emergency situations. Depending on the local situation, the overall goal will be achieved by employing four **main strategies** and a number or combination of programmatic actions, listed below.

Strategies:

1. **Strengthening the evidence-base for decision-making on appropriate policy and programme interventions**
2. **Advocating for the protection of children from the adverse effects of rising food prices**
3. **Supporting and scaling-up national programmes on nutrition and associated health interventions**
4. **Strengthening access to water, sanitation and hygiene and education**

Strategy 1: Strengthening the evidence-base for decision-making on appropriate policy and programme interventions

Strengthen, harmonize and utilize existing data collection systems and mechanisms wherever possible to identify and monitor the most vulnerable children and women: UNICEF should engage, contribute to, and strengthen the national systems to ensure more effective and informed decisions to identify and respond to the most vulnerable. A variety of information systems⁵ exist in many countries and these vary in quality, consistency and reliability and are more developed in countries affected by recurrent food insecurity. Data on food prices are frequently collected as part of the overall food security monitoring systems. The concepts of nutritional risk, vulnerability and coping strategies are more complex to monitor, but are important. UNICEF’s role can be in supporting the synthesis and robust analysis of existing information with appropriate gender and age disaggregation as required for informed decision-making in relation to vulnerable groups.

Conduct additional (more frequent) rapid surveys, or strengthen appropriate surveillance mechanisms, within identified vulnerable populations: Options for UNICEF’s engagement include prioritizing data collection and monitoring where the impact on children and women is expected to be the most significant (the identified most vulnerable affected populations); to scaling up and/or increasing the frequency of technically sound rapid health and nutrition surveys in priority areas; promoting appropriate interpretation and use of data from sentinel surveillance systems. Where no monitoring systems are in place, rapid assessments may be conducted (using qualitative and quantitative approaches). To supplement quantitative data, options for collecting qualitative data (such as interviews with key informants who can provide important contextual information) should be explored as this can support the overall analysis.

Integrate and strengthen nutritional and associated health indicators, as well as indicators to track indirect consequences, within existing national systems: To track and respond to the broad impact that the food crisis will have on children and families, data collection, analysis and utilization should include the following areas:

- Nutrition: Anthropometry, micronutrient status and food consumption patterns.
- Use of preventive or clinical health services
- School attendance
- Access to safe water and hand washing with soap

Table 1: Key focus areas for data collection and monitoring

Nutrition	
<i>Wasting prevalence (weight for height)*</i>	Key indicator that should be monitored regularly among children aged 6-59 months.
<i>Exclusive</i>	This indicator that should be harmonized with other standardized data collection instruments,

⁵ Examples of international initiatives are the Global Information and Early Warning System (FAO), FEWSNET (USAID), Vulnerability Analysis Monitoring (WFP), Community and Household Surveillance (CHS) and the Coping Strategies Index (CARE).

<i>breastfeeding rate</i> (<6 months)	specifically the MICS/DHS.
Household food consumption/security	Can be measured at the household level by asking about foods consumed either in the last 24 hours or the last seven days with particular focus on the situation of women and girls. Standardized indicators to measure diet at the household level are currently used by WFP (<i>food consumption score</i>) and FAO (<i>household dietary diversity</i>).
Micronutrient deficiencies	Haemoglobin which can provide critical data, although it adds a great deal of complexity to fieldwork due to the additional training and supervision requirements, together with ethical considerations. Here too particular attention should be given the situation of women and girls.
Other aspects of children's well-being	
Education	The standard indicators, as measured in the DHS and MICS, are <i>net and gross primary school attendance</i> and <i>net and gross secondary school attendance</i> .
Other related areas of interest	
Health care utilization	<ul style="list-style-type: none"> ▪ Health workers, teachers and social workers (delivering front-line services) attendance ▪ <i>Care-seeking behaviour</i> especially among women for sick children (based on the MICS/DHS questions about fever, diarrhoea, and respiratory problems among children under five).

