IMPROVING NUTRITION AND FOOD SECURITY FOR THE PERUVIAN CHILD: A CAPACITY BUILDING APPROACH

I. Programme Summary:

Its purpose is to accelerate the implementation of the National Strategy “CRECER”, aimed at reducing child undernutrition through coordinated action. It seeks to promote and implement interventions at regional and local level to improve mothers’ and children’s nutrition, through strengthened programmes and initiatives from different sectors. To achieve this, management, technical and analytical capacities of the actors involved in the implementation of “CRECER” will be strengthened at national, regional and local level. Evidence-based interventions to improve child nutrition and integrated maternal and child care practices will be promoted at household and community level. The Joint Programme adopts an integrated approach, which is vital to address the multiple determinants of child undernutrition. It contributes to the achievement of five MDGs in 80 districts from 4 regions, which are included in priority areas where the participant UN agencies have previous work experience.

II. Background and Rationale:

Undernutrition restrains children’s right to survive and thrive, affects their growth and development, their health and productive capacity, negatively impacting on a country’s economic and social development. 90 percent of stunted children under five worldwide are concentrated in 36 countries. Peru is one of them (The Lancet, 2008).

Over the last five years, Peru has shown great improvements in its macroeconomic indicators. The 2007 Human Development Report ranks Peru in the 76th place, as part of middle-income countries. However, disaggregated national figures show that approximately half of the Peruvian population lives in poverty and 24 percent live in extreme poverty. Huge inter-regional and urban/rural disparities still persist. Of the 3.8 million poor, 2.1 million are children.

Peru is also the world’s second largest cocaine producer, which is associated to social violence generated by drug trafficking, subversion and weak State presence. All these factors increase the vulnerability to child stunting and food insecurity of rural communities in coca leaf production areas.

Close to 31 percent of under-five children in Peru are stunted (DHS 2000, WHO 2006 standards), 18 percent in urban areas vs 47 percent in rural areas. Despite considerable efforts, over the last decade there has been no significant change in the national prevalence. Among other reasons, this has been related to the narrow focus adopted to fight undernutrition in the past, which consisted of fragmented, uncoordinated and poorly targeted food aid programmes. The immediate and underlying causes of child stunting, such as poor housing, water and sanitation conditions, lack of access to basic health services and low caretakers’ educational level were not adequately addressed through this approach.

To revert this situation, a group of UN agencies – FAO, PAHO/WHO, UNICEF and WFP – bilateral donors and NGOs created the “Initiative against child undernutrition” (“Iniciativa”), to lobby for the prioritization of this issue in the political agenda and propose concrete solutions (See Annex).

Thanks to the advocacy work provided by the “Iniciativa”, the Government prioritized the fight against child undernutrition in its social policy, committing to reduce under-five stunting prevalence by 9 percent points between 2006 and 2011. In order to achieve this ambitious target, in 2007 the Government created the National Strategy “CRECER”, under the direct coordination the Prime Minister’s Cabinet (PCM), through the Inter-Ministry Committee on Social Affairs (CIAS) (See Annex).
“CRECER” creates a common action framework for the Ministries of Women and Social Development, Health, Education, Agriculture, Housing, Employment, and operates through the regular budget of each sector and programme. It also incorporates the conditional cash transfer “Juntos” in all its priority areas. Its target population is 1 million children under five and 150 thousand pregnant women in the poorest 880 districts of 21 regions of Peru.

To date, the following actions have been taken: a) Endorsement of the Supreme Decree 006, which prioritizes social spending on nutrition and takes concrete measures to expedite processes; b) Formulation of Result-based Budgets by the Ministry of Finance targeted at the Integrated Nutrition and Maternal and Neonatal Health Programme; c) Endorsement of Supreme Decree 003, which acknowledges and allocates funds to priority evidence-based interventions to reduce child undernutrition; d) Official commitment to take concrete measures to fight child undernutrition at regional level signed by 24 Regional Government Presidents (Acta de Lima).

Other important steps in this process have been the international launch of the Spanish version of the Lancet Series on undernutrition in Lima, the acknowledgement made by the World Bank on the importance of implementing “CRECER”, and the “Landscape Analysis on Nutrition” exercise, lead by WHO and BMGF, to assess strengths and weaknesses of current interventions to reduce child undernutrition in Peru, which will guide future actions of donors and the international cooperation.

However, some weaknesses which need to be urgently addressed still persist, and they were pointed out by the “Iniciativa” and the “Landscape Analysis” international mission (See Annex). The most important ones are: a) insufficient capacities to plan, budget and implement programmes at local level; b) weak operational capacity at local level to set targets and plan actions; c) low integration of food assistance nutritional programmes with health interventions; d) weak inter and intra-sector coordination at all levels and poor negotiation skills to establish roles and responsibilities among different actors; e) inadequate communication strategy for the promotion of “CRECER” and of key health and nutritional practices at household level; d) insufficient coverage and quality of interventions included in the strategy “CRECER”.

This proposal aims at strengthening “CRECER”’s different operational structures and implementation levels. The key technical areas addressed through the Joint Programme will be the following: a) Management and coordination; b) Incorporation of evidence-based effective interventions to reduce child undernutrition; c) Food security improvement through the increase of family crop production and consumption d) Improvement of comprehensive child and environmental care at household level; e) Planning and programming; f) Information systems to improve decision-making processes at different levels.

The Joint Programme will target Government structures at national level, and 80 districts in 9 provinces of 4 regions of Peru (Apurimac, Ayacucho, Huancavelica and Loreto), reaching an estimated population of 900,000 people. The selected regions all show a child stunting prevalence higher than 40 percent, and they have been previously part of projects which involve one or more of the participant UN agencies.

The implementation of this programme will contribute to improve the effectiveness of international cooperation, as recommended by the Paris Declaration, and will stress the need for comprehensive and sustainable interventions to reach national and international child undernutrition reduction targets (MDG 1).

Finally, the programme will contribute to the following UNDAF assistance areas: a) Support and promotion of human capital, with emphasis on excluded populations; b) Support to Government’s and civil society capacity building processes, to improve democratic governance.

III. Joint Programme Results:

Within the framework of the Joint Programme, a leading agency will be responsible for each output and will ensure coordination and consistency of the activities under that specific
output, implemented by some of the participant UN agencies. Outcomes and outputs are the following:

**Outcome 1**
The Inter-Ministry Social Affairs Committee (CIAS) has strengthened its capacity to manage integrated child stunting reduction plans and programmes, and to provide technical assistance to the four selected regions.

Output 1.1 (PAHO/WHO)
An assessment on progress in the implementation of the National Strategy “CRECER” in the selected intervention sites has been carried out and shared with CIAS.

Output 1.2 (WFP)
The capacities of CIAS’ technical staff have been strengthened, to ensure better monitoring and technical assistance to Regional Governments, within the framework of the National Strategy “CRECER”.

Output 1.3 (WFP)
Complementary feeding programmes prioritized in the National Strategy “CRECER” have been revised and adjusted to different regional contexts.

**Outcome 2**
Selected Regional and local governments have strengthened their management capacities to implement nutritional programmes and projects.

Output 2.1 (PAHO/WHO)
Multi-sector technical teams within the selected Regions and municipalities have been trained in integrated management of programmes and interventions to fight undernutrition.

Output 2.2 (PAHO/WHO)
Regions and Municipalities have elaborated inter-sector Operational Plans to reduce child undernutrition, in the framework of “CRECER”.

Output 2.3 (UNICEF)
Regions and Municipalities are implementing integrated plans and programmes within the framework of “CRECER”.

**Outcome 3**
Regional Health Divisions and local Networks within the Joint Programme’s intervention area provide access to integrated health care to women at bearing age, pregnant women and children.

Output 3.1 (UNICEF)
Health services within the intervention area incorporate effective evidence-based interventions for the prevention and control of child undernutrition in their care protocols.

Output 3.2 (UNICEF)
Health services within the intervention area meet basic requirements to provide quality comprehensive care to women and children.

**Outcome 4**
Children and women of the intervention areas have improved their nutritional status.

Output 4.1 (UNICEF)
Families and communities apply comprehensive care practices to children and pregnant women (nutrition, hygiene, health and stimulation) and to their households and life environment (healthy housing, basic water and sanitation).

Output 4.2 (FAO)
Women and children have an adequate micronutrient intake.
**Outcome 5**
Families of the intervention area have improved food availability, access and production, contributing to achieve their food sovereignty.

**Output 5.1** (FAO)
Families and communities of Andean areas have increased and improved their food production, and they have developed value-adding activities to their crops.

**Output 5.2** (UNODC)
Families and communities of coca-leaf production have increased and improved their food production, as well as their food and nutritional security.

**Output 5.3** (FAO)
Families and communities of Andean areas have reduced their vulnerability against recurrent natural disasters.

**Output 5.4** (UNODC)
Families and communities of coca-leaf production areas have reduced their food and nutritional vulnerability against drug-trafficking related social conflicts.

**Outcome 6**
National, regional and local governments of the intervention area are provided with effective monitoring and evaluation systems, which support their decision making processes on health, nutrition, food security and water and sanitation issues.

**Output 6.1** (PAHO/WHO)
Regional and local governments included in the Joint Programme are provided with updated, adequate and disaggregated information (gender, rural/urban residence, and ethnicity) and have improved their analytical capacity to take informed decisions on health, nutrition, food security and water and sanitation issues.

**Output 6.2** (WFP)
Regions and Municipalities of the intervention area have strengthened their capacities to carry out Food Security and Vulnerability Assessments.

Various capacities will be strengthened through this Joint Programme, at different implementation levels.

At national level, starting from an assessment of the progress in the implementation of “CRECER”, the programme will contribute to strengthen coordination capacities among various Government sectors involved in the fight against child stunting, through a training and follow-up process of CIAS and other sectors’ technical teams.

