



## Policy Position

# The Best Start: Scaling Up Nutrition for the most vulnerable children

March 2012

World Vision UK - PP - CP - 01



**Cover image:** Hamisi, 1, with his mother Lucia, Tanzania. ©2011 Paul Bettings/World Vision

Published by World Vision UK

© 2012 World Vision UK

**All photographs:** © World Vision

**World Vision UK**

World Vision House, Opal Drive,  
Fox Milne, Milton Keynes, MK15 0ZR  
[www.worldvision.org.uk](http://www.worldvision.org.uk)

**World Vision UK – London office**

11 Belgrave Road,  
London, SW1V 1RB

World Vision is a registered charity no. 285908, a company limited by guarantee  
and registered in England no. 1675552. Registered office as above.

# Summary

Undernutrition kills and irreversibly harms children. The global crisis of undernutrition can be stopped if key stakeholders learn from the promising practices that have already yielded results. This paper presents evidence-based recommendations from World Vision's programmatic experience on scaling up of nutrition interventions that target the most vulnerable children, and calls for a specific focus on addressing undernutrition in fragile contexts.

Despite governments' responses to the 2008 global food crisis, just under 3 million children<sup>1</sup> still die annually because of undernutrition.<sup>2</sup> This accounts for about 7,500 child deaths daily. The recent famine in the Horn of Africa highlights the extreme vulnerability of mothers and children living in fragile and conflicted affected contexts. During the 2008 global food crisis, the international community recognised the grim reality that nearly one billion people faced undernutrition, with women and children being some of the most vulnerable to its detrimental outcomes.<sup>3</sup> This crisis showed not only the necessity of international coordination but also the threat that food insecurity posed to the achievement of many of the millennium development goals (MDG), particularly child health and mortality. The crisis also confirmed that "food assistance" alone was not the solution to global hunger. International discussions became more focused on addressing nutrition as a key area to both influence economic growth and development in low income countries and to safeguard the survival and well being of children.

**Below:** Community health staff monitor the nutritional status of Janet, 1 who is enrolled in an emergency nutrition programme in Kenya.  
©2012 Lucy Murunga/World Vision



Recent initiatives, such as the 2009 L'Aquila Food Security Initiative (AFSI), introduced by the G8, and the Scaling Up Nutrition (SUN) movement, launched in April 2010 and signed on to by over 100 organizations and governments, have raised awareness of and given momentum to the global effort to address undernutrition. However, commitments have not been fully honoured and the focus has not always been on those most vulnerable.

World Vision UK commends the UK government's leadership on undernutrition as outlined in its recent position paper,<sup>4</sup> especially the intent to address both direct and indirect causes of undernutrition and the strong commitment to the SUN movement and global collaboration. However, World Vision UK offers the following recommendations to further strengthen DFID's implementation plans. The UK Government should:

- 1** Allocate a specific proportion of ODA to improving nutrition outcomes;
- 2** Ensure that support to scale up nutrition in fragile contexts goes beyond humanitarian assistance;
- 3** Lead collaboration around scaling up nutrition, especially for a G8 and G20 follow up to the L'Aquila Food Security Initiative; and use their membership to push for a cross cutting European Union nutrition strategy;
- 4** Support national governments to:
  - Ensure that they have unified, well resourced and cross-sectoral national policies and plans to address undernutrition;
  - Engage communities as partners in undernutrition solutions;
  - Establish mechanisms for accountability on undernutrition.

---

<sup>1</sup> Calculated from UNICEF/WHO figures for child deaths (7.6 million n 2010) and factoring that 35% of under five deaths are nutrition related; Black et al. Maternal and Child Undernutrition I: "Maternal and child undernutrition: global and regional exposures and health consequences." The Lancet, Volume 371, Issue 9608, Pages 243 - 260, 19 January 2008.

<sup>2</sup> UNICEF/WHO. 12,000 fewer children perish daily in 2010 than in 1990. News Release 15 Sept 2011.

<sup>3</sup> Oxfam "A Billion Hungry People", Oxfam Briefing Paper, January 2009

<sup>4</sup> DFID, "Scaling Up Nutrition: The UK's Position Paper on Undernutrition", September 2011.

# Introduction

This paper has two objectives: firstly to offer evidence-based recommendations from World Vision's programmatic experience on how the UK government, partners, and governments of high burden nations can successfully support the scaling up of nutrition interventions that target the most vulnerable children. Secondly it calls for a specific focus on addressing undernutrition in fragile contexts.

