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**NUTRITION AND THE UNITED NATIONS
CONVENTION ON THE RIGHTS OF THE CHILD**

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This paper is part of the background documentation for a forthcoming study on the resource implications of implementing the United Nations Convention on the Rights of the Child (Article 4).

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The views expressed in this paper are those of the author and do not necessarily represent the policies or views of UNICEF.

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Executive Summary

Nutrition is seldom mentioned as a human right in United Nations declarations and conventions, although the concept of nutrition is implicit in the commonly cited rights to 'food' and 'freedom from hunger'. Even in the Convention on the Rights of the Child (CRC), nutrition is referred to only three times. However, if a broader definition of nutrition is used — one that encompasses food, health and care — then nutrition is an important element throughout the CRC.

Progress in implementing nutrition as a human right cannot be measured solely by the extent to which nutrition-related targets are met. For nutrition to become a right, the poor must be respected and empowered through education and training and increased access to and control of resources. They need to be involved as actors in the process of poverty reduction. Moreover, the poor need to be protected from more powerful interests: the implementation of the International Code of Marketing of Breastmilk Substitutes, prohibiting the distribution of free or low-cost breastmilk substitutes, is one important example of effective implementation of nutrition as a right.

The elimination of child malnutrition can be justified as an investment in human capital (to increase productivity and income or lower the cost of health services, for example), but it has, above all, an ethical justification. There is a new consensus that the nutrition goals agreed upon at the 1990 World Summit for Children (WSC) represent a 'moral minimum' and that it is unethical to allow children to be malnourished and even die of hunger when we have both the knowledge and the resources needed to prevent this tragedy.

This paper reviews the history of the science of human nutrition and its current trends. Initially thought to be the outcome of deficiencies and disease, nutritional disorders are increasingly viewed as having social, economic and political roots. This broader understanding is reflected in the UNICEF conceptual framework on nutrition problems in society which identifies: immediate causes of malnutrition (diet and disease); underlying causes (inadequate access to food, inadequate care of children and women, inadequate access to basic health services and unhealthy environment); and basic causes (ecological, technical, social, political or ideological).

The paper provides a status report on the inclusion of nutrition goals in national programmes of action (NPAs) drawn up by governments following the WSC. It reviews the conclusions of the 1992 International Conference on Nutrition held in Rome and discusses evidence of progress in child nutrition, such as the increased, although by no means adequate, availability of relevant data. It also gives information on the four major forms of malnutrition: protein-energy malnutrition, iodine deficiency disorders, vitamin A deficiency and iron deficiency anaemia.

A discussion is included of the difficulties of determining the cost-effectiveness of nutrition interventions. For the three necessary conditions for individual nutritional security — food, health and care — to be fulfilled, human, economic and organizational resources are required. Interventions directed towards increasing sustainability by building capacities and empowering the poor are complex and their cost-effectiveness difficult to determine.

UNICEF has not only developed a theoretical approach to nutrition problems but also a practical approach, which involves assessment, analysis and action. This 'triple-A' approach depends on the perception and understanding of the nature of the nutrition problem; the effective demand for nutrition-related information; motivation to act; technical capability; and human, economic and organizational resources for maintaining the nutrition information system and for action.

This management construct can help to achieve nutrition in practice; to achieve nutrition as a right, States must be aware of their obligations to respect, protect, facilitate and fulfil nutrition rights at different levels of society. The NPA process provides a useful opportunity for a human rights analysis and can be used by States to incorporate in their national laws concrete obligations in relation to nutrition goals, beginning, in this way, to implement the human right to adequate nutrition.

I. NUTRITION AS A HUMAN RIGHT

Nutrition in United Nations Declarations and Conventions

The concept of 'nutrition' has changed over the years. For decades, 'nutrition' was more or less synonymous with 'food' and 'alimentation'. During the last 15 years, however, 'nutrition' has been recognized as a much broader concept, in which nutritional status is seen as an outcome of several factors, including food, health and care. This should be kept in mind when reviewing the history of nutrition as a human right.

Nutrition is mentioned specifically in some United Nations declarations, for example in the 1959 Declaration of the Rights of the Child (Principle 4) and in the 1969 Declaration on Social Progress and Development. In the latter, the "elimination of hunger and malnutrition and the guarantee of the right to proper nutrition" (Article 10.6) are listed among the "main goals". In most conventions and declarations, however, nutrition is not explicitly recognized as a human right, although it is implicit in the concepts of 'food' and 'freedom from hunger', which have been the subject of a large number of international and United Nations declarations and conventions. One instance is the famous 'Four Freedoms Address' made by United States President Franklin Delano Roosevelt in 1941, declaring 'freedom from want' as one of the four basic freedoms. He identified 'freedom from hunger' as a major component of 'freedom from want' in his proposal at the 1943 international conference in Hot Springs, Virginia.

