



DECEMBER 2017

NUTRITION SECURITY POLICY

A COMMON MULTI-SECTORAL UNDERSTANDING AND APPROACH
TO ADDRESS UNDERNUTRITION

POLICY DOCUMENT



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ACRONYMS

DRM	Disaster Risk Management
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
FAO	United Nations Food and Agriculture Organization
FSL	Food Security & Livelihoods
IFPRI	International Food Policy Research Institute
IDA	Iron Deficiency Anaemia
MAM	Moderate Acute Malnutrition
MDGS	Millennium Development Goals
MHCP	Mental Health and Care Practices
NCA	Nutrition Causal Analysis
REACH	Renewed Effort Against Child Hunger
SAM	Severe Acute Malnutrition
SUN	Scaling Up Nutrition movement
UNICEF	United Nations Children's Fund
UNSCN	United Nation Standing Committee on Nutrition
WASH	Water, Sanitation and Hygiene
WHO	United Nations World Health Organization

FIGURES

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PREAMBLE

For almost 40 years, across nearly 50 countries, Action Against Hunger have led the global fight against hunger. We save the lives of children and work with their communities before and after the disaster strikes. We enable people to provide for themselves, see their children grow up strong, and build prosperous communities. We constantly search for more effective solutions, while sharing our knowledge and expertise with the world. From crisis to sustainability, we tackle the underlying and basic causes of malnutrition and its effects. By integrating our programmes with local and national systems we further ensure that short-term interventions become long-term solutions.

Action Against Hunger works to save the lives of undernourished children while providing communities with sustainable access to safe water, health and long-term solutions to hunger. We have invested in our strong commitment to eliminating hunger by building on our capacity to detect, treat and prevent undernutrition.

Action Against Hunger aim is to:¹

- A. Mitigate the consequences of hunger
- B. Address the causes of hunger
- C. Change the way hunger is viewed and addressed

ACTION AGAINST HUNGER OVERARCHING IDEAL IS NUTRITION SECURITY FOR EVERYONE.



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1 - Action Against Hunger International Strategic Plan 2016-2020; Action Against Hunger International, 2013, Technical Policy and Strategy 2012-2015

01/ INTRODUCTION

SCOPE AND PURPOSE OF THE POLICY

Beyond the conceptual framework of undernutrition, used as a reference for many years in Action Against Hunger policy and strategy documents, this policy is developed to provide a comprehensive framework for mobilization and action of Action Against Hunger and its partners in our fight against undernutrition.

Its aims are:

- To highlight the issues and challenges, and define concepts around nutrition security
- To define the organization’s vision and positioning for a systematic nutrition security approach
- To provide overall principles, ambitions and commitments at institutional, strategic and programmatic levels to apply this vision

The policy forms the basis of a common multi-sectoral understanding of undernutrition and how Action Against Hunger commits to respond to it in a coherent, evidence based and holistic way. It does not replace but complements existing institutional documents, providing an overarching policy document for the organisation’s fight against hunger and undernutrition.

It is an organisational policy directed towards all Action Against Hunger staff, in the field and headquarters.

This policy document is supported by an implementation plan and a toolkit that provide specific targets and practical guidance in order to translate the policy principles into action.

UNDERSTANDING UNDERNUTRITION

WHAT IS UNDERNUTRITION ?

Undernutrition, in general terms, is the outcome of the insufficient quantity and quality of food intake associated with diseases and poor childcare practices. It describes a range of conditions that can be classified as: 1) stunting, or chronic undernutrition, 2) acute undernutrition (including wasting), 3) underweight and 4) micronutrient deficiencies.

Undernutrition is currently one of the most prominent global public health issues, with 155 million children under-five years of age suffering from stunting, 52 million from wasting, and more than 2 billion people deficient in micronutrients, mainly vitamin A, iron, iodine & zinc.²

FIGURE 1 THE DIFFERENT TYPES OF MALNUTRITION

MALNUTRITION				
UNDERNUTRITION				OVERNUTRITION
<p>STUNTING</p> <p>Also known as chronic malnutrition, for children aged 0 to 5 years stunting is defined as height-for-age less than -2 standard deviations of the median of the WHO Child Growth Standards.</p>	<p>ACUTE MALNUTRITION</p> <p>For children aged 6 months to 5 years of age acute malnutrition is defined as wasting and/or mid-upper-arm circumference ≤ 125 mm and/or oedema. Wasting is defined as weight-for-length/height less than -2 standard deviations of the median of the WHO Child Growth Standards.</p>	<p>UNDERWEIGHT</p> <p>For children aged 0 to 5 years underweight is defined as weight-for-age less than -2 standard deviations of the median of the WHO Child Growth Standards.</p>	<p>MICRONUTRIENT DEFICIENCIES</p> <p>Also known as “hidden-hunger”, are disorders in which the body’s specific nutrient requirements are unmet due to inadequate intake, impaired absorption, and/or increased losses. Key micronutrients include: Iron, Zinc, Vitamin A and Iodine.</p>	<p>OVERWEIGHT</p> <p>A condition characterized by excess weight relative to height. For adults, overweight is defined by a BMI above 25 kg/m². For children overweight is weight-for-height above 2 standard deviations of the WHO Child Growth Standards.</p>

Source: WHO International Classification of diseases - 11

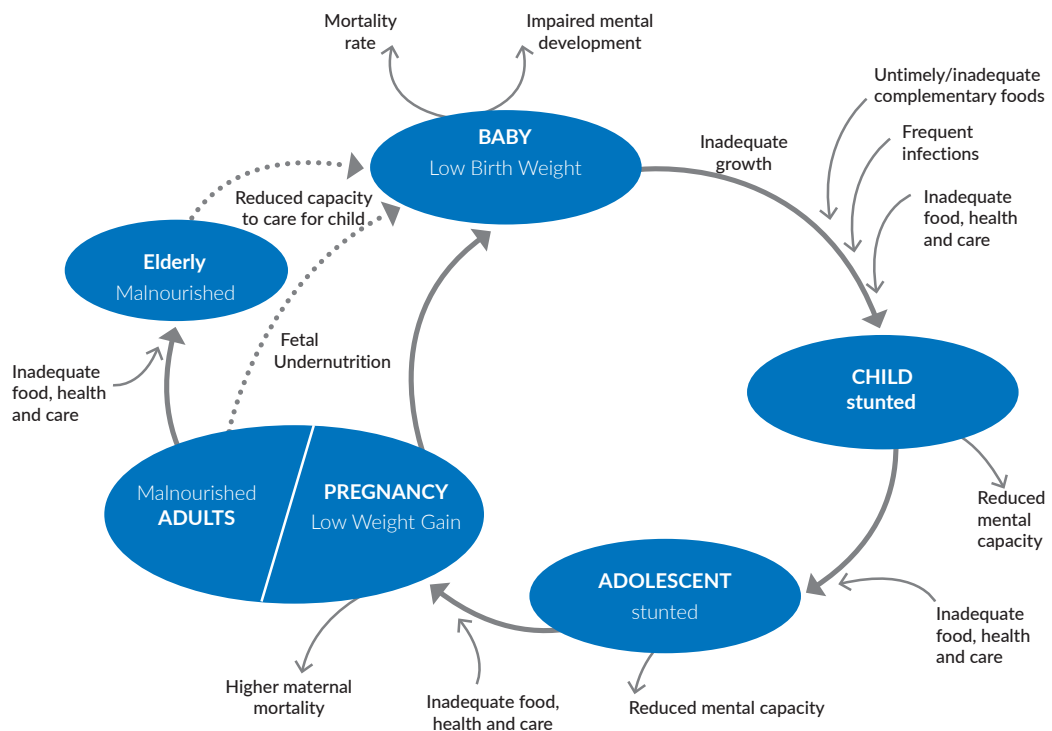
CONSEQUENCES OF UNDERNUTRITION

Undernutrition leads to a number of short-term and longer-term consequences and interacts with repeated bouts of infectious disease. Undernutrition, including foetal growth restriction, suboptimum breastfeeding, stunting, wasting, and deficiencies of vitamin A and zinc, cause 45% of child deaths (or 3.1 million out of the 6.9 million child deaths in 2011).³

Undernutrition can have negative consequences in terms of health, impaired child growth, cognitive⁴ and physical development⁵, weakening the immune system and increasing the risk of morbidity and mortality. Additionally, undernourished children have a higher risk of suffering from chronic diseases (such as diabetes) in adulthood⁶. Maternal undernutrition, especially Iron Deficiency Anaemia (IDA) is associated with poor reproductive performance, a higher risk of maternal death, a high incidence of low birthweight, and intrauterine malnutrition. Deficiencies of vitamin A and zinc adversely affect child health and survival, and deficiencies of iodine and iron, together with stunting, contribute to children not reaching their developmental potential. Recent studies have also confirmed an association between stunting and reduced school attendance and performance, which have longer-term implications.