**This paper seeks to address the following issues:**

- 1** How undernutrition harms, disables and kills – the impact of undernutrition on child mortality
- 2** The need in fragile contexts
- 3** Global Response to undernutrition
- 4** The UK Government response
- 5** What works in tackling undernutrition
- 6** What needs to be done

**Below:** Cedric, 8 (centre), Burundi, who although 2-3 years older than his cousins, Melie and Manye is the same height because he wasn't well fed as an infant and is now stunted.  
©2011 Michelle Siu/World Vision



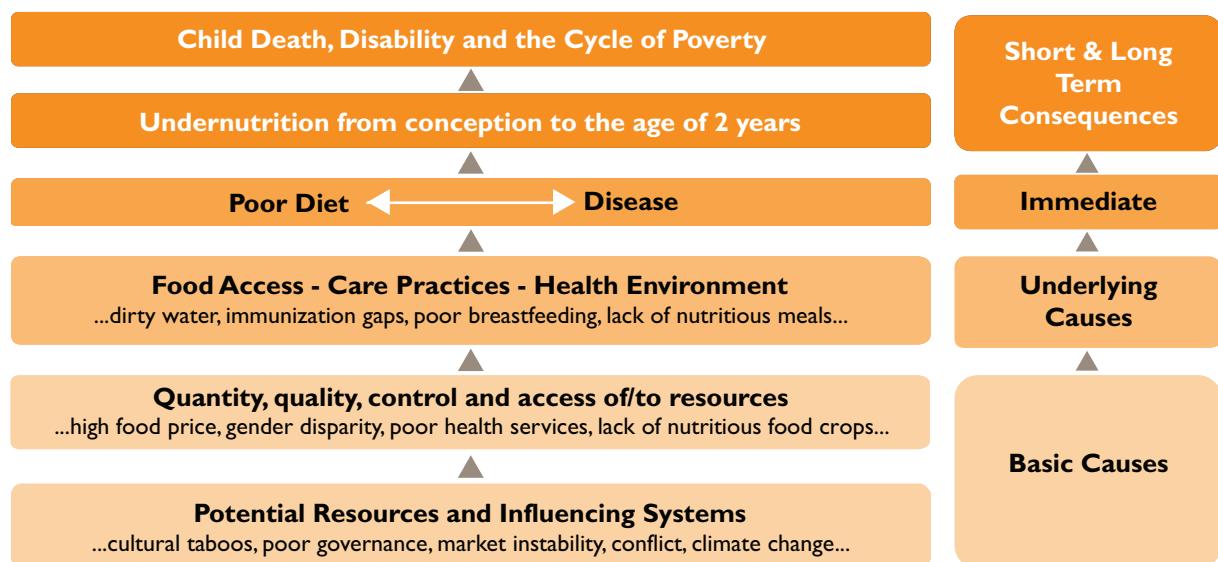


# I. Undernutrition harms, disables and kills

Undernutrition, in all of its forms, is an underlying cause of just under three million child deaths annually or about one third of all under five deaths.<sup>5</sup> Undernutrition can be caused by a deficiency in the intake of nutrients or because the body is not able to absorb the nutrients it consumes. It can cause death or make children more vulnerable to other ailments. For instance, a child who is severely wasted is more than eight times likely to die than a child in the same circumstances with a normal weight. A deficiency in Vitamin A accounts for about 6% of all deaths in children under the age of five years in developing countries.<sup>6</sup>

The first “1000 days” (from conception to the age of two years) is a key period for establishing a lifetime of growth and development. If children do not receive the right diet during these 1000 days, they are more likely to suffer from irreversible delayed development, stunted growth, and dangerous illnesses. Should these children survive and grow up, they are more likely to do poorly in school, and in turn be less economically productive as adults. In 2006, the World Bank estimated that undernutrition causes an individual loss of 10% of lifetime earnings and reduced GDP by as much as 2-3%.<sup>7</sup> It is estimated that 20% of maternal deaths are caused by short stature (as an outcome of childhood undernutrition) and iron deficiency anaemia.<sup>8</sup> Recent studies have linked foetal undernutrition and increased risks for chronic diseases in adulthood (type 2 diabetes, high blood pressure and cardiovascular disease).<sup>9</sup>

**Figure I:** Basic, Underlying, and Immediate Causes of Undernutrition and Its Consequences<sup>10</sup>



<sup>5</sup> Black et al. (2008) Maternal and Child Undernutrition I: "Maternal and child undernutrition: global and regional exposures and health consequences." *The Lancet*, Volume 371, Issue 9608, Pages 243 - 260, 19 January 2008.

<sup>6</sup> Black et al. Maternal and Child Undernutrition I

<sup>7</sup> World Bank (2006) "Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action." Washington, DC:World Bank.