At the same time, it will aim at improving efficiency and effectiveness of key interventions to reduce child stunting in Peru: a) Comprehensive Maternal and Child Care Programme (Ministry of Health); b) Integrated Health Insurance (Ministry of Health); c) Integrated Nutrition Programme (PRONAA/MIMDES); Agro-rural Programme (Ministry of Agriculture); Health Families and Communities (Ministry of Health). Emphasis will be placed on analytical and quality assessment capacities, as well as integrated management capacities, which imply improving resource mobilization and monitoring and evaluation skills, together with abilities to adequately allocate funds and to promote and manage participatory processes.

At regional and municipal level, the proposal will strengthen leadership and integrated management capacities of local authorities, required to articulate different sectors’ efforts. It will also improve their skills to create and strengthen social networks, mobilize additional resources and adapt national maternal and child care programmes to local contexts.

At community level, families’ comprehensive health, nutrition, food security and environmental care practices will be strengthened. This objective will be achieved by
strengthening community workers’ capacities and role, and through the design and implementation of a behavior change communication strategy. Given the recurrence of natural disasters in Peru, a risk management cross-cutting component was incorporated in the proposal. Another important technical area which will be strengthened through this Joint Programme is monitoring and evaluation systems at national, regional and local level, which will improve decision making processes on issues related to the determinants of child stunting and food insecurity.

IV. Joint Programme Design and Implementation Plan:

Each activity is under direct responsibility of an agency, which will request the participation of those other UN agencies with specific expertise on that particular issue. Activities by outcome are the following:

Outcome 1
The Inter-Ministry Social Affairs Committee (CIAS) has strengthened its capacity to manage integrated child stunting reduction plans and programmes, and to provide technical assistance to the four selected regions

1.1.1 Assessment on progress in the implementation of the National Strategy “CRECER” in the intervention area (PAHO/WHO)
This evaluation will be carried out in coordination with CIAS and it has the objective of identifying key aspects to be strengthened in the implementation of Crecer.

1.2.1 Design and implementation of exchange programmes between National Government teams and neighbor countries with successful nutritional programmes (WFP)

1.2.2 Technical assistance by specialized international consultants from the Latin American Region, within the framework of South-to-South cooperation (WFP)

1.2.3 Support in the implementation of lessons learnt through the South-to-South cooperation programme (WFP)

1.2.4 Follow-up of actual expenditures for the implementation of the eleven key interventions to reduce child stunting at national and regional level (UNICEF)

In coordination with the CIAS and the key sectors involved in the implementation of “CRECER”, good practices in the fight against undernutrition in LAC will be identified, analyzed and adapted to the national specific context. National teams will have the opportunity to travel to actually see the selected successful experiences, and will also be trained in integrated management under Outcome 2.

1.3.1 Assessment of nutritional quality, acceptability and cost structure of the food baskets of the main Government food-based nutritional Programmes (WFP)

1.3.2 Assessment of local food availability for social programmes within the intervention area (FAO)

1.3.3 Design, reformulation and acceptability assessment of alternative regional food baskets for Government food-based nutritional programmes within the intervention area (WFP)

Outcome 2
Selected Regional and local governments have strengthened their management capacities to implement nutritional programmes and projects

2.1.1 Design of a training programme on integrated social management, directed at the implementation of the National Strategy “CRECER” (PAHO/WHO)

2.1.2 Implementation of a training programme on integrated social management at Regional and Municipality level in the intervention area (PAHO/WHO)
PAHO/WHO, in coordination with FAO, UNICEF and WFP, “Iniciativa”, academic institutions and technical cooperation agencies within the intervention area, will lead the implementation of these activities, in support to CIAS.

This training is targeted at multi-sector teams, in charge of implementing “CRECER” at Regional and local level, in order to ensure an integrated, coordinated and efficient management of all decentralized activities. The capacity building model combines theoretical teamwork with continuing follow-up at field level by management experts, which will ensure that the training is adjusted to local contexts.

To implement this training programme, Universities and other Public Management academic institutions will be involved.

2.2.1 Mapping exercise on the existing child stunting reduction plans at regional and local level, and assess their consistence with the national policy (WFP)

2.2.2 Promotion of the development of regional and local Operational Plans to locally implement the National Strategy “CRECER” (PAHO/WHO)

2.2.3 Promotion of the incorporation of production and food security-related components in operational plans at Regional and local level (FAO)

“CRECER” supports the elaboration of Regional and local Action Plans, to ensure compliance with the key interventions identified to reduce child undernutrition. However, due to limited technical capacities or lack of knowledge of management tools, this requirement has not been met yet in all “CRECER” priority areas.

2.3.1 Design of a coaching programme targeted at the regional and district cluster teams within the intervention area, to strengthen result-based management within the framework of the National Strategy “CRECER” (PAHO/WHO)

2.3.2 Implementation of the coaching programme (UNICEF)

2.3.3 Development of an Exchange programme among the Regional and local inter-sector teams participating in the Joint Programme (PAHO/WHO)

2.3.4 Government Staff training on project design at Regional and local level, to apply for public grants (UNICEF)

In coordination with CIAS, key sectors and Regional and local Governments, an exchange programme within the intervention area will be designed and implemented, to build on lessons learnt and existing best practices at local level.

Project design will also be part of the training process, to strengthen local capacities to submit proposals to the “National Public Investment System” (SNIP) and to develop processes within “participatory budgets” to raise public resources to invest in health, nutrition and productive activities.

Outcome 3
Regional Health Divisions and local Networks within the Joint Programme’s intervention area provide access to integrated health care to women at bearing age, pregnant women and children

3.1.1 Review and update of the legal and policy framework on micronutrient supplementation and fortification (UNICEF)

3.1.2 Design of a training programme on integrated pregnant and child care, targeted at local health networks within the intervention area (PAHO/WHO)

3.1.3 Implementation of the training programme (UNICEF)

The existing legal framework on comprehensive care to pregnant women, mothers and children incorporates almost all key interventions recommended by The Lancet. However,
due to inadequate maintenance and the lack of basic inputs and equipment for health services, the quality of care and actual coverage of these recommended interventions to vulnerable population groups is still too low. For this reason, in coordination with the Ministry of Health at different levels a continuing training process will be carried out to the local health teams. A needs assessment will also provide the rationale for the resource mobilization process to provide local health services with the appropriate equipment, needed to ensure quality care.

3.2.1 Assessment of health centers’ basic equipment needs to ensure the implementation of the key interventions to reduce child stunting (UNICEF)

3.2.2 Provision of basic equipment for maternal and child comprehensive care at health service level within the intervention area (PAHO/WHO)

3.2.3 Provision of basic inputs for maternal and child comprehensive care (UNICEF)

The incorporation of new effective technologies for micronutrient supplementation, such as multi-micronutrients (Sprinkles) need to be incorporated in the current legal framework and provision to the most vulnerable population groups need to be ensured. For this reason, while changes in the legal framework occur, the Joint Programme will provide Sprinkles for children 6-36 months for the first year of the intervention within the programme’s area, until the Ministry of Health can purchase them with its own resources.

Outcome 4
Children and women of the intervention areas have improved their nutritional status

4.1.1 Implementation of a training programme on health, early development and healthy environment for children, pregnant women and families, targeted at community workers within the intervention area (UNICEF)

4.1.2 Implementation of a training programme on food and nutrition for children, pregnant women and families, targeted at community workers within the intervention area (WFP)

4.1.3 Design and implementation of a communication strategy to promote healthy practices at household level in child and maternal health and nutritional care (UNICEF)

4.1.4 Design and implementation of a communication strategy to promote healthy practices at household level in food production and storage and environmental care (FAO)

4.1.5 Support the incorporation of housing improvements as part of “Juntos” (PAHO/WHO)

Improvements in health, nutrition, food security and environmental care practices at household level will be promoted through capacity building among community workers. These actions will be supported by a social communication strategy elaborated in coordination with local media, authorities and sector representatives involved in the fight against undernutrition.

Improvements in housing conditions have a direct impact on child and maternal morbidity and mortality, and on the family’s nutritional status. For this reason, the conditional cash transfer programme “Juntos” incorporates them as a complementary activity. However, to ensure that all “Juntos” families apply these improvements in their own households, these need to be incorporated into the programme conditionalities.

4.2.1 Review and update of current fortification programmes (PAHO/WHO).

4.2.2 Technical assistance to the implementation of fortification programmes (WFP).

4.2.3 Support to quality control to fortification processes (FAO).

Fortification of massive consumption products is one of the key strategies to reduce micronutrient deficiencies in vulnerable populations. Through this Joint Programme,
technical assistance will be provided to the Ministry of Health and the private sector to ensure quality, up-to-date and well monitored fortification programmes.

**Outcome 5**
Families of the intervention area have improved food availability, access and production, contributing to achieve their food sovereignty

5.1.1 Design of a training programme targeted at community workers, to improve availability, access and adequate use of food commodities in Andean areas (FAO)
5.1.2 Implementation of the training programme within the intervention area (FAO)
5.1.3 Development of post-harvest activities for selected products identified within the intervention area (FAO)

Through capacity building targeted at community workers, crop production, storage and transformation systems will be improved. Coordination will be established with Regional Directorates of Agriculture, Environment and Production, as well as NGOs, the international cooperation and National programmes within the intervention area.

5.2.1 Design of a training programme targeted at community workers, to improve availability, access and adequate use of food commodities in coca-leaf production areas (UNODC)
5.2.2 Implementation of the training programme in coca-leaf production areas of the Joint Programme (UNODC)
5.3.1 Strengthening and incorporation of risk management in Regional and local development plans within Andean intervention areas (FAO)
5.3.2 Advocacy for the incorporation of a risk management component in local participatory budgets of Andean intervention areas (FAO)
5.3.3 Design of regional and local vulnerability/risk maps of Andean intervention areas (FAO)
5.4.1 Strengthening and incorporation of risk management in Regional and local development plans within Andean coca-leaf production intervention areas (UNODC)
5.4.2 Advocacy for the incorporation of a risk management component in local participatory budgets in coca-leaf production intervention areas (UNODC)
5.4.3 Design of regional and local vulnerability/risk maps in coca-leaf production intervention areas (FAO)

Technical assistance will be provided to Regional and local Governments through national experts in the design and implementation of strategies to prevent and mitigate the negative impact of natural disasters, high food and commodity prices and social conflict on food security within the intervention area. Strategic partners will be Regional Directorate of Agriculture, Environment and Production, the National Institute of Civil Defense and local NGOs.