At about the same time, an international group of experts, under the auspices of the American Law Institute, prepared a draft report on essential human rights. The report included an article on the right to food and was presented by the Government of Panama to the 1945 San Francisco conference at which the United Nations was founded. The proposed article influenced the preparation of the Universal Declaration of Human Rights, adopted by the United Nations General Assembly in 1948, which sustains, "everyone has a right to a standard of living adequate for the health and well-being of himself and his family, including food ...". The right to food was further elaborated in the two covenants that together with the Universal Declaration of Human Rights constitute the International Bill of Human Rights: (a) the International Covenant on Economic, Social and Cultural Rights (1966), which states, "States Parties to the present Covenant recognize the fundamental right of everyone to be free from hunger..."; and (b) the International Covenant on Civil and Political Rights (1966), which states, "[e]very human being has the inherent right to life" (Article 6.1). In interpreting that

right, the Human Rights Committee (established pursuant to the Covenant) has observed that "the protection of this right requires that states adopt positive measures". Such measures must include the elimination of malnutrition.

In her review of the international laws relating to the right to food, K. Tomasevski enumerated the many contexts in which the right to food is identified: freedom from hunger; safeguarding of the right to food in armed conflicts, including food for prisoners; provision of food for refugees; disaster relief; international crimes involving deprivation of food and adequate nutrition; minimum wages; social security and social assistance; adequate nutrition for infants; consumer protection; food strategy; population policy; natural resources; fisheries; prohibition of slavery and forced labour; special categories of agricultural workers; education and vocational training in agriculture; rural organization and associations; elimination of discrimination against women; and elimination of racial and ethnic discrimination.¹

Over the years, several United Nations agencies have issued declarations in which the right to food has been clearly stated. The Food and Agriculture Organization (FAO) has naturally been in the front line of the fight against hunger in the world. The emphasis on food as a human right, however, has varied over the years, depending on who has led the Organization.² For example, although FAO was not actively involved in the early drafting stages of the Covenant on Economic, Social and Cultural Rights, the Organization began to give new emphasis to the right to food when B.R. Sen became its Director-General. The 'Freedom from Hunger Campaign' was launched worldwide in 1962, and Sen played an important role in the adoption of the Covenant's Article 11.2,³ which deals specifically with freedom from hunger. FAO also promoted the inclusion of food as a human right in the 1974 World Food Conference Declaration and contributed to the adoption of a 'World Food Security Compact' in 1983.

The World Food Programme (WFP), established in 1961, submitted a document in connection with the preparation of the United Nations General Assembly Resolution on the Right to Development in which it identified the right to food as "the most fundamental of all human rights, and a precondition to development". It also stated that the "right to development is seriously in jeopardy whenever the right to food cannot be fulfilled".

The United Nations World Food Council (WFC), established in 1974 after the World Food Conference, was seen by some as a realization of the 'World Food Board' proposed by Sir John Boyd Orr, the first Director-General of FAO (1945-1948) and winner of the Nobel peace prize in 1949. This did not happen: WFC became an advisory body to the United

Nations General Assembly on policies. On two recent occasions, WFC has expressed a clear idea about food as a human right: in its Thirteenth Ministerial Session, Beijing (China), 1987, the ministers proclaimed that "access to food constitutes a human right which must be defended by governments, peoples and the international community"; and in its Fifteenth Ministerial Session, Cairo (Egypt), 1989, it was declared that WFC "strongly believes that access to enough food should be proclaimed by the international community as a basic human right".

Nutrition and the Convention on the Rights of the Child

Nutrition is explicitly mentioned three times in the Convention on the Rights of the Child (CRC) (emphasis added in each case). In Article 24, which recognizes the child's right to the highest standard of health and medical care attainable, it is mentioned twice:

24.2 States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

- (c) To combat disease and **malnutrition** including within the framework of primary health care, through *inter alia* the application of readily available technology and through the provision of adequately nutritious foods and clean drinking water...;
- (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and **nutrition**, the advantages of breastfeeding, hygiene and environmental sanitation....

In Article 27, which asserts the child's right to an adequate standard of living, nutrition is again specified:

27.3 States Parties ... shall in case of need provide material assistance and support programmes, particularly with regard to **nutrition**, clothing and housing.

It may seem rather surprising that so little is said about nutrition in the CRC, given its crucial importance for child survival and development. If one considers the earlier emphasis in human rights documents on 'food', however, the CRC is clearly a step in the right direction in its wider focus on 'nutrition'. Moreover, if a broader concept of nutrition is used,

such as the one promoted by UNICEF in which food, health and care are equally necessary, 'nutrition' is almost everywhere in the CRC.

Progress in Implementing Nutrition as a Human Right

To be 'empowered', the poor must be involved in a process that reduces their poverty. A. Sen defines development or poverty reduction as a "process of expanding capabilities of people".⁴ Poverty reduction is related to resources and resource transfers. Empowerment implies poverty reduction and increased control of resources, but the reverse is not necessarily true. Empowerment is much more than poverty reduction. Empowerment means not only that resources are transferred to or generated by the poor, but also that the poor have a **right** to these resources; that they are entitled to these resources and have the power to control the transfers and necessary changes to ensure these entitlements.

An assessment of the progress of nutrition as a human right must therefore recognize the difference between: (a) the achievement of poverty-reduction targets, including nutrition-related targets; and (b) the achievement of nutrition as a right. The second implies the first, but the first does not necessarily imply the second.⁵

This does not mean that efforts to achieve the Goals for Children in the 1990s, endorsed at the World Summit for Children (WSC) held in New York in September 1990, must necessarily conflict with efforts to implement nutrition as a human right. It all depends on **how** the goals are achieved. Achieving the WSC goals must be a democratic and empowering process involving the poor as actors and emphasizing capacity-building, ownership and sustainability. In such a way, work towards achieving the goals and work towards implementing nutrition as a human right become mutually reinforcing.