<sup>8</sup> Black et al. Maternal and Child Undernutrition I

<sup>9</sup> United Nations Children's Fund and World Health Organization (2004) "Low Birthweight: Country, regional and global estimates." New York: UNICEF/WHO.

**Opposite:** Habsou bringing her undernourished child Masatoura 17 months, to an emergency Community-based Management of Acute Malnutrition (CMAM) project run by World Vision in Niger. ©2011 Ann Birch Graham/World Vision

The main three immediate causes of child undernutrition centre on food security, care practices, and health environment. The main basic and underlying problems are related to multiple interlinking factors influencing social, economic, and political contexts (Figure 1).

## 2. The need in fragile contexts

According to the United Nations Children's Fund (UNICEF), approximately 195 million children globally are stunted (chronic undernutrition).<sup>11</sup> Data from previous years shows that almost 80% of these children live in just 24 countries.<sup>12</sup> In developing countries, child undernutrition increases as household income decreases. There is a strong positive correlation between undernutrition and poverty.<sup>13</sup> We also know that conflict and poor governance exacerbate the severity of undernutrition; when looking at the 18 countries with the highest percentage of child stunting, all but three are border line to critical failed states.<sup>14</sup>

### Somalia famine

In 2011, East Africa experienced what many call the worst drought in the region in 60 years. The failure of rainy seasons over a number of years coupled with high food prices and poverty lead to nutritional emergencies in parts of Ethiopia, Kenya, Somalia, and Djibouti. In areas of Somalia, chronic conflict and poor governance exacerbated an already precarious situation and halted humanitarian aid. This contributed to mass displacement and higher levels of mortality and malnutrition than in more stable surrounding regions and countries.

*Somalia Famine & Disaster Situation Report No. 15, OCHA, 27 Sept 2011.*

The combination of conflict, resource scarcity, marginalisation, and economic instability increase factors that aggravate levels of child undernutrition. Fragile and conflict affected countries are some of the furthest from achieving the MDGs.<sup>15</sup> Fragile contexts are prone to frequent crises or “protracted crisis”<sup>16</sup>

<sup>10</sup> Adapted from the UNICEF conceptual framework for undernutrition, 1992.

<sup>11</sup> UNICEF Childinfo (2011) “Monitoring the Situation of Children and Women. Tracking progress towards MDG1” [http://www.childinfo.org/undernutrition\\_mdgprogress.php](http://www.childinfo.org/undernutrition_mdgprogress.php) (Accessed July 29, 2011)

<sup>12</sup> UNICEF (2009) “Tracking Progress on Child and Maternal Nutrition. A survival and development priority”, [http://www.unicef.pt/docs/Progress\\_on\\_Child\\_and\\_Maternal\\_Nutrition\\_EN\\_110309.pdf](http://www.unicef.pt/docs/Progress_on_Child_and_Maternal_Nutrition_EN_110309.pdf)

<sup>13</sup> UNICEF, “Tracking Progress on Child and Maternal Health”

<sup>14</sup> UNICEF, “Tracking Progress on Child and Maternal Health”; “Failed States Index 2011”, [http://www.foreignpolicy.com/articles/2011/06/17/2011\\_failed\\_states\\_index\\_interactive\\_map\\_and\\_rankings](http://www.foreignpolicy.com/articles/2011/06/17/2011_failed_states_index_interactive_map_and_rankings)

<sup>15</sup> World Bank (2011) “World Development Report 2011”, [http://wdr2011.worldbank.org/sites/default/files/WDR2011\\_Overview.pdf](http://wdr2011.worldbank.org/sites/default/files/WDR2011_Overview.pdf)

<sup>16</sup> Defined as “recurrent natural disasters and/or conflict, longevity of food crises, breakdown of livelihoods and insufficient institutional capacity to react to the crises”



and include some of the world's hardest places, especially for children.<sup>17</sup> They often lack resources, community capacity or cohesiveness and political will to deal with significant issues affecting the population. In areas where there are frequent crises that decimate food availability (such as cyclical drought) it is difficult for undernutrition to be addressed effectively. According to the World Bank, people in fragile and conflict affected areas are two times less likely to have enough food than those in other developing countries.<sup>18</sup> They are three times less likely to be able to send their children to school, twice as likely to see their children die before the age of five and more than twice as likely to lack clean water.

It is no coincidence that the Failed States Index's top five fragile contexts (Somalia, Chad, Sudan, DRC and Haiti) also have some of the highest rates of hunger, child undernutrition and child mortality.<sup>19</sup> The limited systems, structures and resources required to target undernutrition in some of the most fragile contexts challenge the ability of their governments to improve child nutrition internally. Responses to undernutrition in these contexts must be holistic, both meeting the humanitarian need and developing some of the systems and structures that will provide long term solutions to the undernutrition in their countries.

