



# 2016-2021 GLOBAL STRATEGY FOR NUTRITION SECURITY

**People in Need**

Revised October 2017



***“Do we want to waste the potential?”***

*Every child deserves an opportunity to grow into a healthy adult and lead a productive life. However, the stark reality is that millions of children are losing such opportunities because their bodies do not receive or absorb the nutrients they need. As a result, their cognitive capacity shrinks and bodies become more vulnerable to diseases, causing children to perform worse at school and earn less in adulthood. All unnecessarily, due to causes which we know how to prevent.*

*PIN believes that every newborn child represents a unique opportunity for our world to gain another skilled entrepreneur, inspiring teacher, successful farmer or capable leader. Ensuring that this excellent potential is not wasted due to children not receiving the required nutrients must be at the forefront of the global development efforts. PIN’s 2016-2021 Nutrition Security Strategy was developed to outline the directions that PIN’s programming takes to effectively prevent and treat child undernutrition and to enable children to fulfil their potential.”*

*Camila Garbutt, Adviser for Nutrition Security & Public Health*



## CONTEXT

A third of this world's inhabitants are affected by malnutrition, a physical condition resulting from their bodies using an inadequate amount and variety of nutrients. Malnutrition refers to obesity and also to the core focus of PIN's existing strategy: **undernutrition**. It includes:

1. **underweight** (having too low a weight for one's age)
2. **wasting**, or acute undernutrition (being dangerously thin for one's height)
3. **stunting**, or chronic undernutrition (being too short for one's age)
4. **micronutrient deficiencies** (lacking essential vitamins and minerals)

## THE SCALE

In 2015, wasting was affecting 51 million children, making them 12 times more likely to die than their healthy peers.<sup>i</sup> Stunting made 161 million children more vulnerable to diseases and restricted the development of their young bodies and minds. Over 2 billion people lacked required vitamins and

**90% of undernourished children live in 'high-burden' countries such as Ethiopia, Zambia or Myanmar.**

minerals, making them more vulnerable to diseases and undermining their physical and cognitive development.<sup>ii</sup>

While the number of stunted children has significantly declined in the last two decades, the progress on reducing wasting has been very slow.

Context-wise, **the majority of undernourished children live in relatively stable areas**, and not in a 'humanitarian' context as is often mistakenly

perceived. While undernutrition also affects wealthier countries, 90% of undernourished children live in 34 'high-burden' countries in Africa and Asia, such as Ethiopia, Zambia or Myanmar.<sup>iii</sup>

Undernutrition is **more prevalent in rural areas** although underserved parts of towns and cities can be equally affected.<sup>iv</sup> While undernutrition is more common among children from poorer households, nutrition surveys frequently identify wasted and/ or stunted children even in wealthier families.