Impaired cognitive and physical development as a result of undernutrition has long-term negative consequences at both the micro and macro levels, reducing human and overall economic development, the economic cost of undernutrition being estimated at 2 to 8 % of Gross Domestic Product (GDP).⁷

FIGURE 2 UNDERNUTRITION THROUGHOUT THE LIFE CYCLE



Source: Ending Malnutrition by 2020, draft report to ACC, SCN, March 1999

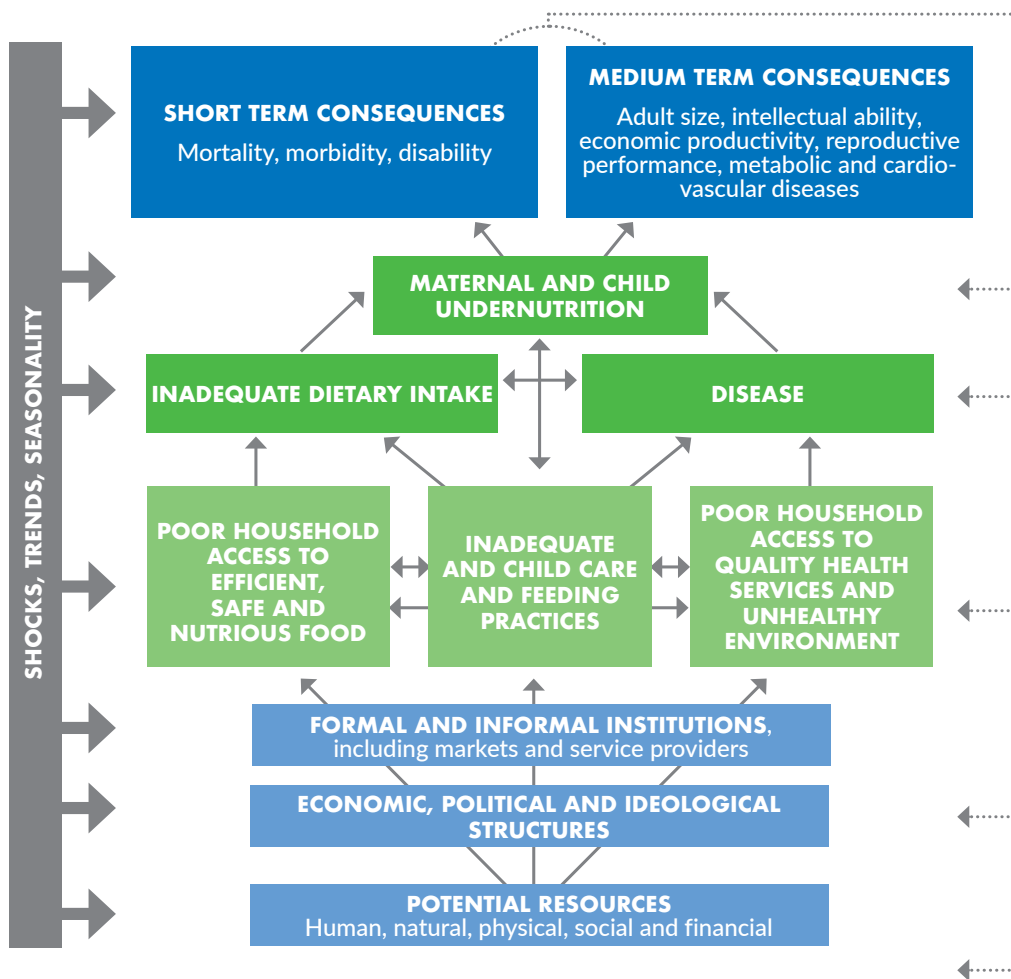
- 3 - Black RE, Victora CG, Walker SP, and the Maternal and Child Nutrition Study Group, 2013, Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*.
- 4 - Maluccio, J.A., Hodinott, J, Behrman, J.R., Martorell, R., Quisumbing, A, Stein, AD, 2005, The impact of experimental nutritional interventions on education into adulthood in rural Guatemala, Food Consumption and Nutrition Division, IFPRI, Washington, D.C.
- 5 - Grantham-McGregor, SM, Walker, SP, Chang, S, 2000, Nutritional deficiencies and later behavioural development, in the Proceedings of the Nutrition Society, 59, pp. 47-54.
- 6 - Victora, CG, Adair, L, Fall, C, Hallal, P, Martorell, R, Richter, L, Singh Sachdev, H, 2008, Maternal and child undernutrition: consequences for adult health and human capital. *The Lancet*.
- 7 - Gwatkin, D, R, Rutstein, S, Johnson, K, Suliman, E, Wagstaff, A, Amozou, A, 2007, Socio-economic difference in health, nutrition and population within developing countries: an overview.

Undernutrition perpetuates itself in a vicious cycle that lasts beyond the life cycle of an individual. Maternal undernutrition leads to poor foetal development and higher risks of complications in pregnancy. Poor nutrition often starts in utero and extends, particularly for girls and women, well into adolescent and adult life. Women who were undernourished as girls are likely to become undernourished mothers, who give birth to low birth weight babies, leading to a vicious intergenerational cycle (figure 2). Low birthweight infants, who suffered from intrauterine growth retardation, are at higher risk of dying in the neonatal period or later infancy. If they survive, they are unlikely to catch up on this lost growth and are more likely to experience a variety of developmental deficits. A low birth weight infant is thus more likely to be underweight or stunted in early life.

MULTI-SECTORAL NATURE OF FACTORS LEADING TO UNDERNUTRITION

Factors and pathways leading to undernutrition are diverse, complex, and most often interconnected. The immediate determinants are related to food and nutrient intake and to health. Underlying determinants include household food insecurity, inappropriate care practices⁸ and unsafe environments including low access to quality water, sanitation and hygiene, inadequate access or availability to health services and education, which are themselves often linked. All these factors increase vulnerability to shocks and long term stresses. The basic determinants of undernutrition are rooted in the poverty and involve interactions between social, political, demographic, and societal conditions. The Conceptual Framework of Malnutrition, initially developed by UNICEF (figure 3), reflects the various factors, how they interact and affect nutritional status.

FIGURE 3 CONCEPTUAL FRAMEWORK OF MALNUTRITION



Source: Ending Malnutrition by 2020, draft report to ACC, SCN, March 1999

8 - Care refers to the behaviours and practices of caregivers to provide food, health care, hygiene, stimulation, and emotional support necessary for children's healthy survival, growth, and development. (Source: Engle, P., 1997, *The Care Initiative: Assessment, analysis and action to improve care for nutrition.*)