**Above:** Mohamed, 2, with his grandmother Anas, receiving treatment for acute malnutrition by healthcare staff in East Africa. ©2011 Jon Warren/World Vision

<sup>17</sup> FAO (2010) "The State of Food Insecurity in the World. Addressing Food Security in Protracted Crisis", Rome: FAO; World Bank (2011), "Fragile and Conflict-Affected Countries. Harmonized List of Fragile Situations FY11", <http://web.worldbank.org/WBSITE/EXTERNAL/PROJECTS/STRATEGIES/EXTLICUS/0,,contentMDK:22230573~menuPK:6434002~pagePK:64171531~piPK:64171507~theSitePK:511778,00.html>, accessed 4 August, 2011.

<sup>18</sup> World Bank, "World Development Report 2011"

<sup>19</sup> WFP (2011) "Interactive Hunger Map 2011: Fighting Hunger World Wide", <http://documents.wfp.org/stellent/groups/public/documents/communications/wfp229328.pdf>; UNICEF (2011) "State of the World's Children 2011 – Statistics", <http://www.unicef.org/sowc2011/statistics.php>, accessed 4 Aug, 2011; Failed States Index 2011

### 3. Global responses to undernutrition

Research from the Food and Agriculture Organisation (FAO) indicates that although the numbers of undernourished people have decreased slightly over the last few years they are still above levels before the food and economic crisis in 2008/9.<sup>20</sup> There is strong evidence to show that a good portion of undernutrition can be successfully addressed by influencing some key underlying causes. Studies have shown that if basic affordable measures are put in place to tackle key immediate causes, child death could drop by as much as 25%.<sup>21</sup>

Recent initiatives, such as the 2009 L'Aquila Food Security Initiative (AFSI) of the G8, have taken steps to improve food security in vulnerable countries.<sup>22</sup> Unfortunately, these financial commitments seem unlikely to be met. For instance, under the AFSI only 48% of the committed \$20 billion towards sustainable agricultural development is on track to be disbursed within the promised three year timeframe.<sup>23</sup>

In April 2010, the Scaling Up Nutrition (SUN) framework was launched as a forum to guide the international community in a coordinated effort to address undernutrition, focusing on the special needs of the first 1000 days of a child's life. Over 100 agencies including governments, civil society, the private sector, research institutions and the United Nations system signed onto this framework, which outlines a pathway for agencies and governments to address undernutrition through strategies in the national plans of those countries with high levels of undernutrition. The principles and priorities for action presented in the SUN framework are meant to address undernutrition and support increased investment in nutrition interventions across sectors, in order to improve global food security and achieve the Millennium Development Goals (MDGs).

Scaling Up Nutrition (SUN) provides a three stage framework for stakeholders to work effectively together to address undernutrition at the national level. First national governments will take stock of the nutritional situation and strategies. They will then develop their plan for scaling up nutrition within the context of their capabilities and need. There will then be a rapid scaling up of programmes with domestic and external financing. Civil society and other key stakeholders will have a key role in this scale up. The roadmap aims to have increased resources available to at least 25 countries with at least eight "early riser" countries receiving support by 2011.<sup>24</sup> Estimates indicate that

<sup>20</sup> FAO (2010 "Global hunger declining, but still unacceptably high, International hunger targets difficult to reach. Economic and Social Development Department", September 2010: <http://www.fao.org/docrep/012/al390e/al390e00.pdf>

<sup>21</sup> Butta et al (2008) "What works? Interventions for maternal and child undernutrition and survival", *The Lancet*, Volume 371, Issue 9610, Pages 417 - 440, 2 February 2008.

<sup>22</sup> G8 2009 Global Summit, "L'Aquila Joint Statement on Global Food Security", [http://www.g8italia2009.it/static/G8\\_Allegato/LAquila\\_Joint\\_Statement\\_on\\_Global\\_Food\\_Security%5B1%5D0.pdf](http://www.g8italia2009.it/static/G8_Allegato/LAquila_Joint_Statement_on_Global_Food_Security%5B1%5D0.pdf)

<sup>23</sup> "G8 Commitments on Health and Food Security: State of Delivery and Results: Deauville Accountability Report", 2011.