**Outcome 6**
National, regional and local governments of the intervention area are provided with effective monitoring and evaluation systems, which support their decision making processes on health, nutrition, food security and water and sanitation issues.

6.1.1 Baseline and final evaluation of the Joint Programme (PAHO/WHO)
6.1.2 Provision of support for basic data collection at regional and local level to monitor and evaluate progress on the implementation of key actions to reduce child stunting (PAHO/WHO)
6.1.3 Provision of technical assistance to develop a M&E methodology to support decision making processes at local level (PAHO/WHO)

6.1.4 Promote and support the creation of regional and local observatories for data collection and analysis on nutrition, food security, environment and production (UNICEF)

The Ministry of Health has already developed monitoring and assessment methodologies for health and nutritional indicators, focused on the determinants of nutritional outcomes and for decision making purposes. However, their implementation at Regional and local level is currently weak or has never started.

For this reason, the Joint Programme will coordinate with CENAN to adopt these methodologies in all intervention areas, and it will provide technical assistance in the use of such information for local decision making purposes, also incorporating production and food security aspects.

6.2.1 Training targeted to inter-sector teams at National, Regional and local level in vulnerability to food insecurity assessment analysis and mapping (WFP)

6.2.2 Training targeted to inter-sector teams at National, Regional and local level in food security assessments in emergency situations (WFP)

Between 2006 and 2008, PRONAA teams trained by WFP successfully carried out three food security assessments, two in earthquake-affected areas and one in frost-affected regions. Given this positive experience and the need to strengthen data collection and analytical capacities of Government staff involved in the fight against child undernutrition, WFP will carry out trainings on these methodologies within the intervention areas, targeted at all sectors involved in the implementation of “CRECER”, such as MINAG, MINSA, as well as INDECI.

The Joint Programme’s way to benefit from local, regional and national agents will be based on institutional relations already established by the participant UN agencies at all levels. Furthermore, the programme will coordinate with local initiatives related to the fight against child undernutrition, carried out by the Government, civil society, private sector, academic institutions and international cooperation within the intervention area (Regional Food Security Councils, local Poverty Reduction Platforms, or other inter-sector coordination bodies at local level).

The Joint Programme’s sustainability is guaranteed by the fact that its operational structures are the ones established by the Government. The programme only intends to strengthen its human resource capacities, improve work methodologies and foster inter-sector activities and initiatives. It also contributes to incorporate new actors in the fight against child undernutrition, such as the “Iniciativa”, NGOs and academic institutions.

Another key sustainability aspect is the capacity building process targeted at communities and families on key determinants of undernutrition, such as health, dietary habits, maternal and child care, as well as food production, which is all intended to break the vicious cycle of poverty and social exclusion.

The most important risks which have been identified are the following: a) High human resources rotation in the Public sector; b) budgetary cuts which can be associated with the current global financial crisis; c) increase in the “Narcoterrorism” in coca-leaf production intervention areas; d) increase in food prices and other essential commodities for agriculture (seeds, fertilizers, etc).

V. Monitoring and Evaluation Strategy:

Outcome 1
The Inter-Ministry Social Affairs Committee (CIAS) has strengthened its capacity to manage integrated child stunting reduction plans and programmes, and to provide technical assistance to the four selected region

1.1. 50 percent increase in actual expenditures of the Articulated Nutritional Programme
1.2. CIAS is implementing a monitoring system to assess progress on target achievement of the National Strategy “CRECER”
1.3. Percentage of trained Government Staff from “CRECER”
1.4. Number of food assistance programmes evaluated and adjusted to regional contexts

**Outcome 2**
Selected Regional and local governments have strengthened their management capacities to implement nutritional programmes and projects

2.1. Percentage increase in Regional social spending targeted at reducing child stunting
2.2. 50 percent increase in Regional Governments’ actual expenditures allocated to reduce undernutrition
2.3. Percentage of Regions and Districts with Operational Plans designed and under implementation
2.4. Percentage of Regional and District level staff trained in integrated management (within the intervention area)

**Outcome 3**
Regional Health Divisions and local Networks within the Joint Programme’s intervention area provide access to integrated health care to women at bearing age, pregnant women and children

3.1. Percentage of pregnant women and under five children with periodic check-ups according to health protocols
3.2. Percentage of pregnant women and under five children who receive iron supplements
3.3. Percentage of pregnant women and under five children who are “Juntos” beneficiaries and are affiliated to SIS
3.4. Percentage of health facilities which meet the requirements to provide comprehensive maternal and child care
3.5. Percentage of health services within the intervention area which meet the requirements for “child and mother friendly”

**Outcome 4**
Children and women of the intervention areas have improved their nutritional status

4.1. Percentage of under 5 children with H/A > -2SD
4.2. Percentage of under 2 children with Hb >11.0 g/dl
4.3. Percentage of pregnant women with Hb >11.0 g/dl
4.4. Percentage of families who are using safe water
4.5. Percentage of families with basic sanitation systems

**Outcome 5**
Families of the intervention area have improved food availability, access and production, contributing to achieve their food sovereignty

5.1. Percentage of families who have incorporated Good Agricultural Practices in their land management
5.2. Percentage of families who have increased their crops
5.3. Percentage of families who have improved quality food availability
5.4. Percentage of Districts with Risk Management Plans developed and under implementation

**Outcome 6**
National, regional and local governments of the intervention area are provided with effective monitoring and evaluation systems, which support their decision making processes on health, nutrition, food security and water and sanitation issues

6.1. Percentage of regions under program influence with an effective M&E system for decision making
6.2. Percentage of Districts with an effective M&E system for decision making
6.3. Number of actions on health, nutrition, environmental care and agricultural production taken based on Regional M&E systems’ information
6.4. Number of actions on health, nutrition, environmental care and agricultural production taken based on District M&E systems’ information

VI. Institutional Arrangements and Management Plan:

The following UN agencies participate in this Joint Programme: FAO, PAHO/WHO, UNICEF, UNODC and WFP. All of them have a vast experience on strengthening public policies and developing innovative interventions at national, regional and local level on nutrition, health and food security, which contribute to the achievement of the Millennium Development Goals.

As part of the comprehensive work carried out on maternal and child health and nutrition, PAHO/WHO has provided technical assistance to the Ministry of Health to incorporate key interventions recommended by the Lancet Series on Undernutrition in the Integrated Health Insurance (SIS), and has contributed to strengthen the Integrated Management of Childhood Illnesses (IMCI) approach within national health services.

UNICEF promotes and protects children’s and adolescent’s rights, has expertise in child survival and development, and has implemented with the Ministry of Health the programme “A good start in life”, which contributed to reduce under five stunting by more than 17 percent points over four years of intervention in remote rural areas.

WFP is the leading UN agency in the management of food assistance programmes targeted at vulnerable population groups, and has coordinated with the Government of Peru in the reform of its food-based nutritional programmes. It also has expertise in nutritional education at community level, food fortification and micronutrient supplementation.

FAO’s mandate in to improve nutritional levels and increase agricultural productivity of rural populations, contributing to their food security and quality of life. Its role in Peru has been oriented to strengthening agricultural, forestry and fishing activities in rural areas. It also supported the design, regional roll-out and implementation of the National Food Security Strategy, as well as of production-related projects in the Andean Highlands.

UNODC is the United Nations agency specialized in the fight against illicit drugs and crime. In Peru, it develops alternative crops-related projects in areas affected by drug trafficking, where most of the population is indigenous and there are high undernutrition prevalences and very high rates of food insecurity.

The 2006-2007 consolidated budgets for the participant UN agencies in Peru were as follows: **FAO 5,120,880.00** (2006: 2,059,336.00; 2007: 3,061,544.00); **PAHO/WHO 17,888,919.00**; **UNODC 7,100,000.00**; **UNICEF 12,281,000.00** (2006: 4,950,000.00; 2007: 7,331,000.00); **WFP: 23,839,604.00**.

Within the UNDAF framework, the UN agencies coordinate their support to the Peruvian Government to achieve the MDGs. Over the last two years, inter-agency coordination intensified and turned into several Joint Programmes and initiatives, such as: a) The Lima Memorandum, subscribed by the Regional Directors of UNICEF, PAHO/WHO and WFP as a joint commitment to support Government’s efforts to reduce child stunting in Peru; b) The “Human Security” project, developed by UNFPA, UNICEF and PAHO/WHO in Apurímac and Ayacucho; c) the United Nations Emergency Team (UNETE) project, implemented by FAO, UNDP, UNICEF, PAHO/WHO and WFP in Cusco and Puno; d) The joint support
provided by PAHO/WHO and UNICEF to the Programme “Sembrando” (“Sewing”) created by the First Lady to target rural families living in remote Andean highlands; f) The coordinated response to the earthquake emergency in August 2007. At the same time, FAO, UNICEF, PAHO/WHO and WFP have been part of the UN Thematic Group on Food Security, which UNODC has recently joined. Furthermore, at the beginning of 2008 a Joint Programme presented by FAO, PAHO/WHO, UNDP and UNEP to the AECID Environmental Window was approved. MINSA’s mandate is to ensure access to SIS, comprehensive care to pregnant women and children, as well as the promotion of health and nutritional practices recommended by The Lancet. This strategic partner will be mostly supported by UNICEF and PAHO/WHO. The main Government counterparts of this proposal are: CIAS, MINSA, MIMDES, MINAG, as well as Regional and local governments. CIAS is an inter-ministerial instance with the mandate to coordinate social policy, of which “CRECER” is one of the main pillars. MIMDES, through PRONAA, is supposed to ensure access to quality food assistance programmes to pregnant women and children in vulnerable areas, which include a culturally adequate nutritional education component. This sector will mainly be supported by WFP. One of the mandates of MINAG, through the Agro/rural Programme, is to improve the availability and access to food for small farmers and rural populations. Within this Joint Programme, FAO and UNDOC will provide technical assistance to this sector. Regional and Municipal Governments are the most important strategic partners of this Joint Programme, as they play a critical role to ensure that key interventions to reduce undernutrition reach the most vulnerable population groups, within the current framework of accelerated descentralization processes in the country. In terms of the organizational structure of the Joint Programme, three entities will be in charge of management, supervision and external evaluation: a) Steering Committee, integrated by the Representatives of the participating UN agencies, in charge of the overall coordination and management of the programme; b) an Inter-Agency Technical Committee, composed of one technical focal point per agency, responsible for planning, implementation and monitoring of all Joint Programme’s activities; c) the Joint Programme’s Executive Committee, in charge of external oversight and evaluation of the programme, according to the UNDP-MDGF Background Document. The team in charge of scaling up the proposal will be composed of: a) At National level: one General Coordinator and two technical experts; b) At Regional level (in each of the four regions): one management specialist, also in charge of coordination, two technical experts (health-nutrition and production-related aspects) and an administrative assistant.
Logical Framework: MDGF on Nutrition, Food Security and Childhood
Name of project: “Improving Nutrition and Food Security for the Peruvian Child: A Capacity Building Approach”
Proposal developed by the following UN agencies: FAO, PAHO/WHO, UNICEF, UNODC and WFP