Progress, if any, towards the achievement of nutrition (or even food) as a human right has been slow. As Philip Alston summarized:

The right to food has been endorsed more often and with greater unanimity and urgency than most other human rights, while at the same time being violated more comprehensively than probably any other right.⁶

The implementation of the International Code of Marketing of Breastmilk Substitutes probably represents the most important exception to the rule, although progress was very slow at first. After 10 years, only a handful of countries had enacted the Code as national

law. In 1990, however, the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding included national action to implement the Code as one of its four operational targets for 1995. These targets were endorsed by both the World Health Organization (WHO) Assembly and the Executive Board of UNICEF as the basis for their joint effort, the Baby-Friendly Hospital Initiative.

As a result of the Initiative, all but three developing countries where manufacturers and distributors of breastmilk substitutes had routinely provided free supplies of infant formula to hospitals and maternity facilities adopted policies to ban this marketing practice. Nine countries incorporated in national legislation their bans on free and low-cost supply and distribution of breastmilk substitutes. More than 20 countries are currently pursuing such comprehensive legislation. A European Community (EC) directive based on the Code will come into force in June 1994. The positive results make it clear that rights embodied in intergovernmental policy documents need concerted advocacy efforts if they are to be realized at the programmatic level.

The United Nations Security Council in its Resolution 794 of 3 December 1992 authorized the use of "all necessary means" to establish a secure environment for humanitarian relief operations in Somalia. This was the first resolution ever to authorize the use of force in support of humanitarian goals.

An important example of legal efforts to achieve nutrition as a right comes from Orissa (India). A lawyer and human rights activist, Biswapriya Kanunga, petitioned the Government of India and the State of Orissa to address the problem of high infant mortality in Orissa. He referred to previous court rulings and case law, quoting, in particular, a 1981 Supreme Court interpretation which found that the concept of "right to life" as contained in Article 21 of the Indian Constitution "is not restricted to mere animal existence. It means something more than just physical survival".⁷

In December 1992, FAO and WHO organized the International Conference on Nutrition. The Conference was preceded by two years of preparation at national, regional and international levels. During this preparatory phase, several agencies and international non-governmental organizations (NGOs) promoted the human rights aspect of nutrition. The first paragraph of the Conference's Declaration recognizes that "access to nutritionally adequate and safe food is a right for each individual". The Declaration also refers to international law in paragraph 15:

We affirm in the context of international humanitarian law that food must not be used as a tool for political pressure. Food aid must not be denied because of political affiliations, geographic location, gender, age, ethnic, tribal or religious identity.

These and several other statements about food and nutrition as human rights were debated at the Conference. Many proposals were watered down or never made it to the final Declaration. Compared with the 1974 World Food Conference, the International Conference on Nutrition will not be remembered as a milestone for promoting nutrition as a human right.

Science and Ethics in Nutrition

Ethics or moral philosophy aims at the "understanding of moral concepts and justif[ies] moral principles and theories".⁸ Science is descriptive, whereas ethics is normative: it deals with what ought to be, with what is right or wrong, or permissible, behaviour with respect to basic values.

Science is mostly advanced by observation and logical deduction or induction. Ethics, in contrast, is advanced by reaching consensus through dialogue, reflection, enquiry or, sometimes, confrontation. Although many laws are based on ethical consensus, ethics is not the same as law. **Unethical** behaviour can normally only be sanctioned by praise and blame, referring to one's conscience; **unlawful** behaviour can always be sanctioned by punishments executed by a judicial body.

Human rights represent ethical positions. A 'right', however, does not mean "the same in the human rights system as it does in positive international law".⁹ Human rights are not necessarily enforceable, but are instead broad, general standards, which must be given concrete meaning through more specific national action. National legislation is required to enforce the right.

The WSC nutrition goals can be defended on both scientific and ethical grounds. On the one hand, it is scientifically proven, for example, that reduction in iron deficiency anaemia increases productivity and income, or that reduced protein-energy malnutrition lowers the cost of health services. On the other hand, the WSC nutrition goals represent a "moral minimum",¹⁰ which can be justified by ethical arguments. It is in this context that nutrition as a human right becomes both better understood and more powerful. Because

nutrition goals can be achieved, "hunger and malnutrition are unacceptable in a world that has both the knowledge and the resources to end this human catastrophe".¹¹

The CRC recognizes the child's right to nutritional well-being. This brings the issue of child malnutrition from the realm of an ethical position, stressed by many, into the area of international human rights, "from which legally enforceable rights should be constructed at the national level".¹²

In conclusion, there are both scientific and ethical reasons for eliminating child malnutrition. Interventions to achieve the goals should be designed and implemented so that they reinforce the promotion, protection and support of nutrition as a human right. It should be recognized that the achievement of the nutrition goals is a necessary condition for the implementation of this right.

II. NUTRITION AND SCIENCE

Brief History of Nutrition

Human nutrition is a relatively new scientific discipline. It became a separate discipline towards the end of the last century with the discovery of the existence and role of vitamins. Researchers found that diets deficient in vitamins explained such well-known diseases as pellagra and scurvy. The supplementation of very small amounts of different vitamins prevented these diseases. The idea that nutritional diseases are caused by deficiencies dominated nutrition research for decades.