*Mid-upper arm circumference (*MUAC*) is generally used as a screening tool to identify children suffering from severe acute malnutrition may also be considered for monitoring. If so, it must be accompanied by appropriate treatment of children found to be suffering from severe or moderate acute malnutrition, since these children are at risk of death

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Strategy 2: Advocate for the protection of children from adverse effects of rising food prices.

Advocate for national social and economic policy reforms that protect the most vulnerable children: UNICEF and partners can leverage existing relationships with government and communities to advocate for and support economic, social and agricultural policy changes to mitigate the negative impacts of rising food prices. Strategic advocacy initiatives could draw on technical analyses (see strategy 1) to communicate high-level policy messages to key decision-makers at the national level. This should include not only situation analyses, but also clear programme and policy recommendations. At the same time, broader community advocacy campaigns could present a few compelling messages to raise general awareness of how rising food prices impact children and families, and build popular support for active policy responses.

Mobilize and support partners to invest in social protection systems that support children: Social protection programmes are widely regarded as effective in reducing risks and disadvantage and/or in mitigating vulnerability and the impacts of shocks to livelihoods. UNICEF should review and where necessary support the expansion of general social protection measures. Social protection measures include, for example, conditional or unconditional cash transfers, and/or direct distribution of food or nutritional supplements, school-based food programmes, childcare supports and maternal/paternal benefits, health insurance, education bursaries, price subsidies, agricultural inputs, public works programmes, asset insurance, life insurance, and microfinance. Existing systems of cash and non-cash transfers could be used to reduce the impact of higher food prices on family income/purchasing power instantly.

Child sensitive social protection systems address the nutrition deprivation of children and women and mitigate the effects of poverty and higher food prices on families while also reducing the need for child labour and other unsustainable or harmful household coping strategies. They strengthen families' capacities to provide a protective environment for children and enhance access to basic services for the poorest and most marginalized. Since the most at-risk children live outside family care, child sensitive social protection systems must also be responsive to this vulnerable group.

Strengthen targeted (cash) transfers where systems are in place: There is evidence (Southern Africa: Regional Hunger and Vulnerability Programme) that cash transfers increase household food security, reduce poverty, improve equity, build livelihoods, and improve access to health care and education. In the current

crisis, however, there are indications that food transfers are valued higher than cash transfers, due to the increasing difficulties of accessing quality foods. Targeted transfers may be an option to be considered in some countries where systems are already in place, but a careful assessment of whether to opt for cash transfers or food transfers has to be made. Cash cannot necessarily replace essential items necessary for child survival such as therapeutic foods and long-lasting insecticidal bed-nets. Risk analysis of the potential negative consequences of such systems will be important.

Strategy 3: Strengthen Child Survival Interventions

This should draw on the synergy of nutrition and health to ensure maximum impact as defined in the Joint Health and Nutrition Strategy⁶.

Ensure systems are in place for treatment and prevention of malnutrition: UNICEF action will need to focus on the following areas:

Treatment and prevention of acute malnutrition

- Control acute malnutrition in children 6 to 59 months old, and keep rates below critical values (<10%) and prevent a rise in and treat micronutrient deficiencies.
- Growth failure or even in a loss of weight in children could ultimately lead to severe malnutrition. Those already suffering from severe malnutrition are at highest risk - therefore, the treatment of severe acute malnutrition is of high importance.
- As feasible UNICEF must work with governments and partners for the adoption of the Community-based Management of Severe Acute Malnutrition strategy; adequate capacity is required to manage these programmes and necessary supplies (ready-to-use therapeutic foods)⁷ must be assured to implement treatment at scale.
- Facility-based services should focus on the management of complicated cases of severe acute malnutrition with therapeutic milks (F75 and F100) and the treatment of medical complications.
- Supplementary feeding programmes for the management of moderate acute malnutrition can be considered in collaboration (where possible) with WFP where food insecurity and malnutrition rates are high. These feeding programmes can either be targeted (for example, pregnant and lactating women, children and women affected by HIV and AIDS). If possible, fortified blended foods should be used (such as BP-5, UNIMIX).