<table>
<thead>
<tr>
<th>Expected UNDAF outcomes:</th>
<th>Joint program outcomes:</th>
<th>Outputs (by leading agency)</th>
<th>Estimated Budget</th>
<th>Indicative activities (by leading agency)</th>
<th>Local and national partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result 1.1: Strengthen and scale up access to basic social services, with emphasis on excluded populations.</td>
<td><strong>Outcome 1</strong></td>
<td><strong>Output 1.1 (PAHO/WHO)</strong></td>
<td>An assessment on progress in the implementation of the National Strategy “CRECER” in the selected intervention sites has been carried out and shared with CIAS.</td>
<td><strong>Output 1.1</strong></td>
<td><strong>Output 1.1.1</strong> Assessment on progress in the implementation of the National Strategy “CRECER” in the intervention area (PAHO/WHO).</td>
</tr>
<tr>
<td>Result 1.2: Strengthen and disseminate knowledge and awareness on the protection and exercise of people’s basic rights.</td>
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<td>PCM</td>
</tr>
<tr>
<td>Result 3.1: Strengthen technical capacities, including programming, management, monitoring and evaluation, and financial reporting of Government staff at national, regional and local level.</td>
<td><strong>Output 1.2 (WFP)</strong></td>
<td></td>
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</tr>
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<td></td>
<td>The capacities of CIAS’ technical staff have been strengthened, to ensure better monitoring and technical assistance to Regional Governments, within the framework of the National Strategy “CRECER”.</td>
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<td><strong>Output 1.3 (WFP)</strong></td>
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<td>Complementary feeding programmes prioritized in the National Strategy “CRECER” have been revised and adjusted to</td>
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<td><strong>Output 1.2</strong></td>
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<td>CIAS</td>
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<td></td>
<td><strong>Output 1.2.1</strong> Design and implementation of exchange programmes between National Government teams and neighbor countries with successful nutritional programmes (WFP).</td>
<td></td>
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<td>CENAN</td>
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<tr>
<td></td>
<td><strong>Output 1.2.2</strong> Technical assistance by specialized international consultants from the Latin American Region, within the framework of South-to-South cooperation (WFP).</td>
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<td>DIGESA</td>
</tr>
<tr>
<td></td>
<td><strong>Output 1.2.3</strong> Support in the implementation of some lessons learnt through the South-to-South cooperation programme (WFP).</td>
<td></td>
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<td></td>
<td>MIMDES/PRONAA</td>
</tr>
<tr>
<td></td>
<td><strong>Output 1.2.4</strong> Follow-up of actual expenditures for the implementation of the eleven key interventions to reduce child stunting at national and regional level (UNICEF).</td>
<td></td>
<td></td>
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<td>MEF</td>
</tr>
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<td><strong>Output 1.3</strong></td>
<td></td>
<td></td>
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<td>MCLP</td>
</tr>
<tr>
<td></td>
<td><strong>Output 1.3.1</strong> Assessment of nutritional quality, acceptability and cost structure of the food baskets of the main Government food-based nutritional Programmes (WFP).</td>
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<td>Congress</td>
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<th>Outcome 2</th>
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<th>Output 2.2 (PAHO/WHO)</th>
<th>Output 2.3 (UNICEF)</th>
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</table>
| Selected Regional and local governments have strengthened their management capacities to implement nutritional programmes and projects. | Multi-sector technical teams within the selected Regions and municipalities have been trained in integrated management of programmes and interventions to fight undernutrition. | Regions and Municipalities have elaborated inter-sector Operational Plans to reduce child undernutrition, in the framework of “CRECER”. | Regions and Municipalities are implementing integrated plans and programmes within the framework of “CRECER”.

<table>
<thead>
<tr>
<th>Output 2.1</th>
<th>Output 2.2</th>
<th>Output 2.3</th>
</tr>
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<tbody>
<tr>
<td>1.1.1. Design of a training programme on integrated social management, directed at the implementation of the National Strategy “CRECER” (PAHO/WHO).</td>
<td>2.2.1 Mapping exercise on the existing child stunting reduction plans at regional and local level, and assess their consistence with the national policy (WFP).</td>
<td>2.3.1 Design of a coaching programme targeted at the regional and district cluster teams within the intervention area, to strengthen result-based management within the framework of the National Strategy “CRECER” (PAHO/WHO).</td>
</tr>
<tr>
<td>1.1.2. Implementation of a training programme on integrated social management at Regional and Municipality level in the intervention area (PAHO/WHO).</td>
<td>2.2.2 Promotion of the development of regional and local Operational Plans to locally implement the National Strategy “CRECER” (PAHO/WHO).</td>
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</tr>
<tr>
<td>1.3.2 Assessment of local food availability for social programmes within the intervention area (FAO).</td>
<td>2.2.3 Promotion of the incorporation of production and food security-related components in operational plans at Regional and local level (FAO).</td>
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<tr>
<td>1.3.3 Design, reformulation and acceptability assessment of alternative regional food baskets for Government food-based nutritional programmes within the intervention area (WFP).</td>
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## Logical Framework: MDGF on Nutrition, Food Security and Childhood

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<th>Outcome 3</th>
<th>Output 3.1 (UNICEF)</th>
<th>Output 3.2 (UNICEF)</th>
<th>Output 4.1 (UNICEF)</th>
<th>Output 4.1.1</th>
</tr>
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<tr>
<td></td>
<td>Regional Health Divisions and local networks within the joint programme’s intervention area provide access to integrated health care to women at bearing age, pregnant women and children.</td>
<td>Health services within the intervention area incorporate effective evidence-based interventions for the prevention and control of child undernutrition in their care protocols.</td>
<td>Health services within the intervention area meet basic requirements to provide quality comprehensive care to women and children.</td>
<td>Families and communities apply comprehensive care practices to children and pregnant women (nutrition, hygiene, health and stimulation) and to their children and pregnant women.</td>
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<tr>
<td></td>
<td><strong>3.1</strong></td>
<td><strong>3.2</strong></td>
<td><strong>4.1</strong></td>
<td><strong>4.1.1</strong></td>
</tr>
<tr>
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<td><strong>3.1.1</strong> Review and update of the legal and policy framework on micronutrient supplementation and fortification (UNICEF).</td>
<td><strong>3.2.1</strong> Assessment of health centers’ basic equipment needs to ensure the implementation of the key interventions to reduce child stunting (UNICEF).</td>
<td><strong>4.1.1</strong> Implementation of a training programme on health, early development and healthy environment for children, pregnant women and families, targeted at community workers within the intervention area (UNICEF).</td>
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<td><strong>3.1.2</strong> Design of a training programme on integrated pregnant and child care, targeted at local health networks within the intervention area (PAHO/WHO).</td>
<td><strong>3.2.2</strong> Provision of basic equipment for maternal and child comprehensive care at health service level within the intervention area (PAHO/WHO).</td>
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<td><strong>3.1.3</strong> Implementation of the training programme (UNICEF).</td>
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**DIRESAs**

**CENAN**

**DIGESA**

**SENASA**

**SIS**

**ESSALUD**

**Private Sector**

**Regional Governments**

**Municipal Governments**

**MINSA**
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<tr>
<th>4.1.2</th>
<th>Intervention area (UNICEF). Implementation of a training programme on food and nutrition for children, pregnant women and families, targeted at community workers within the intervention area (WFP).</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.3</td>
<td>Design and implementation of a communication strategy to promote healthy practices at household level in child and maternal health and nutritional care (UNICEF).</td>
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<td>Design and implementation of a communication strategy to promote healthy practices at household level in food production and storage and environmental care (FAO).</td>
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<td>4.1.5</td>
<td>Support the incorporation of housing improvements as part of “Juntos” (PAHO/WHO).</td>
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<th>4.2.1</th>
<th>Review and update of current fortification programmes (PAHO/WHO).</th>
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**Outcome 5**

Families in the intervention area have improved food availability, access and production, contributing to achieve their food sovereignty.