In 1933, Cecily Williams published her discovery that a severe form of oedema in young children, prevalent in present-day Ghana, was most likely associated with a monotonous maize diet.¹³ She gave the name *kwashiorkor* to the disease. With the new discoveries in protein biochemistry, scientists soon concluded that *kwashiorkor* was a result of **protein deficiency**. Both WHO and FAO sent missions to Africa in 1950, which reported that *kwashiorkor* was very common and contributed to the slow progress in the continent.¹⁴ J. Waterlow found a similar situation in the Caribbean.¹⁵

Protein deficiency as the major cause of malnutrition dominated nutrition research, education and programmes for 25 years (up to 1974) and is still influencing the work in many developing countries. The concept was gradually refined by translating protein

deficiency into protein-deficient diets and protein-deficient foods, and then into foods deficient in particular amino acids. In 1962, a United Nations committee concluded that a "world protein crisis" was "impending".¹⁶

The protein-deficiency paradigm was increasingly challenged by both researchers in human nutrition and practitioners trying to solve the problem of malnutrition. By 1970, there was ample evidence that protein-deficient foods were, in fact, **not** the major cause of protein-energy malnutrition. It had been found that most diets consumed by young children would provide adequate amounts of protein, provided that the total dietary (energy) intake was sufficient. A heated debate took place in *The Lancet* about 'the protein fiasco'.¹⁷ At about the same time, an increasing number of social scientists had become interested in the problem of malnutrition. They emphasized social, economic and political factors as major causes of malnutrition. During the years before and immediately after the World Food Conference in 1974, there was, thus, a clear paradigm shift: the problem of malnutrition came to be identified as a societal problem that manifested itself in human nutritional diseases.

Most economists and political scientists in the 19th and early 20th centuries studied aspects of the production and consumption of food, which has always been recognized as a basic necessity for human survival. Poverty was their major interest, and they saw low food consumption as a direct reflection of poverty. In the 1930s, the apparent overproduction of food in Europe and the United States was blamed for the economic crisis, and political pressure was built up to reduce food production.¹⁸ Boyd Orr and others, however, had discovered enormous food deficits in developing countries and sustained that, in view of global needs, food production should continue to be increased. A task force was established in the Health Committee of the League of Nations, and produced a series of impressive studies on the theme 'Marry Agriculture and Health',¹⁹ based on Boyd Orr's pioneering book *Food, Health and Income*, published in 1936.

After the Second World War, this 'Geneva Circle' (Boyd Orr, A. Mayer, F.L. McDougall and others)²⁰ exerted influence on President Roosevelt to address the world food problem. The President had already promoted the idea of a "World Food Plan" and had brought a proposal by the Geneva group to the 1943 international conference in Hot Springs, Virginia, at which agreement had been reached to establish FAO. When the Organization was founded in 1945, nutrition was placed first in the preamble of the Constitution (adopted in 1947). Member States are urged to promote the common welfare and to take collective action

to "raise the levels of nutrition and standards of living of the peoples under their respective jurisdictions".

Theory and Practice

All problems, including development problems, have a scientific and ethical aspect. Science tells what **can** be done, whereas ethics states what **should** be done. Science attempts to deal with facts and uses logic as the means of communication, whereas ethics progresses through dialogue and enquiry.

Science normally consists of theory and practice. These two aspects are dialectally interrelated. A theory normally does not mean anything without testing and use in practice; conversely, practice is 'blind' without a theory. Statements such as "A theory is the most practical thing" (Einstein) and "You find what you look for" (Kuhn) reflect this interrelationship.

The principal domain of a science influences science itself. This reciprocity has not been recognized by nutrition scholars, creating serious conceptual problems. The science of human nutrition was developed to increase the knowledge of bio-chemical metabolism of nutrients and its physiological and clinical implications. People trained in this particular science are normally called 'nutritionists'. During the 1950s, when the problem of malnutrition in developing countries was discovered by Western observers, nutritionists saw it as their responsibility to 'solve' the problem, and non-nutritionists supported their viewpoint. It was not until the 1970s that scholars and observers began to recognize that the problem of malnutrition in society could not be adequately addressed by nutritionists, but would require the work of economists, political scientists, anthropologists, ecologists and other social scientists. Today it is obvious that there is an urgent need to develop a new science on nutrition problems in society, which is quite different from the science of human nutrition. As in all new sciences, a theory will be required.

Theories emerge from the interaction between broad 'conceptual frameworks' and practice. A 'conceptual framework' is not a quantitative model, but rather a set of logical entities and their likely causal relationships. In that sense, a conceptual framework reflects a certain paradigmatic position. The UNICEF nutrition strategy, discussed in the following section, promotes this kind of conceptual framework and will be used in the subsequent analysis of nutrition as a human right.

UNICEF Conceptual Framework on Nutrition Problems in Society²¹

Nutrition is defined by WHO as "a process whereby living organisms utilize food for maintenance of life, growth and normal functioning of organs and tissues and the production of energy". Nutritional well-being or 'nutritional security' therefore implies: (a) survival; (b) growth; (c) development; and (d) activity. The **nutritional status** of an individual describes the situation in relation to nutritional well-being. A number of anthropometric, biochemical and clinical indicators have been developed to measure nutritional status.