<sup>24</sup> Countries who seek immediate support to rapidly address nutrition through national scale up of programmes.

the cost of successfully implementing the recommended minimal package of proven nutrition interventions in 36 high burden countries will be \$10.3 billion (excluding community input).<sup>25</sup> Current SUN countries include Bangladesh, Burkina Faso, Ethiopia, Gambia, Ghana, Guatemala, Lao PDR, Malawi, Mali, Mauritania, Mozambique, Nepal, Niger, Peru, Senegal, Tanzania, Uganda, Zambia and Zimbabwe.<sup>26</sup>

## 4. The UK Government Response

The UK government have committed to addressing undernutrition, and have shown that they are willing to act as leaders in this challenge, a commitment which World Vision commends. However, the needs of the most vulnerable living in the most fragile and volatile context go beyond the humanitarian response outlined in DFID's policy. We recommend that DFID clearly outlines how undernutrition will be tackled in fragile contexts, beyond humanitarian responses.

The UK government committed £1.1 billion in funding towards the AFSI pledges of \$20 billion investment in food security from 2009-2012. Of this, £352 million of funds have been or are about to be dispersed, and the Secretary of State for International Development stated in a letter to a coalition World Vision UK belongs to that he is optimistic that the UK will reach its pledges in full by the end of the period. Discussions are already taking place as to what will be the best mechanism to support global efforts to improve food security after the AFSI is completed in 2012.

DFID have recently released their position paper on undernutrition which includes a goal to reach 20 million children under five years of age during 2011 to 2015 through UK aid initiatives.<sup>27</sup> DFID will target undernutrition through the scaling up of 13 nutrition specific interventions that, if delivered at scale, could reduce stunting by one third. These interventions include micronutrient supplementation, promoting positive infant and young child feeding practices, and treatment of severe acute malnutrition. Through these, DFID will address immediate factors influencing undernutrition and will target pregnant women, adolescent girls and children under the age of five. In order to address the other two thirds of child stunting, DFID have stated that they will also support nutrition sensitive development that encompasses key sectors and activities including agriculture, health, gender empowerment, water and sanitation, and cash transfers.

The UK government will use its influence to build an effective international response which includes supporting the SUN framework and coordinating with the private sector, civil society and multilateral agencies. In their position

<sup>25</sup> Horton et al. (2010) Scaling Up Nutrition, What Will it Cost? Directions in Development, Human Development. World Bank.

<sup>26</sup> Scaling up Nutrition: Portal for the SUN Movement: SUN Countries, <http://www.scalingupnutrition.org/sun-countries/>, accessed 6 Oct 2011.

<sup>27</sup> DFID (2011) "Scaling Up Nutrition: The UK's Position Paper on Undernutrition", London: DFID.

paper; DFID outline how they will encourage new research that will help better understand successful means of improving nutrition in various contexts and will use new and existing evidence to support quality programmes that will have maximum impact.

While the position paper does not identify the specific countries of focus, various projects and initiatives are highlighted. The countries that are highlighted in the position paper centre on those supporting and endorsing the SUN movement and very few represent the most fragile contexts in the world. The position paper suggests that the UK government will mitigate alarming levels of acute undernutrition in humanitarian crises, especially in those occurring in fragile contexts. However, it does not clearly outline how undernutrition will be tackled holistically on a long term basis in these volatile environments.

Although the UK has set itself a target of reaching 20 million children through its aid before 2015, the DFID position paper on nutrition does not clearly outline specific targets or monetary commitments allocated to immediate nutrition interventions or nutrition sensitive development. This is of concern as movements such as the SUN will require a well defined commitment from global stakeholders.

## 5. What works in tackling undernutrition

World Vision believes that it is critical to learn the lessons from countries which have made progress towards reducing the burden of child undernutrition.<sup>28</sup> We recommend that proven initiatives and activities should be supported to successfully improve national and regional nutrition indicators and save children's lives, including in fragile contexts. This requires robust national plans that are focused at the community, as well as the national, level, strong leadership and buy in from key stakeholders.

### **Strong leadership that prioritises nutrition from community to national level**

Case studies from Malawi, Ghana, Cambodia, Ethiopia, and Bolivia showed that effective leadership in the area of nutrition contributed to the development of new comprehensive programmes and improvement in national nutritional status indicators. For example, after five years of strong national campaigns to promote breastfeeding that extended to the community level, Ghana saw a 10% increase in exclusive breastfeeding. This is quite significant when you consider that children under six months who are not breastfed are ten times more likely to die than those who are exclusively breastfed.<sup>29</sup> The success of this scale up was also due to national, regional and local agendas that

<sup>28</sup> In 2011 World Vision supported a comprehensive literature review and analysis of various countries and national, regional and community level projects to demonstrate how positive nutrition outcomes for children can be successfully delivered: World Vision (2011) "The Best Start: Saving Children's Lives in Their First Thousand Days".