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<td>Output 5.2 (UNODC)</td>
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</tbody>
</table>
| Families and communities of coca-leaf production have increased and improved their food production, as well as their food and nutritional security. | 5.2.1 Design of a training programme targeted at community workers, to improve availability, access and adequate use of food commodities in coca-leaf production areas (UNODC).  
5.2.2 Implementation of the training programme in coca-leaf production areas of the Joint Programme (UNODC). | 5.3.1 Strengthening and incorporation of risk management in Regional and local development plans within Andean intervention areas (FAO).  
5.3.2 Advocacy for the incorporation of a risk management component in local participatory budgets of Andean intervention areas (FAO).  
5.3.3 Design of regional and local vulnerability/risk maps of Andean intervention areas (FAO). | 5.4.1 Strengthening and incorporation of risk management in Regional and local development plans within Andean coca-leaf production intervention areas (UNODC).  
5.4.2 Advocacy for the incorporation of a risk management component in local participatory budgets in coca-leaf production intervention areas (UNODC).  
5.4.3 Design of regional and local vulnerability/risk maps in coca-leaf production intervention areas (FAO). | Regional, regional and local governments of the intervention area are included in the Joint Programme | Baseline and final evaluation of the Joint Programme (PAHO/WHO). | Regional Governments |
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| Output 6.2 (WFP) Regions and Municipalities of the intervention area have strengthened their capacities to carry out Food Security and Vulnerability Assessments. | 6.1.2 Provision of support for basic data collection at regional and local level to monitor and evaluate progress on the implementation of key actions to reduce child stunting (PAHO/WHO). | Municipal Governments
CENAN
Peruvian Amazon Research Institute
MINAG
PRODUCE
PRONAMACHCS
MIMDES/PRONAA |
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<td>6.2.2 Training targeted to inter-sector teams at National, Regional and local level in food security assessments in emergency situations (WFP).</td>
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Total Outcomes
JP Coordination Team
Miscellaneous
TOTAL PROGRAMMABLE
ANNEXES

1. Letter of support from Iván Hidalgo, Technical Secretary, Interministry Commission of Social Affairs

2. Brochure: Initiative against child undernutrition

3. National Strategy CRECER Summary

4. Initiative's Balance and Recommendations – Second Year Government actions to reduce malnutrition

5. Landscape analysis report

6. List of Acronyms
Lima, 04 de noviembre de 2008

OFICIO N° 227 - 2008-PCM/ST CIAS

Señor Doctor:
Manuel Peña
Representante de la
Organización Panamericana de la Salud
Organización Mundial de la Salud
Presente

Estimado doctor Peña:

Me dirijo a usted en su calidad de Coordinador del Proyecto vinculado a la Ventana sobre Infancia, Seguridad Alimentaria y Nutrición, que ha sido elaborado por FAO, ONUDD, OPS/OMS, PMA y UNICEF en el marco del fondo PNUD-España para el Logro de los ODM (F-ODM).

Al respecto, he tomado conocimiento del mencionado Proyecto y quisiera felicitarlos por la calidad técnica de este Programa, que constituye un aporte extraordinario de la cooperación internacional y considero será de gran importancia para fortalecer las acciones de Crecer y así lograr el compromiso que ha establecido el Presidente de la República de reducir en nueve puntos porcentuales la desnutrición infantil.

Aprovecho la ocasión para reiterar a usted los sentimientos de nuestra mayor consideración.

Atentamente

Ing. Iván Hidalgo Romero
Secretario Técnico de la Comisión Interministerial de Asuntos Sociales
Sí, la desnutrición infantil se puede reducir

En el Perú existen experiencias exitosas de intervenciones que han logrado reducir la desnutrición crónica. Como muestra de ello, existen programas de seguridad alimentaria que han reducido la desnutrición infantil en 9,6 puntos porcentuales, han incrementado en 85% los ingresos familiares anuales y disminuido en más de 50% la prevalencia de diarrea en las zonas de intervención. La reducción de la desnutrición crónica de un punto porcentual por año, para los próximos cinco años, es una meta objetiva y posible de lograr y es consistente con la meta planteada por la Estrategia Nacional de seguridad alimentaria.

La Iniciativa contra la desnutrición infantil en el Perú

La Iniciativa representa un esfuerzo colectivo de instituciones que trabajan por el desarrollo y que cuentan con una trayectoria importante en nuestro país: ADRA Perú, CARE Perú, CARITAS del Perú, PRISMA, Mesa de Concertación para la Lucha contra la Pobreza - MCLCP, OPS/OMS, PMA, UNICEF y USAID.

La Iniciativa es un espacio abierto a aquellas personas e instituciones que trabajan en favor de la niñez y el desarrollo del país.

Lima - Perú
Marzo de 2006

Mayor información: Marilú Páez
mperez@care.org.pe
4317430 anexo 239
La desnutrición infantil...

Limita el potencial intelectual del país y atenta contra el derecho fundamental a la salud y a la vida.

La desnutrición es el resultado de enfermedades infecciosas frecuentes, prácticas inadecuadas de alimentación e higiene, ambiente insalubre, consumo insuficiente de alimentos nutritivos, entre otros, todos ellos asociados generalmente a la pobreza de la familia, bajo nivel educativo, escasa inversión social, falta de priorización en los grupos más vulnerables y uso ineficiente de los recursos del Estado. La desnutrición crónica no es sólo un problema de salud, es un indicador de desarrollo del país.

Determina el desarrollo futuro del niño.

Desde la gestación y en los tres primeros años de vida, la desnutrición crónica y la anemia afectan de manera irreversible la capacidad física, intelectual, emocional y social de los niños, y generan un mayor riesgo de enfermar por infecciones (diarrea y respiratoria) y de morir. Este deterioro reduce la capacidad de aprendizaje en la etapa escolar y limita las posibilidades de acceder a otros niveles de educación. En el largo plazo, se convierte en un adulto con limitadas capacidades físicas e intelectuales para insertarse en la vida laboral. Un niño desnutrido hoy tiene altas probabilidades de ser un adulto pobre mañana.

Está fuertemente vinculada a la pobreza.

En el Perú, la pobreza sigue afectando el 50% de la población y la desnutrición crónica sigue el mismo patrón geográfico. Entre los pobres extremos el 35% de los niños está desnutrido, frente a un 13% en los no pobres. La desnutrición por sí misma limita el desarrollo económico del país al reducir la productividad del capital humano. Ser pobre y estar desnutrido es una doble condición que acelera la exclusión y la inequidad. La nutrición del niño se presenta así como un insumo esencial para el desarrollo social y económico para el país. La inversión en proteger a nuestros niños de la desnutrición es rentable para asegurar la competitividad.

Compromete hoy a una inversión sostenida.

El Estado, la comunidad internacional y la sociedad civil vienen desarrollando esfuerzos nacionales y regionales en este sentido, sin embargo, la desnutrición es multicausal y requiere una respuesta articulada y multisectorial, que aborde el problema no sólo desde la distribución de alimentos a través de programas de asistencia alimentaria. La Iniciativa propone implementar estrategias integrales que enfrenten todas las causas de la desnutrición, por un lado la atención de la salud, el acceso al agua segura y saneamiento básico, y por el otro lado, mejorar la calidad de la inversión social. En los diferentes niveles de gobierno la Iniciativa propone:

A nivel del gobierno nacional:
- Implementar políticas que garanticen intervenciones integrales de seguridad alimentaria, salud y educación a la población más vulnerable, con énfasis en gestantes y niños menores de tres años.
- Optimizar e incrementar el presupuesto público asignado a salud y educación.
- Implementar políticas de generación de ingresos familiares para los más pobres, en el marco del principio fundamental del derecho de todos los niños al pleno desarrollo de su potencial y disfrute, contribuyendo a la reducción de la inequidad y la exclusión.
- Diseñar sistemas efectivos de monitoreo de los resultados nutricionales de los programas sociales.

A nivel del gobierno regional y municipal:
- Optimizar los recursos económicos, del FONCOMUN, del Canon, entre otros, para mejorar la calidad de los servicios de salud, ampliar la cobertura de agua y saneamiento, con prioridad en la población más vulnerable.
- Impulsar proyectos de desarrollo económico y social en las regiones más pobres del país.
- Fortalecer la participación de la población en las decisiones del uso de los recursos del Estado.
- Mejorar la focalización de los programas de asistencia alimentaria, promoviendo la coordinación intersectorial.
ESTRATEGIA NACIONAL CRECER

CRECER, es una Estrategia Nacional de intervención articulada de las entidades públicas (Gobierno Nacional, Regional y Local), entidades privadas y de la cooperación internacional que directa o indirectamente estén vinculadas a la lucha contra la pobreza y exclusiones; es el resultado de un conjunto de coordinaciones y acciones intersectoriales. Se sustenta en los principios de la democratización, descentralización, transparencia, participación de la sociedad civil y de las comunidades organizadas.

Fue creada el 01 de Julio del 2007 mediante el Decreto Supremo Nº 055-2007-PCM; el ámbito de intervención de la estrategia alcanza a 880 distritos, que se localizan en 21 regiones del país. Los distritos seleccionados incluyen 830 distritos del primer quintil de pobreza, donde la presencia del estado es mínimo; asimismo, incorporar a algunos distritos de las zonas urbanos marginales de las ciudades con mayor prevalencia en desnutrición crónica infantil.

Es una estrategia que busca focalizar, organizar, articular y vincular la oferta y la demanda de servicios, concibiendo a la inversión social como aquella asignación de recursos que permite generar capacidades humanas y desarrollar potencialidades institucionales, sociales y económicas en cada territorio, para disminuir prioritariamente la pobreza y la desnutrición crónica infantil. Por otro lado, promueve la asignación de recursos en base al logro de metas previamente establecidas a la población focalizada, en función de las prioridades de la Política Social, y busca asegurar que las ventajas del crecimiento económico lleguen con equidad a la población y promueva oportunidades de desarrollo al conjunto de la población.

La Estrategia Nacional CRECER (EN CRECER) esta liderada por la Secretaría Técnica de la Comisión Interministerial de Asuntos Sociales – CIAS- de la Presidencia del Consejo de Ministros.

CONTEXTO Y MARCO LEGAL

- Plan nacional de superación de la pobreza
- Prioridades en la Política Social: superación de la desnutrición infantil abordando las determinantes sociales de la salud.
- Ley N° 29158 – Ley Orgánica del Poder Ejecutivo (LOPE).
- Ley N° 27783 – Ley de Bases de la Descentralización.
- Ley N° 27867-Ley Orgánica de Gobiernos Regionales.
- Ley N° 27972- Ley Orgánica de Municipalidades
- Norma Técnica N° 001-2008 de implementación regional y local de la estrategia nacional crecer.