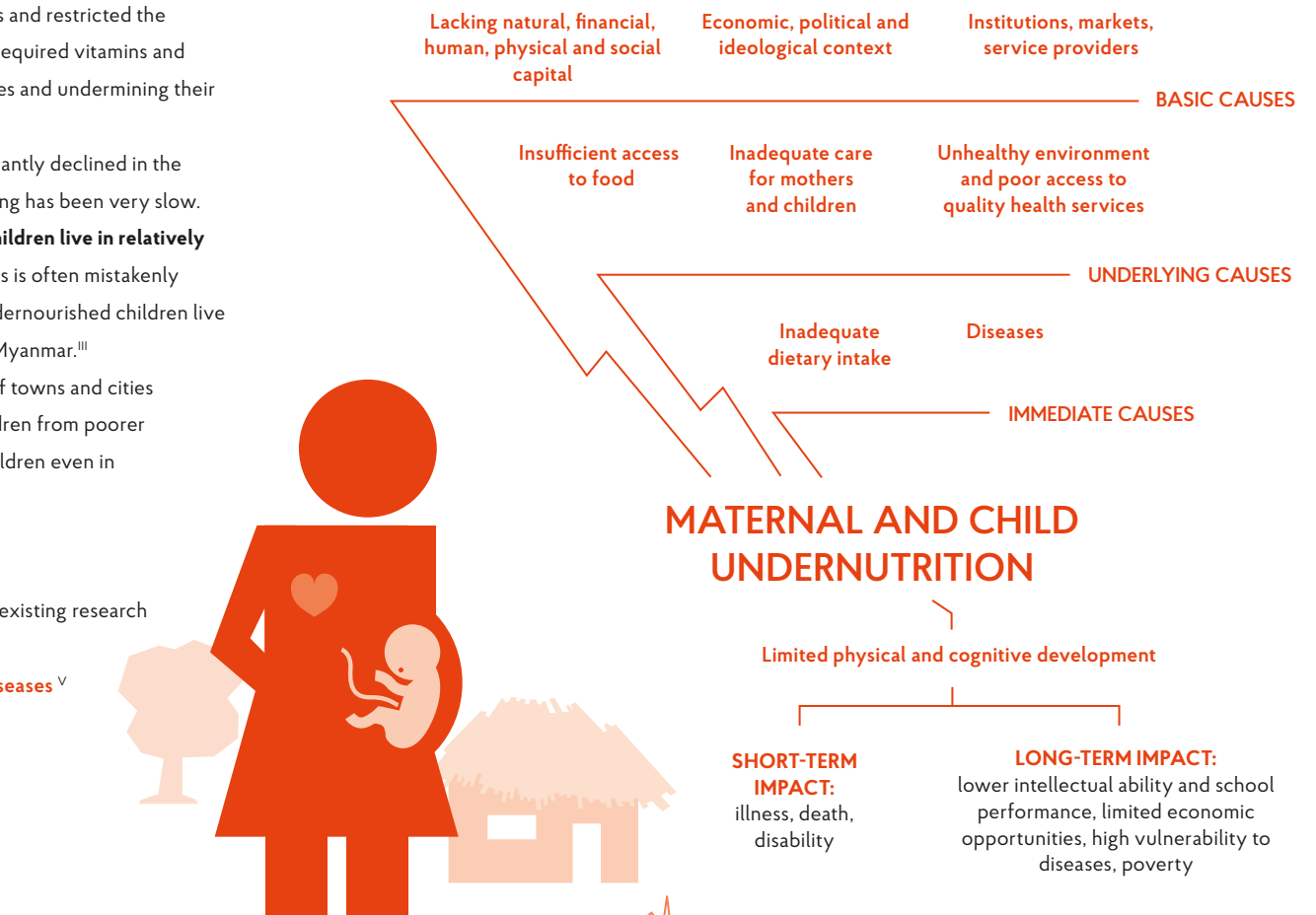
## THE IMPACTS

The costs of millions of people lacking essential nutrients are staggering. The existing research provides compelling evidence that undernutrition:

- weakens children's immune systems, **increasing their vulnerability to diseases**<sup>v</sup>
- is the **underlying cause of 45% of all deaths** of children under 5 years<sup>vi</sup>
- **reduces the development of children's bodies and minds**<sup>vii</sup>
- **negatively affects children's IQ** and their performance at school<sup>viii</sup>
- **causes children to earn less** in adulthood<sup>ix</sup>
- **slows down economic growth** by up to 16.5% of the country's GDP<sup>x</sup>

## THE CAUSES

People become undernourished because they do not consume the nutrients they need and/ or because diseases hamper nutrients' effective absorption. The underlying drivers of undernutrition are inadequate quality and quantity of the consumed **food** (especially prior to the harvest); inappropriate **maternal and child care** practices; and **disease-prone environments** characterized by poor hygiene and inadequate access to safe water and sanitation (WHO estimates that 50% of undernutrition is associated with repeated diarrhoea and intestinal worm infections<sup>xi</sup>). All these factors are strongly determined by the quality and access to private and public services (health care, education, agricultural extension, markets); socio-cultural factors (beliefs, traditions, women's status); and the country's economic and political situation (including the extent of the key actors' commitment to addressing undernutrition).