The nutritional status of an individual, including any of the four major forms of malnutrition (protein-energy malnutrition, iodine deficiency disorder, vitamin A deficiency and iron deficiency anaemia), is an outcome of complex biological and social processes, as summarized in the conceptual framework of Figure 1.

Immediate causes. Inadequate dietary intake and disease are the immediate causes or determinants of malnutrition. The inadequacy may include total energy, protein, vitamins or minerals. Inadequate dietary intake may increase the susceptibility to and severity of infection; conversely, many diseases reduce dietary intake and utilization through loss of appetite and reduced absorption.

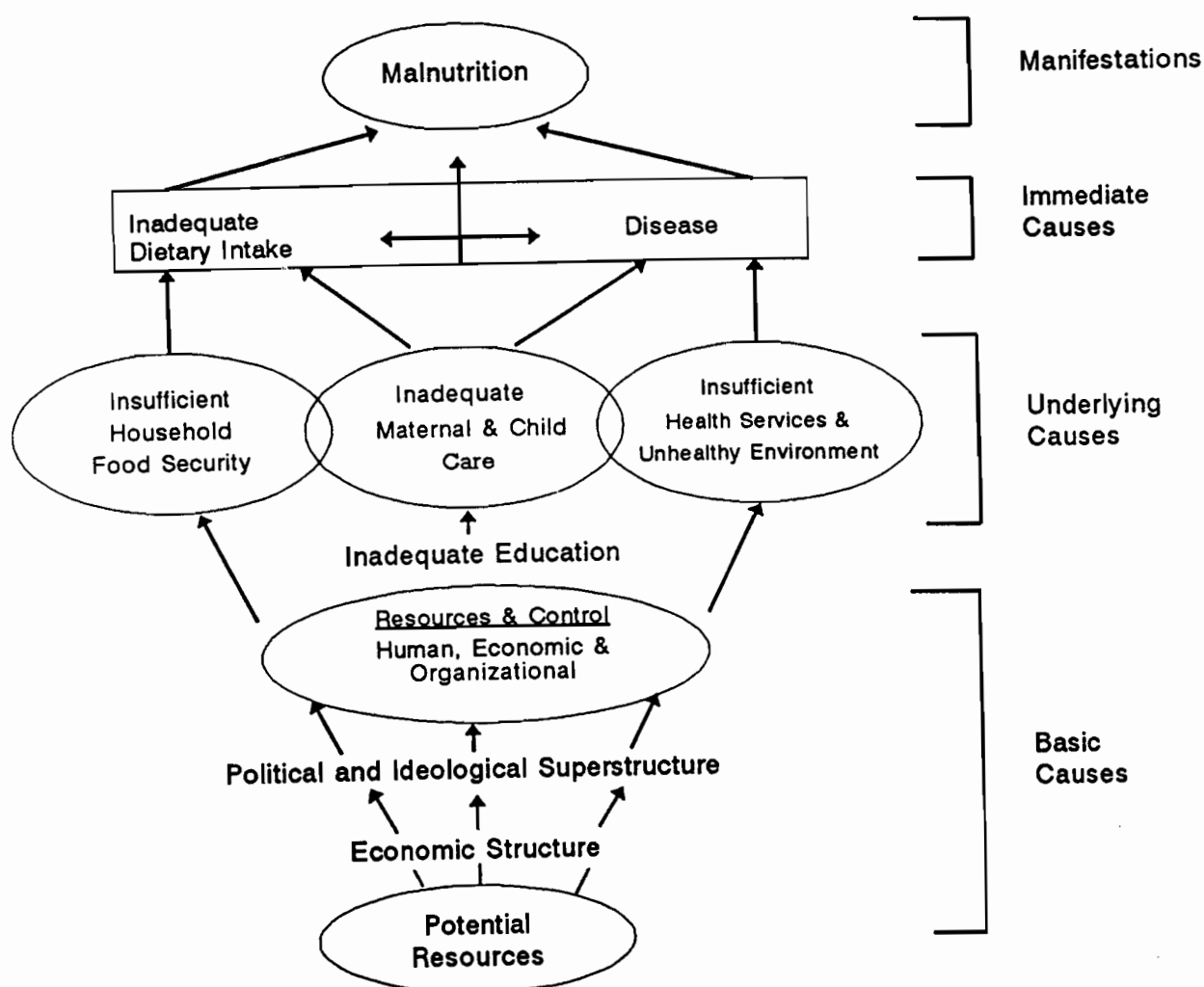
Underlying causes. The numbers of possible underlying causes seem almost endless and their interrelationships complex. All, however, reflect a particular utilization of resources in the past and at present. One way of grouping these causes is to identify a set of outcome conditions necessary for adequate nutrition or, more precisely, for adequate dietary intake and absence of disease. Three such conditions can be identified:

- adequate access to **food** (household food security);
- adequate **care** of children and women; and
- adequate access to basic **health** services, and a **healthy** environment.

Each of these conditions is necessary, but by itself not sufficient, for adequate nutrition. If all three are fulfilled, however, it is likely that dietary intake will be satisfactory, disease controlled, and adequate nutrition secured.