UNDERNUTRITION CURRENT CHALLENGES

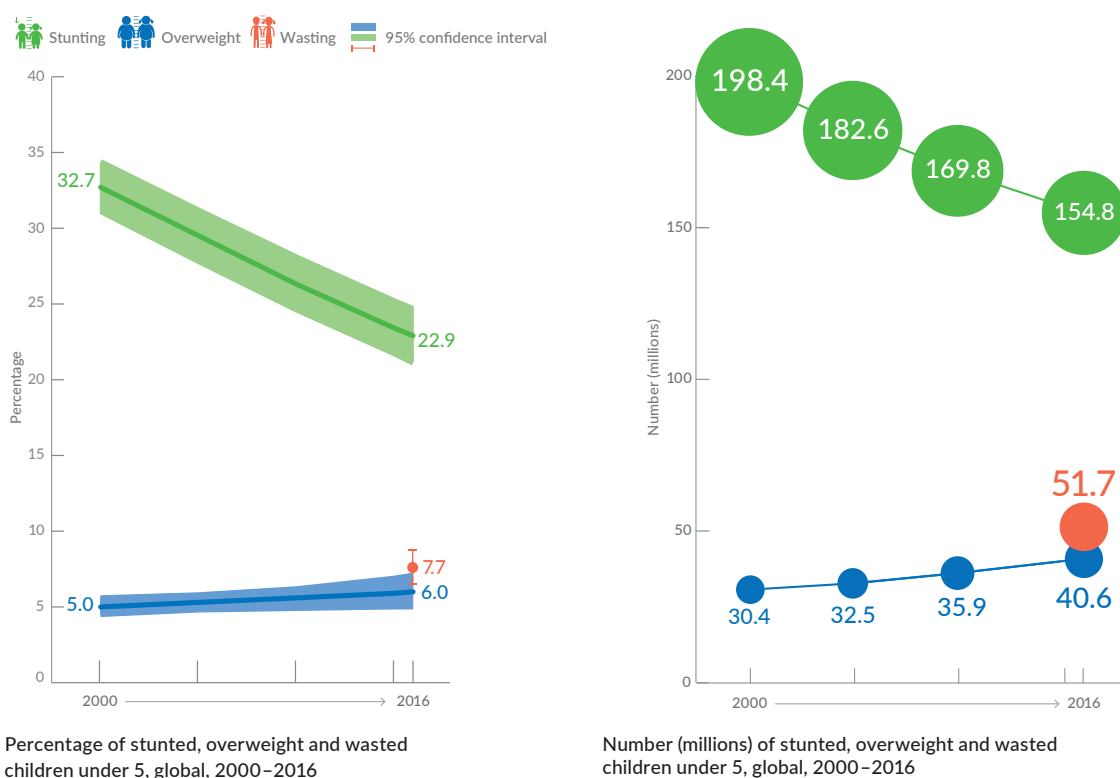
SLOW PROGRESS IN REDUCING UNDERNUTRITION

During the last decade, scientific knowledge - around the most efficient and cost effective ways to tackle undernutrition - has progressed: for instance, the 2008 Lancet Series on Maternal and Child Undernutrition identified a series of effective nutrition-specific interventions⁹, which if implemented at scale at the right time, could reduce undernutrition-related mortality and disease burden by 25% in the short term¹⁰. As a follow up, the international movement 'Scaling Up Nutrition' (SUN)¹¹ called for the scale up of those nutrition-specific interventions but also the design of more nutrition-sensitive strategies to tackle the underlying and basic causes of undernutrition.

While international and national commitment has grown, along with funding and civil society attention, this has not yet been translated into sufficient progress in reducing the prevalence of undernutrition globally. Improvements in nutrition still represent a massive challenge as related in the second Lancet series published in 2013.¹²

UNICEF/WHO/World Bank Group - Joint Child Malnutrition Estimates, published in May 2017, follow global and regional trends of stunting, wasting, severe wasting and overweight among children under-5, and reveal insufficient progress to reach the World Health Assembly targets¹³ set for 2025 and the Sustainable Development Goals set for 2030¹⁴ (schéma 4).

FIGURE 4 GLOBAL TRENDS OF PREVALENCE OF STUNTING, WASTING AND OVERWEIGHT AND BURDEN OF CHILD UNDERNUTRITION



Source: UNICEF/WHO/World Bank Group - Joint Child Malnutrition Estimates 2017

9 - The Lancet, 2008, Maternal and Child Undernutrition, Special Series

10 - The Lancet, 2008, Maternal and Child Undernutrition, Special Series

11 - Scaling Up Nutrition (SUN), 2010, Scaling Up Nutrition: A Framework for Action.

12 - Black RE, Victora CG, Walker SP, and the Maternal and Child Nutrition Study Group. 2013, Maternal and child undernutrition and overweight in low-income and middle-income countries. The Lancet.

13 - WHO. Global nutrition targets 2025: policy brief series (WHO/NMH/NHD/14.2). Geneva: World Health Organization; 2014.

14 - FAO, WFP and IFAD, 2012, The State of Food insecurity in the World 2012. Economic growth is necessary but not sufficient to accelerate reduction of hunger and malnutrition.

The number of stunted children has decreased globally, from 198 million in 2000 to 155 million in 2016, representing an average annual rate of 1.6%. Globally, an estimated 52 million children under-five years of age, or 8%, were wasted 2016 – an 11% decrease from an estimated 58 million in 1990. However, since 2011 the number of wasted remain unchanged. Globally, the number of acutely malnourished is likely to be more significant. UNICEF/WHO/World Bank Group - Joint Child Malnutrition Estimates account only wasted children (having low weight-for-height index) and not those having low mid-upper arm circumference (MUAC) and nutritional oedema. They may inflate the global burden with more than 30%.¹⁵

In 2012, the World Health Assembly called for a 40% reduction in the global number of children who are stunted by 2025 (compared to 2010) and to reduce childhood wasting to less than 5%. It is acknowledged that this new target remains out of reach under current rates of decline.^{16, 17}

IMPERATIVE NEED TO REVISE AND STRENGTHEN STRATEGIES TO SUSTAINABLY OVERCOME UNDERNUTRITION

There is a need to revise and reinforce current strategies in order to overcome undernutrition sustainably.

To accelerate the progress being made, nutrition-sensitive programmes tackling key immediate and underlying drivers of undernutrition are needed in addition to nutrition-specific and curative approaches immediate impact.¹⁸ Investment in nutrition-sensitive programmes can play a pivotal role in preventing undernutrition and impaired child development that a scale-up of nutrition-specific interventions cannot resolve on its own. United Nations Decade of Action on Nutrition (2016 –2025) urges all member states to act across six pillars for nutrition-sensitive action: sustainable food systems for healthy diets (1), aligned health systems providing universal coverage of essential nutrition actions (2), social protection and nutrition education (3), trade and investment for improved nutrition (4), enabling food and breastfeeding environments (5), and review, strengthen and promote nutrition governance and accountability (6).¹⁹

Yet, the definition of what nutrition-sensitive means in practical terms, and what are the most efficient and cost effective approaches are still to be agreed upon. Although it is acknowledged that food security, health, care practices, water, hygiene, sanitation and educational interventions have a strong potential to reduce the risk of undernutrition, evidence remains scarce on which of these interventions and delivery modalities are the most effective.^{20, 21, 22} In 2016, REACH reviewed existing evidence and published a comprehensive compilation of actions building an enabling environment for improved nutrition and nutrition-related actions.²³

The multidimensional nature of undernutrition calls for a coherent and coordinated multi-sectoral response. Solutions to improve nutrition in a population will require integration among sectors most relevant to individuals' nutritional status. Undernutrition calls for action to transcend sector boundaries and integrate multi-sectoral interventions for a response to be effective and translate to higher nutrition outcomes.

Recognizing that undernutrition is a complex, multifactorial problem that needs a comprehensive analysis and response including several sectors of intervention is necessary. We also need to acknowledge that although treatment of acute undernutrition is a critical action to save lives, nutrition prevention and activities strengthening resilience are essential to having a lasting, extensive impact on undernutrition through addressing direct and indirect causes.