<sup>29</sup> Black et al. Maternal and Child Undernutrition I

prioritised nutrition in policies and plans. Nutrition leaders need to be strong and well placed in national governments, academic institutions, civil society, and social services.

## Breastfeeding

Universal coverage of a programme to promote exclusive breastfeeding for infants could lower death in children under-one year of age by 11.6%, and a programme to support caregivers to wean their children properly could reduce child stunting by 19.8% in children under one year of age.<sup>30</sup>

## Unified, well resourced and multi-sectoral national policies and plans to address undernutrition

The review highlighted Bolivia and Cambodia as two examples in which strong links and planning between different government ministries have contributed to national nutrition programme scale up. When looking at specific programmes, ENHANCE<sup>31</sup> and the Micronutrient and Health Programme (MICAH) were multi-country programmes that brought together the agriculture, health and education sectors to address undernutrition in children. Activities were specific to the context of the country and focused on evidenced based interventions such as household gardening, promotion of key child feeding practices and improving community health services. These programmes showed that a coordinated scaling up of activities in key sectors, including agriculture, health, education, and water/sanitation, could increase the nutrient intake of children and improve their nutritional status.

Further evidence from India, Cambodia and Ghana highlighted the importance of the health sector as a means to address child undernutrition. For this to be successful it was noted that there must be a firm commitment that health systems are well resourced and supported in a way that allows every community to access basic services. Health workers need to be well trained, incentivised and supported, and have access to the supplies they need to implement activities. One example from the India Pragati Child Survival Project employed a community based Maternal and Newborn Child Health (MNCH) promotion model to deliver timely messages related to health and nutrition from early pregnancy through the first two years of childhood. As a result, this innovative programme was successful in increasing exclusive breastfeeding from 23% to 28%, timely initiation of semi-solid foods from 15% to 66% and an increase in Vitamin A coverage of children aged 12 to 23 months from 3% to 100%.<sup>32</sup>

<sup>30</sup> Butta et al. "What works?

<sup>31</sup> Expanding, Nutrition and Health Achievements through Necessary Commodities and Education Programme (World Vision)

<sup>32</sup> The "Timed & Targeted Counselling" is a World Vision programming model where trained Community Health Workers carry out a curriculum of health and nutrition messages delivered at appropriate times and to the appropriate targeted audiences. It is a primary health care approach to bring preventive and care-seeking messages into households for purposes of behaviour change and demand creation. World Vision. "The Best Start: Saving Children's Lives in Their First Thousand Days." Sept 2011, p. 51.

## Vitamin A

Vitamin A deficiency can cause blindness and kills almost 500,000 children annually. Yet, Vitamin A can be provided to 80% of children in developing nations for only about \$1.20 per child per year. Such measures could reduce related child mortality by over 100,000 a year.<sup>33</sup>

## Communities and families able to advocate for their needs and actively participate in solutions

World Vision has been supporting local level advocacy programmes for over five years and has seen great success when community members and leaders are aware of their rights to support and services. Experience shows that when communities and families are empowered to advocate for health resources and services, and actively improve their own health status, barriers limiting health access are overcome and health seeking behaviour improves. Evidence from community based advocacy programmes in Kenya, Cambodia and Brazil showed the success of partnerships between civil society, communities and national health systems. By supporting communities to understand their needs and find their voice, they are able to advocate for key health resources and influence key health policies and strategies. For example, World Vision Brazil has used community level advocacy as an effective instrument of civil society influence on the public health system since 2005. In the slums of Fortaleza, 200 community members carried out analysis, planning and advocacy that resulted in the funding of one new health centre and the renovation of another and influenced the local government planning, budgeting and monitoring process. This organised group is now an official part of the Municipal Health Council, contributing to health policies and implementation.

## All stakeholders working together

Donors, national and regional governments, communities, civil society and the private sector are key stakeholders. Especially in fragile contexts, these groups do not always work together effectively. However in Mozambique, Ghana and Kenya, country led processes to develop national policies have leveraged technical resources from stakeholders such as USAID, World Bank, UNICEF and World Vision. International non-governmental organisations play a unique role by providing comparative global experiences and analysis from the community level. For example, through the Ghanaian Nutrition Technical Working Group, World Vision's successful experience in administering Zinc and Oral Rehydration Salts (ORS) in the treatment of diarrhoea has led to the inclusion of this intervention in the essential basic package of health care.

## Zinc and diarrhoea

Around 1.5 million children die every year from diarrhoea, but zinc supplementation could reduce this by 25%, saving about 350,000 lives.<sup>34</sup>

<sup>33</sup> Horton et al. Scaling Up Nutrition, What Will it Cost?