Los procesos de la implementación de la EN CRECER a nivel Regional y Local se muestran en un ciclo continuo. Se incorpora estos procesos en la gestión de los Gobiernos Regionales y Locales, a efecto de beneficiar sus programas, políticas y proyectos que se encuentren desarrollado actualmente, en el marco de sus Planes de Desarrollo Concertado, Operativos y Presupuestales.

El diagnóstico en los niveles regionales y locales tiene como principal insumo, la información producida en el propio territorio proveniente de los sectores (educación, salud, entre otros), programas sociales, censos nacionales y demás fuentes disponibles. También tendrán acceso a información proveniente del “Mapa de Coincidencias de los Programas Sociales” administrada por la Secretaría Técnica CIAS.
PRINCIPIOS
- Enfoque de Inversión Social
- Enfoque Integral y Gestión Articulada
- Gerencia Social Eficaz y Eficiente
- Corresponsabilidad y Participación Social
- Transparencia y Vigilancia Social
- Justicia Social
- Inclusión Productiva

PRIORIDADES
- Lucha Contra la Desnutrición Infantil
- Salud Preventiva Para Todos
- Educación de Calidad
- Trabajo Digno
- Infraestructura Social y Económica

LINEAMIENTOS
- Gestión Estratégica
  - Garantizar los recursos necesarios para implementar una eficiente Política Social.
  - Priorizar el reforzamiento de habilidades y generación de oportunidades para que los pobres aprovechen la coyuntura económica.
  - Establecer criterios metodológicos básicos para el diseño y gestión de la política y programas sociales.
- Gestión Por Resultados
  - Conexión real entre objetivos estratégicos, propósitos, estrategias y acciones, con los recursos disponibles, en el proceso presupuestal.
  - Incorpora los principios y metodologías de la planificación estratégica.
- Intervenciones Integrales
  - Evitar superposiciones y duplicidades
  - Enfoque del usuario – atención integral como respuesta a la multicausalidad de los problemas.
  - Articulación de la oferta – desarrollar sinergias, generar ahorros.
- Coordinación por Niveles de Gobierno
  - Articulación con los gobiernos regionales y gobiernos locales
  - Formulación de políticas y estrategias regionales en función a las políticas y estrategias nacionales
  - Liderazgo del gobierno local en la implementación de los programas sociales

METAS AL 2011
- Reducir a 30 % el índice de pobreza
- Reducir en 9 puntos porcentuales la desnutrición crónica infantil en niños y niñas menores de 5 años en el ámbito rural
## ETAPAS DE IMPLEMENTACIÓN

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### LÍNEAS DE INTERVENCIÓN EN ZONAS RURALES
- Atención integral a niños, niñas y mujeres en edad fértil.
- Financiamiento de las prestaciones de Salud
- Asistencia alimentaria y programa educativo.
- Desarrollo integral de los niños y niñas en un entorno adecuado
- Alfabetización con énfasis en mujeres mayores de quince (15) años.
- Promoción de proyectos productivos para la seguridad alimentaria y el mercado
- Transferencias monetarias condicionadas
- Dotación de infraestructura de Agua y Saneamiento.
- Acceso de la población a la Identidad.
- Empleo temporal
- Vialidad.

### INDICADORES CLAVES
- Incidencia de pobreza y pobreza extrema
- Prevalencia de desnutrición en menores de cinco (05) años
- Tasa de mortalidad neonatal por mil nacidos vivos.
- Prevalencia de anemia en menores de treinta y seis (36) meses.
- Incidencia de bajo peso al nacer.
- Proporción de menores de treinta y seis (36) meses con lactancia materna exclusiva hasta los seis (06) meses.
- Incidencia de Infección Respiratoria Aguda (IRA) en menores de treinta y seis
- (36) meses.
- Incremento de Identificación

## SECUENCIA DE INTERVENCION

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## INSTITUCIONES INVOLUCRADAS

- **Sectores:**
  - Ministerio de Salud.
  - Ministerio de la Mujer y Desarrollo Social.
  - Instituto Nacional de Defensa Civil – INDECI.
  - Ministerio de Vivienda, Construcción y Saneamiento.
  - Ministerio de Trabajo y Promoción del Empleo.
  - Ministerio de Educación.
  - Oficina de Normalización Previsional – ONP

- **Instituciones:**
  - Gobiernos Regionales y Locales.
  - Oficinas de Bienestar Social de las Gerencias de Desarrollo Social.
  - Sanidad de las Fuerzas Armadas y Policiales.
  - Coordinación de Apoyo a la Comunidad

- **Organismos No Gubernamentales:**
  - Participación activa de las ONG de la comunidad y sociedad civil en general (Iglesia, OSDB)
  - Organización Comunal del Adulto Mayor.
  - Organizaciones constituidas y organizadas de la comunidad.
AL GOBIERNO

BALANCE Y RECOMENDACIONES EN LA LUCHA PARA REDUCIR LA DESNUTRICIÓN

Al inicio de su mandato en el año 2006, el Gobierno Nacional asumió la reducción de la desnutrición infantil como una meta crucial para el desarrollo del país; así lo hicieron también varios gobiernos regionales y locales. Asimismo, se ha creado la Estrategia Nacional CRECER (2007), como instancia de articulación intersectorial nacional, regional y local vinculada a la lucha contra la desnutrición infantil. Habiendo transcurrido dos años, la Iniciativa Contra la Desnutrición Infantil presenta un balance de los avances del Gobierno y formula las siguientes recomendaciones:

AVANCES DEL GOBIERNO

1. Se mantiene el compromiso político de reducir la desnutrición.
2. Se viene implementando regional y localmente la Estrategia CRECER.
3. Los sectores y programas nacionales vienen realizado acciones destinadas a reducir la desnutrición en el marco de la Estrategia CRECER.
4. Se ha iniciado el financiamiento de las prestaciones priorizadas materna e infantil garantizadas para la reducción de la desnutrición crónica y la salud materna-infantil.
5. Los gobiernos regionales vienen articulando sus acciones con la Estrategia CRECER.
6. En el marco del Presupuesto por Resultados liderado por el MEF, se han creado los Programas Estratégicos Articulado Nutricional y de Salud Materno Neonatal.
7. Se ha declarado prioritaria la inversión en nutrición en los proyectos de SNIP.

RECOMENDACIONES PARA EL FUTURO INMEDIATO

1. Fortalecer al equipo técnico de la Comisión Interministerial de Asuntos Sociales (CIAS) de la Presidencia del Consejo de Ministros (PCM).
2. Poner en marcha un sistema de asistencia técnica continua a los gobiernos locales y regionales para la mejora de su gestión e implementación de la Estrategia CRECER.
3. Planificar y programar de manera multisectorial y multianual la lucha contra la desnutrición, con responsabilidades definidas para los sectores y programas sociales.
4. Poner en marcha el sistema de monitoreo y evaluación que mida los avances en la lucha contra la desnutrición.
5. Optimizar la calidad e incrementar la inversión en los servicios universales destinados a reducir la desnutrición.
6. Fortalecer el proceso de Presupuesto por Resultados en todos los niveles de gobierno.
7. Monitorear y evaluar la implementación del financiamiento de las prestaciones priorizadas materna e infantil garantizadas para la reducción de la desnutrición crónica y la salud materna-infantil.
8. Implementar un sistema de incentivos para los gobiernos locales y regionales que tengan un buen desempeño en las acciones para reducir la desnutrición.
9. Promover prácticas adecuadas de nutrición y salud en la población.
10. Desarrollar acciones para combatir la deficiencia de micronutrientes.

Iniciativa Contra la Desnutrición Infantil

Landscape Analysis on countries' readiness to accelerate the action to reduce maternal and child undernutrition

The Peru Assessment

BACKGROUND

The Landscape Analysis project is a WHO-led interagency effort in accelerating the reduction of maternal and child undernutrition to contribute to the achievement of the Millennium Development Goals (MDGs). The Lancet Series on Maternal and Child Undernutrition launched in January 2008 provided a unique advocacy opportunity to accelerate evidence-based action in nutrition. In order to maximize the impact of this opportunity and for carrying forwards the findings of the Lancet Series to create intersectoral action for improving nutrition, the Landscape Analysis aims to identify gaps, constraints and opportunities for integrating new and existing effective nutrition actions and implement them at scale, in the 36 high-burden countries where the 90% of the world's stunted children live. The ultimate aim of the Landscape Analysis is to help lay the foundation to implement and scale up effective nutrition action in the high-burden countries in order to accelerate the support to achieve the MDGs, in particular MDGs 1, 4 and 5.

METHODOLOGY

The Peru Assessment was carried out jointly by a national team which included representatives from both UNICEF and PAHO and an international interagency team represented by WHO and PAHO from August 25-29, 2008. The international team together with the members of the national team visited two different field locations in addition to the assessment at the national level. The team members and list of institutions and persons contacted to conduct interviews and assessment are described in detail in Annex 1.

