CARE Commits to the UN Decade of Action on Nutrition

Good nutrition serves as a catalyst for advancement in health, education, employment, empowerment, and the productive capacity of women and men. It can lay the foundation for peaceful, secure, and stable societies. However, several forms of malnutrition (e.g. stunting, wasting, anemia, and obesity) can currently be found in the same country, the same community, the same household, and even the same person—a testament to the complexity of the problem.

Almost 821 million people are chronically undernourished, 149 million children under the age of five years are affected by stunting and over 49.5 million by wasting. Meanwhile, over 40 million children under five are overweight and adult obesity is worsening—now around 678 million are obese (more than 1 in 8 adults in the world), a figure that continues to grow and increases the risk and costs of noncommunicable diseases. A large proportion of the world population is also affected by micronutrient (vitamin and mineral) deficiencies (“hidden hunger”). One in three women of reproductive age globally is affected by anemia, which causes significant health and development consequences for both women and their children. Malnourished children will fall on average one year behind in school, whereas young children who are well-fed before the age of two may earn as much as 45% more as adults. As a result and combined with often fragile livelihoods and the threat of climate change, those stunted as children are a third less likely to escape poverty, reinforcing the cycle of poverty from one generation to the next and exacerbating already increasing inequality.

For these reasons and more, CARE pledges its support to the UN Decade of Action on Nutrition.

For nearly 75 years, CARE has been fighting poverty and providing emergency humanitarian relief in times of crisis. We aim to tackle the underlying causes of poverty and social injustice to bring lasting change to the lives of the poor and vulnerable, leaving them better prepared to face the future. Since 2015, CARE’s Food and Nutrition Security programs overall have positively impacted 21.9 million people. This includes 4.9 million people accessing adequate food in humanitarian settings, 1.1 million people participating in livelihood recovery, and 2.3 million improving hygiene practices. For development projects, we’ve helped 2.9 million people increase food security, 1.1 million reduce stunting, and 1.5 million increase their resilience capacity. In FY2018 alone, we reached 15.8 million people (77% women) directly through our food and nutrition security and climate resilience programs and 28 million indirectly. We have also been helping people to understand and act on their legal rights, including the right to food.

CARE sees the inextricable link among markets, value chains, and agriculture; nutrition and climate change; gender and water: all key to food and nutrition security and all critical elements of food systems. Thus, CARE has deliberately developed the global Food and Water Systems team to take a multi-sectoral approach across these elements to improve nutrition in the 95 countries around the world where we work. Emphasizing systems approaches speaks to our ability to tackle challenges holistically, across disciplines and from multiple perspectives. Our She Feeds the World (SfTW) Framework unifies our approach across CARE International and captures the best of what CARE does in our food and nutrition security programing and advocacy across these multiple sectors and across the whole organization. Under SfTW, CARE is committed to helping 50 million people improve their food and nutrition security and climate resilience by 2020.
Gender Equality and Inclusivity

CARE is acutely aware that **gender equality and realization of women's rights** are central to achieving nutrition goals, as well as to transform social and gender norm barriers for better nutrition outcomes. Gender inequality is a strong determinant of women’s nutritional status, influencing the roles of and labor distribution among men and women, girls and boys, as well as the opportunities and resources available to them. Social norms in some cultures can be harmful to women, for instance dictating that women and girls eat last, after men and male children have eaten. Women may not be able to make decisions or influence how household resources are used. Harmful social and cultural practices, such as child marriage, can affect the health and nutrition of women and girls. Moreover, women often have limited access to land, education, information, credit, technology, and decision-making yet experience a disproportionate labor burden in the household. Gender inequality in access to and control of resources is not only unjust but can also severely impair women’s ability to provide food, care, and health and sanitation services for themselves, leading to a strong impact on nutrition outcomes. Therefore, CARE’s SFtW framework prioritizes women’s access to markets, inputs, information, and support; as well as their ability to exercise agency to attend to their own needs and have equal decision-making power with men in their households and communities. In CARE’s SHOUHARDO program in Bangladesh, we demonstrated that the most effective way of reducing child stunting is empowering women and ensuring that non-paid household labor burdens are more equally shared.

