Global Framework for Action

Revised Draft. December 2006

Ending Child Hunger and Undernutrition Initiative

Initiating partners:

World Food Programme and UNICEF

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Revised Draft. December 2006.

This document supersedes the Global Framework for Action, Draft for Review, November, 2006, and all previous versions.

Ending child hunger and undernutrition initiative

Initiating partners

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Acronyms and abbreviations

CRC	United Nations Convention on the Rights of the Child
FAO	Food and Agriculture Organisation
FRESH	Focusing Resources on Effective School Health
FIVIMS	Food Insecurity & Vulnerability Information & Mapping Systems
GAM	Global Acute Malnutrition
GDP	gross domestic product
GFE	Global Food for Education
GNP	gross national product
HDI	Human Development Index
HIPC	Heavily-Indebted Poor Countries
IAAH	International Alliance Against Hunger
ICRC	International Committee of the Red Cross
IFAD	International Fund for Agricultural Development
IDP	Internally displaced persons
IFPRI	International Food Policy Research Institute
IFRC	International Federation of Red Cross and Red Crescent Societies
MCHN	mother-and-child health and nutrition
MDG	Millennium Development Goal
NGO	non-governmental organization
OECD	Organisation for Economic Co-operation and Development
PRSP	Poverty Reduction Strategy Paper (World Bank)
SFP	School Feeding Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNSCN	United Nations Standing Committee on Nutrition
USAID	United States Agency for International Development
VAM	Vulnerability Analysis and Mapping
WB	World Bank
WFP	World Food Programme
WFS	World Food Summit
WHO	World Health Organization

About this document

The **Global Framework for Action** is the initial strategy document for the Ending Child Hunger and Undernutrition Initiative, a partnership dedicated to taking the lead on the hunger and nutrition dimensions of the First Millennium Development Goal (which aims to halve hunger by 2015), and the aspiration of the world's leaders, as expressed in the Millennium Declaration, to secure a world "free from hunger" and undernutrition.

This strategy document is for use by partners and for further development by them. The **Global Framework** is designed to promote, inform and help strengthen both regional strategies and national plans of action addressing child hunger. Its contents draw upon current thinking and best practice; its aim is to focus potential partners on the nature and extent of the problem of child hunger and undernutrition today – an urgent global situation that offers striking new opportunities to extend and accelerate efforts already being made on the ground, and to collectively deploy known and effective solutions on a wider scale in the most affected countries and communities.

This "revised draft" precedes the planned First Edition of the document, which members of the Partners Group to the Initiative are expected to adopt and use to guide their own participation and contributions. The global strategy will be updated in future to ensure that it remains contemporary and relevant, based on evolving knowledge and practice among partners and updated evidence of what interventions work best. The forthcoming Lancet series on Maternal and Child Nutrition, for example, will inform revisions to the set of interventions for particular Initiative focus.

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This version of the **Global Framework for Action** (December 2006) is a product of a development and design process which was launched in 2005 with a Concept Note for the Initiative, drafted by WFP and UNICEF, in collaboration with the World Bank. In 2006 WFP and UNICEF, as initiating agencies, convened a Task Force to further develop the Initiative on the basis of the Concept Note. Broad expert and technical consultations were held before arriving at a first draft. Further comments were provided by key partners and stakeholders, including NGOs, UN agencies, interested private sector companies and civil society foundations, as well as the Executive Boards of WFP and UNICEF.

This "Revised Draft" incorporates inputs from these interested parties.

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Executive Summary

The Ending Child Hunger and Undernutrition Initiative is a global partnership for mobilising attention and action on the immediate causes of child hunger and undernutrition. The **objective** of the Initiative is to mobilise the political, financial, and technical resources and partnerships that developing countries require to address child hunger and undernutrition, with the overall **goal** of dramatically reducing it within a generation.

As a first step, the Initiative aims to accelerate progress towards the achievement of MDG1, Target 2 (halve the prevalence of underweight among under-fives). Current global rates of progress are positive but insufficient to reach the Target, and need to be more than doubled. To achieve this, the Initiative will support national and community efforts to address the critical needs of some 100 million households – home to approximately 400 million hungry children, nearly 150 million of which are under five years of age – including their access to proven, effective interventions.

There is increasing understanding that tackling hunger and undernutrition in general, and child hunger in particular, should be a cornerstone of countries' efforts to fulfil commitments made in the **Millennium Declaration** and **Millennium Development Goals** (MDGs). The evidence is clear that investment in nutrition reduces poverty by boosting productivity throughout the life cycle and across generations; that it leads to improved educational outcomes; that dealing with undernutrition typically empowers women, with benefits that extend to the whole family; that undernutrition is associated with over 50 percent of all child mortality; that maternal undernutrition is a direct contributor to poor maternal health, and that good nutritional status slows the onset of AIDS in HIV-positive individuals, increases malaria survival rates and lowers the risk of diet-related chronic disease.

Current efforts to address child hunger and undernutrition represent a wide array of interventions in many sectors in both rich countries and poor. The strategic approach of the Initiative is to support alignment of these efforts and their focus and acceleration in the areas of greatest need, resulting in increased coherence and effectiveness.

Hunger and undernutrition contribute to more than half of the ten million preventable under-five child deaths that occur in low- and middle-income countries each year, yet the causes of child hunger are predictable, preventable and can be addressed through affordable means. The Initiative will directly promote interventions that have immediate impact for children and mothers and can be rapidly scaled up. These practical measures include health, hygiene and nutrition education and promotion, micronutrient supplementation, household water treatment, hand-washing with soap, parasite control measures (de-worming in particular),and situation-specific household food security interventions. Despite their demonstrated impact on child health, integrated efforts to deliver a focused set of interventions – the illustrative set above costing less than $80 per year per family - have not been carried out beyond 'pilot' scale in the most affected geographic areas.

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The Ending Child Hunger and Undernutrition Initiative's four intended outcomes are:

1. Increased awareness of hunger and undernutrition and understanding of potential solutions;
2. Strengthened national policies and programmes affecting hunger and nutrition;
3. Increased capacities for direct community action on child hunger and undernutrition;
4. Increased efficiency and accountability of global efforts to reduce child hunger and undernutrition, through monitoring and evaluation of the Initiative, programme interventions and impact for children.

The incremental cost of assisting 100 million families to protect their children from hunger and undernutrition is estimated at roughly US$8 billion per year. Of this amount, approximately US$1 billion of new international resources could be effectively programmed immediately.

The choice that societies and communities have before them is whether to act now to end child hunger and undernutrition in this generation, or to wait for improvements in income and education to have an eventual – and un-guaranteed - impact on child growth.

It is clear that improving economic and social conditions can contribute to improved nutrition in the long term. It is equally clear that an individual child cannot wait for the long term - hunger is something that must be satisfied every day. This shared knowledge should compel our immediate actions and provide a unique opportunity to act with urgency upon this key component of the development agenda.

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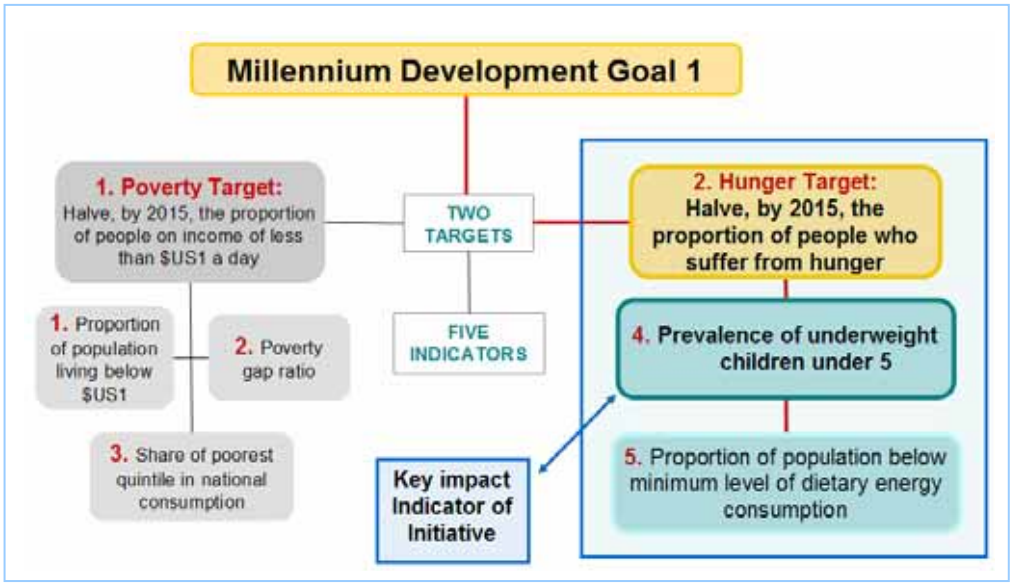

Figure 1 - Ending Child Hunger and Undernutrition Initiative: goal, target and impact indicator.[1]

1. An initiative to end child hunger and undernutrition

Hunger and undernutrition contribute to more than half of the 10 million preventable under-five child deaths that occur in low- and middle-income countries each year.[2] In addition, maternal undernutrition during pregnancy and lactation can undermine a child's lifelong capacity for physical growth, intellectual development, and economic productivity.

The initiative responds directly to commitments undertaken by countries through the Millennium Declaration, the Millennium Development Goals, and to the recommendations of the Millennium Project Task Force on Hunger ('Hunger Task Force'). Furthermore, it supports UN member states in their efforts to move towards fulfilment of key provisions of the Convention on the Rights of the Child (see **Box 1**) and other relevant human rights treaties.

Article 24 of the Convention on the Rights of the Child commits governments to:

" combat disease and malnutrition, including...through provision of adequate nutritious foods and clean drinking water" and to "ensure that all segments of society, in particular parents and children, are...supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation..."

Box 1 - Convention on the Rights of the Child

Millennium Development Goal 1 (MDG-1), *to eradicate extreme poverty and hunger,* has two specific targets and the Initiative aims to promote the achievement of the second target – the so called 'hunger target' (see **Figure 1**) as a first step towards its overall goal of ending child hunger and undernutrition within a generation. This will require a major acceleration of existing global and country efforts to address child hunger and undernutrition.

Essential in its own right, achievement of this target is also critical to that of six other MDGs (see **Box 2**).

In 2005, the UN Millennium Project Task Force on Hunger made seven major recommendations on actions required to achieve MDG1 (see Annex, p.51). This initiative directly responds to Recommendations #1 and #4 of the **Hunger Task Force** (move from political commitment to action, and improve nutrition for the chronically hungry and vulnerable), and to key aspects of Recommendation #2 (reform policies and create an enabling environment).

The targets and provisions for children set out in the Millennium Development Goals and the Convention on the Rights of the Child are applicable to all children in every country, regardless of their citizenship or residence status. The Initiative aims to help mobilise the commitment and resources needed to accelerate national action to achieve these targets and provisions.

1.1 Initiative goal, outcomes and approaches

The goal of the Initiative is to help end child hunger and undernutrition within a generation. During the last decade overall child undernutrition rates decreased by approximately 1.7 percent per year. To achieve Target 2 of MDG1, this rate will need to be more than doubled. This will require a dramatic mobilisation of capacities and focused use of resources to address undernutrition, with a major emphasis on prevention, in both policies and programmes.

The causes of child hunger are predictable and preventable and can be addressed through affordable means. Practical measures that address the immediate causes of child undernutrition include a health, hygiene and nutrition education and promotion, emphasising exclusive breastfeeding and complementary feeding, and key commodity-linked interventions including micronutrient supplementation; household water treatment; hand-washing with soap; parasite control measures (de-worming in particular); and situation-specific household food security interventions.

These interventions, enacted in tandem with measures to increase the economic viability of families and communities and their capacity to access the food and basic services they need and use them effectively, can lead to accelerated and sustained progress in improving child nutrition.

Numerous interventions are essential if child hunger and undernutrition are to be addressed effectively and sustainably. The Initiative will directly promote interventions that are known to have immediate impact for children and mothers, can be scaled up and are currently under-championed; currently, the set of interventions above, but subject to change based on new available evidence and country-specific analysis. The promotion of a focused set of interventions will fully and directly complement other, ongoing efforts to take the measures essential to tackle child hunger in the short term and to address its underlying causes.

The Ending Child Hunger and Undernutrition Initiative is proposed to help ensure that this increased rate of progress is achieved and surpassed, through a global effort with **four intended outcomes**:

1. Increased awareness of hunger and undernutrition and understanding of potential solutions
2. Strengthened national policies and programmes affecting hunger and nutrition
3. Increased capacities for direct community action on child hunger and undernutrition
4. Increased efficiency and accountability of global efforts to reduce child hunger and undernutrition, through monitoring and evaluation of the Initiative, programme interventions and of the impact for children.

The **partnership approach** of the Initiative is to forge a strong alliance of collaborators from among national and state governments, international agencies, the private sector, the faith-based, technical, medical, educational, communities and other civil society organisations. Partners seek a strengthening of linkages across disciplines, institutions, sectors and countries – building alliances, exchanging experience and mobilising resources towards the ending of child hunger and undernutrition.

The **operational approach** of the Initiative is to strengthen national capacities for integrating and scaling up the delivery of a focused set of 'anti-hunger' interventions to the most vulnerable children and families, through the effective direct delivery channels, which may include schools, health posts and community-based organisations. By adapting delivery and financing strategies and the mix of interventions to different settings, the Initiative will seek to advance a range of successful approaches. By demonstrating on a large scale that coordination and logistics challenges can be effectively addressed in the highest-burden parts of the world and those currently making the least progress, the Initiative will leverage even broader action at each level.

The **advocacy approach** of the Initiative is to promote more effective, integrated policy and programmes for hunger reduction and nutrition, based on evidence of what works. Advocacy efforts will include a major campaign to increase global understanding of child hunger and undernutrition, its role and importance for the MDGs, the solutions available, common communications approaches among existing entities, and of how progress can be monitored. It will be complementary to and aligned with other advocacy efforts on behalf of children and mothers, to enhance overall understanding and achievement of all MDGs and to progressively realise the vision for children articulated within the **Convention on the Rights of the Child** (CRC).

Consistent with the principles of the CRC, the Initiative will promote, advocate for and support inclusive strategies which:

1. give priority to reaching the poorest and most marginalized families and communities;
2. increase their participation in decision-making on hunger and nutrition-related issues; and
3. empower them in taking action for the survival, growth and development of their own children, supported by the provision of basic services.

The promotion with partners of district-based planning and community-level monitoring will also support greater equity in achieving results for children.

Country-level approaches are outlined in sections 3.2 and 5.3.

Goal 1: *to eradicate extreme poverty and hunger*. **Relevance to Initiative:** malnutrition erodes human capital through irreversible and intergenerational effects on cognitive and physical development.

Goal 2: *to achieve universal primary education.* **Relevance:** undernutrition reduces the chances that a child will go to school, stay in school, and perform well.

Goal 3: *to promote gender equality and empower women*. **Relevance**: barriers to women and young girls in gaining access to food, health, and care resources may result in malnutrition among women and their children. Undernourished girls are more likely to drop out of school.

Goal 4: *to reduce child mortality*. **Relevance:** hunger and undernutrition are the underlying causes of roughly half of the 10 million preventable child deaths occurring each year.

Goal 5: *to improve maternal health.* **Relevance:** maternal stunting, anaemia and a lack of iodine pose serious health problems which in turn are associated with risk factors for maternal mortality.

Goal 6: *to combat HIV/AIDS, malaria, and other diseases.* **Relevance:** undernutrition may compromise antiretroviral therapy, increase the risk of HIV transmission, and hasten the onset of symptomatic AIDS and premature death; undernutrition also substantially increases children's risk of death from malaria.

Box 2 - Contribution and relevance of Ending Child Hunger and Undernutrition Initiative to the Millennium Development Goals

1.2 New opportunities for action

Accumulated national and global experience together with other new developments and resources combine to provide new optimism and a strong foundation for new efforts to end child hunger and undernutrition.