(a) Household food security is defined here as 'access to food, adequate in quantity and quality, to fulfil all nutritional requirements for all household members throughout the year'. Household food security is an outcome of technical and social processes in society, but ultimately depends on the availability, access and use of resources. In an analysis of the

Figure 1: CAUSES OF MALNUTRITION



Source: UNICEF, *Food, Health and Care - the UNICEF Vision and Strategy for a World Free from Hunger and Malnutrition*, UNICEF, New York, 1992.

household food security situation, it is important to estimate not only the degree of achieved household food security, but also the amount of resources utilized relative to the total resources controlled by the household. With such an analysis, it is then possible in a given situation to identify vulnerable groups and to establish the degree of their vulnerability by calculating the amount of household resources utilized to attain household food security.

(b) Adequate maternal and child care has only recently been fully recognized as having an important bearing on the nutritional status of mothers and children. 'Care' refers to

caregiving behaviour such as breastfeeding and complementary feeding practices; food and personal hygiene; diagnosing illnesses; stimulating language and other cognitive capabilities; and providing emotional support. Care also refers to the support that the family or community provides to members of the family and to behaviours within the household that determine the allocation of household food supply to members of the household. In addition, care includes the utilization of health services and water and sanitation systems to create a healthy micro-environment for family members.

Child care, like household food security, is the outcome of complex processes in society, but ultimately depends on the availability, access and use of resources. Important causes of inadequate child care include: poor health of the mother; lack of education and wrong beliefs of caregivers; lack of self-confidence of the mother; inadequate social support from community, family and husband; excessive workload of the mother; and mother's lack of control of available resources.

(c) Access to health services, together with a healthy environment, is the third necessary condition for good nutrition. Pre- and post-natal care, immunization (particularly against measles), oral rehydration therapy, distribution of micronutrient supplements, de-worming, family planning and health education are all important health services with great impact on nutrition. Access to water and safe excreta disposal are prerequisites for control of diarrhoea and other diseases influencing the nutritional status of children. The achievement of the 'health' condition ultimately depends on resources in the same way as the achievement of the 'food' and 'care' conditions does.

Basic Causes. As will be illustrated in greater detail in Section V, there are three main types of resources:

- **human resources** (people, their knowledge, skills, and time);
- **economic resources** (assets, land, income, and so forth); and
- **organizational resources** (for instance, formal and non-formal institutions, extended families, and child-care organizations).

Resources are available at different levels of society and controlled in many different ways. At the household level, men usually control more of the resources, which often constrains the achievement of the necessary conditions of 'food', 'care' and 'health' (see Section VI).

The use of resources depends on the way a problem is understood as well as on the perception and priorities of those who control resources. Education plays a particularly

important role in determining how resources are utilized to secure 'food', 'health' and 'care' for children. It is important to recognize the interaction between nutrition and education. Better-educated parents, especially mothers, contribute to improved child nutrition; and a better-nourished child shows greater attention and learning capacity than a malnourished child.

The availability and control of human, economic and organizational resources at different levels of society are the results of historical processes in society. These processes can be seen as the basic causes of malnutrition and can be divided into four groups:

- **ecological/technical conditions of production**, including the environment (soil and climate, for example), the population-resource ratio, the level of technology used, and the levels of people's skills;
- **social conditions of production**, including such aspects as the ownership of the means of production, the division of labour, and power relationships;
- **political factors** (or state interventions), including policies on employment, prices, incomes, subsidies, health, education and agriculture, as well as the legal system as a whole; and
- **ideological factors**, including habits, beliefs, cultural preferences and all ideas that legitimize actions in society.

The development and interaction of these different factors explain the existing availability and control of resources, which in turn explain the degree of fulfilment of the three necessary conditions (food, health and care) for good child nutrition.

Constraints and Success Factors

The whole area of nutrition has been marginalized by governments, universities and agencies. This is partly because nutrition is not a 'sector' but an outcome of processes in other sectors such as agriculture, health, education and social welfare. Another reason is probably political; there is recognition that the basic causes of child malnutrition are social and political and ought to be addressed by governments, a responsibility that could require substantial structural changes. A third reason is the prevailing opinion that nutrition is a 'private' problem that should be solved by parents only. The tradition of home economics has contributed to keeping the nutrition problem 'in the kitchen'.

This marginalization is most clearly seen in the Ministries of Health. With only a few exceptions, nutrition receives almost no serious attention. Reflecting the general gender bias, nutrition work is often delegated to small 'nutrition units' with inadequately trained female workers, second-rate offices and small budgets. At the same time, senior Ministry of Health staff do not recognize that some of the major activities they undertake are important for nutrition. Diarrhoeal disease control and immunization against measles are typical examples.

Nutrition is taught as a subject in the faculties of agriculture and medicine and is normally focused on food production and on the biochemical aspects of human nutrition. Courses in applied nutrition addressing the social aspects of nutrition are exceedingly rare.

The lack of a reasonable consensus about the nature of the nutrition problem is another major constraint in the work to eliminate malnutrition. The nutrition problem is usually reduced to an agricultural problem (not enough food), to a health problem, to an educational problem, or to a demographic problem (excessive population growth). Most often child malnutrition is seen as a food problem, and still too often primarily as a problem of insufficient protein-rich foods. Most training courses and textbooks perpetuate these incorrect ideas. Developing countries, however, have both a **food problem** and a **nutrition problem**. It is important to recognize that these two problems are related but not the same. Food is one necessary condition for good nutrition; adequate care and access to health services are other necessary conditions. The fact that protein-energy malnutrition is more prevalent in the 6 months–3 years age-group than in older children (who require **more** food) suggests that factors other than household food security contribute to malnutrition among young children.