On the first day (August 25), a briefing meeting was held with the UN Representatives and Director of CARE and subsequently with the First Lady. In the afternoon, individual meetings were held with representatives of the NGOs PRISMA, ADR.A, Caritas, Future Generations and the Institute for Investigation in Nutrition. On Tuesday (August 26), a workshop was held with government officials from various ministries and sectors including the National Food and Nutrition Centre (CENAN), Health Promotion in the Ministry of Health, The Strategy CRECER, and the Ministry of Economics and Finance. Also present, were representatives of the NGOs previously identified and USAID. In this workshop, the purpose of the Landscape Analysis was presented. Presentations were made by the different government officials and these were discussed in the context of the Landscape Analysis. The specific presentations included one on the National Monitoring of Nutrition Indicators, Budgeting by Results, the Initiative Against Infant Malnutrition and the Strategy CRECER. On Wednesday and Thursday (August 27-28) the national and international teams were divided into two groups to undertake the key stakeholder interviews and assessment in two different areas: Ayacucho in the central mountains and Piura along the northern coast. In both areas, interviews were held with stakeholders (health, economic development) at the regional level and with health providers at the district levels. A meeting was held with representatives from the “Mesa de Concertación para la Lucha Contra la Pobreza” the morning of Friday, August 29. The assessment at the national level and two different areas was briefly summarized using the common analysis framework prepared as part of the country assessment tools. In the afternoon, a final meeting was held with the Director of the Programs Juntos and CRECER. Annex 2 contains the agenda for all the visits conducted. Lastly, a stakeholder meeting presided over by the Vice Minister of Health was held in which the main themes and findings arising from these assessments were presented (see Annex 3) and discussed.
The aim of the country assessment was to review and outline the current nutrition situation in Peru, especially with regards to the set of proven nutrition actions identified by the Lancet Nutrition Series, and to identify activities that need to be prioritized in order to act at scale and accelerate the reduction of maternal and child undernutrition. Given the brief duration of the mission and the multi-causal nature of the problem of undernutrition, the government’s many nutrition, health and intersectoral actions, the large number of organizations and donors present (NGO’s, bi-lateral agencies, religious groups, etc.), and the challenge involved in analyzing and understanding this complex situation, the results of the assessment reflect only a snapshot, resulting from meetings and observations occurring over a five day period. Time limitations simply did not permit the team to provide an in depth analysis nor comprehensive recommendations. Such an analysis would likely be very valuable to the government and other stakeholders, but would necessitate a much larger human and financial commitment, including the experts in health financing, data analysis, systems management, in addition to technical expertise in health and nutrition possessed by the members of the team.

The expected outcome at the end of this process were a series of recommendations for accelerating the reduction of maternal and child undernutrition in Peru, that could and should be used as a basis for incorporating increased resources, that must be invested if the MDGs are to be achieved. Although facilitated by an international team, the decisions on what needs to be done and how to do it are to be made by the national stakeholders.

The country assessment also aimed at contributing to the exchange of information and reflection of national nutrition stakeholders to understand the strengths, opportunities and constraints of all aspects of the on-going programs, and in so doing enhance their collaborative efforts. For this reason the assessment process was as participatory as possible. Strong efforts were made to ensure the perspectives of all partners were heard, and all partners had the opportunity to discuss the validity and implications of the findings, and will work on ascertaining the capacity available to implement and follow-up on relevant recommendations.

**MAIN FINDINGS**

**The Commitment (Willingness) to Act at Scale: Strengths**

The new government of Peru is committed at the highest political levels to reduce stunting and has put into place legal and operational frameworks to achieve this goal. The many examples of this willingness include, but are not limited, to the following items:

- Legal frameworks, such as the Macroeconomic Framework 2009-2011 that includes the reduction of malnutrition as key social and economic objective and establishes the goal of reducing the prevalence of chronic malnutrition by 9 percentage points between 2005 and 2011 and two Supreme Declarations that prioritize investments in nutrition and interventions to reduce chronic malnutrition and improve maternal and neonatal health.
- Normative frameworks, such as the creation of CRECER and list of priority maternal-child health services.
- Operational frameworks, such as the identification of 880 districts for priority action, budgeting for results, expansion of JUNTOS, assignment of medical students to priority districts, and improved information systems for monitoring and evaluation.
- Programs that include the Articulated Nutrition Program, the Maternal-Neonatal Health Program, and the Integrated Nutrition Program, among others.
**Willingness to Act-Weaknesses**

There were very few observations with respect to weaknesses in the ability to act. The primary one observed was that in some districts CRECER was seen as a political rather than governmental initiative and concerns were raised about it sustainability in a subsequent government.

**Ability to Act-Strengths**

The National Strategy against Child Malnutrition CRECER is an example of the national governments ability to act. This Program seeks to coordinate the different sectors that can contribute toward the reduction of childhood malnutrition at the national, regional, and district level. JUNTOS, a conditional cash transfer program to the poorest of the government seeks to improve resources at the household level and utilization of health and nutrition services and educational opportunities.

Field visits to Piura and Ayacucho confirmed that the national commitment to focus on reducing chronic malnutrition had reached the local level. Legal, normative and operational frameworks had been developed. Regional and district level CRECER committees had been formed, budgets committed, and personal recruited for this task. Similar to the national level, specific targets for the reduction of chronic malnutrition had been set at the regional level. The Ministry of Health had organized networks to coordinate actions in the districts and communities. Health centers and posts appeared to be equipped with measuring boards and scales, vitamin A capsules and iron for children and pregnant women.

In addition, there is a wealth of expertise and ground-breaking experiences in reducing undernutrition from the many NGOs and UN Agencies working in Peru. The Initiative against Infant Malnutrition is a particularly important example of how non-governmental stakeholders can come together to influence government action. This Initiative is made up of 13 institutions from NGOs, UN Agencies, research centers, and mixed government-civil society entities. During the political campaign leading up to the last election, the Initiative worked to call attention to the problem of undernutrition, its causes and consequences, and reasons why efforts to date had not been effective. At the same time, it identified a number of successful interventions that could be scaled up. The Initiative was successful in getting the majority of the presidential candidates, including the current President, to sign a commitment to reduce stunting by 5 percentage points. Once elected, the President was presented with his signed commitment and asked 1) to make the reduction of stunting as a government priority; 2) to request that the Council of Ministers through the CIAS, coordinate the fight against malnutrition among different sectors and programs assigning clear goals and responsibilities; and, 3) to present a Presidential report each year outlining the actions taken. The Initiative also made a number of concrete recommendations for the first 100 days of the administration in 2006 and again in 2008. It also issued a report on the actions the government has undertaken to date and a series of recommendations on issues still needed to be addressed. The different organizations that make up the Initiative have also been providing technical cooperation and capacity building support to the government at the national, regional and local levels in the implementation of the CRECER national strategy.

The fact that the Ministry of Economics and Finance is making available in electronic format information about budget execution at the different levels (national, regional and local) provides strong incentives to develop capacity to plan and manage these budgets and demand for capacity development.

**Ability to Act-Weaknesses**

Nonetheless, the team also noted some weakness that could reduce the potential effectiveness of the government’s ability to act. The weaknesses articulated at all levels (national, regional and local) concerned 1) lack of coordination among different sectors and stakeholders and 2) capacity to plan, budget and execute programs at the local level. Considering that the government is promoting the model of Budgeting for Results in the health sector, a weakness is that there is little capacity at the local level to budget in this manner and there does not appear to be an operational plan to develop this capacity.
In addition, at the regional and local level the following weaknesses were noted:

- In Ayacucho, the operation of the Regional CRECER Committee struggled with the fact that many members of the Committee reported to the national level rather than regional level and, therefore, didn’t always share the same objectives and mandates.

- District level CRECER Committee’s functioned where outside technical assistance from NGOs was available to support the development of operational plans, but this assistance was not available to all districts.

- Although lack of resources was not identified as a key problem, the ability to program and execute these resources was a problem. There is a gap between planners and executors and the need for technical assistance in logical frameworks and budgeting for results.

- Regional Ministry of Health Officials did identify resource constraints and labor problems, particularly strikes and personal turnover, as weaknesses. In health centers, preventive actions (CRED) were separated from those related to curative care and medical personnel did not necessarily think that they were responsible for nutritional assessment and counselling. Lack of knowledge of counselling techniques was also cited as a problem. The need for a new kind of health professional was identified that understands how to organize the community to improve health and nutrition outcomes.

While it cannot be stated with certainty if the failure to address these weaknesses will result in the failure to reach the government’s stated goal of reducing stunting by 9 percentage points, the probability that the goal will not be reached is increased. Addressing these weaknesses, in addition to facilitating the attainment of the stated goal, will also have many other benefits related to improve efficiency and effectiveness of government resources and well-being of Peruvian children.

**SUGGESTED NEXT STEPS TO ACCELERATE ACTIONS TO REDUCE STUNTING**

1. **Strengthen the capacity to plan, budget and execute programs at the local level**
   
   While lack of resources was not seen as a major problem at the local level, capacity to plan budget and execute programs and to budget for results was seen as a major problem. An operational plan for continuous technical cooperation to regional and local governments that includes development of skills in planning, budgeting, executing nutrition-related interventions and monitoring and evaluation is needed. Specific actions could include the development of modules for capacity development (both virtual and traditional); formation of travelling teams to provide training, exchange of experiences among districts through visits. This is the responsibility of both the Ministry of Health and Ministry of Economics and Finance as successful implementation of nutrition-related policies and programs requires successful planning, budgeting, and execution. In addition, ensure that the information about the execution of local budgets maintained by the Ministry of Economics and Finance is available at all levels.

   An important aspect of strengthening the capacity to plan is the use and interpretation of data on child nutrition and its determinants. In this regard, support to regions and districts in the use and interpretation of data for information generated from “Informed Decisions” is necessary. It would also be helpful to agree on a simple model to present results of undernutrition and its determinants, adapted for different audiences and decision makers that can be used for all survey results. Technical support to the regions and districts that are conducting their own baseline surveys is also needed.

2. **Provide technical assistance for the establishment and operational success of local CRECER committees**

   All regional and local governments should be supported to establish CRECER committees and prioritize the reduction of stunting. Technical assistance is needed to develop local plans of action, budget by results and to improve management. An incentive system should be developed to encourage and reward efforts to reduce stunting. To the extent possible and that data permit, local targets for the reduction of chronic malnutrition should be set.
3. **Promote the integration of nutrition interventions with health interventions**
   Health worker capacity for nutrition actions needs to be developed, while also advocating for all health workers to incorporate nutrition actions in their services to mothers and children. A major weakness observed was the apparent separation of child nutrition actions (CRED) from curative services and lack ownership by physicians of these actions. Improving infant and young child nutrition must be a priority for all health personnel— and not limited to the domain of nutritionists—and they must have the technical knowledge and skills needed to assess growth, and counsel in breastfeeding and complementary feeding and household hygiene.