The international growth standards established by the World Health Organization (WHO) in April 2006 directly confront the notion that ethnicity is a major factor in how children grow. The new standards demonstrate that children born in different regions of the world, when given an optimum start in life, have the potential to grow and develop within the same range of height- and weight-for-age.

The World Bank's recent policy document, *Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action*, has also created major new opportunities for action. The report's call for policy change is backed by evidence that maternal and child nutrition interventions are "essential for speeding poverty reduction, have high benefit-cost ratios, and can improve nutrition much faster than reliance on economic growth alone. Moreover, improved nutrition can drive economic growth."

These and other developments add to the timeliness of the Initiative:

- Increasing numbers of countries have demonstrated large scale success through practical and politically popular approaches.
- Global political consensus has emerged on the need to tackle hunger, together with a growing understanding of nutrition as being fundamental for achieving the MDGs.
- Pledges to increase financial resources for development have to some extent materialised since the 2002 Monterrey International Conference on Financing for Development with a growth in overall aid of about 10 per cent in real terms over the past 5 years.
- The involvement of the private sector in development efforts has increased dramatically in recent years, with major technical innovations, business process improvements, innovative partnership and development financing initiatives, and direct financial contributions.
- A set of key political, programme and technical **touchstones** (see Box 3) has been developed; these serve to frame the Initiative, and a global instrument to annually monitor progress has been launched through UNICEF's *Progress for Children: A Report Card on Nutrition*.
- The platform for international collaboration has already been strengthened in over 30 countries through the actions of UNICEF and WFP – the two largest operational organisations in the UN system – combining their field-level efforts with other partners in support of national programmes.

* * *

- United Nations Millennium Declaration, 2000
- Report of the Millennium Project Task Force on Hunger, 2005
- United Nations Convention on the Rights of the Child 1990
- *Progress for Children: A Report Card on Nutrition*, UNICEF 2006
- United Nations' Standing Committee on Nutrition (SCN) 5th Report on the World Nutrition Situation and Action Plan, 2004
- *Strengthening Country Commitment to Human Development – Lessons from Nutrition*, World Bank, 2005
- *Repositioning Nutrition as Central to Development – A Strategy for Large Scale Action*, World Bank, 2006
- Child Survival Series and Maternal and Child Malnutrition Series – *The Lancet,* forthcoming in 2007
- Rome Declaration and Plan of Action, World Food Summit, FAO, 1996
- *World Hunger Series 2006: Hunger and Learning*, WFP 2006

Box 3 - Key political, programme and technical touchstones

* * *

2. Child hunger and undernutrition today: challenges and opportunities

In the most fundamental sense, hunger exists when a person's body lacks the required nutrients to grow and develop a productive, active and healthy life.

It cannot be measured directly, but the most appropriate way for monitoring progress for children is by underweight.

Box 4 - Hunger definition

The healthy growth of children represents the combined effort of their families, their communities and the societies in which they live.

Consequently, child hunger and undernutrition are increasingly recognized as among the most important markers of failed human development.

The concept of "hunger" includes a spectrum of conditions in which the diet is either quantitatively and/or qualitatively inadequate. In the most fundamental sense, hunger exists when a person's body lacks the required nutrients to grow and develop a productive, active and healthy life. Child undernutrition, or failure of children to grow properly in early childhood, results in greatly increased child mortality. Those children that survive do so with a greatly reduced capacity to lead productive and healthy lives.

Figure 2 illustrates key factors that contribute to a child's healthy growth. Fundamentally, a child's growth is affected by the political, social and cultural environment in which he or she lives.

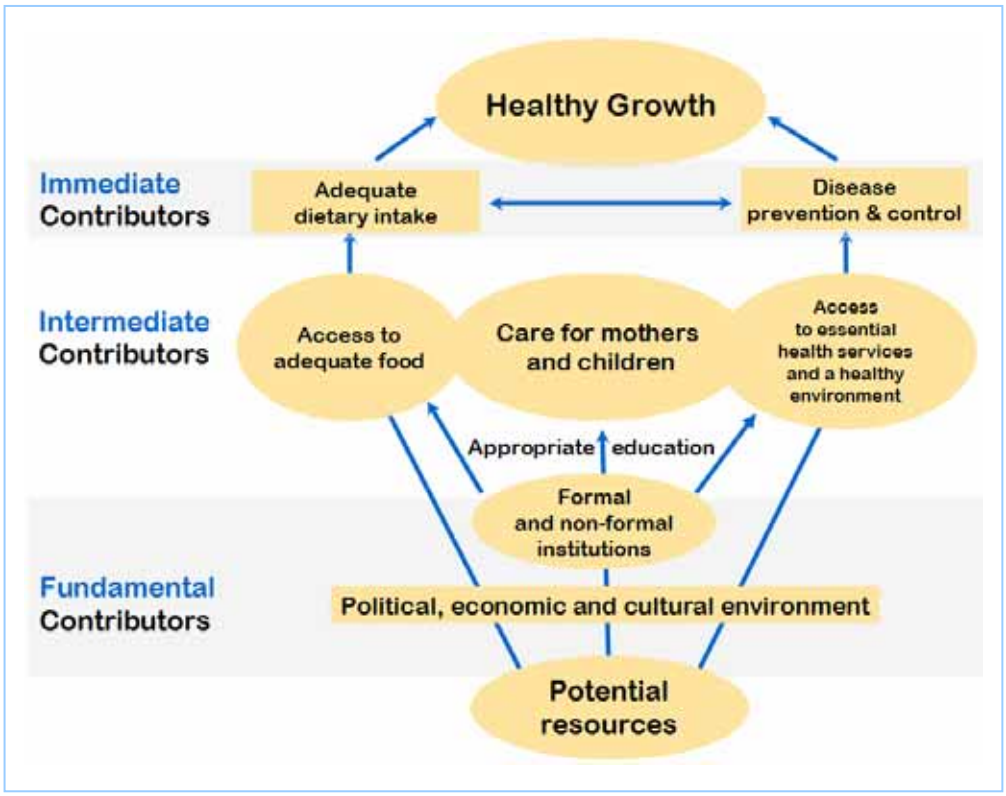

Figure 2 - Contributing factors to healthy growth for children in society [3]

This environment affects how effectively and equitably resources are used to ensure a population's access to food, health and care. Education - especially but not only about nutrition, health and hygiene - also affects a family's and community's ability to care and provide for its children.

More immediately, if mothers are well-nourished and children are exclusively breastfed, cared for and are later given enough of the right things to eat, raised in a sanitary environment and treated when sick, they will be healthy and grow. This requires that their families and communities have access to adequate food and essential health services, and appropriately care for mothers and children. Issues of household food security, family care and feeding practices, clean water, environmental sanitation and health care all need to be addressed to ensure good nutrition.

2.1 Consequences of child hunger and undernutrition

The consequences of child hunger and undernutrition can be extreme both for individual families and cumulatively for the communities and nations concerned.

Child undernutrition has serious and measurable impacts on mortality: over 50 per cent of all deaths of young children due to infectious diseases such as malaria, pneumonia, diarrhoea and measles have undernutrition as an underlying cause[4]. This translates to between 5 and 6 million children dying each year from infections that would not have killed them if they had been properly nourished. The weekly child death toll from hunger and undernutrition far exceeds those caused by even the most dramatic natural disasters.

The World Bank says that improving nutrition is as much an issue of economics as one of welfare, social protection, and human rights.[5] Undernutrition slows economic growth and perpetuates poverty through three routes—direct losses in productivity from poor physical status; indirect losses from poor cognitive function and deficits in schooling; and losses owing to increased health care costs.

Productivity losses to individuals are estimated at more than 10 percent of lifetime earnings. Gross domestic product (GDP) lost to malnutrition runs as high as 2 to 3 percent in some countries. Moreover, many of the MDGs, including the Goal for poverty reduction, will not be reached unless malnutrition is tackled.

Hunger and undernutrition overlap with the most damaging consequences during pregnancy, lactation and infancy. Mounting scientific evidence indicates that undernutrition has intergenerational effects that significantly increase its economic and other social costs[6].

Investments in children's growth are, therefore, investments in future health and productivity and in future generations.

* * *

2.2 Geographic distribution of undernutrition

Undernutrition is highly concentrated geographically. More than 50 percent of the 146 million underweight children in the world live in South Asia (see **Figure 3**). While some progress has been made – the proportion of underweight children in developing countries declined from 33 per cent to 27 per cent between 1990 and 2004 – levels and the absolute numbers of children affected remain high. In sub-Saharan Africa the total number of underweight children has actually increased.

Three quarters of the 146 million underweight children in the world live in just ten countries (see **Table 1**). Only one of these countries, China, is making sufficient progress in reducing child undernutrition that it will likely achieve MDG1. An effort to reduce child undernutrition in the ten countries with the largest global share of underweight children would on its own significantly contribute to the overall goal of ending child hunger and undernutrition.

In many countries with smaller populations, however, the undernutrition problem is even more severe. In Yemen, for example, 46 per cent of children are underweight: a problem of staggering severity (see **Table 2**). The 13 countries with the highest prevalence of underweight children in the world are listed in **Table 2**. Three countries, India, Bangladesh and Ethiopia, appear in both rankings, among the countries with the greatest global share and the greatest severity.

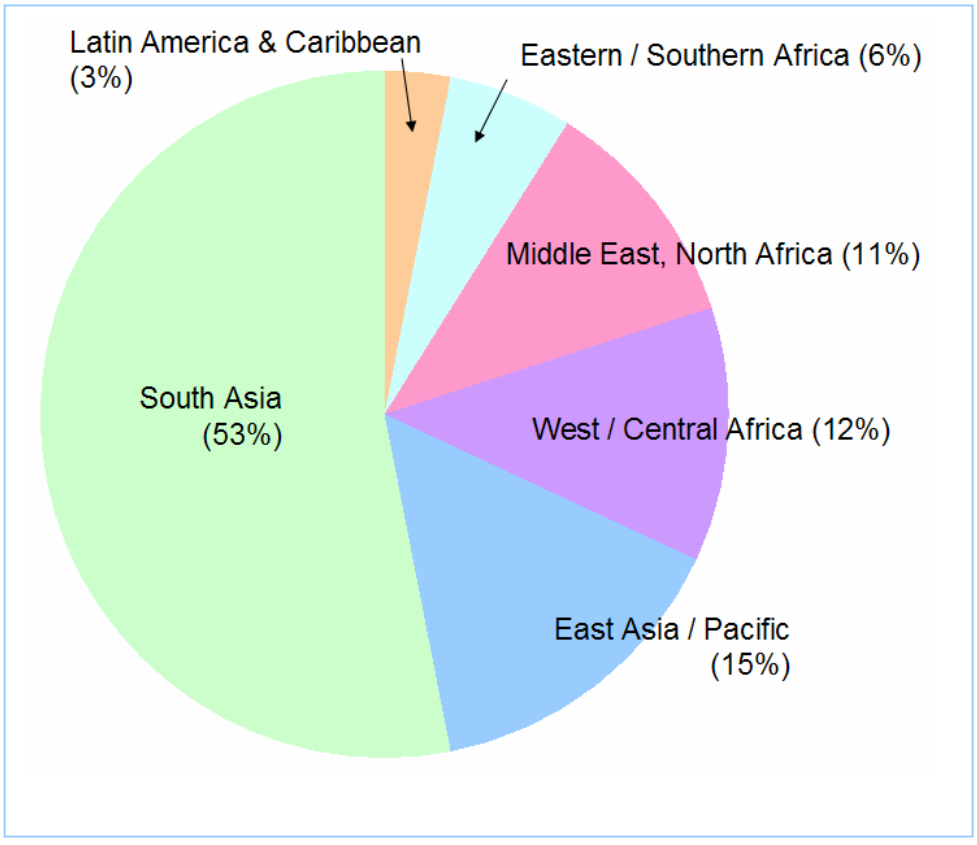

Figure 3 - Global distribution of underweight children by region[7]

Ranking by global share of underweight children			
Country	**Prevalence of underweight children in country (%)**	**Share of total underweight children in the world (%)**	**Cumulative total (%)**
India	**47**	**39.0**	**39.0**
Bangladesh	**48**	**5.7**	**44.7**
Pakistan	38	5.5	50.2
China	8	4.8	54.9
Nigeria	29	4.4	59.3
Ethiopia	**47**	**4.2**	**63.5**
Indonesia	28	4.2	67.7
Democratic Republic of Congo	31	2.3	70.0
Philippines	28	1.9	71.9
Viet Nam	28	1.5	**73.4**
Source: UNICEF, 2006. State of the World's Children. Compiled from Table 2 and 6.			

Table 1 - Countries ranked by global share of children underweight

Ranking by prevalence of underweight children		
Country	**Prevalence of underweight children in country (%)**	**Share of total underweight children in the world (%)**
Bangladesh	**48**	**5.7**
Nepal	48	1.2
Ethiopia	**47**	**4.2**
India	**47**	**39.0**
Timor-Leste	46	0.1
Yemen	46	1.1
Burundi	45	0.4
Cambodia	45	0.6
Madagascar	42	0.9
Eritrea	40	0.2
Lao People's Democratic Republic	40	0.2
Niger	40	0.8
Afghanistan	39	1.4
Source: UNICEF, 2006. State of the World's Children. Compiled from Table 2 and 6.		

Table 2 - Countries ranked by prevalence of children underweight[8]

The scope of the underweight problem is even more geographically concentrated than national level comparisons suggest. Undernutrition is also highly localised within countries – over half of the world's underweight children live in just 24 sub-national states/provinces in Bangladesh, Ethiopia, India, Nigeria, and Pakistan. Two-thirds of underweight children can be accounted for with the additional inclusion of just the two worst states in the balance of countries for which sub-national data exists.

The fact that undernutrition is concentrated in identifiable areas powerfully illustrates the feasibility of an effective, focused attack.
National approaches to solving the problem of child hunger and undernutrition need to address both extent and severity. Countries with high overall levels are challenged to address the underlying macroeconomic, political and cultural factors contributing to generalised undernutrition while – consistent with human rights- and needs-based approaches - simultaneously paying special attention to those geographic and demographic population groups that are the most severely affected. The initiative will also consider countries with lower overall levels of undernutrition but with substantial geographic, ethnic or other disparities and with sub groups with high levels of undernutrition.

2.3 Successful country experience

Contrary to what is commonly assumed, improvements in child nutrition are not always strongly associated with economic growth.

Economic growth can and generally does contribute to child nutrition. However, that contribution is not automatic and profound achievements have been demonstrated even in its absence.

Most of the factors that produce a healthy, growing child are dependent on the circumstances, knowledge and behaviour of individual families and communities. Lessons drawn from a variety of countries - in very different circumstances and employing different approaches – reinforce the view that explicit political priority and an affordable set of interventions can make a dramatic contribution to those efforts.

While historical data for undernutrition are weak, child mortality data illustrate how powerfully explicit political priority can impact on child health. **Figure 4** shows two sets of countries with very different rates of progress in addressing child mortality. Many countries - in all regions of the world and in a variety of policy and economic environments - have been able significantly to reduce the rates at which their children die, beginning with a deliberate decision to do so.