Alongside gender-transformative approaches, **participatory approaches** are vital for effective planning and implementation and are a priority approach in CARE’s programs. CARE’s **Mamans Lumieres** program in Niger supported women who have successfully prevented malnutrition in their own families to be community leaders, conduct group health sessions, and engage with other mothers around better nutrition practices. Further, a participatory approach, from design to implementation to M&E, promotes ownership, sustainability of positive outcomes, and accountability. The **CARE Community Scorecard (CSC)** developed by CARE Malawi in 2002, is a citizen-driven accountability measure for the assessment, planning, monitoring, and evaluation of service delivery. CARE uses the CSC in its nutrition programming to improve the participation of women’s voices in the planning and delivery of nutrition related services and to identify community actions that facilitate optimal nutrition.

**Growing Challenges**

The trends of **overweight and obesity** cause additional concern, as they continue to rise in all regions, and disproportionately affect women and school-aged children. As such, a priority area for CARE is to increase the understanding of the food environment and the drivers that affect the everyday purchasing decisions and eating patterns that happen at the household level, impacting women’s and girls’ nutrition.

We also know that **climate change** threatens to undo progress against hunger and malnutrition—and make the stakes for success that much higher. Climate change will impact all aspects of food security: reducing crop yields, exacerbating unequal access to food, destabilizing food supplies and prices, and hampering individuals’ ability to absorb nutrients from food. Malnutrition will result from climate change impacts on access to clean water, hygiene and sanitation conditions, and poorer health and caregiving practices often due to displacement. Research is also beginning to show that climate change will decrease the nutritional value of some crops. Through She Feeds the World, CARE prioritizes building the resilience of small-scale food producers in the face of climate change.

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1. In 2018, an estimated 40 million children under five were overweight. In 2016, 131 million children 5–9 years old, 207 million adolescents and 2 billion adults were overweight. About a third of overweight adolescents and adults, and 44 percent of overweight children aged 5–9 were obese. The economic costs of malnutrition are staggering. (SOFI, 2019)
Multiplying Impact through Influence and Partnerships

CARE is also ramping up its advocacy at all levels, given that an enabling policy environment is essential for the desired transition and based on our experience that change is needed across many connected areas for impact to be sustainable and equitable. CARE is actively calling for food, agriculture, and nutrition policies and investments that respect and promote rights and enable the scaling up of gender-transformative, nutrition-sensitive, and climate-resilient approaches. For example, in Southern Africa, CARE is undertaking efforts to hold governments accountable to close the implementation gap on numerous policy and investment commitments that governments and regional economic blocs have made that can dramatically reduce food and nutrition insecurity and vulnerability. At the national level, CARE is advocating for an increase in national level ambition to tackle malnutrition, including increased budget allocations.

CARE also knows that together, we achieve more, and seeks out key partners and alliances to multiply impact. As an active member in the Scaling Up Nutrition Movement, including leadership in national, regional and global SUN Civil Society Alliances, CARE is committed to delivering through a multi-stakeholder and multi-sectoral approach to nutrition. In Bangladesh, the Nutrition at the Center project piloted sub-district level nutrition coordination committees successfully, leading the Government of Bangladesh to include nationwide scale up of this model in its Second National Plan of Action for Nutrition (2016-25). CARE Bangladesh has since provided technical support to the Bangladesh National Nutrition Council for the development of Operational Guidelines for district and sub district nutrition coordination committee. CARE is also a member of the Global Breastfeeding Collective and is engaged in a UNICEF partnership to develop guidelines for complementary feeding.

As an implementing agency, CARE also partners with the private sector to improve nutrition outcomes and to promote women’s economic empowerment. CARE’s programs provide support for women to engage in business opportunities that not only bring needed services to the community, but also jobs, income, and skills to people who have never had access to the formal economy before. These new economic opportunities translate into increased participation amongst women in decisions around the use of household income and promote an equitable division of time and labor to ensure better household nutrition outcomes. Since women are often the primary caregivers in the household, their economic and decision-making empowerment can positively influence nutrition and health status of their children.345

The Way Forward

As governments and stakeholders increasingly commit to the Nutrition Decade, and new action networks are formed, CARE will seek pathways for collaboration to support common goals. We will also continue to advocate for just and sustainable food and water systems to provide healthy and nutritious diets, engaging governments, the private sector, international bodies, and partners, including in non-traditional spaces. The most recent example of this was CARE’s work alongside CCAFS to raise the ambition in climate action related to food systems for improved nutrition at the UNFCCC (Bonn, June 2019).

With only 5 years left to achieve the World Health Assembly targets to improve maternal, infant, and young child nutrition, and 10 years to reach the Sustainable Development Goals, this mid-way point of the United Nations Decade of Action on Nutrition reminds us that now is the moment to do more.

5 https://www.spring-nutrition.org/publications/briefs/understanding-womens-empowerment-pathway