15 - Grellety and Golden 2016, *Weight-for-height and mid-upper-arm circumference should be used independently to diagnose acute malnutrition: policy implications*

16 - UNICEF, 2013, *Improving child nutrition. The achievable imperative for global progress.*

17 - WHO, 2013, *Global nutrition policy review: what does it take to scale up nutrition action?*

18 - Ruel M. & Hoddinott J., 2008, *Investing in Early Childhood Nutrition. IFPRI Policy Brief 8.*

19 - *The UN Decade of Action on Nutrition is: A UN-wide, FAO and WHO-convened, Member State-driven global collective effort to set, track and achieve SMART policy commitments to end all forms of malnutrition worldwide within the Sustainable Development Agenda and framed by the Rome Declaration on Nutrition.*

20 - IFPRI, 2011, *Leveraging Agriculture for Improving Nutrition and Health. Highlights from an international conference.*

21 - Mucha N, 2013, *Implementing Nutrition-Sensitive Development: Reaching Consensus. Bread for the world Briefing paper.*

22 - ACTION AGAINST HUNGER International, 2013, *Aid for Nutrition. Maximising the impact of nutrition-sensitive interventions.*

23 - REACH, 2016, *Compendium of actions for nutrition.*

02/ CONCEPTS & TERMINOLOGY

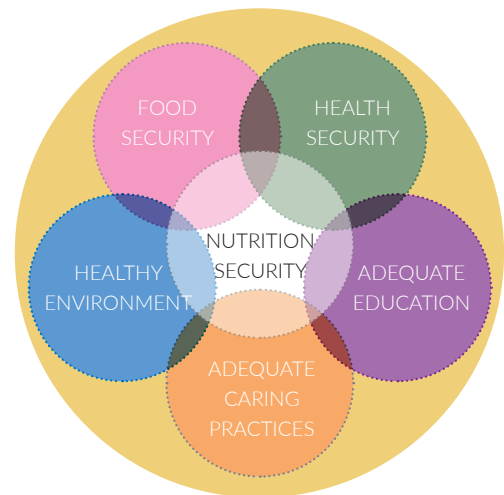
NUTRITION SECURITY

The World Bank defines nutrition security as “the ongoing access to the basic elements of good nutrition, i.e., a balanced diet, safe environment, clean water, and adequate health care (preventive and curative) for all people, and the knowledge needed to care for and ensure a healthy and active life for all household members”.²⁴ In other words, nutrition security is an outcome of good health, a healthy environment, and good caring practices as well as household food security; it is achieved when all household members, have physical, social and economic access to sufficient, safe and nutritious food that meet their dietary needs and food preferences, combined with a sanitary environment, access to clean water, adequate health services, and appropriate care and feeding practices to ensure an active and healthy life.^{25,26,27}

Nutrition security goes beyond the traditional concept of food security (access, availability, stability and utilisation of food) and recognises that nutritional status is dependent on a wide array of factors, all of these being necessary conditions, while none of them alone is sufficient.²⁸ Nutrition security looks at individuals – in addition to household and community levels, while food security is concentrating on the latter.

The term of «security» is to be distinguished from that of «status», the former referring to a dynamic situation, not only looking at the current situation, but to the long term, in which the population is «protected» or resilient from undernutrition. Nutritional security thus refers to long-term protection of the nutritional status of population.

FIGURE 5 NUTRITION SECURITY APPROACH



Source: ACF (2014) “Nutrition Security Policy”

NUTRITION-SPECIFIC AND NUTRITION-SENSITIVE INTERVENTIONS

Recent literature and experiences reviews have highlighted interventions principles and strategies with high potential to address undernutrition, distinguishing between *nutrition-specific* and *nutrition-sensitive interventions*.

DEFINING NUTRITION-SPECIFIC AND NUTRITION-SENSITIVE INTERVENTIONS

(Ruel et al., 2013)

- **NUTRITION-SPECIFIC INTERVENTIONS:** Interventions that address the immediate determinants of foetal and child nutrition and development - adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases
- **NUTRITION-SENSITIVE INTERVENTIONS:** Interventions that address the underlying determinants of foetal and child nutrition and development - food security; adequate caregiving resources at the individual, household and community levels; and access to health services and a safe and hygienic environment - and incorporate specific nutrition goals and actions

24 - The World Bank, 2013, *Improving nutrition through multisectoral approaches*.

25 - WHO, 2013, *Global nutrition policy review: what does it take to scale up nutrition action?*

26 - United Nations Standing Committee on Nutrition (2010). *6th Report on the World Nutrition Situation*.

27 - *Scaling up Nutrition, 2010, A Road Map for Scaling-Up Nutrition*.

28 - Urban Jonsson, *Global Forum on Food Security and Nutrition. Coming to terms with terminology. Collection of contributions received. Discussion from 8 to 28 August 2012*.

The 2013 Lancet Series identified a set of effective, nutrition-specific interventions that, if brought to scale, could save millions of lives and contribute to long-term health and development. If these ten proven interventions were scaled-up from the existing population coverage to 90%, an estimated 900,000 lives could be saved in 34 high nutrition-burden countries (where 90% of the world's stunted children live) and the prevalence of stunting could be reduced by 20% and that of severe wasting by 60%.²⁹

While these would be extremely significant actions, it is also clear that without efforts to address indirect or underlying drivers of undernutrition, the global problem will not be resolved. Nutrition-sensitive interventions in water, sanitation, hygiene, agriculture, health, social safety nets, early child development, or education to name a few, have the enormous potential to contribute to reducing undernutrition.³⁰

Nutrition-sensitive programmes address key underlying determinants of nutrition and incorporate explicitly specific nutrition goals, along with their traditional objectives. As they are often (or can be) implemented in a large scale, they have higher potential to cover more nutritionally at-risk individuals and households than nutrition specific interventions alone. They can serve as a delivery platform for nutrition-specific interventions, potentially increasing their scale, coverage and effectiveness. Improving nutrition can also help nutrition-sensitive programmes achieve their own goals.³¹

DESIGN CHARACTERISTICS OF NUTRITION-SENSITIVE INTERVENTIONS

- Include nutritional specific objective and indicators
- Focus on most nutritionally vulnerable population and areas
- Consider alternatives to minimize unintended negative consequences and maximize positive impacts on nutrition
- Be of the right duration and at the right time to influence nutrition status
- Monitor nutritional effects and outcomes
- Empower Women, and consider women time allocation
- Include nutrition promotion & Behavior Change Strategies

Interventions are not “nutrition-sensitive” by nature. Their effectiveness depends as much on the way they are designed and implemented, in relation to their expected effect on undernutrition, as on the types of activities. They cover a broad range of interventions, which will not always have the same effects on undernutrition, depending on the context. In other words, the way they are designed, taking into account contextual elements, socio-cultural specificities, utilisation and coverage of services, matters.

WINDOW OF OPPORTUNITY

The nutrition window of opportunity, alternatively named “1,000 days”, refers to the time from the start of a mother’s pregnancy until the child is two years and is considered the crucial period to take action to combat effectively undernutrition. During this specific timeframe, nutritional needs are the highest and, if not addressed, may lead to irreversible consequences on a child’s health and development. This window of opportunity is thus considered the most relevant and critical period for acting on undernutrition, curatively and preventively.

Evidence shows that the right nutrition during the 1,000 days window can³²:

- save more than one million lives each year
- significantly reduce the human and economic burden of diseases such as tuberculosis, malaria and HIV/AIDS
- reduce the risk for developing various non-communicable diseases such as diabetes, and other chronic conditions later in life
- improve an individual's educational achievement and earning potential
- increase a country's GDP by at least 2-3 percent annually

29 - Bhutta Z, Das J, Rizvi A, et al, 2013, Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*.

30 - ACTION AGAINST HUNGER International, 2013, *Aid for Nutrition. Maximising the impact of nutrition-sensitive interventions*.