Across the range of national and sub-national experiences in addressing undernutrtiion, key factors contributing to success have included: strong

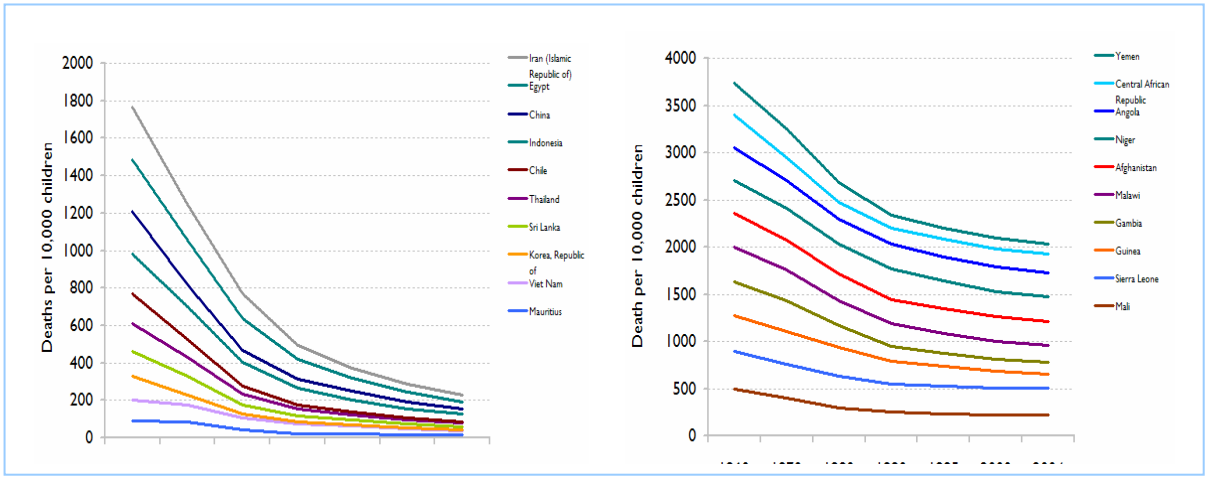

Figure 4 - Successful and less-successful national efforts to reduce child mortality since 1960[9]

political commitment; a strategy that actively engages various sectors such as health, education and water and sanitation; and a focus on building community awareness of health and nutritional problems. 10 Even countries with limited overall national achievements have sometimes produced remarkable successes in individual districts or states.

Chile's underweight rates were reduced from 37 per cent to 2.4 per cent between 1960 and 2004. Starting in the 1960s Chile began the redesign of its health infrastructure, which provided a structure for health and nutrition interventions. Key interventions included free milk for young children, immunisations, health and nutrition education and breastfeeding promotion. Creation of public awareness of nutrition and health was an important element in Chile's success. Together with active collaboration among politicians, the academic community and local organisations in ensuring it, Chile maintained commitment to and interest in nutrition. Improvements were sustained despite numerous economic and political crises in Chile during the period.

Thailand's nutrition program has been one of the most successful in Asia. Between 1975 and 1990 protein energy malnutrition was reduced from 36 per cent to 13 per cent.[11] Thailand's success began with strong planning that linked nutrition investment and objectives to policy commitments and development strategies.[12] A clear division of responsibilities was established across sectors, backed by well-defined budgets for the contribution of each to nutrition objectives. Key interventions included food supplementation, basic health care, and simultaneous investment in water and sanitation, primary and secondary education and poverty alleviation.[13] A major trigger for change was the generation of national consensus about the importance of nutrition, and the involvement of local communities in diagnosing, planning and financing nutrition interventions through large-scale community mobilisation of volunteers.

India's *Integrated Child Development Services* (ICDS) Program is the largest child nutrition-related program in the world.[14] Since 1960 malnutrition in India has declined by approximately 30 per cent, and child and infant mortality have also decreased. While the ICDS program was designed incorporating health, education and nutrition components, the coverage is uneven and particularly so in the most disadvantaged states. Sub-nationally, the *Tamil Nad*u Integrated Nutrition Programme (TINP), operating in nearly 20,000 villages15, has brought about significant reductions in malnutrition through a broad range of social sector reforms. Severe malnutrition decreased between one-third and one-half between the start of the programme in 1980, and 1997.16 TNIP offered a package of health and nutrition services aimed at reducing child malnutrition, vitamin A deficiency, infant mortality and anaemia in pregnant and nursing women. The use of village health workers, information campaigns to improve community awareness, and a well-developed monitoring and evaluation scheme contributed to the success of the programme.

Tanzania's strategy to address child hunger and undernutrition in the Iringa region emphasised social mobilisation and community participation. Between 1980 and 1988, severe malnutrition fell from 6 per cent to 2 per cent and underweight prevalence from 60 per cent to 38 per cent.[17] A community growth monitoring system for children was a key element of the programme, as was emphasis on child feeding practices. The success in the Iringa region led to the establishment of a country-wide Child Survival and Development programme that contributed to more general decline in child malnutrition from 50 per cent in 1980 to 30 per cent in 1990. These gains have not

however been further extended; in the last decade there has been decline in the quality and quantity of nutrition-related services and stagnation in the malnutrition reduction rates.

Brazil decreased its child undernutrition by 67 per cent between 1970 and 2000; similar results were seen for child and infant mortality rates.[18] Improvements in access to basic services - sanitation, health care and education – were effected during this same period. In the north-eastern region of Brazil, where undernutrition prevalence is more than three times that in other regions, a powerful civil society movement that demanded an end to hunger propelled a family health programme that has contributed to reduced infant mortality rates.[19]

2.4 Interventions that work

There is now unequivocal evidence that workable solutions to child undernutrition exist and that they are excellent economic investments[20].

Among the interventions found to be most effective in reducing under-five mortality are exclusive breastfeeding and appropriate complementary feeding, micronutrient supplementation and water and sanitation interventions.[21] Deworming has also been found to be a particularly effective intervention for children of school age.[22] That a high priority should be given to several of these interventions in order to attack hunger and malnutrition was emphasised by the Copenhagen Consensus panel in 2004 and again in 2006.[23]

The specific interventions to be promoted directly by the Initiative are subject to updating following the best available evidence, for example from the upcoming Lancet series on Maternal and Child Nutrition, and country-specific analysis.

A. Health, Nutrition and Hygiene Education and Promotion

Hygiene education and promotion programs have a substantial impact on reducing diarrhoeal morbidity, undernutrition and mortality and on other diseases such as respiratory tract infections. Promoting good hygiene practices is also essential in order to control helminth-related infections and increase community awareness and mobilisation around health. Hygiene promotion activities cost approximately $1.00 per child per annum.

Maternal nutrition education programs can have a major impact on reducing child malnutrition rates.[24] Investing in the promotion of maternal health and well-being is vital to the survival and well-being of the child.[25] Meeting the nutritional needs of the woman in the period before, during and after pregnancy is critical for both mother and child. Ensuring that increased dietary energy needs during pregnancy and lactation are met, and the provision of prenatal vitamins and iron supplements, is essential in preventing birth defects and mitigating anaemia in mothers that otherwise can have a detrimental impact on both the mother and infant. Avoiding low birth weight infants will reduce child deaths and the later development of chronic diseases.

The **promotion of exclusive breastfeeding** for six months after childbirth is a particularly important component of nutrition education. Exclusive breastfeeding is effective in preventing childhood diseases such as diarrhoea, pneumonia and neonatal sepsis. [26] Promoting exclusive breastfeeding in low-

and middle-income countries is estimated to cost approximately an additional $414 million per year.[27]

Exclusive breastfeeding has definable economic benefits due to improved health of breastfed infants and the lower health care costs to governments and families.[28] [29] [30] Further, at the household level in poor countries, the value of breast milk production can easily exceed total household income.[31]

Promotion of recommended complementary feeding practices can improve children's weight gains and reverse growth retardation.[32] Inappropriate feeding practices are a major cause of the onset of malnutrition in young children, along with the lack of access to appropriate complementary foods, especially nutrient-rich animal source foods. The incidence of malnutrition rises sharply during the period from 6 to 18 months of age in most countries. WHO recommends that infants start receiving complementary foods at 6 months of age in addition to breast milk. Nutrition education promotion programs are estimated to cost $6.12 per child reached per year.

Growth monitoring promotion programmes are intended to engage and support families directly to monitor and address the nutritional and health status of their children. Building capacity at national, sub-national and community levels to conduct regular weighing of children and growth monitoring surveys is critical for assessing progress and promoting informed action in eliminating child hunger and malnutrition. Growth monitoring promotion program costs are estimated to be between $2.90 and $6.82 per child per year. [33]

B. Household Food Security Interventions (situation-specific)

Among the responses which are available, well tested in the field, and specific to food insecurity affecting children and the poorest households are the following:

Household livelihoods and food production interventions are effective in increasing the availability of adequate and appropriate foods required for healthy child growth. Good practices in household food security interventions include diversified homestead food production (with an emphasis on vitamin- and nutrient-rich foods)[34] and food processing for preservation or preparation of 'enriched' foods for small children. The estimated cost of a spectrum of possible household food security interventions is between $25 and $50 per family per year.

Safety nets and transfers to households have been shown to have an impact on child nutritional outcomes, including increasing child growth and reducing stunting.[35] Such interventions are needed in specific situations and locally appropriate forms to address both chronic and acute shortfalls in family resources and ensure access to basic foods. Such forms of social protection already exist in many developing countries – including cash transfers, food supplements, public works programmes, and emergency responses – but may need to be scaled up or supported through capacity-building measures. Transfers to orphans and other children without viable family support are also needed in some situations.

Supplementary feeding is the provision of food to specific groups at particular nutritional risk – usually under-fives or pregnant and lactating women – either to prevent malnutrition or to treat existing moderate malnutrition. Failure to meet the heightened nutritional requirements of pregnancy and lactation can have negative effects on the subsequent nutritional status of infants. Balanced protein-energy supplementation has a modest impact on maternal weight gain and foetal growth, but substantially reduces the risk of giving birth to low-birthweight babies.[36] The impact of

protein-energy supplementation on child nutritional status and developmental outcomes has been demonstrated to be most effective in younger children.[37] Further studies are needed to provide definitive guidance on the most effective overall supplementary feeding strategies for young children, including under which conditions they are most cost-effective.[38]

Therapeutic Feeding is required to address severe child malnutrition, in institutional or community settings. Approximately 80 per cent of children with severe malnutrition can be treated at home with ready-to-use therapeutic foods. This form of community based management of severe malnutrition was first introduced in emergency situations and is adaptable to areas with a high prevalence of severe malnutrition. With locally produced commodities, therapeutic feeding costs about US$ 45 for a six- to eight-week treatment of a severely malnourished child

C. Micronutrients

As a consequence of micronutrient deficiencies, some 1 million children under the age of five are expected to die annually, 19 million infants will be born with impaired mental capacity and 100,000 infants will be born with preventable physical defects.[39] Iron folate and other micronutrients also have an important role in improving birth weights in resource-limited settings.[40] Provision of micronutrient supplements to households – particularly in forms designed for consumption by children and mothers - complements the strategy of food fortification and is essential where fortified foodstuffs are not available.

Vitamin A supplementation programs have been shown to be remarkably effective. Still, Vitamin A deficiency (VAD) continues to affect some 40-60 per cent of children under-five in the developing world. Vitamin A deficiency is both a common cause of preventable blindness and a risk factor for increased severity of infectious disease and mortality.[41] At an additional annual cost of some US$ 271 million, over 225 thousand child deaths due to vitamin A deficiency can be prevented each year.[42]

Iron supplementation programmes can be effective in addressing the most widespread health problem in the world. Iron deficiency risks the impairment of normal mental development in 40-60 per cent of infants in the developing world.[43] Iron deficiency is the primary cause of anaemia and directly causes the death of 134,000 children annually. Iron-fortified foods have been demonstrated to reduce the prevalence of anaemia in pre-school children from 40 to 10 per cent in less than a year.[44] New evidence and global guidelines warn against routine iron supplementation in areas where malaria is prevalent. Iron supplementation is estimated to cost between $0.55 and $3.17 per child per year.[45]

Zinc supplementation can prevent and palliate diarrhoea and pneumonia and also may reduce malaria morbidity in young children, in addition to contributing to improvements in growth.[46] Zinc deficiency is estimated to be responsible for about 800,000 deaths annually in children under five. Zinc supplementation programmes can prevent up to 460,000 thousand under-five deaths annually at a cost of approximately $6.1 per child. Zinc supplementation may be best delivered as part of management of childhood diarrhoea.

Salt iodization programmes protect 82 million newborns every year from IDD-caused learning disabilities.[47] Salt iodisation costs an estimated $0.10 per person per year[48] and has a benefit-cost ratio of 520.[49]

D. Household Water Treatment

The health consequences of inadequate water and sanitation services include an estimated 4 billion cases of diarrhoea and 2.2 million deaths annually, mostly among young children in the developing world.[50] In the absence of piped water systems, household water treatment offers a number of benefits. These include proven reduction of bacteria and most viruses with residual protection against contamination, ease of use and low cost. Clean water is also needed for effective diarrhoeal treatment using Oral Rehydration Salts (ORS). Household water chlorination in particular has been found to reduce the risk of diarrhoeal disease – a major immediate cause of undernutrition - from 44 to 84 per cent.[51] The annual household cost is approximately $4.00.

E. Hand-washing with Soap

Regular hand-washing with soap and interventions that promote this practice could reduce diarrhoea morbidity by 48 per cent and diarrhoea-related mortality by 48 per cent.[52] The risks of severe intestinal infections and shigellosis are reduced by 48 per cent and 59 per cent respectively;[53] and the risk of respiratory tract infection by 45 per cent.[54] Once introduced, interventions to promote hand washing with soap have remarkable capacity for sustainability with one study demonstrating that two years after a four-month intervention with the provision of free soap, more than three-quarters of mothers continued to purchase and use soap.[55] The annual cost of soap alone for a household of five is approximately $5.82.

F. Parasite Control Interventions

Approximately 25-35 per cent of school-aged children in the developing world are estimated to be infected with one or more type of helminthes. The long-term health and economic benefits of regular deworming include improvement in the nutritional status of children, reduced probability of anaemia, improved physical fitness, appetite, growth and intellectual development.[56] Regular deworming has been found to reduce the total burden of helminth infection by 70 per cent in the community as a whole. WHO recommends treatment two or three times a year to control morbidity in areas of intense transmission and once a year in areas with a lower intensity of transmission. Delivering treatment through schools is estimated to cost as little as $0.06/child annually.

Other parasites also contribute to child undernutrition in particular settings. In areas where Schistosomiasis is also prevalent the combined cost of delivering the treatment through schools is estimated to be about $0.50/child.[57] In malaria endemic areas, the provision of treated bed nets can also make a significant contribution to reducing child hunger and undernutrition. Insecticide-treated bednets are estimated to cost $2.62 per net.[58]

* * *

2.5 Interventions to fight child hunger and undernutrition

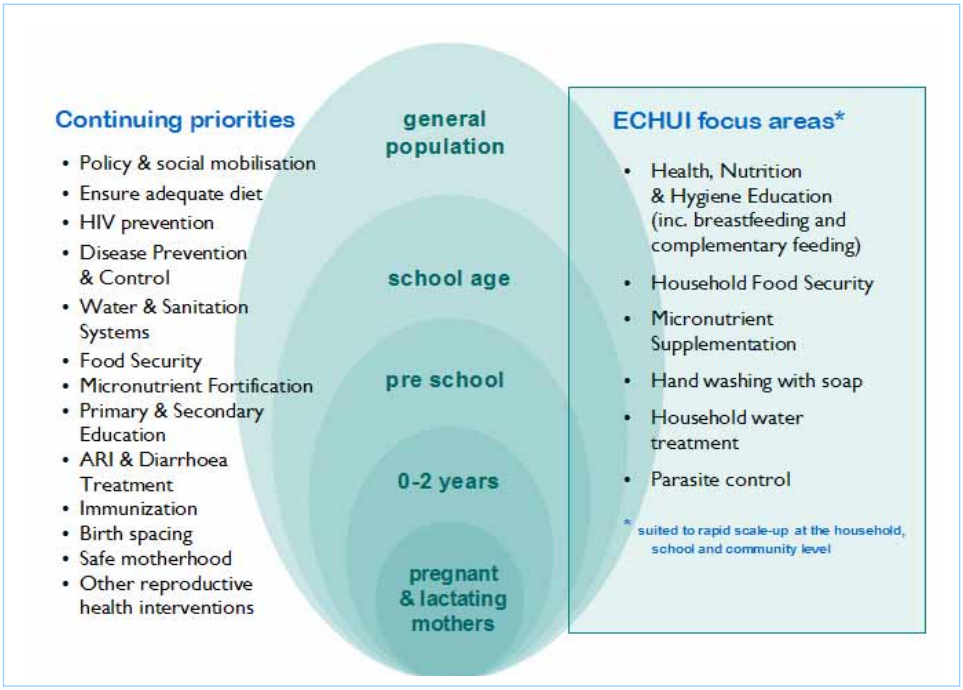

Figure 5 - Interventions for addressing child hunger and undernutrition.[59]

Illustrated in **Figure 5** is a range of interventions available to the Initiative, with six **ECHUI focus areas** singled out for special attention due to their immediate impact for children and mothers and suitability to rapid scale-up at the household, school and community levels. A **focused set** of key interventions, as described earlier, can help children at all stages of development to survive and grow. These interventions can make a critical difference at various key periods: before, during and after pregnancy; in infancy; in the pre-school years; and through adolescence.