<sup>34</sup> Black et al. Maternal and Child Undernutrition I:

# 6. What needs to be done

World Vision UK commends the commitment and leadership shown by the UK Government on global undernutrition. However given the scale of the problem more needs to be done. World Vision UK strongly urges the UK government and other donors and stakeholders to bolster and sustain unity behind a common goal and align funding and efforts to end the needless deaths caused by child undernutrition.

Whilst the SUN is an important and valuable movement, we need to better understand how scaling up nutrition can be achieved in the most fragile contexts where there is not necessarily the national capacity or momentum around nutrition to accelerate its scale up. The UK has a stated objective to commit 30% of official development assistance (ODA) to work in fragile contexts and they can play a critical role in ensuring that the needs of the most vulnerable, living in these countries, are met.<sup>35</sup> Whilst context specific approaches are crucial, it is also critical that evidence and experience of what works is used to inform the scaling up of nutrition in both fragile states and lower and middle income countries. This requires robust national plans that are focused at the community, as well as the national, level, strong leadership and buy in from key stakeholders. The UK can play a critical role in supporting national governments in developing and funding their national plans.

World Vision UK asks the UK government to consider the following priority recommendations in its nutrition strategy and relationships with high burden nations.

## I Allocate a proportion of ODA to improving nutrition outcomes.

We know that undernutrition is an underlying factor 35% of child deaths globally and contributes to an individual loss of 10% of lifetime earnings and country losses of as much as 2-3% of GDP.<sup>36</sup> Because of its impact on both health and well-being, it is imperative that nutrition investments are well defined and earmarked. The UK government must complement their position paper with a specific amount of ODA allocated to support the direct nutrition interventions highlighted in the SUN framework.<sup>37</sup> This needs to be calculated based on a “fair share” of the \$10.3 billion gap that will be required annually, and be inclusive of countries not currently included in the SUN framework. In addition to direct interventions, the UK government also needs to cost out and earmark the funds needed to promote nutrition sensitive development as outlined in the recent position paper. As agreements such as the L’Aquila Food Security Initiative (AFSI) come to an end, this type of costing is imperative, both to clearly outline the resources needed to address undernutrition through the key programmatic areas of agriculture, health, cash transfers, gender empowerment, and water/hygiene/sanitation as well as to provide leadership by example as other coalitions, donor and national governments look to do the same. We would welcome a review by the Independent Commission for Aid Impact to assess the impact of the UK’s current ODA spend across sectors on nutrition and the effectiveness

<sup>35</sup> DFID (2011) “UK Aid: Changing lives, delivering results”, March 2011, p. 20.

<sup>36</sup> World Bank (2006) “Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action”; Black et al, “Maternal and Child Undernutrition I

<sup>37</sup> For example, the Irish Government has allocated 20% of ODA to targeting hunger.

of this aid. We further recommend that the International Development Select Committee holds an inquiry, the outcome of which would identify the proportion of ODA the UK needs to contribute to meet its stated nutrition objectives across its expanding programmes.

**2 Ensure that support to scale up nutrition in very fragile contexts goes beyond humanitarian assistance.** We know that very fragile contexts have some of the highest rates of maternal and child mortality and undernutrition globally. For instance children in fragile or conflict-affected developing countries are twice as likely to be undernourished as other developing countries and parents in these contexts are twice as likely to see their children die before the age of five years.<sup>38</sup> Currently, DFID's position paper does highlight specific countries of focus, but very fragile contexts are only highlighted under the humanitarian assistance umbrella. These countries need support that gets to the root of both acute and chronic undernutrition, in humanitarian, transitional and development contexts. Strong governance is needed to successfully scale up nutrition interventions. But we know less about how to comprehensively address undernutrition when the government is unwilling or unable to support services. The UK government needs to ensure that countries targeted to address undernutrition in children living in the hardest places. Furthermore, efforts to address undernutrition in fragile contexts are often fragmented and uncoordinated, undermining the health system and leading to a short term and disjointed response. In order to address underlying nutrition issues in more volatile context we recommend that the UK government outline their strategy and targets to specifically address undernutrition responses in fragile contexts in both their bilateral country programmes and through relevant multilateral agencies.

**3 Lead collaboration around scaling up nutrition, especially in the G8, G20 and European Union.** The UK government has been recognised as a leader in the international effort to address undernutrition globally. These international fora provide important opportunities to spearhead and organise multi-stakeholder frameworks that facilitate international collaboration and national scale up of nutrition programmes in countries with high levels of child undernutrition. The UK Government needs to continue to show strong international leadership, for example by pushing for a successor to AFSI at the G8 and G20 meetings in 2012 and 2013. As the UK is hosting the G8 in 2013, they are in a strong position to lead the international community towards increased commitment to tackling global undernutrition.