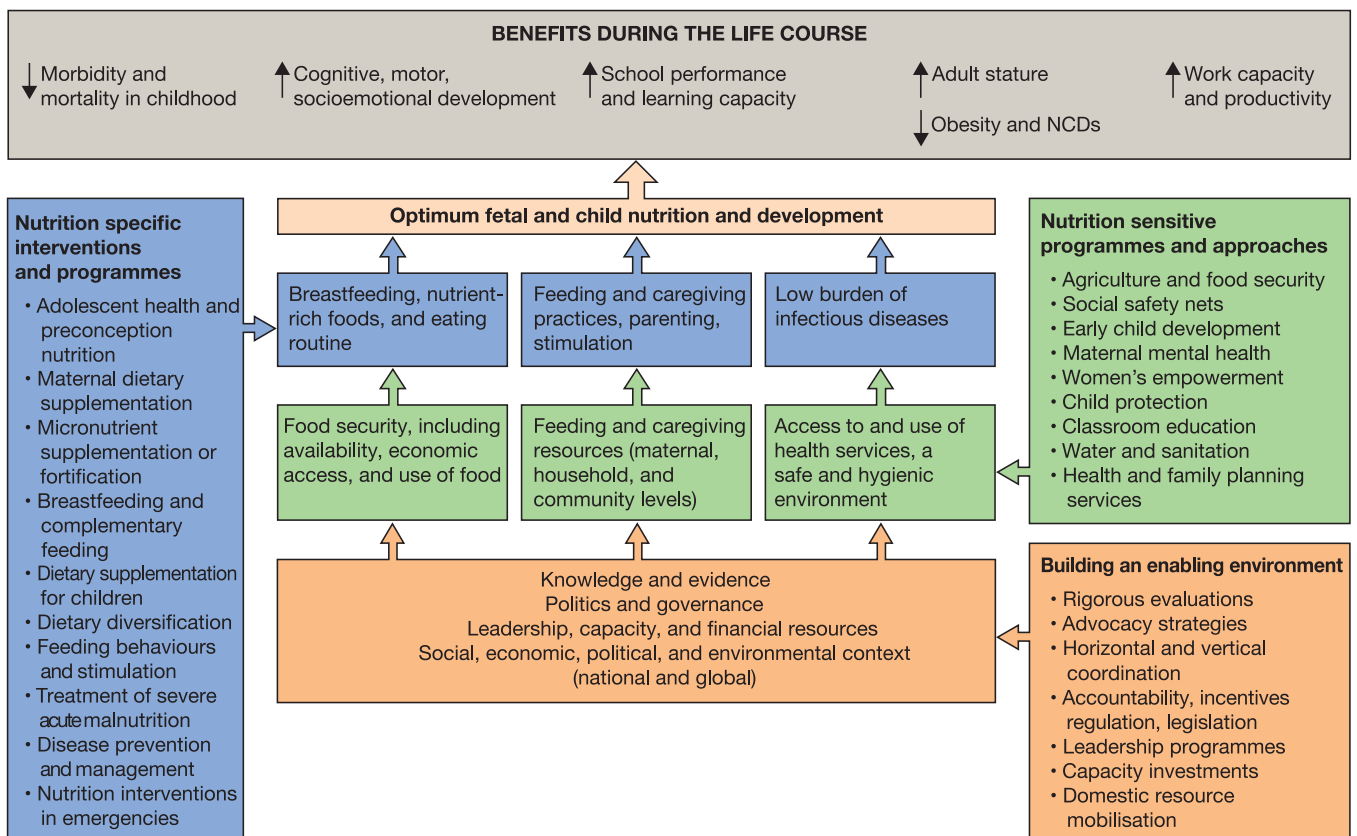
31 - Ruel et al., 2013.

32 - 1,000 Days Global Partnership. www.thousanddays.org

MULTI-SECTORAL APPROACH AND INTEGRATED PROGRAMMES

Multi-sectoral actions can strengthen nutritional outcomes by acting simultaneously on determinants of undernutrition and by increasing coherence amongst intervention strategies and programmes.³³ The 2013 Lancet Maternal and Child Nutrition series³⁴ proposes an intervention framework (figure 6) that shows the means to achieve optimum foetal and child growth and development and highlights the required multi-sectoral and multilevel approaches to tackle undernutrition.

FIGURE 6 FRAMEWORK FOR ACTIONS TO ACHIEVE OPTIMUM FOETAL AND CHILD NUTRITION AND DEVELOPMENT



Source: Black et al., 2013

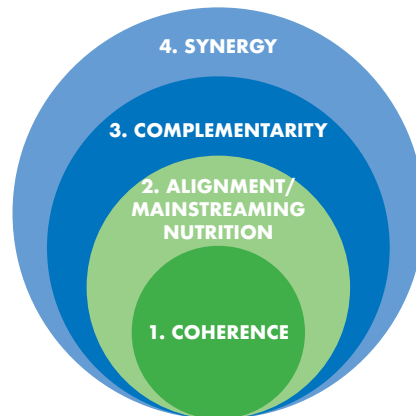
There are different ways to consider multi-sectoral approaches to undernutrition practically. Using a comprehensive approach to tackle undernutrition does not necessarily mean achieving formal integration of every sectoral components within one single project, but rather defining holistic multi-sectoral strategies or programmes that can include a set of coherent nutrition-sensitive sectoral interventions aligned towards a common nutritional goal.

We can distinguish four main levels of multi-sectoral response strategy (figure 7), from coherence of the interventions between themselves (the minimum feature to be achieved) to synergy, where the interventions interact with each other and doing so maximizes the impact of the whole intervention.

33 - The World Bank, 2013, *Improving Nutrition Through Multisectoral Approaches*.

34 - Black RE, Victora CG, Walker SP, and the Maternal and Child Nutrition Study Group, 2013, *Maternal and child undernutrition and overweight in low-income and middle-income countries*. *The Lancet*.

FIGURE 7 MULTI-SECTORAL APPROACH - FROM COHERENCE TO SYNERGY



1. COHERENCE

Ensuring consistency and minimising duplication of interventions, policies and strategies, in other words, making sure that one intervention does not work against another and have counterproductive effects on undernutrition.

**2. ALIGNMENT/
MAINSTREAMING
NUTRITION**

Ensuring that different interventions take into account nutritional issues, are aligned on a common nutritional goal and prioritise activities that have the highest potential to contribute to achieve this goal.

3. COMPLEMENTARITY

Ensuring that interventions are designed to complement each other in order to act on the different determinants of undernutrition, using each intervention added value.

4. SYNERGY

Occurs when the combined effect of interventions is significantly greater than the sum of the effects of their separate parts. Interventions are designed not only to complete each other, but also to interact amongst themselves to maximize their nutritional impact.

A way of achieving complementarity or synergy is through integrated programming around a common nutritional objective. Although no formal definition exists, integration can be understood as the *joint operation, coordination and management of all interventions needed to treat and prevent malnutrition that achieve the greatest impact, with the most efficient use of resources and at lowest cost.*³⁵ It is the gathering of cross-sectoral activities (both curative and preventive) under the aegis of one single action in order to target the same area/communities, share common resources and tools, and develop a unified strategy throughout the programme cycle. The rationale behind this concept is the notion that, if integrated, two or more interventions will be more efficient, effective and economical than when implemented in isolation.

Integration can occur between sectors within one agency, but also between several actors in the same geographic area such as non-governmental and civil society organisations, government agencies, communities and other stakeholders.

CHARACTERISTICS OF AN INTEGRATED STRATEGY/ PROGRAM

- Joint comprehensive analysis of the local undernutrition issue
- Joint multi-sectoral planning aligned on a common nutrition goal and outcome indicators
- Target the same beneficiary population
- Coherent and coordinated management of nutrition-specific and nutrition-sensitive interventions
- Joint monitoring, evaluation and accountability mechanism