Despite their demonstrated impact on child health, integrated efforts to deliver a focused set of interventions to combat child hunger and undernutrition have not been carried out beyond a 'pilot' scale in the most affected geographic areas.

The composition of any focused set of interventions will need to be tailored differently in different settings, depending on a country's or community's analysis of the challenge, its causes and the priority actions. Such a focused set of interventions – adapted to the nature of the nutrition challenge in each area - would have its greatest effect in the shortest period of time when applied in areas with the largest numbers of undernourished children and where the problem is most severe. Prioritising delivery to the worst-affected areas would make effective use of resources, and would both build on and leverage existing 'complementary interventions' intended to support those populations and families in greatest need.

The ECHUI focus areas outlined in **Figure 5** complement those **continuing priorities** which are recognized as crucial to child health and growth and are already being championed to scale through existing initiatives. Advocacy efforts on behalf of Initiative interventions and other interventions are expected to be mutually reinforcing. For more details on continuing priority interventions and the Initiative, see **Section 4.1**.

2.6 Costing a typical focused set of interventions

The direct and indirect costs of failing to address child hunger and undernutrition are immense. They include the additional costs of achieving the other MDGs without addressing child hunger, to the extent to which they can be achieved at all in such a scenario. They also include those costs arising from both the short-term and long-term effects on individuals and families including reductions in productivity and earnings affecting overall economic growth. The SCN estimates that the direct cost of doing nothing about child hunger and undernutrition adds up to between US$ 20-30 billion per year.[60] In addition it is estimated that continuing the current levels of child malnutrition will result in productivity and income losses over their lifetimes of between $500 billion to $1 trillion at present value.

The total estimated cost per year of providing a focused set of interventions to about 85 million families living in countries with severe child underweight problems is $7.9 billion per year. A significant reallocation of existing resources to meet a large part of this cost is both possible and required at the national, local and household levels. It is estimated that an additional $1 billion in new international money could be effectively programmed immediately. Based on refined cost estimates, the Initiative will advocate for the resource allocations and reallocations required adequately to address child hunger and undernutrition.

Initial cost estimates

The methodology used to estimate the incremental direct costs of addressing child hunger and undernutrition will continue to be developed based on the methodologies employed by UNAIDS, WHO and the Lancet Child Survival Group on other major areas of global public health.[61] Collaborations are currently underway with other academic and technical organizations to develop a consensus on the costing parameters and elaboration of these first estimates.The incremental costs in this chapter include only the cost of delivering the intervention, and not the cost of any necessary capacity increases in order to do so.

A more robust estimate of global need will require more specific country cost estimates that are regularly updated to take into consideration a number of dynamic factors which include: **first**, the prevalence of undernutrition and hunger in programme areas; **second**, local unit costs for specific interventions required by specific groups of beneficiaries (for example, cost estimates for interventions such as vitamin A or zinc supplementation are only needed for children living in geographic areas deficient in these micronutrients); **third**, an indicator of 'programme capacity' that takes into account what percentage of potential beneficiaries currently have access to delivery

Intervention	US$
1. Health, nutrition & hygiene education	6
2. Household Food Security	50
3. Micronutrient supplementation	11
4. Household water treatment	4
5. Hand washing with soap	6
6. Parasite Control	2
Household Total	**$ 79**

Table 3 - Health, hygiene and nutrition interventions (cost per household per annum) [62]

infrastructure, and how that access may change over time; **fourth**, assumptions on progressive efficiencies that can be gained over time, either through economies of scale to be achieved with key commodities, or improvements in delivery strategies that bundle interventions or employ more cost-effective channels (e.g. schools vs. individual households), and, **fifth** elaboration of a model to relate specific interventions directly to anticipated outcomes.

As a **first approximation and illustration** of total incremental direct costs, a global estimate of US$7.9 billion annually is based on approximately 100 million households requiring targeted interventions. The average cost for a focused set of health, hygiene and nutrition interventions is estimated at US$79 per household (see **Table 3**).

Country Groups based on GNI per capita	**Number of households** (millions)	**Annual incremental costs to 2015** (US$ 000)	**Programme or absorptive capacity (%)**	**Projected national fiscal share (%)**	**Immediate global resource gap** (US$ 000)
Very Low Income GNI US$ 600 or less	38	3,072,930	40	30	860,420
Low Income GNI between US$ 600 and 825	37	3,044,525	65	90	197,894
Lower Middle Income GNI between US$ 826 and 3255	9	727,010	80	95	29,080
Upper Middle Income GNI between US$ 3256 and 10,065	0.7	56,526	90	100	0
High Income GNI greater than US$ 10,065	0.3	28,598	100	100	0
Totals	**85**	**6,929,589**	100	100	**1,087,394**

Table 4 - Rough attribution of incremental global costs to end child hunger and undernutrition[63]

Financing, phasing and further refinements of cost estimates

Financing gaps are estimated for a subset of countries with underweight prevalence greater than 10 percent. This corresponds to approximately 85 percent of undernourished children globally. For the poorest countries (with GNIs of US$600 or less) the annual incremental cost is estimated in **Table 4** at approximately US$3 billion annually. **Table 4** includes several assumptions regarding existing 'absorptive' or 'programme capacity' and national finance shares.

Programme or absorptive capacity. Middle income countries are assumed to have existing programme capacity to reach 80 to 90 percent of undernourished children. Low income countries are assumed to have sufficient programme capacity to reach approximately 40 per cent of targeted households in the near term, increasing to roughly 80 per cent over a time period of approximately five years.

National finance shares. It is assumed that, notwithstanding existing constraints to allocate new resources within any given country, some significant reallocation of existing resources is both possible and required at the national, local and household levels. Middle income countries are assumed to have sufficient resources to finance 95 to 100 per cent of the associated incremental costs, while the poorest countries are assumed to have sufficient resources to finance roughly 30 per cent of the associated incremental costs.

Immediate Global Resource Gap. Based on these assumptions, it is estimated that the immediate global resource gap is approximately US$1 billion. This gap is the difference between what countries have the capacity to spend on undernutrition interventions right now, and what they can resource themselves. It is further assumed that this global resource gap will increase to some US$2 billion annually as countries' capacity to programme resources increases over the next several years – but should then decrease with phasing to more sustainable programme and finance approaches.

As interventions to prevent hunger and undernutrition are scaled up and become more cost-efficient and effective, the costs required per household – particularly for therapeutic and remedial interventions – should start to decrease over time, leading to progressively greater degrees of sustainability.

In addition to bridging this global financing gap, international donor and foundation technical resources will be needed to help optimizing existing programme capacities, support social mobilization efforts, and strengthen the community and supporting infrastructure required to deliver essential interventions.

Ongoing capacity development will also be required to improve estimates of resource needs and the tracking of resource utilization at the regional, country, state and local levels. Likewise, more effective programme planning will require better estimates and projections of national government and donor resources available, committed and disbursed. In addition to linking Initiative efforts with ongoing resource tracking efforts in related thematic areas, a major emphasis will be placed on strengthening regional level collaborations aimed at harmonizing national approaches and strengthening these capacities.

2.7 Regional priorities and approaches

There is no set approach that would be appropriate for all regions, countries within regions, or communities within countries.

While the proposed focused areas provide us with an illustrative set of low-cost and high-impact interventions, the particular geographic and demographic distribution of child hunger in any particular community, and its specific causes, must inform and guide strategies implemented there.

UNICEF's *Progress for Children: A Report Card on Nutrition* (2006) illustrates how regional and national averages mask disparities in the distribution of underweight – doubly frequent in poor households than in rich ones, and in rural areas than in urban ones.

Latin America/Caribbean. The Latin America/Caribbean region is on track to meet the MDG nutrition target. Progress in Brazil and Mexico, two of the region's most populous countries, has a significant impact on overall success rates. The encouraging aggregate figures, however, tend to hide the extreme disparities that continue to leave many children vulnerable to

undernutrition.[64] The high prevalence of stunting in many areas reveals the prolonged, persistent undernutrition throughout the region. This is increasingly coming into focus as the major challenge to be addressed in this region.

According to UNICEF's *Progress for Children: A Report Card on Nutrition*, within the region, 15 countries are currently 'on track' to achieve Target 2 of MDG1, including Cuba, Dominican Republic, Jamaica, Mexico, Peru, Guyana, Haiti, Colombia, Bolivia, Venezuela, Brazil, Guatemala, Chile, El Salvador and Paraguay.

Insufficient progress' is being made by 4 countries, including Nicaragua, Ecuador, Honduras and Trinidad and Tobago. In Panama there is 'no progress' while in the remainder of countries there is insufficient data on which to make an assessment. **Figure 6** illustrates those areas in the region with the highest concentration of undernourished children.

Figure 6 - Distribution of underweight children in Latin America (children per sq.km) [65]

Middle East and North Africa. 12 countries have underweight prevalence rates that approach levels common in the industrialized world. However, the region as a whole has gone backwards since 1990 with respect to child nutrition, dragged down in particular by the plight of children in three populous countries: Iraq, Sudan and Yemen.

According to UNICEF's *Progress for Children: A Report Card on Nutrition*, within the region, six countries are currently 'on track', including Syria, Tunisia, The Occupied Palestinian Territory, Jordan, Oman, and Djibouti. Some but insufficient progress is being made in three countries including Morocco, Egypt and Algeria. There are three countries in which the situation is getting worse, including Sudan, Iraq and Yemen. For eight remaining countries there is insufficient data from which to make an assessment.

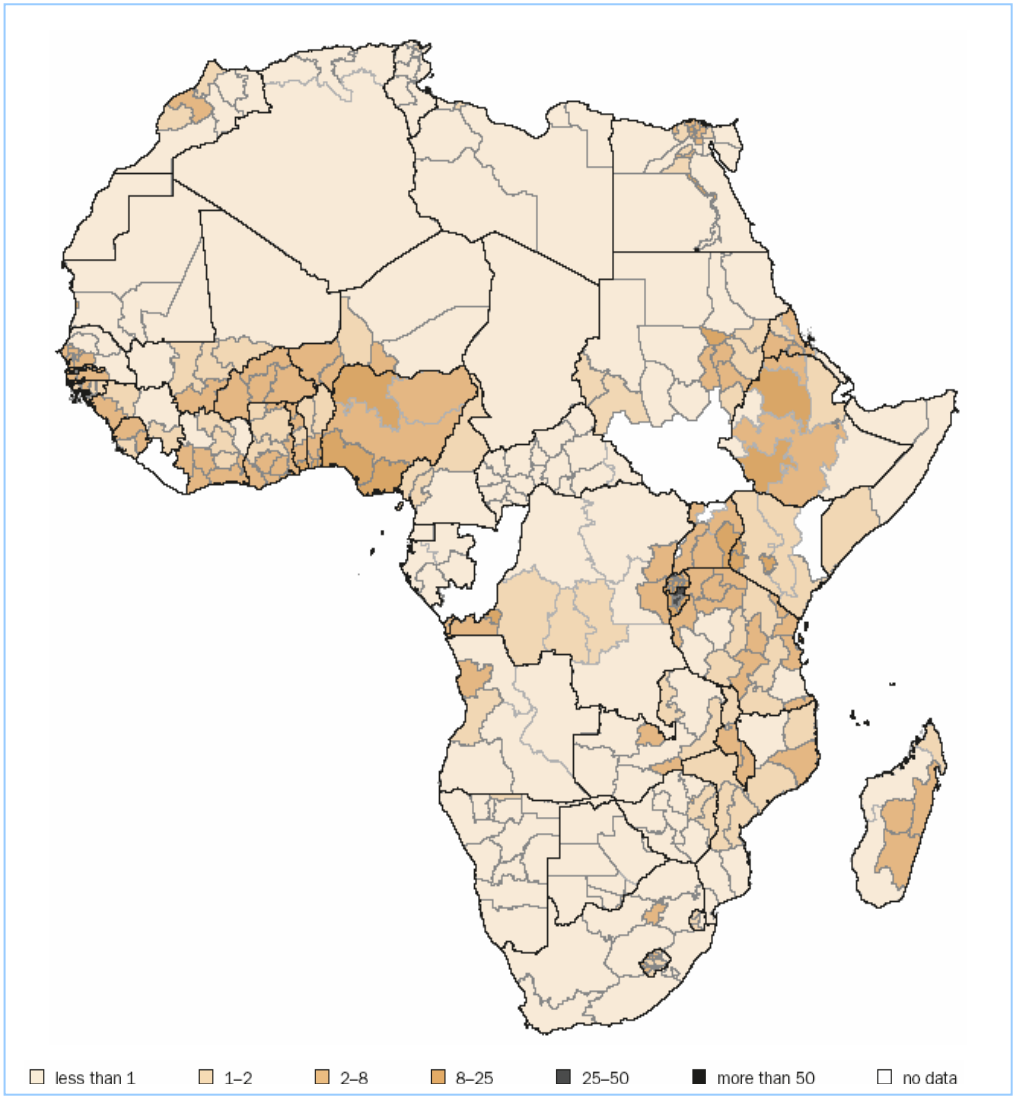

Figure 7 - Distribution of underweight children in Africa (children per sq.km) [66]

Sub-Saharan Africa. The Eastern and Southern Africa region as a whole has shown no improvement since 1990 in the proportion of children who are underweight. The absolute number of underweight children has actually increased in the region over the past 15 years, due mainly to declines in agricultural productivity, recurring food crises associated with drought and conflict, increasing levels of poverty, HIV/AIDS and malaria. Child hunger and undernutriton strategies in Africa therefore need to include within their focus – and be well integrated with – HIV/AIDS and malaria control programmes.

In Ethiopia almost half of young children are underweight. Together with Nigeria, it accounts for more than a third of all underweight children in sub-Saharan Africa.

Wasting, which reflects acute severe undernutrition, affects more than one million children in the Sahelian countries.[67] **Figure 7** further illustrates the focalised nature of undernutrition on the continent. Half of the approximately 32 million underweight children in Africa live in 22 percent of its geographic area, corresponding to less than 10 percent of its sub-national administrative units.

According to UNICEF's *Progress for Children: A Report Card on Nutrition*, within the Eastern and Southern Africa, only Botswana is currently 'on track' to achieve Target 2 of MDG1. 'Insufficient progress' is being made by seven others, including Malawi, Tanzania, Kenya, Namibia, Mozambique, Rwanda and Eritrea. The situation is either not progressing or is getting worse in nine countries including Uganda, Zambia, Ethiopia, Lesotho, Madagascar, Burundi, Zimbabwe, Comoros, and South Africa. In five other countries there is insufficient data on which to make an assessment.