Nutrition, Resources and Entitlements

A. Sen defines a person's entitlements as "the set of alternative bundles of commodities over which a person can establish command". His basic conclusion is that hunger and malnutrition are not primarily a result of inadequate food production, but rather of the absence or breakdown of a person's entitlements.²² In his recent book, *Hunger and Public Action*, Sen admits that the focus on entitlements as command over **commodities** needs to be broadened to encompass basic human capabilities.

In the perspective of the UNICEF nutrition strategy, Sen's entitlements are almost identical with the command over commodities and services required for the fulfilment of the 'food', 'health' and 'care' conditions. Sen sustains that there is,

...the need to broaden our attention from the command over food to other influences, including the command over the commodities that have a substantial impact on nutrition and health. A person's capability to avoid undernourishment may depend not merely on his or her intake of food, but also on the person's access to health care, medical facilities, elementary education, drinking water, and sanitary facilities.²³

Sen's more recent focus on human capabilities is reflected in the UNICEF nutrition strategy. The fulfilment of the 'food', 'health' and 'care' conditions depends on the availability and control of human, economic and organizational resources. Individual '**nutritional security**' can therefore be defined as the minimum necessary access to human, economic and organizational resources required to fulfil the necessary condition of 'food', 'health' and 'care'.

III. GOALS AND PLANS

Nutrition Goals and Targets

A **goal** is a desirable state of affairs. The virtual elimination of iodine deficiency disorders is one example of a goal. A **target** defines the date at which either the goal itself should be achieved (virtual elimination of iodine deficiency disorders by 2000) or a specific proportion of the goal should be achieved (such as reduction of protein-energy malnutrition by 20 per cent by 1995). An agreement or 'promise' to achieve targets is, of course, much more serious and committing than an agreement to achieve a goal.

The WFC Cairo Declaration, adopted in 1989, specified four hunger-related goals:

- elimination of starvation and deaths caused by famine;
- tangible reduction of chronic hunger;
- substantial reduction of malnutrition and mortality among young children; and
- elimination of major nutritional deficiency diseases.

Towards the end of the 1980s, WHO, UNICEF and several other United Nations agencies discussed the specification of human development goals for the 1990s, which in this case were actually targets. A number of targets directly related to nutrition were defined. These targets were endorsed by the WHO Assembly (1990) and the UNICEF Board Session (1990) and

were adopted by the WSC in September 1990 to be achieved by the year 2000. These targets are referred to as the WSC goals. The section relating to nutrition contains eight targets:

- (i) Reduction of severe and moderate malnutrition among under-five children by half of 1990 levels;
- (ii) Reduction of the rate of low birth weight (less than 2.5 kg) to less than 10 per cent;
- (iii) Reduction of iron deficiency anaemia in women by one third of 1990 levels;
- (iv) Virtual elimination of iodine deficiency disorders;
- (v) Virtual elimination of vitamin A deficiency and its consequences, including blindness;
- (vi) Empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding with complementary food well into the second year;
- (vii) Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s;
- (viii) Dissemination of knowledge and supporting services to increase food production to enable household food security.

The same targets were incorporated in the 'Agenda 21', which deals with environment and development, adopted by the Earth Summit in Rio de Janeiro in 1992. The 1992 International Conference on Nutrition held in Rome reaffirmed the commitment to the WSC goals for nutrition, and also specified two additional goals to be achieved before the end of this decade:

- (i) To end famine and famine-related deaths; and
- (ii) To end starvation and nutritional deficiency diseases in communities afflicted by natural and man-made disasters.

During 1992, the WSC goals, including the nutrition goals, were reviewed at regional meetings in Colombo, Mexico City, Tunis and Dakar. A number of mid-decade targets were agreed upon at these meetings, including the virtual elimination of iodine deficiency disorders and vitamin A deficiency and the support of the Baby-Friendly Hospital Initiative. An additional mid-decade target was endorsed by the United Nations Human Rights Conference in Vienna in May 1993, which called for universal ratification of the CRC by the end of 1995.

World Summit for Children/National Programmes of Action

In the WSC Declaration, Heads of State and Governments agreed to prepare national programmes of action (NPAs) outlining strategies to achieve the WSC goals by the year 2000. By July 1993, 71 countries had prepared NPAs.

A detailed review²⁴ of 55 NPAs revealed that almost all (47) have included the goal to reduce protein-energy malnutrition, about 35 have included goals to reduce micronutrient malnutrition, and less than half (24) have included the breastfeeding goals. Many countries lack reliable baseline data for protein-energy malnutrition, and only 30-40 per cent have any baseline data on micronutrient malnutrition.

In most NPAs, 'food' and 'health' are recognized as necessary conditions for nutritional security, whereas only a few (11) have recognized 'care' as an equally necessary condition. Almost all countries emphasize the importance of participation, but few bring up the need for empowerment. Only 10 countries use an explicit conceptual framework in the analysis of the causes of malnutrition.

Several NPAs make detailed references to the CRC.²⁵ The view that there is necessarily a contradiction between efforts to achieve the WSC goals and the implementation of the CRC is not shared by the authors of NPAs. The achievement of the WSC goals is seen rather as a priority articulation of the CRC. In Zimbabwe's NPA, for example, it is stated that the priority rights for children for the 1990s and the main strategies in the programme are in some measure being implemented in ongoing sectoral programmes. A large number of NPAs reflect an awareness of the combined economic benefits (science) and the human rights aspects (ethics) of children's problems, including malnutrition.