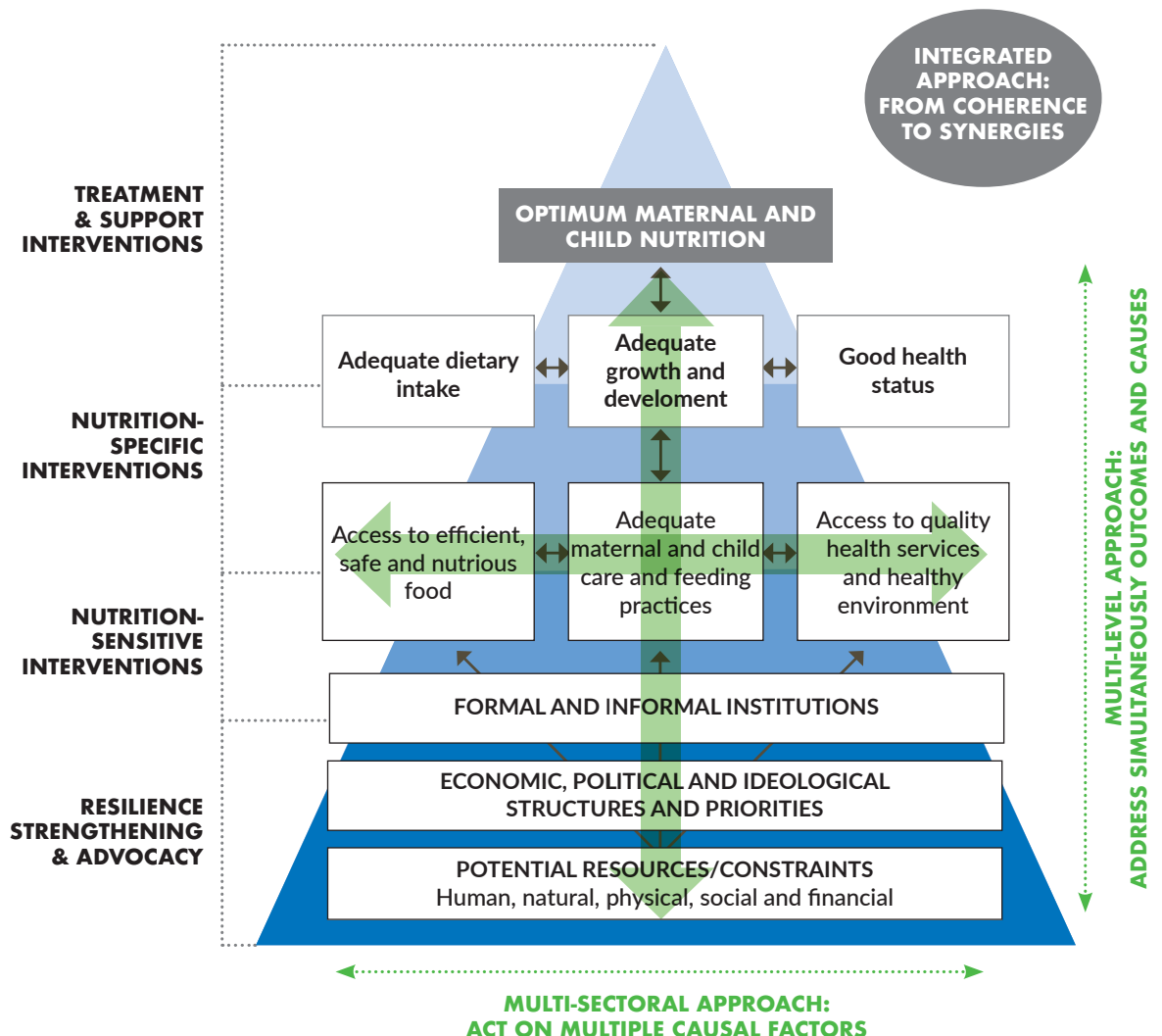
35 - Nutrition Works, 2009, A Review for ACTION AGAINST HUNGER International of Integrated Approaches to Treat and Prevent Acute Malnutrition. Internal working document.

03/ ACTION AGAINST HUNGER NUTRITION SECURITY CONCEPTUAL APPROACH

Nutrition security recognizes that nutritional status is dependent on a wide array of factors. As such, it constitutes a conceptual way for dealing with undernutrition problematic in a comprehensive way while exploring and using all possible avenues to prevent undernutrition and mitigate its consequences.

Action Against Hunger’s nutrition security approach builds on the UNICEF nutrition conceptual framework. Aiming for a long term, sustainable and at scale impact on undernutrition, it calls for **adopting a multi-sectoral approach** and acting in an **integrated, simultaneous way** on all the causal context-specific factors leading to undernutrition. It also promotes **multi-level response strategies**, linking curative, preventive and longer term structural actions, acting jointly on existing undernutrition, immediate and underlying causes and mid to long term risks and structural factors. It is based on a set of core programmatic and institutional principles defined to maximize the organization’s impact on undernutrition, developed in the next section of the policy (Guiding Principles, p16).

FIGURE 8 ACTION AGAINST HUNGER NUTRITION SECURITY CONCEPTUAL APPROACH



04/ GUIDING PRINCIPLES

I. EMBED NUTRITION SECURITY INTO POLICIES, STRATEGIES AND PROGRAMMES

Undernutrition is not only a technical matter, nor a sectorial focus, but a priority strategic issue that requires the mobilization of the entire organization. Action Against Hunger's sectoral or transversal policies, strategies and interventions are explicitly oriented to support nutrition goals wherever it is relevant. All sectors and departments are aware of the impact their policies and actions might have on nutrition, what their contributions to nutrition security are, and how to develop nutrition-sensitive actions.

Action Against Hunger acknowledges that undernutrition is a priority public health issue that requires a comprehensive multi-sectoral approach and the mobilisation of the organisation at all levels. Action Against Hunger recognizes that tackling undernutrition is the responsibility of all and commits to mobilise resources towards this aim, through adapted strategic orientations, incentives, organisational structure and internal skills and capacity.

Action Against Hunger policies, strategies and programmes, from governance to implementation, are designed with a nutrition lens, explicitly aimed at enhancing nutrition, and are justified in the light of their contribution to nutrition positive outcomes.

II. PROMOTE AND ENSURE COORDINATION, COHERENCE AND SYNERGIES

Implementing a nutrition security approach requires that Action Against Hunger has systems, processes and organizational structure to provide an enabling environment to tackle undernutrition issues in a multi-sectoral way. It calls for strong coordination and collaboration amongst sectors, from planning to evaluation, to address simultaneously and coherently the multiple causes of undernutrition.

Encompassing joint multi-sectoral planning around a shared objective to reduce undernutrition, at all stages of policy design, strategy building and project cycle management is critical. The set-up of multi-sectoral steering groups/committees is promoted to ensure policies, strategies and programs are coherent and encourage synergies.

Attention and investment from management and coordination positions are required to establish an enabling environment, adapt processes and provide incentives to promote and support coordination and multi-sectoral work and to overcome potential barriers and silo approaches. Organizational structures, charts and job descriptions should be designed accordingly.

III. PRIORITIZE HIGH BURDEN AREAS AND NUTRITIONALLY AT RISK POPULATIONS

Action Against Hunger will strive to prioritize its interventions in countries, and within these countries, in areas facing the highest prevalence of undernutrition and/or where risks and aggravating underlying factors are known or are anticipated to have a strong influence on undernutrition locally. Priority areas of interventions are defined by current situation, trends, historical or seasonal variations and vulnerability with regard to undernutrition and the prevalence of specific underlying factors, in conjunction with the usual criteria of capacity, existing local responses and access. Specific attention is paid to localized pockets of undernutrition in larger geographic areas where undernutrition may not seem an issue.

The priority target populations are communities, families and individuals who are the most affected, vulnerable to or at risk of undernutrition. While it is recognised that the focus should be placed on the "window of opportunity", supporting the prevention of undernutrition during this critical period usually requires engaging with other relevant members of the family and community at different periods of the life cycle (eg. women of child-bearing age, adolescent girls, caregivers, bread winners, and influential community stakeholders). Action Against Hunger will systematically seek to address and prevent maternal undernutrition which is a core and direct factor leading to child undernutrition.

IV. BASE PROGRAMMING ON MULTISECTORAL NUTRITION-SENSITIVE ANALYSIS

Nutrition security programmes are defined based on a comprehensive, contextual nutrition situation and response analysis, involving all relevant sectors, in order to gain a holistic perspective of the needs, risks and causes, and the best way to answer these in an integrated manner.

It starts with a systematic multi-sectoral analysis of the extent, severity, seasonality and forms of undernutrition - including chronic or acute undernutrition - as well as micronutrient deficiencies. It involves the critical analysis of its main causal factors, the way they interact together, and the identification of most at risk populations.

Although tackling acute undernutrition is a priority for Action Against Hunger, programming will look at all forms of undernutrition in a particular setting, understand their relationships, and when possible address undernutrition comprehensively.

V. DESIGN HOLISTIC, INTEGRATED, AT SCALE AND LONG TERM RESPONSE STRATEGIES

Action Against Hunger will seek appropriate funding to implement responses on a relevant scale and duration to achieve a significant and sustainable impact on undernutrition. Where needed, Action Against Hunger defines strategies to address concomitantly the current levels of undernutrition through curative approaches, and future risks through preventive nutrition-specific and nutrition-sensitive interventions that complement each other and enhance resilience.

Recognizing that interventions only focusing on one or several factors leading to undernutrition, leaving aside some other critical ones is likely not to be effective, Action Against Hunger will strive to design integrated responses aiming at tackling comprehensively all known causes of undernutrition in a specific setting, in coordination and partnership with others, and through advocacy.

Integrated response strategies are designed through assessing the potential of different sectors, actors and programmes to address specific causal factors, and looking at maximising synergies amongst. Specific complementary between nutrition-specific and nutrition-sensitive interventions is considered, acknowledging the strong potential of nutrition-sensitive interventions to enhance the scale and effectiveness of nutrition-specific interventions.