Prevention of malnutrition among infants and young children

This is achieved through strengthening and expanding infant and young child feeding programmes with a focus on:

- *Early initiation of breastfeeding and exclusive breastfeeding in the first 6 months of life:* Infants who are exclusively breastfed have fewer infections, less risk of exposure to pathogens, significantly lower rates of diarrhoea and other illnesses, and significantly lower mortality.
- *Timely introduction of nutrient-rich complementary foods at 6 months:* Programmes need to scale up complementary feeding practices through sound and culture-specific nutrition information and counseling of mothers, caregivers and communities to ensure that infants are fed nutrient-rich, low-cost and age-appropriate complementary foods (also note the possibility to use multi-micronutrient supplements to improve nutrient intake).

In addition regular de-worming using single-dose drugs to treat soil-transmitted worm infections will reduce a considerable burden of acute disease but also improve the vitamin and mineral status of populations (specifically, iron and vitamin A).

⁶ UNICEF joint health and nutrition strategy for 2006-2015, 2005.

⁷ UNICEF Programme Guidance on Management of Severe Acute Malnutrition: Programme and Supply Components of scaling up an integrated approach, 2008

Prevention and treatment of micronutrient deficiencies: As families resort to ensuring their intake of staples at the cost of reducing their dietary diversity and quality, the risk of micronutrient deficiencies, especially iron deficiency and anaemia, increases. Micronutrient deficiencies can lead to increased morbidity and mortality, reduced cognitive development, growth, school performance and work productivity. To mitigate the impact of reduced dietary quality and to treat existing micronutrient deficiencies, the following interventions should be undertaken with a special effort to reach vulnerable groups ('the unreached'):

- Strengthen vitamin A supplementation programmes for children aged 6-60 months
- Initiate/strengthen programmes which provide iron-folate or multiple micronutrient supplements to pregnant and lactating women.
- Initiate/strengthen programmes which provide multi-micronutrient supplements (sprinkles, fortified spreads) to children under 5 with a focus on those aged 6-24 months.
- Strengthen programmes which aim to fortify staple foods or condiments with vitamins and minerals (iron, folic acid, vitamin A).

Accelerate selected health interventions: As a higher percentage of household income is spent on food, less will go towards health expenditures and the use of health services, especially preventive services (for instance, prenatal visits, routine vaccinations) and perhaps services for lower priority members in a household (i.e. obstetric care for women, medical care for infants and children). Actions therefore may include:

- Increase and improve free outreach services (that include a package of essential interventions).
- Improve community health worker networks and competencies.
- Improve diarrhoeal diseases management, including the use of oral rehydration therapy and zinc (ORS+Zn).
- Increase and maintain high coverage of measles vaccination.
- Use of long-lasting insecticide treated bed-nets against malaria.

Strategy 4: Strengthen Access to WASH and Education

Strengthen access to WASH: Hygiene, sanitation and safe water are fundamental for child survival. Improved sanitation can reduce illness due to diarrhoea by 35%. Hand washing with soap can decrease diarrhoea by over 43%. Households access to clean water may be reduced, especially for those who have to purchase water (in peri-urban areas), leading to worsening sanitation outcomes. Therefore, it may be necessary to:

- Ensure the provision of safe water to reduce the burden on the household to purchase water.
- Ensure access or continued access to good sanitation and safe hand-washing.

Support actions to ensure access to education: It may be necessary to address or eliminate barriers that prevent the most vulnerable children from attending school. For example, support and implement school fee abolition policies (in countries with school fees and other education cost barriers) for disadvantaged communities with grant payments to schools in lieu of fees, in order to increase enrolment of children from these communities.