## THE STRATEGIES, DONORS AND ACTIONS

In recent years, nutrition has been **rising up in the agenda** of governments, international donors, implementing agencies and other influential actors. Reducing undernutrition was recognized as an **effective investment** that saves lives, contributes to eradicating poverty and provides significant economic returns. In 2010, the Scaling Up Nutrition (SUN) movement was launched, bringing together over 100

*The current aid to nutrition meets just a fraction of the total needs.*

partners working on scaling up the required nutrition interventions.

In 2012, the World Health Assembly (WHA) set an ambitious **target of reducing the number of stunted children by 70 million by 2025**. The EU took on a strong role and committed to meet 10% of this global target, pledging €3.5bn for the 2014-2020 period. Donors' aid for nutrition nearly doubled between 2012 and 2013 (from \$0.56

billion to \$0.94 billion <sup>XIII</sup>) and new financing mechanisms have emerged. <sup>XIII</sup>

Despite the significant progress made by national governments, implementing agencies, donors, academia and the private sector, the current aid to nutrition meets just a fraction of the total needs. According to the calculations of advocacy platform Generation Nutrition, the progress in meeting the **WHA target on stunting is 24 years behind schedule**.<sup>XIV</sup> In order to meet the target, governments would need to double, and donors quadruple, their current funding for nutrition.<sup>XV</sup> Support to addressing often life-threatening wasting (especially in the development context) is equally insufficient: currently, **9 out of 10 wasted children do not receive the treatment they need**.<sup>XVI</sup>

## PEOPLE IN NEED'S ROLE

PIN is committed to playing an active part in reducing global undernutrition, primarily by:

- directly addressing the multi-sectoral causes of undernutrition
- strengthening the capacities of local actors that are responsible for or capable of tackling the underlying causes of under-nutrition and providing treatment
- promoting & supporting nutrition-oriented cooperation and synergies among food security, health, WASH and gender actions
- advocating for improved nutrition

Policy-wise, PIN will support the achievement of the **Sustainable Development Goals**, especially:



# PIN'S PROGRAMMING STRATEGY

The main objective of People in Need's 2016-2021 Nutrition Security Strategy is to:



**DECREASE THE PREVALENCE OF CHRONIC AND ACUTE UNDERNUTRITION** among young children and women of reproductive age by strengthening the systems for tackling its multi-sectoral causes and for effective treatment.

PIN is well aware that people's nutritional status is determined by a range of factors across different sectors, all of them being important while none of them alone are sufficient. For example, young children consuming nutritionally rich meals remain vulnerable to wasting if they suffer from repeated diarrhoea.

PIN's programming therefore strives to **achieve nutrition security**, which is when *children have ongoing access to the conditions which enable them to be well-nourished*, such as a nutritious diet, appropriate care and good health. Attaining this is at the heart of PIN's **Integrated**

## Programming for Improved Nutrition (IPIN)

approach that aims to reduce undernutrition by implementing multi-sectoral, well-integrated interventions. This can be achieved through:

- PIN's intervention creating synergy with other ongoing intervention(s) while aiming for a common nutrition goal (for example, PIN's diarrhoea-prevention project complementing another NGO's agri-intervention; or PIN helping to create synergies between the government's agricultural and health extension services)
- PIN's single intervention addressing all the key underlying causes of under-nutrition (for example, a food production project integrating a component focusing on improving hygiene and child feeding practices)



## PRIORITIES

### ADDRESSING THE UNDERLYING CAUSES

The key emphasis of PIN's prevention-oriented programming is on **strengthening the capacities of the local stakeholders** which are responsible for – or capable of – addressing the underlying causes of maternal and child undernutrition (such as health workers, agriculture extensionists, relevant authorities or 'ordinary' peers). Its priorities reflect the UNICEF nutrition conceptual framework, focusing on:

1. **Access to nutritious food:** PIN aims to enable its target groups to:
  - gain the know-how and access to inputs required for (year-round) production and preservation of **vegetables, fruits, pulses and animal foods**
  - reduce seasonal food deficiencies by sustainably increasing the yields of their **staple crop production**
  - increase their **income for purchasing nutritious food**
2. **Appropriate maternal and child care practices** that are locally acceptable and proven to improve the nutritional status of children and women
3. **Improving WASH practices:** PIN aims to eliminate the transmission routes of faecal-oral and other WASH-related diseases by enabling its target groups to:
  - **wash their hands** at the 5 critical times
  - drink **safe water** that was previously treated or comes from a safe source
  - use improved **sanitation facilities**
  - ensure good **food hygiene** (during food preparation, storage)
  - provide a safe and clean living space for infants
4. **Empowering women:** PIN will focus on enabling women and girls to:
  - improve their access to and **control of resources, especially income**
  - **reduce their workload and time constraints**
  - ensure healthy **timing and spacing of their pregnancies** by using culturally-acceptable forms of contraception

### ENSURING TREATMENT

In the areas with the acute malnutrition level reaching "serious" or "critical" WHO levels where there is no Community Management of Acute Malnutrition (CMAM) functioning, PIN will work with the local health actors on providing an effective treatment, with an emphasis on 1) **achieving maximum coverage** while 2) **strengthening the local health system's capacities** (for improving the quality and sustainability of undernutrition prevention and treatment services).

### ADVOCATING FOR IMPROVED NUTRITION

PIN will **advocate for more substantial, effective and accountable aid** to improving nutrition – see detailed description in the Advocacy Strategy on page 7.



# GLOBAL INDICATORS

The following global indicators were defined to enable PIN to measure and report on the global outcomes of its nutrition security work. They define the main focus of PIN's nutrition security programming and shall be measured in all relevant projects (alongside other indicators suggested at [www.IndiKit.net](http://www.IndiKit.net)).

## ACUTE MALNUTRITION IN CHILDREN:

number of acutely undernourished children aged 6-59 months (i.e. with a weight for height < -2 Z scores (or bilateral oedema) and/ or with a MUAC < 125mm (or bilateral oedema))

## ACUTE MALNUTRITION IN WOMEN:

number of acutely undernourished women of reproductive age (i.e. with a MUAC < 210mm)

## CHRONIC MALNUTRITION:

number of chronically undernourished children aged 6 - 59 months (i.e. with a height for age < -2 Z scores)

## FOOD SECURITY:

number of children 6-23/ 59 months who during the previous day ate the Minimum Acceptable Diet

## PREVALENCE OF DIARRHOEA:

number of children aged 10 - 24/ 59 months which in the past 2 weeks had more than 3 loose stools per day

## EXCLUSIVE BREASTFEEDING:

the number of infants aged 0-5 months who are exclusively breastfed (i.e. received only breast milk during the previous day)

## SUSTAINABLE SAFE WATER ACCESS:

number of people using basic drinking water services

## IYCF PRACTICES:

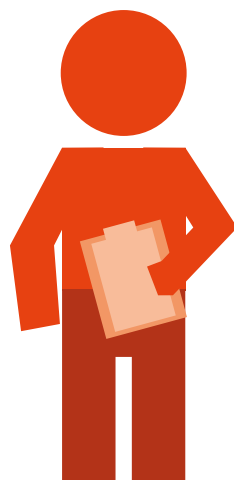
number of caregivers following promoted IYCF practices

## WASH PRACTICES:

number of caregivers following promoted WASH practices

## TREATMENT:

number of children 6-59 months screened; % and number of children with severe acute malnutrition (SAM) who were treated/cured/ died/ defaulted



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# TARGETING

Children's nutritional needs are the highest in the first 1,000 days of their lives - starting from conception to their second birthday - when their brains develop, bodies grow and their immune system is built. Therefore, PIN's nutrition projects will always focus on **children under two years and women of reproductive age**, especially pregnant and lactating women (CMAM projects will target children under 5 years). At the same time, PIN recognizes that maternal and child undernutrition is influenced by causes which are determined by other stakeholders. At the immediate level, **peers, mothers-in-law and fathers** frequently influence mothers' child caring practices and the nutritional quality of the food children and/ or their mothers eat. At the underlying level, determinants include the quality and coverage of services provided by **health and agricultural extensionists**; strategies designed by **(sub)national authorities**, and the focus and volume of **donors'** funding. Therefore, while the ultimate beneficiaries of PIN's nutrition interventions will be (future) mothers and their children, PIN will support actors which are effectively enabling caretakers to overcome the main barriers to ensuring good nutrition. Geographically, PIN's nutrition security work will **focus primarily on the high-burden countries**, such as Angola, D.R. Congo, Ethiopia, Zambia, Afghanistan, Cambodia and Nepal.