Furthermore, the UK should advocate that the European Union develop a nutrition policy, including both ECHO and EuropeAid, which sets out a cross sectoral response to tackling undernutrition and allocates a specific proportion of ODA to this end. The EU has been increasing funding for nutrition interventions, but without a nutrition policy they do not have a strategic approach to addressing undernutrition in their programming. As a member of the EU, a significant donor to the EU development aid budget and with the publication of the new DFID position paper, the UK can play a key role in ensuring EU ODA addresses undernutrition effectively. The policy should bring together existing policy frameworks, such as those addressing food security and humanitarian food assistance, into an integrated approach to tackling

---

<sup>38</sup> World Bank, "World Development Report 2011"

undernutrition in high burden countries. We would support the adoption of much of DFID's own position paper into EU policy, although (in line with our previous recommendation) it should include a holistic and specific approach to tackling undernutrition in fragile contexts.

Additionally, World Vision UK recommends that DFID works through country offices to support national governments looking to improve nutrition outcomes for women and children. Context specificity is crucial if interventions and strategies are to be successful, but they should also build on existing evidence of what works and engage all actors from international donors through to communities. World Vision recommends that the following principles should guide national responses to undernutrition:

### **I Ensure that countries have unified, well resourced and cross sectoral national policies and plans to address undernutrition**

**undernutrition** We know that preventing nutrition is more cost effective and less detrimental to children than treating it. For instance it can cost about five times more to treat a severely undernourished child than to prevent the condition.<sup>39</sup> However, prevention involves joint action across multiple sectors. Strategies should reflect interventions that focus on measures to prevent child undernutrition within communities and to detect it early and provide effective and rapid treatment. To address nutrition holistically, multiple key sectors need to be targeted and prioritise the reduction of child undernutrition as part of their national strategy. Sector action plans need to outline how nutrition will be mainstreamed across activities. Activities within the government need to be coordinated. If success in addressing undernutrition is to be achieved, it is imperative that stakeholders from other vital sectors have the reduction in undernutrition as a key outcome of their programmes. These sectors include agriculture, education, water and sanitation, and health.

### **2 Engage communities as partners in undernutrition**

**solutions.** Case studies from multiple countries, including Kenya, Cambodia, Brazil and India, demonstrate importance of strong partnerships between communities, and regional and national governments in successfully scaling up the interventions necessary to prevent and treat undernutrition. A strong health system is important, but there must also be strong leaders that champion nutrition at all of these levels, including well resourced and incentivised Community Health Workers who understand and support positive infant and young child feeding practices and health behaviours. In addition to stronger health systems there should be coordinated community level training, and to achieve local level partnerships, communities must be empowered to have a strong voice and support health and nutrition promotion programmes targeting vulnerable families. Raising awareness of the burden of undernutrition and its long term consequences in communities is crucial in order for them to be partners in the planning and implementation.

---

<sup>39</sup> Horton et al. Scaling Up Nutrition, What Will it Cost?



**Figure:** Thida, feeds her daughter after participating in a World Vision funded project in Cambodia, that teaches mothers to cook nutritious food, from locally available ingredients.  
©2011 Sopheap Kong/World Vision

**3 Establish mechanisms for accountability on undernutrition.** Understanding the impact of programming on nutrition is vital if we are to successfully address undernutrition. Public accountability mechanisms that include regular reviews of progress towards improving child nutrition indicators should be established. Community leaders and families should be aware of essential services related to the underlying factors influencing nutrition in their community and work with the local and national governments to ensure that programmes are run well. These systems must include all stakeholders and be based on data from surveys and health facilities, as well as information from the communities, citizen groups and civil society organisations.



**World Vision UK**

World Vision House, Opal Drive,  
Fox Milne, Milton Keynes, MK15 0ZR

[www.worldvision.org.uk](http://www.worldvision.org.uk)

World Vision is a registered charity no. 285908, a company limited by guarantee  
and registered in England no. 1675552. Registered office as above

**World Vision UK – London office**

11 Belgrave Road,  
London, SW1V 1RB

World Vision is the world's largest overseas aid charity.  
Every day we bring real hope to millions of children in  
the world's hardest places.

**World Vision®**  
For children. For change. For good.



This material has been funded by UKaid from  
the Department for International Development,  
however the views expressed do not necessarily  
reflect the department's official policies.