VI. AIM FOR NUTRITION IMPACT AND ENHANCE NUTRITION-SENSITIVITY OF INTERVENTIONS

Response strategies and interventions aim for nutrition impact and incorporate specific, explicit and attainable nutritional objectives, targets and indicators. When addressing the causes of undernutrition, not only should interventions aim at tackling these, but also at sustainably influencing nutrition security of the target population.

Based on a thorough program theory analysis, response strategies include interventions and activities selected according to their potential to influence efficiently nutritional status in the specific context, using the best available evidence.

The way activities are implemented and coordinated with others matters: they are defined using a nutrition lens, specifically aimed at enhancing their nutritional benefits on target populations, as well as taking into consideration potential harm to nutrition. They are designed to respond to specific nutrition needs of different population categories, at the right time, taking into consideration seasonality of undernutrition and enhancing nutrition resilience.

VII. DO NO HARM TO NUTRITION

Meanwhile, even nutrition-oriented interventions have the potential to affect negatively nutritional status, or, indirectly, the factors leading to undernutrition (e.g. livelihoods activities competing with time to care for children; food safety issues related to provision of nutritional products or food aid). Nutrition-specific and nutrition-sensitive interventions systematically identify and account for potential unintended negative effects on nutrition at planning and implementation stages, and incorporate mitigation plans to control these. Monitoring systems include early detection and corrective mechanisms of negative impacts on nutrition and its immediate and underlying factors.

VIII. APPLY A SYSTEMATIC GENDER ANALYSIS & MAINSTREAM WOMEN EMPOWERMENT

Women play a central role in the health, nutrition and well-being of their children and other household members. However, traditional culture, habits and practices often prevent women and girls from having full access to resources and public services, or adequate decision-making power. In accordance with Action Against Hunger's Gender Policy, women's needs, capacities, access to resources, and gender dynamics and decision-making processes are analysed and taken into consideration. Women's equitable access to resources and their voice in decision-making are promoted and supported to address effectively the undernutrition.

Interventions should not hamper women's ability to complete their normal tasks or lead to additional workloads that could negatively affect the nutrition status of their children and themselves. Response strategies systematically evaluate and consider the time and labour resources required to participate in the project, and should strive to lessen (and at the very minimum not to increase) the work burden placed on women.

IX. ASSESS, DOCUMENT AND BE ACCOUNTABLE FOR NUTRITIONAL IMPACT

Although progress has been made in identifying the most relevant and efficient responses to undernutrition globally, defining an appropriate context-adapted response which has a tangible impact on nutritional status remains a challenge. A lot remains to be discovered, especially with regard to nutrition-sensitive programming and synergies provided by multi-sectoral strategies, and the most efficient implementation modalities and practices.

It remains essential to demonstrate an interventions impact on nutrition, and to understand the pathways through which the projects inputs and activities translate into positive outcomes. Identifying high-impact and/or cost-effective interventions as well as key factors for the success of these, is required before promoting their replication and scaling up.

Action Against Hunger systematically assesses the effectiveness of programs against their nutritional impacts in order to ensure that strategies implemented are effective and/or adjusted accordingly. Action Against Hunger's global contribution to reduce undernutrition is assessed against explicit targets and indicators, not only at output, but also at outcome and impact levels.

Action Against Hunger invests in contributing to building the evidence base, through piloting innovative approaches, documenting experiences and lessons learnt, evaluating its interventions, and research. Action Against Hunger commits to share the findings of its field experience and research, and use these to enhance the efficiency of its own interventions and to influence international and national policies and practices.

Action Against Hunger will continue to engage in technical and capacity development, both internally and externally, to enhance planning, implementation and monitoring of nutrition security strategies and interventions.

X. BUILD AND FOSTER ADEQUATE SKILLS AND CAPACITY

Implementing a nutrition security approach requires the involvement of stakeholders from different sectors who should have a minimum level understanding of undernutrition, its causes and consequences, and how to combat it. Action Against Hunger will ensure that its teams and partners have the necessary skills and capacities with regard to nutrition security programming. Joint capacity building activities, focusing on undernutrition and multisectoral work, should complement traditional sectorial trainings.

XI. ALIGN TO LOCAL PRIORITIES AND REALITIES

Nutrition security interventions ensure programming is aligned to local priorities and realities, consistent with a locally managed approach that engages local stakeholders and communities as partners both in the identification of priorities, the design, the implementation and the evaluation of responses.

Formative research as part of the Nutrition Causal Analysis, Rapid Socio Cultural Assessment or other appropriate analytical tools will underpin the approach so that local conceptions of malnutrition and associated drivers are identified, understood and used to inform the design of effective behaviour change communication (BCC), planning, risk reduction, advocacy and other intervention strategies. Similarly, local priorities are identified in consultation with communities (as part of Participatory Vulnerability and Capacity Analysis or other tools) and used to inform relevant nutrition-specific and sensitive design that fully engages local participation and ensures local ownership, necessary for long term and sustainable impact of interventions.

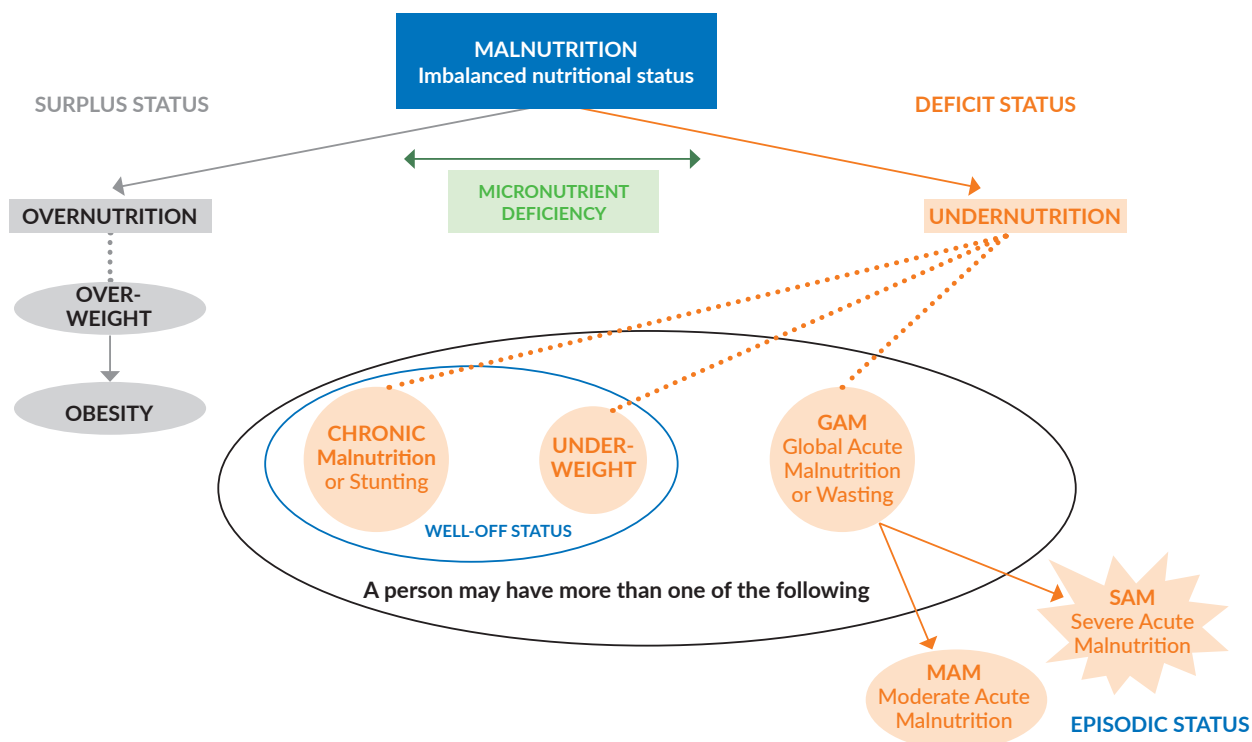
XII. ADVOCATE FOR LASTING CHANGES IN POLICIES, PRACTICES AND CAPACITY

As an NGO in the field, witnessing the effects of undernutrition and understanding its underlying causes, Action Against Hunger refuses to accept high rates of acute malnutrition as “normal” and proposes evidence-based analyses of what could work to address nutrition insecurity. Action Against Hunger is committed to advocate for evidence-based lasting changes in policies and practices in order to put an end to undernutrition. In this purpose, Action Against Hunger calls on governments, national and international institutions to prioritise the prevention and treatment of undernutrition as a major public health and development issue, to increase drastically long-term investment and to adopt a nutrition security approach through mainstreaming nutrition objectives in sectoral policies and strategies and through an improved coordination between sectors.