*Children's nutritional needs are the highest in the first 1,000 days.*

# GUIDING PRINCIPLES

PIN's nutrition interventions will follow **seven core guiding principles** defined to maximize the impact of PIN's work on reducing undernutrition. The principles will also be used for **reviewing the quality of newly designed and implemented projects**.

## PURSUING REALISTIC, MULTI-SECTORAL SOLUTIONS:

**1.** PIN's projects follow its Integrated Programming for Improved Nutrition (IPIN) approach addressing the multi-sectoral causes of undernutrition in the same areas. At the same time, they are required to *focus on a limited number of priorities* which are most likely - or proven to - deliver the desired goal (i.e. avoiding having too broad a focus).

## STRENGTHEN (IN)FORMAL SYSTEMS FOR REDUCING UNDERNUTRITION:

The core focus of PIN's work is on *increasing the capacities and commitment of the local stakeholders* which are responsible for - or capable of - addressing the underlying causes of undernutrition. Motivating and enabling the district and national level authorities, health workers, agricultural extensionists, private sector actors but also 'ordinary' peers to increase their contribution to reducing undernutrition are among PIN's top priorities.

## CONSIDER & ADDRESS SEASONALITY IN PROJECT DESIGNS AND M&E:

The extent to which activities consider the seasonal realities (such as food/ water/ time availability) affects their effectiveness. Indicators prone to seasonality (prevalence of undernutrition, diarrhoea rates or dietary diversity) make assessing projects' results imprecise if the data is not collected in the same months. Therefore, *all project designs will be reviewed from the seasonality perspective*.

## UNDERSTAND – NOT GUESS – THE BARRIERS:

Most parents are keen to ensure that their children are well-nourished and thriving; however, there are reasons preventing them from doing so. PIN's projects will be designed to allocate sufficient resources to *first understand and then address the barriers*.

## ENGAGE THE INFLUENCERS:

**5.** PIN will not ignore the influence that husbands, mothers-in-laws and peers often have on children's nutritional status. Its nutrition projects will specifically *target and engage those who either hinder or (can) encourage* mothers to ensure the healthy nutritional status of their children.

## DO NO HARM:

Nutrition projects can harm nutrition (by decreasing women's time for child care; unintentionally replacing breastfeeding with less safe baby formulas; creating 'incentives' for caretakers to keep children undernourished). In all relevant interventions, PIN staff will therefore *analyse, mitigate and monitor such risks*.

## ASSESS AND BE ACCOUNTABLE FOR RESULTS:

**7.** PIN's projects will allocate sufficient time, funds and expertise to *measure their outcomes and openly share the results and lessons* with its peer agencies, donors and authorities.

# INVESTMENT PRIORITIES

In order to maximize the quality of its nutrition programming, PIN will invest in:

Supporting its country offices in accessing the **technical expertise and funding** they need for ensuring that:

- food security projects are effectively complemented with nutrition practices-improving and diarrhoea-reducing components
- emergency responses contribute towards protecting the nutritional status of pregnant women and children under two
- nutrition-related interventions effectively empower women and engage men, mothers-in-law and peers in improving children's nutrition
- WASH interventions follow all relevant SWAP guidance and effective techniques for preventing WASH-related infections of infants are explored

Developing its expertise and maximizing the effective use of **behaviour change strategies and adult learning approaches**

Establishing **strategic partnerships** for enhancing the quality, scale and impact of its nutrition security programming (see page 8)

Increasing its capacity to:

- 1. generate evidence and realistic recommendations** for effective approaches to improving nutritional status and its underlying causes
- 2. lobby** policy makers, donors and practitioners for required changes



PIN's **progress on developing its nutrition security programming** will be measured annually, using the following indicators:

- the country strategies of country programmes working on reducing undernutrition describe and justify their approaches for doing so (100%, by 2017)
- PIN's nutrition projects' strategies are based on strengthening local service-delivery systems (100%, by 12/2018)
- PIN's undernutrition treatment projects are complemented by substantial prevention components (80%, by 12/2016)
- PIN's food security projects (except transition countries):
  - diversify diets and measure changes in IDD (80%, by 2018)
  - reduce and measure lean season duration and severity (80%, by 2018)
  - target and measure reducing diarrhoea and improving infant and young child feeding practices (50% by 2019)
- PIN's food aid includes specific rations for children under 2 (50%, by 2017)
- objectives and indicators of relevant WASH projects focus on reducing diarrhoeal diseases and include specific activities to reduce infections to infants (100%, by 12/2018)
- formative survey, esp. barrier analysis, is done and its results used in 100% of nutrition security projects (by 12/2018)
- increase in the financial volume of PIN's nutrition security projects and the number of its beneficiaries (50%, by 12/2020)
- PIN's WASH interventions follow all relevant SWAP guidance (80%, by 2019)

# ADVOCACY STRATEGY



This advocacy strategy was updated in October 2017 based on the accomplishments since the original strategy was developed in 2016.

PIN recognizes that tackling the immense scale of undernutrition requires the engagement, commitment and financing of a wide range of relief and development actors. PIN's Nutrition Security Advocacy Strategy therefore identifies **four key groups of stakeholders whom PIN aims to advocate – and often also support – for strengthening their contribution to reducing maternal and child undernutrition:**

| WHAT DO WE ADVOCATE FOR?   | HOW DO WE DO IT?  | RESPONSIBILITY   |
|--|---|--|
| <b>RELEVANT DONORS, AUTHORITIES, PRIVATE SECTOR AND IMPLEMENTERS IN PIN'S TARGET COUNTRIES FOR:</b> <ol style="list-style-type: none"> <li>Supporting a greater, systematic integration of market systems development, food security, health, WASH and gender interventions aiming to achieve a common nutritional goal</li> <li>Addressing major shortcomings in the effectiveness of their existing approaches to reducing undernutrition (as identified by PIN or other actors)</li> </ol>  | <p><b>Propose and promote practical options</b> for systematic inter-sectoral synergies among relevant decision-makers, donors, implementers (through, for example, multi-stakeholder advocacy initiatives or active participation in sector forums)</p> <p><b>Encourage donors</b> to (financially) support inter-sectoral cooperation</p> <p><b>Invest more in M&amp;E</b> to generate evidence for national and international advocacy in cooperation with Technical Advisors and the Communication and Advocacy Department.</p> <p><b>Monitor the impact</b> on nutrition security through PIN's different sectoral interventions</p> | <p>PIN Country Programmes working on nutrition</p> <p>PIN's Nutrition Security Advisor</p> <p>PIN's Communication &amp; Advocacy Department</p> <p>M&amp;E units</p> |
| <b>EU AND OTHER DEVELOPMENT AID DONORS AND POLICY MAKERS FOR:</b> <ol style="list-style-type: none"> <li>Allocate a sufficient amount of funding towards integrated projects in order to achieve the target of reducing the number of stunted children by 7 million until 2025</li> <li>Increasing the transparency of how the financial allocations for reducing undernutrition will be/were spent</li> <li>Mitigating the risks and using the opportunities of the private sector in addressing hunger and malnutrition</li> </ol> | <p><b>Support the implementation</b> of A2015 and other network campaigns by:</p> <ul style="list-style-type: none"> <li>Implementing specific tasks/components of A2015's campaigns</li> <li>Bringing in PIN's field-based expertise and evidence</li> </ul>   | <p>PIN's Communication &amp; Advocacy Department</p> <p>PIN's Nutrition Security Advisor</p>   |
| <b>THE CZECH DEVELOPMENT DONORS AND IMPLEMENTERS FOR:</b> <ol style="list-style-type: none"> <li>Including addressing undernutrition among their long-term priorities</li> <li>Increasing the number, quality and total financial volume of their projects focusing on reducing (the underlying causes of) undernutrition</li> <li>Effectively measuring the outcomes of these projects</li> </ol>   | <p><b>Monitoring</b> how the strategies are being implemented</p> <p><b>Disseminate case studies</b> (examples) of replicable nutrition projects</p> <p><b>Offer technical assistance</b> to CzDA/MFA on nutrition-sensitive approaches</p>   | <p>PIN's Communication &amp; Advocacy Department in cooperation with the Nutrition Security Advisor</p>  |
| <b>THE CZECH GENERAL PUBLIC AND EXPERTS FOR:</b> <ol style="list-style-type: none"> <li>Agreeing that addressing undernutrition helps to develop poorer countries and should be (financially) supported</li> <li>Understanding the links between humanitarian disasters, nutrition and resilience</li> </ol>   | <p><b>Implementing</b> PIN's 2016-2018 project "World Without Myths"</p> <p><b>Publish articles</b> in media and PIN's website</p> <p><b>Post claims and photos</b> on PIN's social media</p> <p><b>Promote</b> PIN's <a href="http://www.5factorsdecide.org">www.5factorsdecide.org</a> website</p>  | <p>PIN's Communication &amp; Advocacy Department</p>   |