In West and Central Africa, five countries are currently 'on track' including Gambia, Congo, Benin, Mauritania, and Cote D'Ivoire. Some but insufficient progress has been reported in seven other countries, including Nigeria, Mali, Democratic Republic of the Congo, Ghana, Senegal, Togo, and Guinea. In five countries, including Sierra Leone, Niger, Central African Republic, Burkina Faso, and Cameroon, the situation is either not progressing or is getting worse. In seven other countries there is insufficient data on which to make an assessment.

Central and Eastern Europe and the Commonwealth of Independent States. Data from these countries are incomplete, so it is unclear whether the region as a whole will be able to meet the MDG target. In the vast majority of the region's countries, rates of low birth weight are well under 10 per cent and thus comparable to those in the industrialised world. Nevertheless, there is still cause for concern, given the proportion of under-fives who are stunted, the persistence of micronutrient deficiencies, and the significant disparities among and within countries.

According to UNICEF's *Report Card on Nutrition*, within the region, nine countries are currently 'on track' to achieve Target 2 of MDG1, including Ukraine, Armenia, Georgia, Bosnia and Herzegovina, Kazakhstan, Uzbekistan, Turkey, Romania, and Serbia and Montenegro. Azerbaijan is making some but insufficient progress, and for the remaining ten countries there is insufficient data on which to make an assessment.

Asia. Without the dramatic improvements that have occurred in China, the world's most populous country, the East Asia/Pacific region would not be on track to achieve the MDG target. **Figure 8** illustrates the stark contrasts within the region overall. South Asia's underweight prevalence rate remains staggeringly high, affecting 46 per cent of its children. Bangladesh, India and Pakistan together account for half of the world's underweight children, despite being home to just 29 per cent of the developing world's under-five population. While these countries are making progress, current efforts are unlikely to be sufficient to meet the MDG target. South Asia is the only region where girls are more undernourished than boys, highlighting again one moredimension of gender disparity that needs to be addressed in nutrition and anti-hunger programmes there.

According to UNICEF's *Progress for Children: A Report Card on Nutrition*, within East Asia and the Pacific, five countries are currently 'on track' to achieve Target 2 of MDG1, including Singapore, Malaysia, China, Vietnam, and Indonesia. In three countries there is some but insufficient progress to achieve the goal including Myanmar, Philippines, and Laos. The situation has deteriorated in Mongolia and Cambodia, and in the remaining 19 countries there is insufficient data from which to make an assessment.

Five countries in South Asia are 'on track', including Bhutan, Maldives, Afghanistan, Sri Lanka, and Bangladesh. There is some but insufficient progress in Pakistan and India, and the situation is worsening in Nepal.

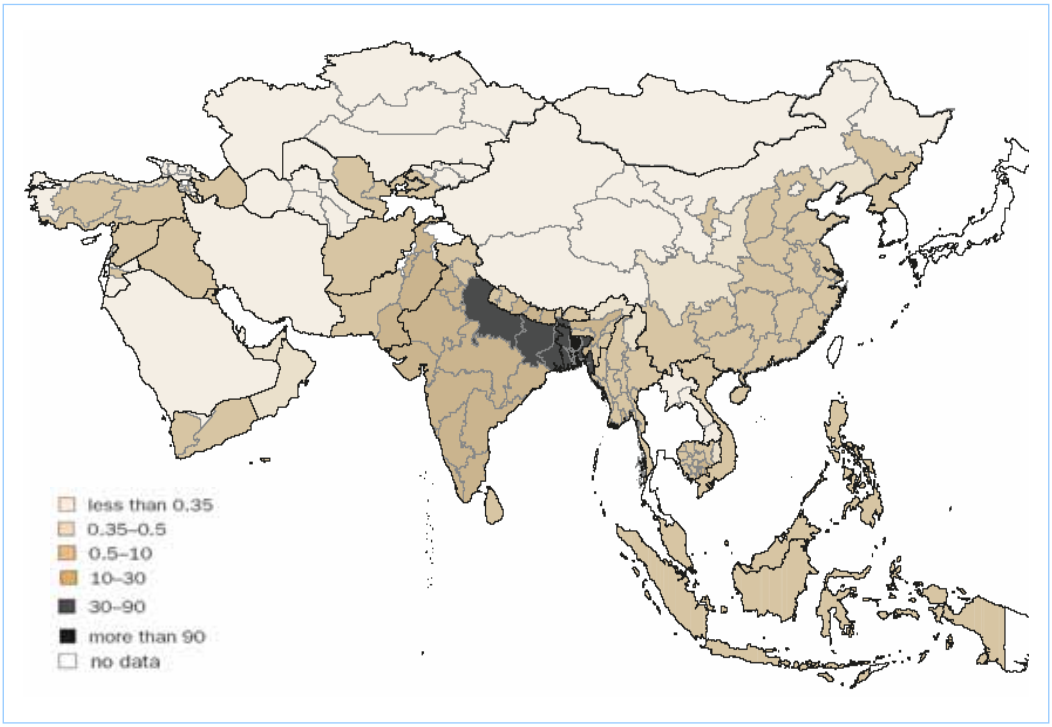

Figure 8 - Distribution of underweight children in Asia (children per sq.km) [68]

* * *

3. Outcomes, results and strategies

The **objective** of the Initiative is to mobilise the political, financial, technical and other resources required to strengthen national responses sufficiently to dramatically impact on child hunger and undernutrition.

Four major outcomes are proposed:

1. Increased awareness of hunger and undernutrition and understanding of potential solutions;
2. Strengthened national policies and programmes affecting hunger and nutrition;
3. Increased capacities for direct community action on child hunger and undernutrition;
4. Increased efficiency and accountability of global efforts to reduce child hunger and undernutrition, through monitoring and evaluation of the Initiative, programme interventions and impact for children.

Key results anticipated are presented for each of the four outcomes in **Table 5**, below. The specific actions and phasing required to achieve those results will be elaborated and regularly updated by partners. An annually updated Work Plan and 'results matrix' will form the basis for planning and accountability within the Initiative.

Major strategies that will be employed to achieve those results are outlined below. They too will be further expanded and revised through the ongoing partnership process.

Proposed Major Outcomes	Key Results
Outcome 1: Increased awareness of hunger and undernutrition and understanding of potential solutions	1. Increased flow of critical information to policy and programme decision-makers at all levels
	2. Increased capacity in countries for nutrition-focused communication in support of family and community decision-making
	3. Increased capacity in countries for generating public awareness on child hunger and undernutrition
Outcome 2: Strengthened national policies and programmes affecting hunger and nutrition	1. Increased national and local capacity for analysis of country situations in support of policy formulation on child hunger and undernutrition.
	2. Appropriate prioritization of child hunger and undernutrition in national/sub-national development frameworks and budgets.
Outcome 3: Increased capacities for community-level action on child hunger and undernutrition	1. Increased community-level capacity to identify and monitor hungry, undernourished and vulnerable children.
	2. Increased community-level capacity to reach families and children with necessary action and support.
Outcome 4: Increased efficiency and accountability of global efforts to reduce child hunger and undernutrition, through monitoring and evaluation of the Initiative, programme interventions and of the impact for children	1. Periodic evaluation of the Initiative's partnership approach, mobilization of international support and complementarity with other initiatives.
	2. Periodic evaluation of the effectiveness of programme interventions in achieving the hunger component of MDG1 (target two).
	3. Improved capacity for identifying and monitoring hungry and undernourished children at local, national, and regional levels.
	4. Increased community capacity for assessment and feedback on programme performance.

Table 5 - Major outcomes and key results

Outcome 1: Increased awareness of hunger and undernutrition and understanding of potential solutions

Increased awareness of hunger and undernutrition and understanding of potential solutions among both the general public and key decisions makers is the fundamental prerequisite for mobilizing and sustaining the political, financial, partnership and other resources needed to end child hunger and reduce undernutrition. A strong advocacy and communications programme with a major emphasis on community-level knowledge and participation is the basis for achieving this outcome. A focused and intensified advocacy and communications effort, that aligns the messages and priorities of major partners at all levels, underlies the Initiative's outcomes.

Key results

1. Increased flow of critical information to policy and programme decision-makers at all levels
2. Increased capacity in countries for nutrition-focused communication in support of family and community decision-making
3. Increased capacity in countries for generating public awareness on child hunger and undernutrition.

Major strategies

a. Strengthen resources available to support evidence-based global advocacy on hunger and undernutrition

Information exchange on policies, analysis and research on best practices among countries seeking to address and find solutions to similar problems will constitute a major strategy of the Initiative. Access to international evidence on experience with the six programme interventions specific to the Initiative and different approaches to implementing a "family basket" of essential interventions against child hunger and undernutrition will be promoted as a further input to policy decision-making. This will be linked to experience-sharing for other aspects of hunger and undernutrition which are not directly addressed by the Initiative but which require complementary national actions.

The Initiative will seek to develop regional strategies for systematic dissemination of country experience and mechanisms to provide relevant technical support to countries seeking to apply solutions and/or develop country-specific approaches. Initiative partners will research and compile effective solutions and country experience with different national policy and programme approaches, and seek to integrate these in existing relevant knowledge transfer and exchange systems. Initiative partners will review technical support mechanisms and modalities which are potentially relevant and build expertise on addressing child hunger directly into these, where possible. Existing systems for country-to-country experience exchange that will be utilised include those in operation to support South-South cooperation and technical collaboration.

b. Intensify and synergize advocacy approaches of major partners, including through a global advocacy campaign

Major Initiative partners will seek to harmonise their advocacy approaches, particularly with other ongoing related and complementary initiatives. A global advocacy campaign will include a combination of directed communications with key stakeholders and a mass media campaign. Key stakeholders for particular focus include policy-makers, parliamentarians, the private sector, trade and labour associations, and the outreach networks of service and advocacy organisations. The media campaign will use public service announcements, 'champion' spokespersons and 'earned' media.

c. Support strengthened capacity among civil society organizations seeking to intensify national advocacy and communications on child hunger and undernutrition

In concert with the global advocacy campaign will be capacity development efforts with networks of civil society organisations on child hunger and undernutrition and related issues. The Initiative campaign will facilitate communications among country networks to share approaches and to develop more effective strategies for partnership with the public and private sectors – and with communities - on nutrition-related advocacy.

d. Strengthen programme communications capacities in countries, particularly related to stimulating behaviour change related to child nutrition

Recognizing the central importance of individual, family and community practices on maternal and child nutrition, the Initiative will seek to support improved capacities for behavioural and social change communication among local programming partners for household demand creation. This support will include networking support between local partners and supporting organisations and with the media, and documentation and dissemination of local good practices.

* * *

Outcome 2: Strengthened national policies and programmes affecting hunger and nutrition

The national policy framework – including development and public spending priorities, legislative and regulatory provisions – determines the environment in which children survive and grow.

A policy environment oriented to child-related goals and conscious of the nutritional and other critical needs of children and the role of families in meeting them can be a powerful enabling factor in bringing about rapid improvements. A conducive policy framework that prioritises good childhood nutrition for national development is key for rapid and sustained progress.

Consistent with the World Bank's analysis of the need to reposition nutrition as central to development, the Initiative will aim to stimulate, enable and assist national governments to appropriately prioritize and reflect the aims of eliminating child hunger and reducing undernutrition in their policies, budgets and programmes. It will also promote adequate attention to these challenges among international cooperating partners. It will particularly support national institutions in their efforts to analyse the country situation of children, to build consensus on priority interventions and to gain access to information on policy approaches and actions that have been successful internationally in reducing child hunger and under-nutrition.

Care must taken to include the needs of refugees and internally displaced persons into national action plans. Appropriate prioritization of child hunger and undernutrition in development frameworks should include health care access and quality during immediate response.

Key results

1. Increased national capacity for analysis of country situations in support of policy formulation on child hunger and undernutrition.
2. Appropriate prioritization of child hunger and undernutrition in national/sub-national development frameworks and budgets.

Major strategies

a. Strengthen national and local institutional capacity to produce analysis and evidence related to domestic efforts to reduce child hunger

Partners in the Initiative will promote and facilitate the work of governments, national institutions and sub-national actors to undertake participatory, multi-sectoral analysis of child hunger and undernutrition, based on quantitative and qualitative information, as a key input to policy formulation. Analysis of the full range of possible factors causing or reinforcing hunger and undernutrition will be supported, using locally-adapted versions of the general multi-causal conceptual framework illustrated above (see **Figure 2** above).

Participatory monitoring and problem analysis at different levels will improve understanding of the major reasons for child hunger and undernutrition in the particular social context, and help to build consensus on the most relevant policy approaches and the programme interventions. These country-led processes will themselves be an important contribution of the Initiative to bulding momentum for sustained action to reach MDG-1 and other MDGs.

Mechanisms for knowledge-sharing and policy-related analysis on hunger, undernutrition and their causes will also be supported as a foundation for policy formulation and design. This will complement and link closely to ongoing work on the monitoring and assessment of MDG-related indicators relating to hunger and undernutrition.

Additional efforts will be made to identify technical partners among national institutions to conduct and communicate national policy research and analysis in all sectors relevant to the effort to end child hunger and reduce undernutrition. This will include support for building evidence on the impact and effectiveness of key programme interventions in different countries.

Local analysis and evidence will similarly help to inform priorities and actions at the sub-national level. Wider consensus on issues of child hunger and nutrition will promote intensified, better-targeted, adequately-prioritized and budgeted interventions, including in municipal, provincial and district programmes for the nationals and other specific groups. It will also help in raising awareness and supporting informed action by civil society and in communities themselves.

Where needed, the Initiative will help to strengthen national institutional capacity to monitor and report on the programmatic efforts made to reduce hunger and undernutrition, the cost and impact of interventions, and on the resources still needed.

b. Align UN and international assistance strategies around hunger and nutrition

By virtue of its initiation and/or participation in many of the related global efforts and its presence and programmes of cooperation in programme countries, the UN system has a unique role to play in mobilising and focusing global capacities and attention on child hunger and undernutrition. It has both responsibility and capacity to assist countries to monitor progress and to focus attention on the worsening trends of child hunger and undernutrition in the most severely affected countries. The UN system also has a particular role to play in assisting countries where there is insufficient data to even track progress. Current UN Reform efforts and the international framework afforded by the Millennium Declaration and the MDGs provide an important opportunity for the agencies supporting a range of critical food and nutrition-related programmes to rationalise their capacities and serve as an effective platform for the work of the broadest range of potential partners.

The Initiative provides an important instrument for collaborating UN Agencies and partners to advance a more coherent approach to ending child hunger and undernutrition. The Common Country Assessment (CCA) provides an analytical tool which enables national and UN partners at country level to review available information, research and analysis on hunger and nutrition problems and their causes. As the common strategic framework for the operational activities of the United Nations system at the country level, UN Development Assistance Frameworks (UNDAFs) provide the avenue for more strategic and integrated United Nations system response to national priorities and needs articulated within the MDGs.

UN partners at the country level should bring the following approaches to aligning the Initiative with national development efforts:

- mobilizing with the **UN Resident Coordinators**, and with other members of the Initiative Partners Group (see page 56), including WHO, FAO and UNFPA, within UN Country Teams, and with the World Bank and NGOs to promote child hunger and undernutrition on the national policy agenda
- using instruments such as the **Common Country Assessment** (CCA) to promote the analytical (including assessment and causal analysis) work on child hunger and undernutrition, together with national research institutions and government and NGO partners;
- promoting UN and partner collaboration on child hunger and undernutrition through the **UNDAF framework** and joint UN programme initiatives, with the identification of priorities informed by the suggested National Programming Framework (Figure 9);
- focussing on **Poverty Reduction Strategies** (PRSPs) and similar national and sub-national development policy frameworks, as the context for Country Action Plans on child hunger and undernutrition;
- using UN and Government/UN **Theme Groups on Hunger and Nutrition** where appropriate to mobilize a broad range of stakeholders;
- strengthening national and local monitoring systems through better coordinated UN efforts.