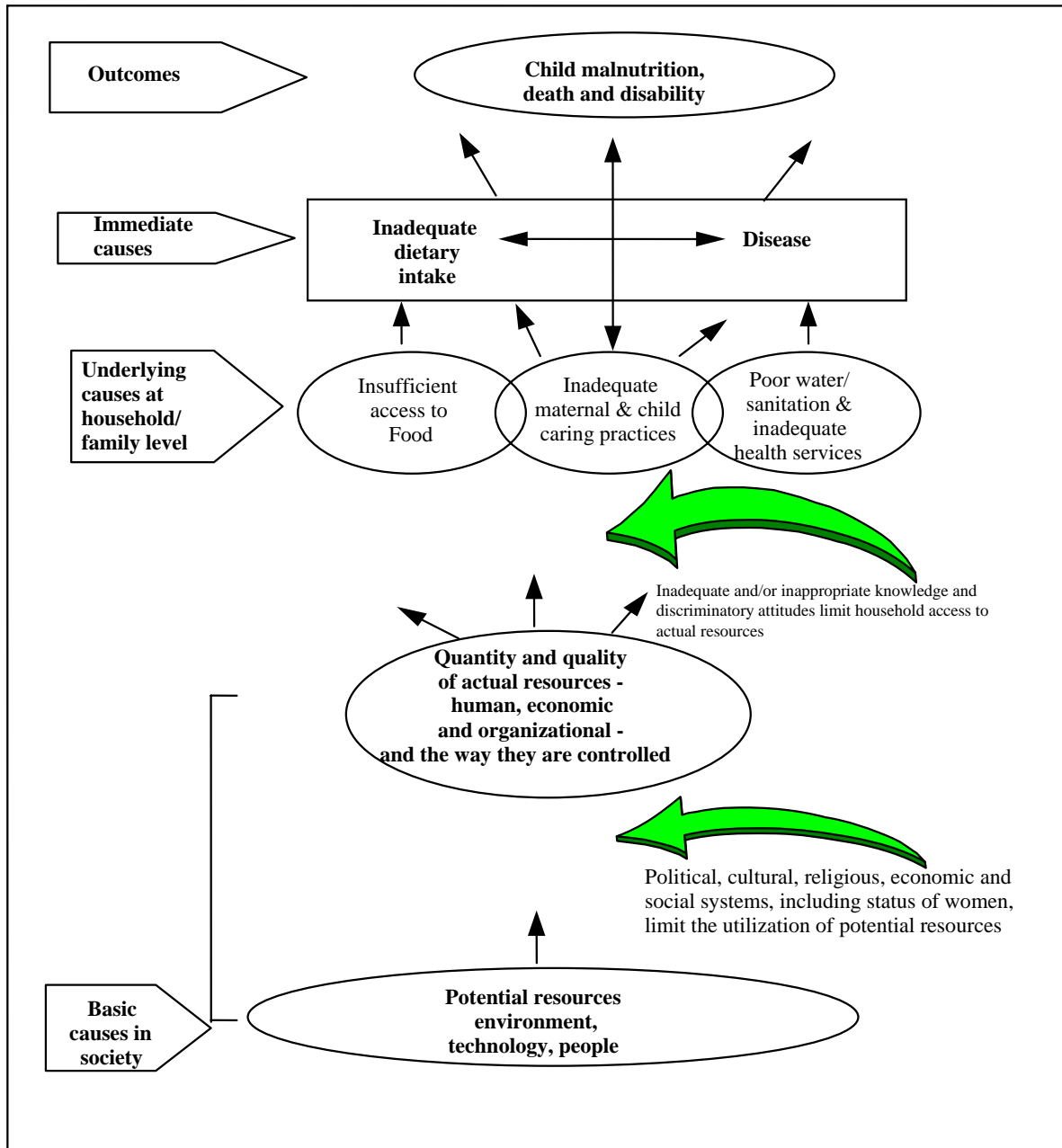
III. Current Organizational Mechanisms

UNICEF is engaged in or has set up the following networks to support organizational response:

- Secretary-General's Task Force – UNICEF is a participant
- New York HQ - Task Force under the Directors of Programmes and EMOPS to support the UNICEF response
- Knowledge management and web-page – references and updates are available at http://www.intranet.unicef.org/PD/EyesOnTheWorld.nsf/dx/food_prices.htm

- Regional Level Task Forces on the issue

Figure 1: Conceptual framework for analyzing causes of malnutrition



Source: UNICEF, 1990