## PARTNERSHIPS

PIN's nutrition security programming will make the most positive difference if PIN manages to develop partnerships enabling its teams to maximize the quality, sustainability and scale of their undernutrition interventions. In the 2016-2021 programming period, **PIN's partnership priorities** are to:

- put the local stakeholders responsible for addressing undernutrition and its underlying causes as its #1 partners, enabling them to maximize the nutritional outcomes of their work and to reduce their reliance on an external support
- clearly define & present the added value PIN is able to bring to new partnerships
- develop in-country partnerships with experienced implementation agencies (incl. US based) enabling PIN to increase the scale of its work
- increase the technical know-how sharing and advocacy-related cooperation with Alliance2015 members working on nutrition and other like-minded actors
- establish cooperation with universities, increasing PIN's capacity to contribute to the global evidence base on what works for Nutrition Security
- gain a pool of consultants capable of supporting PIN in conducting nutrition surveys, building PIN's staff capacity and assisting with fundraising
- develop innovations with the private sector with a carefully defined PIN policy towards such partnerships



## KEY RESOURCES

For increasing the quality of PIN's nutrition programming it is essential to be able to retain and use the expertise generated by PIN and other agencies' teams. PIN will therefore use the **following sources of this expertise**:

- PIN's Advisors for Nutrition Security, Public Health and Sustainable Water Resources
- in-country 'Resource Persons' (already existing team members experienced in WASH/ health/ food security/ M&E capable of supporting nutrition projects)
- PIN's Directory of the best resources on multi-sectoral nutrition programming<sup>2</sup>
- guidance on the use of nutrition-related indicators at [www.indikit.net](http://www.indikit.net)
- PIN's best nutrition resources posted at [www.peopleinneed.cz/resources](http://www.peopleinneed.cz/resources)
- PIN's on-line courses on nutrition programming available at [pinf.talentlms.com](http://pinf.talentlms.com)
- sharing latest evaluations, lessons and resources through PIN's Yammer

All PIN staff working on nutrition security are responsible for **becoming familiar with**:

- PIN (2014) Practical Toolkit for PIN's Integrated Nutrition Programming
- PIN (2015) Checklists for Conducting Nutrition Surveys
- PIN (2017) Behavioural Change Toolkit
- Quality Standard Checklists and the KLD Resource Database
- PIN (2017) Standards in WASH Programming

<sup>2</sup> available here: [bit.ly/KLD-directory](http://bit.ly/KLD-directory)

## CONTACTS

PIN welcomes cooperation with like-minded actors working on reducing undernutrition. Contact us, learn about our work or check out our publications at:

- [resource@peopleinneed.cz](mailto:resource@peopleinneed.cz)
- [www.peopleinneed.cz/ipin](http://www.peopleinneed.cz/ipin)
- [www.peopleinneed.cz/resources](http://www.peopleinneed.cz/resources)

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