Figure 8 (below) describes the process by which UN- and international-assistance efforts would be aligned at the country level. Future efforts for the UN to "deliver as one" would be fully consistent with this model.

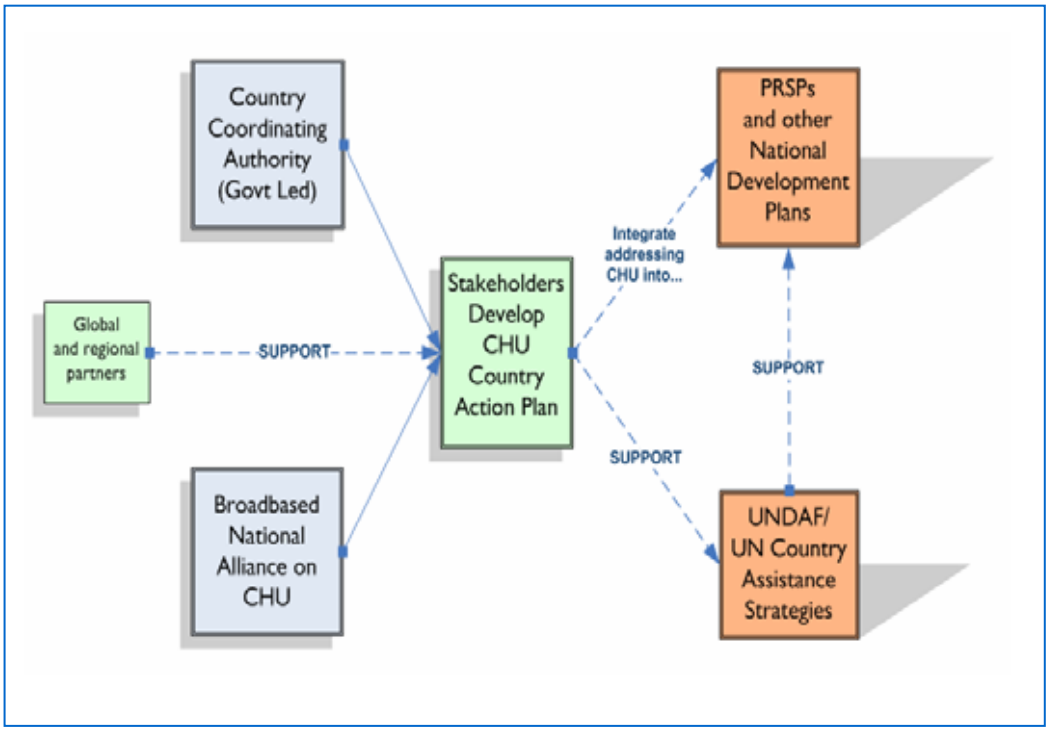

Figure 8 - Country-level policy advocacy action.

The **United Nations System Standing Committee on Nutrition** (SCN) is an important forum for harmonisation of UN system food and nutrition policies and strategies and is well-placed to support the Initiative (for partnership arrangements see section 4.1 and 5.2).

Moreover, the current medium-term strategic plans of UNICEF and WFP – as well as those of other UN agencies – already incorporate many of the strategies necessary to support the implementation of the **Ending Child Hunger and Undernutrition Initiative**. The regular review and updating of those plans – the purpose of which is to provide relevant assistance to nationally-led efforts - provides further opportunities for:

- aligning key functions of comparative advantage with one another and partner organisations;
- promoting a geographic focus on countries, districts or equivalent administrative units in greatest need and to increasing intervention coverage and effectiveness levels for particular population groups;
- refinement of key strategies directly related to the Initiative, such as those needed to scale up and accelerate high-impact health and nutrition interventions; and
- reinforcing the convergence in the same high-priority districts of complementary programme efforts, such as: increasing and sustaining vaccination coverage, malaria and other disease control efforts, increasing access to safe drinking water and basic sanitation, promoting family and community livelihoods, production and food security and ensuring improved access to safe motherhood and other reproductive health services which have a significant impact on hunger and nutrition goals.

c. Incorporate hunger and undernutrition into national development and programming frameworks

Successful national and sub-national efforts have consistently demonstrated that sustained results can only be achieved if there is support from a wide range of actors; and further, that this support will not be sufficient if it only results in a proliferation of small-scale projects that are not incorporated within broader programmatic efforts. A coherent national development framework that addresses hunger and undernutrition is needed to maximise the efforts of the multiple sectors and many partners involved.

Currently, child hunger and undernutrition receive little attention as integrating concepts within national development frameworks, though many countries do give high priority to some aspects of food security and nutrition in their plans.[69] Food availability and nutrition are considered major priorities in more than 60 per cent of Poverty Reduction Strategies (PRS) reviewed, and a minor topic in another 30 per cent. Education, safe water and sanitation are also identified as a major topic in most countries' PRSs. Nutrition is identified as a priority in 23 of the PRSs reviewed for 31 countries that are ‘not on track’ to meet MDG1.

While the component parts of the Initiative fit well within the priorities identified in many PRSs, most have not framed those individual interventions into a coherent effort required to effectively address child undernutrition. This has likely contributed to nutrition programmes competing somewhat poorly in relation to other priorities for resources at the macro level.

To help address this challenge, a National Programming Framework (See **Figure 9**) has been developed, based on the overall conceptual framework adopted by the Initiative (see **Figure 2** earlier). The utility of a national

programme framework is as a tool for conceptualizing and planning Initiative-based interventions at the country level in a way that encourages a more holistic picture of what it takes to ensure a child's healthy growth: access to food, good care practices and a healthy environment.
There are six major areas described for programming focus:

Area ❶: Where hunger is inadequately addressed by national-level programmes and social protection systems, children who are hungry and undernourished or at immediate risk of becoming so need **immediate response** and direct support - food, care and infection control - in order to survive and/or avoid long-term impairment.

Areas ❷,❸ and ❹: Long-term alleviation and prevention of child hunger depends on development of institutional and community capacity to ensure healthy child growth. For this, programmes to increase **institutional response capacity** in livelihoods and food security, education, and health (with an emphasis on maternal and child health and hygiene education) and water and sanitation are the most important. A broad network of partnerships is required in order to build these capacities.

Area ❺: Even where institutional frameworks exist in the key areas of food security, education, and health, hygiene and water and sanitation, significant numbers of children and mothers may be excluded from or lack access to critical support. Programme interventions in this area must provide direct support through **safety nets** and extend the access to services and community support that is needed in the longer term. In other words, programmes must strengthen the capacity for action for and by communities aimed at social inclusion and protection.

Area ❻: Required at all levels is an **information** (monitoring and evaluation) system that clearly measures and monitors the scope of the child hunger and undernutrition problem in a given area, and the response to the problem at all levels (household, community, sub-national and national).

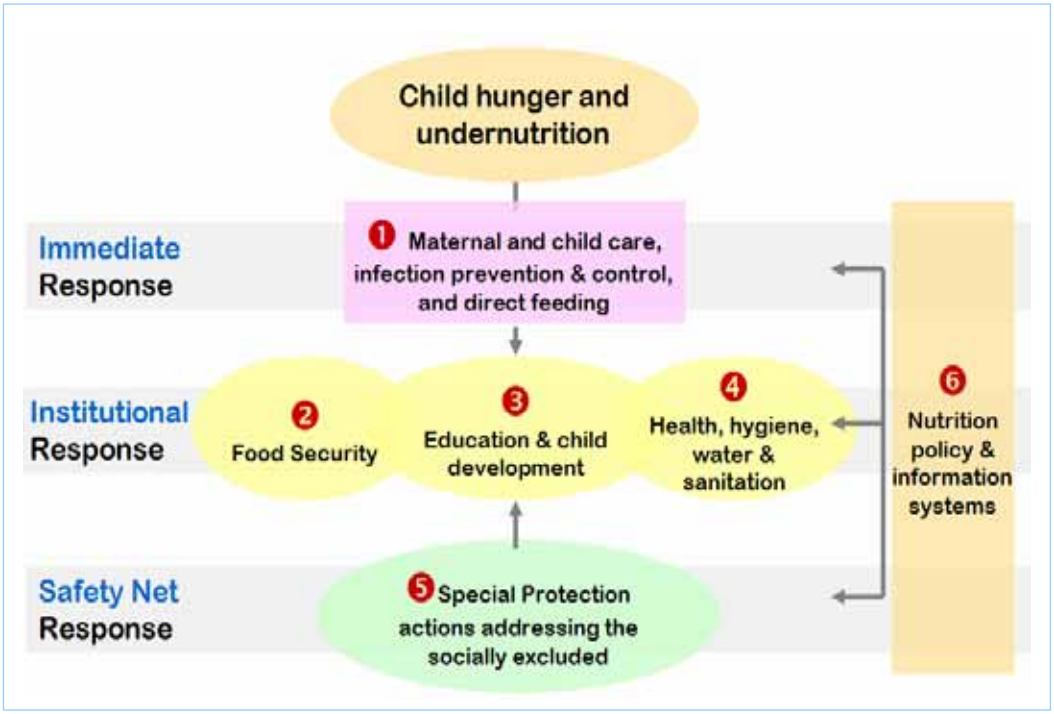

Figure 10 - National Programming Framework[70]

The mix and emphasis of the critical programme areas represented in **Figure 10** will vary. In countries with limited institutional frameworks there will be a greater initial need for promoting more comprehensive and direct interventions. Where capacities are better-developed, the Initiative will focus on supporting their extension and improvement to better respond to hungry children's needs and to prevent future hunger from occurring. In most situations, there will be need to promote attention to ensuring safety net provisions for the most vulnerable and excluded, and in further strengthening the information base for monitoring, analysis, policy development and action.

Where existing national development and planning frameworks have already been developed without adequate reflection of child hunger and undernutrition priorities, the policy advocacy efforts of Initiative partners will in some cases influence a review or promote the acceleration and scaling up of existing programmes.

* * *

Outcome 3: Capacities mobilised for direct community action on child hunger and undernutrition

For the most part, child health and nutrition is 'produced' within individual households: families and communities which understand and believe that certain behaviours will lead to the healthy growth of their children will follow those behaviours. Operationally, the provision of a focused set of interventions of interventions depends on community interest and capacity to identify and reach out to vulnerable families with the necessary support. It is in the local community that social capital – cohesion and trust – is built. This reinforces the capacity for collective action to address the fundamental causes of child hunger and undernutrition.[71] A major operational focus of the Initiative is to increase countries' capacity, and in particular the capacity of local organizations, to identify children in need and to reach them with the necessary support.

Capacities to identify and monitor hungry and vulnerable children need to include the ability to recognise acute malnutrition and severe diseases in order to improve families' health-seeking behaviour.

Key results

1. Increased community-level capacity to identify and monitor hungry, undernourished and vulnerable children.
2. Increased community-level capacity to reach families and children with necessary action and support.

Major strategies

a. Strengthen community and local institutional capacities for programme delivery in relation to child hunger and undernutrition

Perhaps the single most important form of external assistance that a family requires to grow a healthy child is a connection with the broader community – a potential conduit for critical inputs. Though it is easier said than done, it has been demonstrated time and again in a wide variety of settings that this connection – a regular visit from the facilitator of a local community organisation, in whatever form imparts basic information – helps to bring the 'silent emergency' of an individual household to the attention of its community. Making the initial connection happen and sustaining it is easier when some form of commodity is available.

Many community organizations already present and reaching out to children in need could do more if they were connected to a source of technical, financial or commodity support. The Initiative aims to strengthen community outreach capacity by connecting small, local organizations to each other, and to larger NGOs, government sector ministries at sub-national level and extension workers (e.g. in health and agriculture) in a position to provide such support.

The major operational aim of the Initiative is to link the families of undernourished children to existing outreach efforts of local community, religious and other groups capable of maintaining a regular connection with them. Further, to enhance the capacity of these outreach organizations by strengthening links with larger and support entities - area councils, sub-

national departments of line ministries, dioceses, and county/district associations. The Initiative envisages an additional effort to facilitate community-to-community, faith-based-organization to faith-based-organization, and business-to-business partnering and direct financial transfers, through collaborating consumer banking systems.

Figure 10 schematically illustrates one Initiative approach of connecting children at risk to sources of support, and strengthening local institutional capacities for programme delivery.

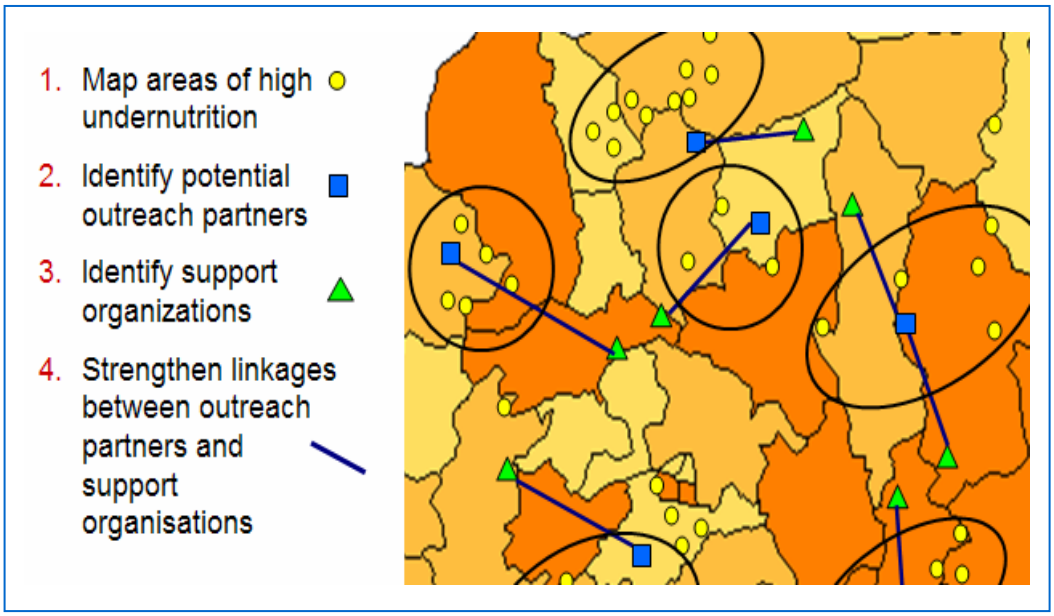

Figure 11 - Connecting children at risk with sources of support [72]

b. Identify and disseminate preferred practices related to community-level action

A distinct part of efforts to enhance the capacity of local organisations will be Initiative support to more systematic identification and dissemination of more effective approaches. At country level this will entail facilitating mechanisms to promote learning around preferred practices relevant to community-level efforts to address the underlying causes of child hunger and undernutrition, and to create family demand for nutrition-related practices and basic services.

To the extent possible, this mechanism will facilitate experience and local-knowledge exchange among communities and include the range of issues for which greater knowledge of successful and unsuccessful practices will be of particular value to local organisations – e.g.: capacity-building; positive deviance; partnering; and implementation of specific elements of a focused set of interventions.

c. Identify and respond to national needs for essential commodities required to address child hunger and undernutrition and maternal nutrition

The Initiative will promote community-level approaches that assess, identify and monitor the need and availability for essential commodities in affected communities. Further, it will seek to strengthen mechanisms that make these requirements known to government planners, assistance agencies, private companies and civil society groups able to respond to identified needs.

Community-level actions include local organizations carrying out coverage and demand surveys as part of their ongoing outreach work, and the identification of families most in need. Surveys will use techniques that can be conducted with a minimal amount of training and financial resources by local community workers or teachers. The Initiative will promote assessments to determine commodity requirements and develop strategies with national planners to quantify needs and costs. Larger organizations with a mandate for capacity development will be partners in an effort to develop the capacity of outreach organizations to do this work in a timely and quality-consistent way.

It is anticipated that government, UN, multilateral, bilateral and NGO partners in the Initiative will respond directly to needs identified, using their own resources wherever possible. It is also anticipated that private sector companies will respond by making existing technologies related to the key intervention areas available, and by applying their research and development capacities to the identification and application of additional technology and logistics 'solutions'.