   Cost-effective interventions identified in the Lancet series on Maternal and Child Undernutrition not currently in the norms, such as treatment with zinc during diarrhea, need to be incorporated into national norms. For both pregnant women and children, actions need to be taken to improve the coverage of micronutrient supplements, and in particular iron. Messages about complementary feeding and child health need to be harmonized among the different sectors and stakeholders so that mothers/caregivers receive consistent information.

4. **Strengthen nutrition coordination and leadership across sectors and at all levels and clarify roles and responsibilities of different actors**
   While the nutrition coordination at the national level is strong and leadership assured specific roles responsibilities and coordination mechanisms need to be defined at the regional and local levels. Given the large inter-regional variation in stunting prevalence, regional targets should be set and process indicators to define progress established.

5. **Develop a national communication strategy to promote CRECER and the Fight Against Child Malnutrition**
   A sustainable program is difficult to build if the communities benefiting from it do not see the program as serving their own interests and needs. This requires that the population of Peru, particularly the rural poor and indigenous population, views stunting as a problem limiting the growth and development of their children and communities and understands some aspects of its causes and solutions. In this regard, the implementation of a communication strategy to get the commitment of the population for reducing stunting is important.

   In addition, the programs of Maternal-Neonatal Health, Articulated Program in Nutrition, Integrated Program in Nutrition and budgeting for results need to be socialized among all Regional Ministries of Health. User-friendly communications materials based on the Lancet series that include the window of opportunity for preventing growth retardation and cost-effective interventions should be developed and socialized.

6. **Strengthen the quality or services and increase the funds for child nutrition-related activities**
   To respond appropriately to an increased demand of services in health and nutrition generated by the Program Juntos, it is necessary to improve the quality of such services, allocating appropriately trained human resources and supplies and equipment as needed. Considering that the population most affected by poverty and malnutrition lives in rural areas, these areas should be prioritized.

**FEEDBACK AND DISCUSSION**

It was noted that while most of the recommendations from the international team have been or are being implemented by national, regional and local governments, they needed a public audience broader than the health sector and should be disseminated to other relevant ministries, including the Ministry of Economics and Finance.

The opportunity to have, through the Landscape Analysis, the advances made by Peru in the fight against stunting highlighted in the international community was seen as important and useful. However, the need for continued support from international organizations at this stage was stressed.
All agreed in the challenge of ensuring that the population of Peru, particularly the rural poor and indigenous population, also sees stunting as a problem and understanding some aspects of its causes and solutions. A sustainable program is difficult to build if the communities receiving it do not see it in their own interests. In this regard, the implementation of a communication strategy to get the commitment of the population for reducing stunting was seen as important.

ADDITIONAL SUGGESTIONS INCLUDED:

- The inclusion in the nutrition tracking system information many important elements, such as regional variations in anemia and stunting, Proportion of women receiving antenatal care, proportion of births to adolescents, proportion of children with complete immunizations, etc.
- The development of simple tools for training in budget by results
- The implementation of incentives for health workers to work in remote areas to foster the continuity and stability of health services
- The need to identify alternatives to the health services in areas with scattered population (where about 5 million of Peruvians are living currently)
- Itinerant support teams should not be limited only to providing technical support to local CRECER committees and training in budgeting for results.
- The strengthening of the capabilities in counselling, informed decisions and demonstration sessions and the capacity of all health workers in nutrition
- The importance of budgeting by results as a government policy for all sectors
- The difficulty having a single indicator, stunting, was raised, and it was suggested that other indicators, such as anaemia, be considered.
- The importance of allocating a budget to communication-related activities.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIEPI</td>
<td>Integrated management of childhood illness (IMCI)</td>
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<tr>
<td>BMGF</td>
<td>Global Health programme of the Bill and Melinda Gates Foundation</td>
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<tr>
<td>CENAN</td>
<td>National Center for Food and Nutrition</td>
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<td>CIAS</td>
<td>Inter-ministry Commission of Social Affairs</td>
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<tr>
<td>CRECER</td>
<td>National Strategy CRECER</td>
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<tr>
<td>DHS</td>
<td>Demographic Health Survey</td>
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<tr>
<td>DIGESA</td>
<td>General Direction of Environmental Health</td>
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<td>DIRESA</td>
<td>Regional Health Division</td>
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<tr>
<td>ESSALUD</td>
<td>Social Security</td>
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<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>INDECI</td>
<td>Civil Defense National Institute</td>
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<tr>
<td>JUNTOS</td>
<td>Conditional Cash-transfer Programme</td>
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<tr>
<td>LAC</td>
<td>Latin America and the Caribbean</td>
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<tr>
<td>MCLCP</td>
<td>Coordinating Committee for the Fight Against Poverty</td>
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<td>MEF</td>
<td>Ministry of Economy and Finance</td>
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<td>MIMDES</td>
<td>Ministry of Women and Social Development</td>
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<td>MINAG</td>
<td>Ministry of Agriculture</td>
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<td>MINEDU</td>
<td>Ministry of Education</td>
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<td>MINSA</td>
<td>Ministry of Health</td>
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<td>MONIN</td>
<td>National Monitoring of Nutritional Indicators</td>
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<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
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<tr>
<td>NGOs</td>
<td>Non Governmental Organization</td>
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<tr>
<td>PAHO/WHO</td>
<td>Pan American Health Organization/World Health Organization</td>
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<tr>
<td>PCM</td>
<td>Presidency of the Cabinet</td>
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<tr>
<td>PNUD</td>
<td>United Nations Development Program</td>
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<tr>
<td>PNUMA</td>
<td>United Nations Environment Program</td>
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<tr>
<td>PRONAA</td>
<td>National Food Assistance Programme</td>
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<td>PRONAMACHCS</td>
<td>National Program for Watershed management and conservation of Soils</td>
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<tr>
<td>SENASA</td>
<td>National Service of Agrarian Health</td>
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<td>SIS</td>
<td>Comprehensive Health Insurance</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>WFP</td>
<td>World Food Programme</td>
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Annex B

The capabilities provided by the five participating agencies to the Joint Programmes will be the following:

**FAO** is a United Nations specialized agency in food and agriculture, whose main objective to ensure food security in developing countries through the improvement in agriculture, forestry, fishery and livestock practices and ensure adequate nutrition for all, with special emphasis on rural areas, which concentrate 70 percent of the hungry poor. FAO has been supporting the Peruvian Government, mainly through the Ministry of Agriculture and Production for more than 50 years, through the provision of specialized technical assistance, as well as multiple projects and programmes, and network creation at regional and national level. FAO has been providing technical assistance to the Peruvian government in order to reach the MDG 1, through the formulation and implementation of the National Food Security Strategy in coordination with CIAS. Capacity development activities were mainly related to the incorporation of food security in the National political and public policy agenda, as well as risk management and disaster prevention and response, to contribute to improving the nutritional status of rural and vulnerable population groups.

**PAHO/WHO** is an international public health agency with more than 100 years of experience in working to improve health and living standards of the countries of the Americas. It serves as the specialized organization for health of the Inter-American System. It also serves as the Regional Office for the Americas of the World Health Organization and enjoys international recognition as part of the United Nations system. In Peru, PAHO/WHO has been working with the Ministry of Health and SIS to incorporate effective evidence-based interventions to tackle child undernutrition in the maternal and child comprehensive care package funded by SIS. Furthermore, it contributed to strengthen social participation in local health service management carried out by the Local Health Management Committees (CLAS), promoted by the Ministry of Health, in partnership with NGOs. Finally, PAHO/WHO has expertise in working with local Governments, thanks to the initiative “Faces, Voices and Places”, aimed at achieving MDGs in Peru’s most vulnerable districts.

**UNICEF** is the UN agency in charge to protect, promote and monitor the achievement of children’s and adolescent’s rights. Since 1948, UNICEF has been cooperating with the Peruvian Government to contribute to the development of equitable and inclusive public policies that protect, promote and sustain the rights of children, adolescents and women, with full respect for diversity. It works at the national and regional levels, especially in the poorest and most remote areas, with emphasis on indigenous areas. UNICEF works with Government counterparts, civil society and other strategic partners. It has strong expertise in maternal and infant health, nutrition, comprehensive child care, birth registration, bilingual intercultural education and rights protection. It contributed to incorporate the following issues in National policies: culturally adequate delivery, “Buen Inicio” (A Good Start in Life), “Casas de Espera” (Pregnant women’s Waiting Homes), community Right Protection Centres, indigenous registrars and others.

**UNODC** is a global leader in the fight against illicit drugs and international crime. It provides technical assistance in the development of international legal and policy instruments against drugs and crime. It is also the organization in charge of supervising the endorsement of international treaties and protocols. In Peru, UNODC has a 20 year experience in developing and implementing alternative development programmes in coca leaf production areas, through a pool of specialized professionals. Within these areas, it has established strong relations and coordination with Regional and local Governments. UNODC intervention strategy is to strengthen organizational small farmers’ capacities by providing technical cooperation in production, post-production, generation of added value and trade, contributing to food security among rural communities affected by narcoterrorism.
WFP is the leading UN agency in the fight against hunger and in the management of food assistance interventions, with deep field presence worldwide. In Peru, WFP contributes to the achievement of Millennium Development Goals 1, 2, 3, 5 and 7, through development and emergency operations, as well as capacity building activities. WFP is currently supporting the Government of Peru to carry out food purchases for social programmes on the Government's behalf through a USD 70 million MOU, which was signed in the second half of 2008. WFP role in Peru over the last three years has increasingly shifted from food assistance to capacity development and technical assistance to Government counterparts at national, regional and local level. Core capacity development areas are the following: Government support in the fight against child undernutrition and to improve national food security; improvement of the efficiency and effectiveness of Government food purchasing processes; studies and assessments to improve targeting of nutritional and food assistance programmes; disaster prevention and response; Monitoring and Evaluation and knowledge management.