

RECOMMENDATIONS

12 Recommendations for Increasing Impacts on Maternal and Child Nutrition

OVERVIEW One third of young children in the world today suffer from some form of malnutrition. Malnutrition contributes to more than a third of all child deaths, with 11% of the total disease burden worldwide due to maternal and child undernutrition. The cost of undernutrition is estimated to be at least 8-11% of GDP. CARE has prioritized improving nutrition as a key element of one of the four global outcomes that contribute towards in the CARE 2020 Program Strategy: 50 million poor and vulnerable people increase their food and nutrition security and climate change resilience. CARE has strong evidence on important advances in tackling malnutrition from many different contexts, including **Bangladesh** and **Peru**, from which we are learning, and drawing evidence to influence national policies and programs. In order to contribute to significantly increased impact on child and maternal malnutrition at scale, we present 8 recommendations for program design to improve the nutrition impacts and 4 recommendations to bring impact to scale.

8 Key Program Design Recommendations for Improving Nutrition Impacts



1. Focus

Target the critical first 1,000 days, from conception to 24 months, as well as women of reproductive age (including adolescents).



2. Design for Impact

Include both nutrition-specific and nutrition-sensitive interventions in programs centering on nutrition, and prioritize the groups most in need.



3. Integrate

Contribute to nutrition outcomes and adopt a "do no harm" approach to nutrition in all sectors, including food security, agriculture, climate change, and water & sanitation.



4. Promote Gender Equality

Aim to reduce, recognize & reorganize women and girls' unpaid labor burden.
Engage with men on fatherhood & caregiving, through methods such as household gender dialogues.



5. Build With Communities

Use existing community structures as platforms for improving nutrition, including community savings groups (VSLAs), farmer groups, mother-to-mother groups, water and sanitation committees, and school committees.



6. Change Social Norms

Focus on not just sharing messages with individuals, but on transforming social norms and behavior through community dialogue and engagement with influential



7. Plan for Emergencies

Design on the principle that shocks are inevitable rather than unexpected, and include strategies to promote greater resilience.



8. Prioritize Sustainability

Promote community and government ownership of nutrition interventions and participatory M&E systems to ensure changes are sustained. We know that program design is not enough. We know that learning, sharing, and advocating are critical to get CARE's context-appropriate and effective solutions to scale. We present 4 recommendations for ensuring that the most effective interventions have the greatest impact possible, both with CARE and through partners.

4 Recommendations to Scale Nutrition Impact



1. Influence Systems

Work with networks, alliances, the private sector, and governments to undertake evidence-based policy advocacy. Influence national and global nutrition programs and movements and foster greater accountability to nutrition outcomes.



2. Generate & Share Evidence

Work with partners to produce evidence on how CARE's contextappropriate interventions contribute to impact, with a specific focus on the relationship between gender equality and nutrition outcomes.



3. Promote Knowledge Management and Learning

Facilitate learning processes that are user-friendly and accessible across organizations and for different audiences across the globe.



4. Build Staff Capacity

Provide training & mentoring for staff working on programs focused specifically on nutrition, in proven nutrition approaches, as well as core skills such as facilitation, gender, and nutrition.

Making these recommendations real requires two key enablers: resources and guidance. CARE will mobilize significantly additional **resources** to expand its nutrition programming (both nutrition-specific and nutrition-sensitive), for research and innovation, and for the knowledge management and learning and staff capacity strengthening required to fulfil our aspirations.

We will also develop, and share widely, **practical guidance** to support nutrition programming, drawing on our learning and international evidence and good practice. This will include guidance for: design of programs focused on nutrition; integration of nutrition-sensitive approaches and conducting basic nutrition context analysis in other program areas; using different community entry-points for nutrition; gender-transformative nutrition approaches and other main CARE models for nutrition programming; and measurement of nutrition indicators. As far as possible, we will make sure guidance is available in Arabic, English, French, Portuguese & Spanish.

These key recommendations were developed during the 2016 Food & Nutrition Security learning event in Peru. They target CARE management and program staff, working on programs specifically focused on nutrition or on other areas (with potential for incorporation of nutrition sensitive approaches). They draw on CARE's learning from nutrition programming around the world, as well as from international good practices.

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