* * *

Outcome 4: Increased efficiency and accountability of global efforts to reduce child hunger and undernutrition, through monitoring and evaluation of the Initiative, programme interventions and impact for children

Monitoring and evaluation provides guidance at every level, from the best utilisation of commodities in the household to the most effective strategies at global level to sustain political and financial support. Improving the efficiency and accountability of global efforts to address hunger and undernutrition both increases the effectiveness of current investments, and builds the confidence required for investments in the future. Four specific results are envisioned to assure this outcome.

Key results

1. Periodic evaluation of the Initiative's partnership approach, mobilization of international support and complementarity with other initiatives.
2. Periodic evaluation of the effectiveness of programme interventions in achieving the hunger component of MDG1 (Target 2).
3. Improved capacity for identifying and monitoring hungry and undernourished children at local, national, and regional levels.
4. Increased community capacity for assessment and feedback on programme performance.

Major strategies

a. Ongoing monitoring and evaluation of the Initiative's approach at global and national level

Following the *Paris Declaration on Aid Effectiveness* and related initiatives, and the global response to HIV/AIDS, the international community is increasingly committed to strengthening the capacity of national authorities to lead and coordinate such concerted efforts in all areas of the MDGs. This commitment is embodied in the 'Three Ones' principle, which was devised to help countries achieve the most effective and efficient use of resources, rapid action and results-based management.

Based on this principle, periodic assessment of the Initiative at country level will include its effectiveness in encouraging all stakeholders to work towards the establishment and operation of:

- **one** agreed country action framework for addressing child hunger and undernutrition, linked to the national development framework, that provides the basis for coordinating the work of all partners;
- **one** national coordinating authority, with a broad-based multi-sectoral mandate; and
- **one** agreed country-level and locally-anchored monitoring and evaluation system.

Regular monitoring will also include assessment of the Initiative's success in encouraging the development of inclusive national mechanisms, sustained by strong coalitions of committed actors from the public, political, private, civic, professional, media and grassroots action sectors. And further, of the extent

to which the Initiative has facilitated the involvement of marginalized and affected families, community groups and their representatives in monitoring and providing feedback on child hunger and nutrition issues.

At the global level, accountability will be strengthened through:

- regular joint reports to the WFP and UNICEF Executive Boards and to the Initiative Partners Group on progress and further development of the Initiative's 'results matrix'
- the explicit integration of Initiative goals and requirements with the Strategic Plans and budgets of the major international partners.

b. Monitoring, evaluating and reporting on efforts in relation to achieving Target 2 of MDG1

The global reporting of national and sub-national results will be based on periodic updates of *Progress for Children: A Report Card on Nutrition*, to serve as the primary reporting tool for the Initiative. *The Report Card* will continue to focus on the MDG-1 indicator (prevalence of underweight under 5) and will also analyse and report on available data and trends on other, closely related indicators, especially child stunting, low birth weight and exclusive breastfeeding rates,

Knowledge-sharing among national institutions and with civil society will also be facilitated, to inform policy-making and to increase awareness of national trends and challenges. Expanded national capacity to monitor and report on the MDG1, Target 2 indicator is a key tool for gauging the effectiveness of strategies made to address child hunger. Country-level capacity to report periodically on resources needed and deployed for monitoring clear national child hunger and undernutrition reduction targets will help to promote country-level accountability for political commitments made at the Millennium Summit and in other forums.

c. Strengthen capacities for targeting and monitoring in relation to child hunger and undernutrition

The strengthening of local technical capacities for targeting and monitoring interventions will be facilitated by the development of an on-line monitoring and mapping system updated in real time. The system will support partners in targeting and delivering essential interventions and facilitate supportive connections among different levels of organizations involved in the response. This information system will have the following capacities:

- to identify and map areas of high undernutrition at the community level of specificity;
- to track the essential commodities required in priority communities, including quantification and costing;
- to monitor availability of a focused set of interventions and families' access to it;
- to identify actual or potential local-level outreach partners in priority communities; and
- to identify sub-national support organizations present.

The information system will be developed based on and linked to existing information systems and will be specifically directed at supporting family and community level targeting. It will make real-time data available to partners at various levels, drawing on current updates by collaborating agency field staff. The Web-based information system will include various types of information relevant to planning and implementation of interventions, such as

administrative boundaries, village locations, census blocks, population estimates; health facility locations, schools, water supply and other services; partner intervention areas or service 'catchment' areas. The system will be initially developed for the priority countries and districts for which sub-national underweight data is available, and other priority areas, but will be designed based on a globally-applicable and expandable data analysis approach.

Local-level surveys and data sources, including community-level growth monitoring systems, will be the primary bases for the information needed to identify and map areas of high undernutrition. Survey techniques have been developed for the rapid assessment of nutritional status, breastfeeding and weaning practices, and a number of other maternal and child health outcomes.

Identification of essential commodities required in priority communities and monitoring their availability and families' access to them will be done using local-level coverage and demand surveys supplemented by WFP, FAO and other survey data, UNICEF Multiple Indicator Cluster Surveys, the WHO *HealthMap*, the Food Insecurity and Vulnerability Information and Mapping Systems (FIVIMS), the INDEPTH Network, UNHCR's nutrition database and surveys results on specific groups (notably refugees and people of concern), and the *DevInfo* database technology will be used to help source, integrate and more strategically present programme-guiding information.

The Initiative Secretariat is seeking and developing the partnerships required for the development of this information system – based on a review of existing capacities and identification of additional needs.

* * *

4. Harmonizing with other development efforts

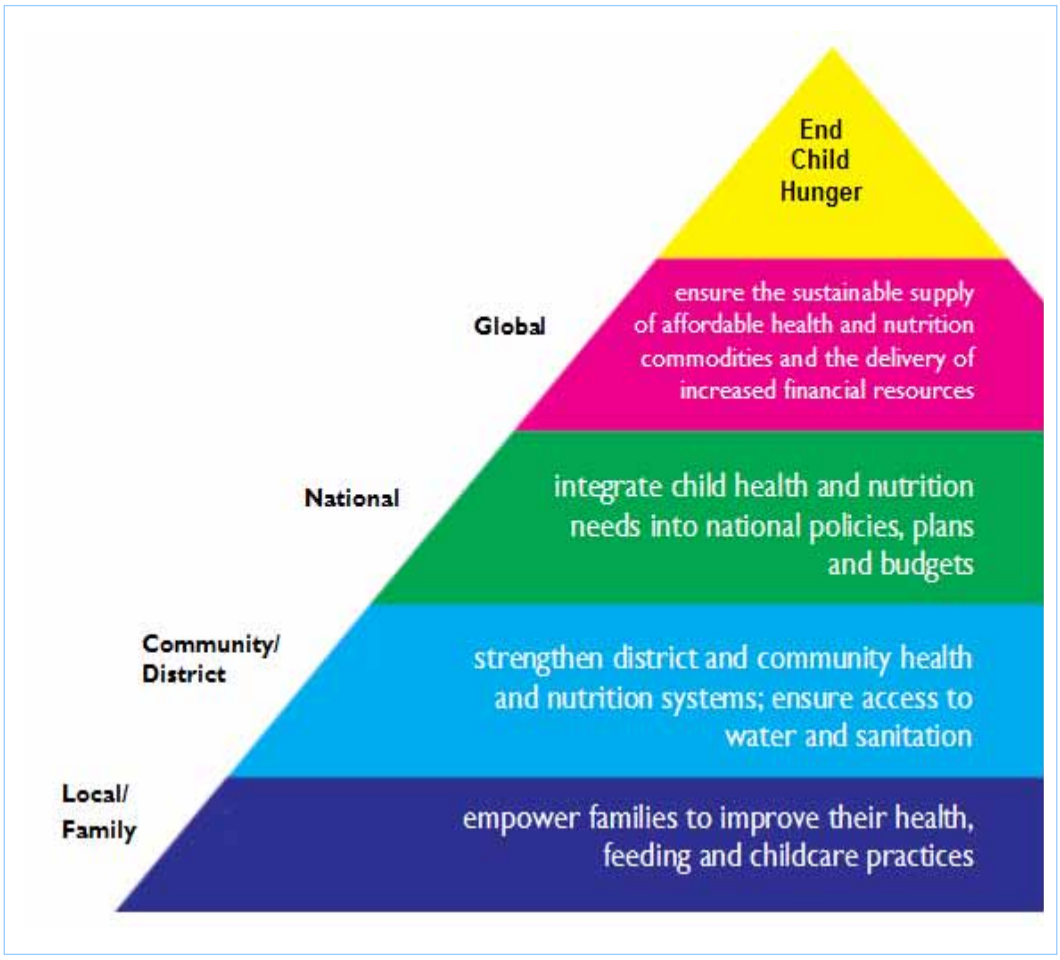

Figure 12 - Levels of action.

Ending child hunger and undernutrition will require highly pro-active harmonisation on a full range of policy, programme and institutional issues – at the global, national, district and community levels. (See **Figure 12**),

It will also require strong efforts to ensure the most synergistic linkages with other efforts within and beyond the direct scope of the Initiative itself - many of them already underway.

4.1 Related priority efforts

Current efforts to address child hunger and undernutrition globally represent – as they should – a wide array of policy, programme and project-level interventions in the health, agriculture, livelihoods, water, education and social protection sectors in both rich countries and poor. The Initiative is intended to help focus existing efforts aimed at addressing various aspects of and affecting child hunger, in the areas of high undernutrition prevalence, in the most synergistic way. **Box 5** gives a brief overview of some of the major international initiatives and partnerships most directly related to the areas of priority Initiative focus.

The 2002 World Food Summit called for a global partnership to reach World Food Summit and the Millennium Development Goals. **The International Alliance Against Hunger (IIAH)** is a voluntary partnership of many organizations including FAO, WFP and IFAD. The Alliance aims to, *inter alia*, facilitate dialogue on the most effective measures to reduce hunger and strengthen national and global commitment to do so.

The Integrated Management of Childhood Illness, developed by the World Health Organization (WHO) and UNICEF, works to reduce death, illness and disability, and to promote improved growth and development among children under 5 years of age. Major emphases are disease prevention, treatment of major childhood illnesses, nutrition, and improvement of family and community health practices.

The Partnership on Child Development, based at Imperial College London, works to improve the education, health and nutrition of school-aged children and youth in low income countries. The Partnership facilitates knowledge-sharing among a global network of academic, government and institutional partners, and helps countries to develop national interventions based on evidence and research.

Focusing Resources on Effective School Health (FRESH), developed by WHO, UNICEF, UNESCO and the World Bank, now counts many organisations in its effort to make a core group of cost-effective activities the basis for intensified and joint action to make schools healthful for children.

The **Schistosomiasis Control Initiative** supports the WHO resolution that all member states with infected regions should reach 75 per cent of all school aged children by the year 2010 for schistosomiasis and intestinal helminths. By assisting selected countries to achieve successful national control programmes, SCI aims to create a demand for treatment throughout Africa.

The Global Public-Private Partnership for Handwashing with Soap works to reduce the incidence of diarrhoeal diseases in poor communities by implementing and promoting handwashing. Partnership communications programmes reach out to those most at risk, and lessons learned are documented for use by other groups considering similar campaigns.

International Network to Promote Household Water Treatment and Safe Storage Network, established by the WHO and now with 100 members, aims to accelerate health gains to those without reliable access to safe drinking water, by increasing access to low-cost technologies for disinfecting water.

The 10-year **Strategy for the Reduction of Vitamin and Mineral Deficiencies** is an inter-agency alliance coordinated by GAIN (Global Alliance for Improved Nutrition (GAIN) to coordinate efforts to fight vitamin and mineral deficiency. More than 2 billion people around the world have micronutrient deficiencies that cause birth defects, mental retardation, learning difficulties, compromised immune systems, low work capacity, blindness and death. Partners promote micronutrient malnutrition policies and programmes and stimulate governments and markets to improve fortification and supplementation efforts, with a range of activities including grants, technical assistance, performance monitoring, global advocacy and social marketing support

The Partnership for Maternal, Newborn & Child Health brings together nearly 100 of the world's leading maternal, newborn and child health advocates to focus on the achievement of MDG4 and MDG5. The Partnership aims to reduce maternal, newborn and child mortality and morbidity through universal coverage of essential care. Major strategies include strengthening and accelerating coordinated action at global, national, sub-national and community levels, promoting rapid scaling up of proven cost-effective interventions, and advocating for increased resources.

The Global Strategy for Infant and Young Child Feeding, jointly developed by the World Health Organisation and UNICEF, aims to revitalise world attention to the impact that feeding practices have on the nutritional status, growth and development, health and survival of infants and young children.

Box 5 – Some major existing efforts related to the Ending Child Hunger and Undernutrition Initiative

Many major interventions are crucial to child health and growth and have significant recognition and momentum behind them that an additional, focused effort to bring attention to them is not necessary; they are **continuing priorities**.

Immunisation, water and sanitation systems and diarrhoea treatment, for example, all contribute to reducing the negative effect of infections and illness on child growth. HIV prevention does this and addresses other ways that HIV, food insecurity and undernutrition interact to damage children. Well-integrated, inter-sectoral country food security strategies affect food availability and access to food and contribute to adequate diets for mothers and children. Reproductive health interventions, including birth spacing and safe motherhood, contribute to improved foetal growth. Education of girls at primary and secondary school makes them better mothers of healthier children, and significantly limits the inter-generational transfer of hunger and poverty.

An expanding inventory of key initiatives has been compiled and will be made available online.

The **United Nations System Standing Committee on Nutrition** (SCN) is an important forum for harmonisation of UN system food and nutrition policies and strategies. The membership of the SCN, including over 100 non-governmental organisations, together with bilateral partners and the UN agencies, is already committed through the SCN Action Plan to the vision of a world free of hunger and malnutrition (for further details on the role of the SCN, see **section 5.2**).

* * *

5. Partnership framework and principles

The Initiative requires a strong global partnership with a common focus on practical actions to achieve real and sustainable progress for children.

WFP and UNICEF have taken the initiative to put forward an initial common platform on which a broad and inclusive partnership can be built. It is envisioned that key partners will include other UN organizations, governments, multilateral and bilateral donor organizations including international financial institutions, non-governmental (advocacy and service organizations), the private economic sector, and civil society.

Success will depend on a broad partnership framework built on trust and transparency between partners; a framework designed to achieve maximum outreach and synergy through free flows of information and open systems of information-sharing; and through collaboration between and among partners, stakeholders and critical actors.

The main principle for the global partnership is that it adds value to the work of the constituent partners. Added value will be determined and ensured by focusing on:

- Achievement of strategic and measurable results in reducing child hunger and undernutrition
- Maintenance of low transaction costs in supported and proposed activities
- Regular monitoring, reporting and strategic evaluation of Initiative performance
- Clear definition of roles and priorities of each partner
- Productive collaboration with related and complementary initiatives
- Relating to all parties in an impartial and transparent manner, with a shared brand
- Application of a 'three ones' principle to support country-level work in support of national policies and nationally-led programmes, systems and initiatives.

The existing WFP-UNICEF partnership, which began in 1976 and was further strengthened in May 2005 with the establishment of the Memorandum of Understanding covering cooperation related to the Initiative, children's education and children and HIV/AIDS, will contribute its technical, managerial and communication and advocacy resources in support of the broader global partnership.

5.1 Governance of the global partnership

Four key groups will take the Initiative forward:

1. **Individual Partner organisations** can join the Initiative by becoming members of the Partners Group, initially at the invitation of the Steering Committee. Partners seek a strengthening of linkages across disciplines, institutions, sectors and countries – building alliances, promoting attention and focus, exchanging experience and mobilising resources towards the ending of child hunger and undernutrition.