ANNEX 1

Glossary

Undernutrition terminology



MALNUTRITION

Malnutrition is a broad term commonly used as an alternative to under-nutrition, although technically it also refers to over-nutrition (obesity). People are malnourished if their diet does not provide adequate nutrients for growth and maintenance, or they are unable to fully utilise the food they eat due to illness (undernutrition). They are also malnourished if they consume too many calories (over-nutrition). Undernutrition (including stunting, underweight and acute malnutrition), overweight and micronutrient deficiencies are all forms of malnutrition.

UNDERNUTRITION

Undernutrition is a condition in which the body's requirements are unmet due to underconsumption or to impaired absorption and use of nutrients. It can be produced by lack of access to food, or as a consequence of illness. Undernutrition commonly refers to a deficit in energy intake, but can also refer to deficiencies of specific nutrients (micronutrient deficiencies), and can be either acute (thin for one's height or having low mid-upper arm circumference) or chronic (too short for one's age). Undernutrition is the outcome of insufficient food intake and repeated infectious diseases and poor care practices, often due to economic political and socio-cultural factors. Some forms of undernutrition transmits through generations: undernourished mothers give birth to small babies: future undernourished adults.

ACUTE MALNUTRITION

Acute malnutrition occurs after a recent shocks to a child's nutritional status and can be a result of food shortages, a recent bout of illness, inappropriate child-caring or feeding practices or a combination of such factors. Although young children and infants are more vulnerable, acute malnutrition can appear at all ages.

- For children aged 6 months to 5 years of age (6 to 60 completed months), acute malnutrition is defined as wasting (weight-for-height <-2 standard deviations from the median of the WHO Child Growth Standards) and/or mid-upper-arm circumference (MUAC) less than 125 mm and/or bilateral pitting oedema.
- For children under 6 months, acute malnutrition is defined as wasting and/or bilateral pitting oedema.
- For children aged 5 to 19 years (61 to 228 completed months), acute malnutrition (SAM) is defined as severe wasting and/or bilateral pitting oedema.
- For adults and elderly, acute malnutrition (thinness) is defined by Body mass index (BMI) <18.5 kg/m²

Acute malnutrition can be moderate and severe. Severely malnourished children are very susceptible to infections and death. Bilateral pitting oedema, historically referred as kwashiorkor, is classified as one of most severe forms of acute malnutrition due to its rapid development, short duration and very high case fatality rate (around 50%).

CHRONIC MALNUTRITION OR STUNTING

Chronic undernutrition, or stunting, is a form of undernutrition. A child below the average height for a given age suffers from growth retardation and therefore suffers from Chronic malnutrition. It is defined by a height-for age below -2 standard deviations of the median of the WHO growth standards. Stunting results from prolonged or repeated episodes of nutritional deficiencies (energy or micronutrients). Stunting can develop before birth and can be directly linked with intrauterine growth restriction. It can also be the effect of an exposure to repeated infections or even to generally poor living conditions, which hinders (or has hindered) the growth of a child.

MICRONUTRIENT DEFICIENCIES

Occur when the body does not have sufficient amounts of vitamins or minerals due to insufficient dietary intake and/or insufficient absorption and/or suboptimal utilisation of the vitamins or minerals.

UNDERWEIGHT

A composite form of undernutrition including elements of stunting and wasting and is defined by a weight-for-age (WFA) z-score below -2 standard deviations of the WHO growth standards. This indicator is commonly used in growth monitoring and promotion and child health and nutrition programmes aimed at prevention and detection of undernutrition.

NUTRITION SECURITY

An outcome of good health, a healthy environment, and good caring practices as well as household food security; it is achieved when all household members, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences, combined with a sanitary environment, access to clean water, adequate health services, and appropriate care and feeding practices to ensure an active and healthy life.

NUTRITION-SPECIFIC INTERVENTIONS

Interventions that address the immediate determinants of foetal and child nutrition and development - adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases.

NUTRITION-SENSITIVE INTERVENTIONS

Interventions that address the underlying determinants of foetal and child nutrition and development - food security; adequate caregiving resources at the maternal, household and community levels; and access to health services and a safe and hygienic environment - and incorporate specific nutrition goals and actions.

ANNEX 2

Action Against Hunger Charter

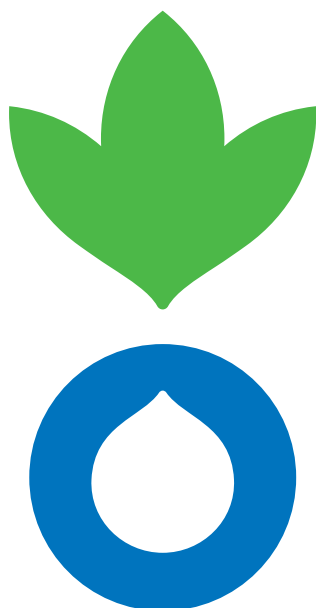
Action Against Hunger is a non-governmental organization. Private, non-political, non-denominational and non-profit making, it was set up in France in 1979 to intervene in countries throughout the world. Action Against Hunger vocation is to save lives by combating hunger, disease, and those crises threatening the lives of helpless men, women and children.

Action Against Hunger intervenes in the following situations:

- In natural or man-made crises which threaten food security or result in famine,
- In situations of social/economic breakdown linked to internal or external circumstances which place particular groups of people in an extremely vulnerable position,
- In situations where survival depends on humanitarian aid

Action Against Hunger intervenes either during the crisis itself, through emergency actions, or afterwards, through rehabilitation and sustainable development programmes. Action Against Hunger also intervenes in the prevention of certain high-risk situations. The ultimate aim of all of Action Against Hunger programmes is to enable beneficiaries to regain their autonomy and self-sufficiency as soon as possible.

Action Against Hunger respects the following principles:



INDEPENDENCE

Action Against Hunger acts according to its own principles so as to maintain its moral and financial independence. Action Against Hunger's actions are not defined in terms of domestic or foreign policies or in the interest of any particular government.

NEUTRALITY

A victim is a victim. Action Against Hunger maintains strict political and religious neutrality. Nevertheless, Action Against Hunger may denounce human rights violations that it has witnessed as well as obstacles put in the way of its humanitarian action.

NON DISCRIMINATION

Action Against Hunger refutes all discrimination based on race, sex, ethnicity, religion, nationality, opinion or social class.

FREE AND DIRECT ACCESS TO VICTIMS

Action Against Hunger demands free access to victims and direct control of its programmes. Action Against Hunger uses all means available to achieve these principles and will denounce and act against any obstacle preventing it from doing so. Action Against Hunger also verifies the allocation of its resources to ensure that the resources reach those individuals for whom they are destined. Under no circumstances can partners working together with or alongside Action Against Hunger become the ultimate beneficiaries of Action Against Hunger aid programmes.

PROFESSIONALISM

Action Against Hunger bases the conception, realisation, management and assessment of its programmes on professional standards and its years of experience to maximise its efficiency and the use of resources.

TRANSPARENCY

Action Against Hunger is committed to respecting a policy of total transparency to beneficiaries, partners and donors and encourages the availability of information on the allocation and management of its funds. Action Against Hunger is also committed to providing guarantees of its good management.

All members of Action Against Hunger adhere to the principles of this Charter and are committed to respect it.

**FOR FOOD.
FOR WATER.
FOR HEALTH.
FOR NUTRITION.
FOR KNOWLEDGE.
FOR CHILDREN.
FOR COMMUNITIES.
FOR EVERYONE.
FOR GOOD.
FOR ACTION.
AGAINST HUNGER.**



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