2. **The Steering Committee** is the 'Executive Committee' of the Initiative, responsible for authorizing the allocation of resources towards its conduct. Its purpose is to provide oversight, and broad direction for the Initiative. It convenes the Partners Group and facilitates its work by providing a secretariat to provide support. During the start-up phase to commence in 2007, the Steering Committee will oversee the establishment of a joint secretariat and will convene the Partners Group, whose Chair will join the Steering Committee as a permanent member.
3. **The Partners Group** is the advisory body responsible for providing overall strategic guidance to the Initiative at the global level. The Partners Group will advise and guide the Steering Committee on strategic issues related to policy, programme management, communication for advocacy and resource mobilisation. It is the forum for taking forward the global level partnerships required to end child hunger and undernutrition. [The **United Nations System Standing Committee on Nutrition** will act as technical advisory body to the Partners Group, as well as the Secretariat, providing normative technical advice and guidance.]
4. **The Secretariat's** function is to carry out its work plan under the oversight of the Steering Committee, and to work towards achieving the four Major Outcomes outlined in the Global Framework for Action, under the strategic guidance of the Partners Group.

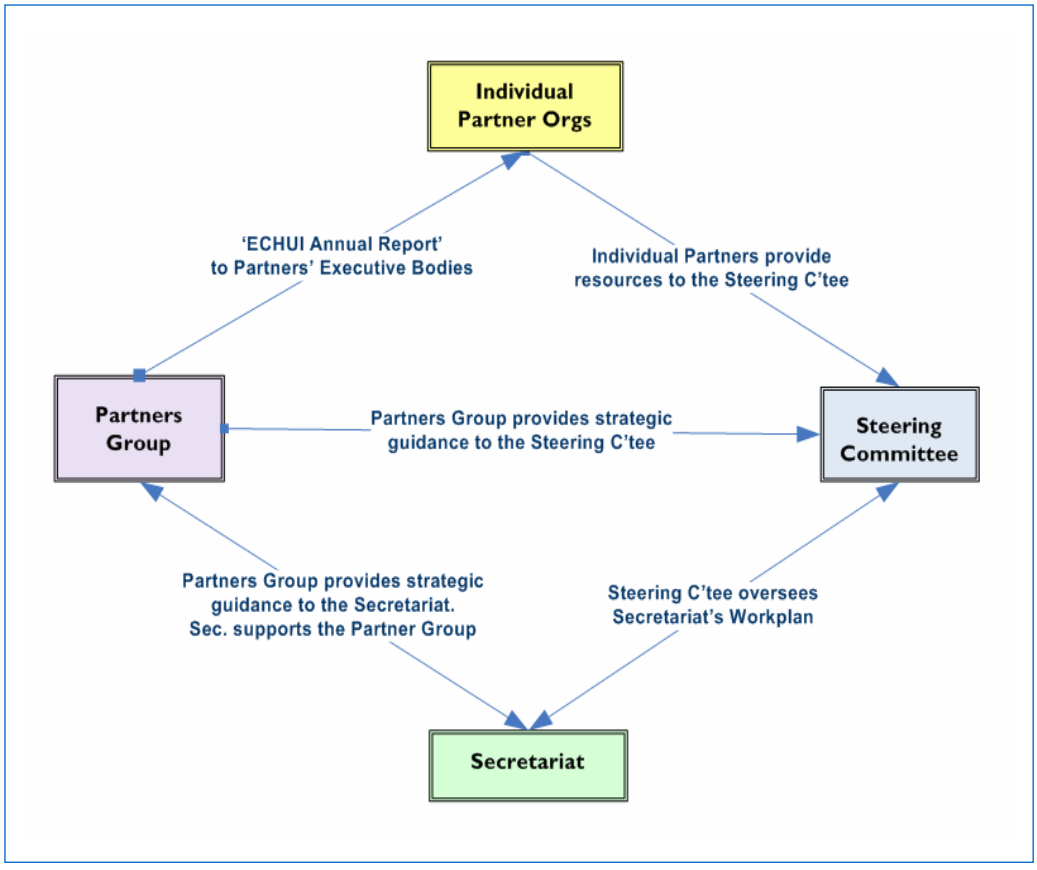

Figure 13 - Key Groups and relationships to take the Initiative forward.

5.2 Roles of key partners

UN Agencies will coordinate and mobilise to promote child hunger and undernutrition as a key issue on national and international policy and funding agendas. UN country-level planning processes in support of governments and partners will be vehicles for this mobilisation.

International Financial Institutions will participate in the formulation of regional and national development strategies and priorities and country-specific action plans to address child hunger and undernutrition. Consistent with the World Bank's analysis of the need to reposition nutrition as central to development, and country analysis and priority-setting in relation to child undernutrition, IFIs will fund effective action to address the problem.

Non-Governmental Organisations will have important roles both in terms of advocacy (international and national), policy development, and service delivery. Internationally, NGOs are a powerful advocacy vehicle, and nationally will align with Initiative efforts to strengthen the voice of communities and civil society in calling for action against child hunger. NGOs and NGO coalitions will support national-level government policy development and roll-out, sharing best practice and operational research on approaches to child hunger and undernutrition. Operationally, NGOs will assist in building the capacity of government staff at different levels and of community-based organisations with respect to particular interventions or approaches, and in delivering services in countries where the government has limited capacity.

The Standing Committee on Nutrition (SCN) will provide normative technical advice to the Initiative to achieve child hunger and nutrition goals, in the following ways:

- development and coordination of nutrition policy in UN system;
- technical support to policy communications and advocacy;
- support to collaboration with countries to advance broad nutrition policy frameworks that support Initiative goals;
- commissioning, articulation of best practice work and case studies, and evaluation;
- development of capacities for tracking of resources through international and national systems focused on addressing nutrition and hunger.

Private sector partners will provide leadership within that sector and support to efforts to engage companies operating in global, regional and national markets in the effort to end child hunger. This will involve sponsoring and co-hosting events on ending child hunger and developing communications and promotional messaging and material to advance Initiative goals within the corporate sector. Private sector partners will also provide technical leadership and support in relation to the focused set of interventions. In particular, private sector partners will contribute expertise to further develop the specific solutions identified to child hunger, and help to focus, integrate and scale them up where they are most needed.

Academic and public sector technical institutions will contribute expertise to the updating of global intervention strategies and applying country-specific solutions. Academic institutions will host and participate in meetings to address these specific solutions, together with major public sector technical entities (e.g. Center for Disease Control, London School of Hygiene and Tropical Medicine and other experts identified by the Initiative partnership).

National and regional government organisations National and regional government organisations have extremely important contributions to make in terms of the overall strategic direction of the Initiative, and in terms of building the partnerships necessary to meet its intended outcomes. Modalities for national government participation in the global partnership group will be elaborated by the Partners Group itself and with interested governments.

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6. ANNEX I: Millennium Project Task Force on Hunger

6.1 Recommendations[73]

Halving Hunger: It Can Be Done.

1. **Move from political commitment to action**
   - Advocate political action to meet intergovernmental agreements to end hunger
   - Strengthen the contributions of donor countries and national governments to activities that combat hunger
   - Improve public awareness of hunger issues and strengthen advocacy organizations
   - Strengthen developing country organizations that deal with poverty reduction and hunger
   - Strengthen accurate data collection, monitoring, and evaluation

2. **Reform policies and create an enabling environment**, including:
   - Promote an integrated policy approach to hunger reduction
   - Empower women and girls
   - Increase the effectiveness of donor agencies' hunger-related programming
   - Create vibrant partnerships to ensure effective policy implementation" and by contributing to efforts to:
   - Build developing country capacity to achieve the hunger Goal
   - Link nutritional and agricultural interventions

3. **Increase the agricultural productivity of food-insecure farmers**

4. **Improve nutrition for the chronically hungry and vulnerable**
   - Promote mother and infant nutrition
   - Reduce malnutrition among children under five years of age
   - Reduce malnutrition among school-age children and adolescents
   - Reduce vitamin and mineral deficiencies
   - Reduce the prevalence of infectious diseases that contribute to malnutrition

5. **Reduce vulnerability of the acutely hungry through productive safety nets**

6. **Increase incomes and make markets work for the poor**

7. **Restore and conserve the natural resources essential for food security**

7. ANNEX II: Roles of key groups

7.1 Individual Partners

Organisations can join the Initiative by becoming members of the Partners Group, initially at the invitation of the Steering Committee.

Partners seek a strengthening of linkages across disciplines, institutions, sectors and countries – building alliances, promoting attention and focus, exchanging experience and mobilising resources towards the ending of child hunger and undernutrition.

Partners would be drawn from an extended group of agencies, institutions, private sector and civil society organizations and others who are willing to contribute substantively to the Initiative. Partners who commit actual funds and resources to the conduct of the Initiative can also join the Steering Committee.

For the roles of **Key Partners** see section 5.2, above.

Initiating Partners

The existing WFP-UNICEF partnership began in 1976 and was further strengthened in May 2005 with the establishment of the **Memorandum of Understanding** which commits both agencies "to the elimination of Child Hunger and Undernutrition" and to work "where-ever possible... on nutrition in the same geographic locations aiming for synergistic effects of complementary resources and activities. ... The goal is to increase, with urgency, efforts to resolve the massive scale of undernutrition worldwide."

It is within this context that UNICEF and WFP are contributing their technical, managerial and communication and advocacy resources as catalytic support to the wider and evolving global partnership of the Initiative.

7.2 The Steering Committee

The Steering Committee is the 'Executive Committee' of the Initiative, responsible for authorizing the allocation of resources towards its conduct.

Its purpose is to provide oversight, and broad direction for the Initiative. It convenes the Partners Group and facilitates its work by providing a secretariat to provide support.

The Steering Committee has driven the Initiative from the outset. During this development phase from mid 2005, the Steering Committee has consisted of the Executive Directors of the Initiating Partners, WFP and UNICEF. Within a context of broad expert consultations, the Steering Committee has during this period:

- developed the **Concept Note** (completed November 2005)
- formed and resourced a **Joint Task Force** to develop the Initiative
- convened three **Technical Working Groups** to design the Initiative
- overseen the development of a **Global Framework for Action** (this document)
- convened an **Advisory Group** to review the Initiative

- overseen the development of a **Draft Work Plan** for the Initiative (to be released in February 2007)

During the start-up phase to commence in 2007, the Steering Committee will oversee the establishment of a joint secretariat and will convene the Partners Group, whose Chair will join the Steering Committee as a permanent member. The Steering Committee will be widened to include other members of the Partners Group who commit funds and resources to the conduct of the Initiative.

7.3 The Partners Group

The Partners Group is the advisory body responsible for providing overall strategic guidance to the Initiative at the global level.

The Partners Group will advise and guide the Steering Committee on strategic issues related to policy, programme management, communication for advocacy and resource mobilisation. It will define its own annual, global-level work plan with results to be achieved based on the Framework for Action (especially, the **Four Major Outcomes**, and **Results Matrix**).

The Partners Group is expected to meet at least annually beginning in 2007 and will issue an Annual Report on the progress of the Initiative to its constituent members. Its work plan will be supported by the Secretariat and the United Nations System Standing Committee on Nutrition (see page 54) will serve as its technical advisory body on food- and nutrition-related issues.

The Partners Group is the forum for taking forward the global level partnerships required to end child hunger and undernutrition. It should provide broad-based inputs and ensure ownership of the Initiative by national governments, with support from regional and international bodies and institutions, NGOs, the private sector, and professional, technical, academic and civil society entities.

Modalities for national government participation in the global partnership group will be elaborated by the Partners Group itself and with interested governments.

There is no specific limit on the number of partners; however, all should meet basic criteria which would include:

- their active participation in and/or resource support for the Initiative
- acknowledged leadership in a particular area relevant to child hunger and undernutrition
- an interest in working with partners to build common advocacy approaches
- agreement on advocating a set of common points of agreement and key messages about child hunger and undernutrition, as outlined in the **Global Framework for Action**

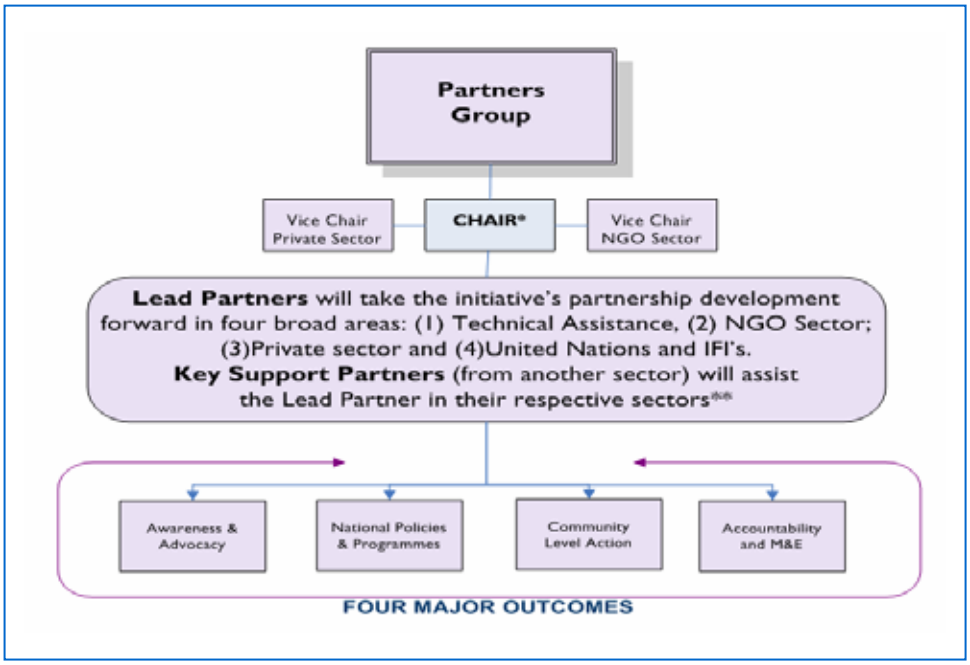
The Chair will convene periodic meetings with the Steering Committee and ECHUI Secretariat (e.g. twice per year), with Lead Partners/leaders/ convenors (e.g. annually), and with the full Partners Group (e.g. biannually). The Chair will also actively advocate for the Ending Child Hunger and Undernutrition Initiative and its goals, and the partnership effort.

There will be two **Vice-Chairs** of the Partners Group: one drawn from the Private Sector, the other from the NGO sector. Their role will be to facilitate connections with existing regional and international bodies/networks around child hunger and undernutrition; develop and manage working groups required to develop particular thematic areas or other aspects of the global work plan and facilitate connections and harmonisation among working groups.

Lead Partners develop strategies for engagement of all relevant partners in their designated area of expertise. Initially, Lead Partners will take the Initiative's partnership development forward in four broad areas:

1. Technical intervention development;
2. NGO sector;
3. Private sector;
4. United Nations and IFI's.

Following the partnership model of the Global Polio Eradication Initiative, each Lead Partner will also act as Key Supporter to one of the other Lead Partners.



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7.4 Secretariat

The Secretariat's function is to carry out its workplan under the oversight of the Steering Committee, and to work towards achieving the four Major Outcomes outlined in the **Global Framework for Action**, under the strategic guidance of the Partners Group. A small, joint execution team consisting initially of WFP and UNICEF personnel will support the Initiative and service both the Steering Committee and the Partners' Group.

Key responsibilities will include:

- carrying out its approved Work Plan
- supporting High Level Advocacy (EDs, SG, etc)
- partnership development (including support to Partners Group)
- policy coordination (including support to Steering Committee)
- updating and monitoring the Global Framework for Action and Work Plans
- best practice and "how to" documentation;
- joint policy guidelines;
- establishment and maintenance of strategic partnerships;
- development of community approaches;
- development and implementation of communications for advocacy strategy;
- development and maintenance of online resources for the Initiative (standalone website)
- costing and resource tracking work.

* * *

8. Notes

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