**International Conference on Nutrition:
World Declaration and Plan of Action for Nutrition**

The International Conference on Nutrition, held in Rome in December 1992, was attended by 1300 participants, including over 1000 representatives from 159 countries (140 at ministerial level). The Conference adopted a World Declaration and Plan of Action for Nutrition. The issue of human rights was emphasized by His Holiness Pope John II in his opening address:

It is up to you to reaffirm in a new way each individual's fundamental inalienable right to nutrition. The Universal Declaration of Human Rights has already asserted the right to sufficient food. What we must now do is ensure that this right is applied and that everyone has access to food, food security, a healthy diet and nutrition education.

In the Conference's World Declaration on Nutrition, Governments agree "to revise or prepare, before the end of 1994, national plans of action, including goals and measurable targets" (paragraph 21).

The Plan of Action for Nutrition provides a technical framework for the preparation of these national plans of action. Of the nine proposed strategies, two are especially important for the implementation of nutrition as a human right: (a) incorporating nutrition objectives into development programmes and policies; and (b) assessing, analysing and monitoring the nutrition situation.

Structural adjustment policies, in particular, should be exposed to a 'nutrition audit' to ensure that the most vulnerable groups in society are not negatively affected by such policies. Monitoring of the nutrition situation, in particular national trends, is instrumental in the assessment of the implementation of Article 4 of the CRC.²⁶

In June 1992, a meeting on nutrition and human rights, sponsored by UNICEF, was arranged at the Norwegian Institute of Human Rights in Oslo. The meeting was attended by a group of concerned individuals from several countries, disciplines and institutions, working in the fields of human rights, nutrition, food and health. The meeting agreed to establish a **World Alliance for Nutrition and Human Rights** whose aim would be to mobilize NGOs in

the areas of human rights and nutrition. The Alliance,

...will seek to raise the level of priority for nutrition in the allocation of resources at the international, national and local levels. It will also urge governments to introduce into their domestic law such measures as are needed for ensuring adequate nutrition.²⁷

It was further agreed that the Alliance would promote compliance with the prohibition of food deprivation as a method of war, and seek to develop a nutrition-based approach to human rights monitoring.

During the International Conference on Nutrition in Rome six months later, a meeting was arranged with the joint participation of the Steering Committee, the new Alliance and the International Peace Research Association's Food Study Group, the Food International Action Network and the Children's World Foundation. Three task forces were established: one on children's rights to food and nutrition; a second on international monitoring of the implementation of these rights; and a third on the use of food as a weapon.

A large number of NGOs participated in the Rome conference. The 'public interest' NGOs agreed to establish a **Global Food and Nutrition Alliance** to coordinate, strengthen and monitor follow-up actions. A number of sub-committees were set up. A major task for the Alliance will be to facilitate the flow of information about conference-related activities by 'public interest' NGOs and international agencies. A newsletter will be distributed and focal points in all countries of the world will be identified. From the human rights viewpoint, this Alliance might become one of the most important results of the whole International Conference on Nutrition process.

IV. PROGRESS IN CHILD NUTRITION

Data on Child Nutrition

Availability of data on child malnutrition has improved significantly during the last 10 years. By April 1993, 85 developing countries had data on the prevalence of underweight, covering about 90 per cent of the under-five population. For an increasing number of countries

two or more surveys have been undertaken during the last 15 years, which makes it possible to estimate trends in protein-energy malnutrition. Important gaps, however, still need to be filled to make monitoring of the achievement of the WSC goals feasible. Less than half of all developing countries have 'current' (for 1985 or later) data on protein-energy malnutrition, and one third have no data at all. Availability of data on micronutrient malnutrition is even more unsatisfactory, although the situation is improving.

The *Second Report on the World Nutrition Situation 1992*, recently published by the United Nations Administrative Committee on Coordination/Sub-Committee on Nutrition²⁸, provides the most comprehensive compilation of data on nutritional status currently available, including trend analysis for 14 countries. A recent publication by UNICEF assembles all available data from nutrition surveys.²⁹

Nutritional Disorders

In 1990, of the 536 million children under five years of age in developing countries, 184 million, or 34 per cent, were underweight (below minus two standard deviations from the median weight-for-age of the NCHS standard reference population).³⁰ In 1975, about 128 million, or 41.6 per cent, of the total 402 million under-fives were underweight. Thus the prevalence has declined globally, although the total number of affected has increased. These global figures mask strong regional differences (Figure 2). South Asia shows the highest prevalence of protein-energy malnutrition (58.5 per cent) and accounts for 100 million of the total 184 million underweight children. South America has a low prevalence (7.7 per cent), whereas sub-Saharan Africa is the only region where no improvement in underweight prevalence (about 30 per cent) has taken place during the last 15 years.

The trends in protein-energy malnutrition are very promising in some countries in Asia, particularly in Vietnam, Malaysia and Thailand (Figure 3A). In South America as well, countries such as Brazil, Colombia and Bolivia are on the 'right track' towards achieving the WSC nutrition goals. In contrast, some African countries — notably Nigeria, Togo and Zambia — actually show deteriorating trends (Figure 3B). A recent survey in Ethiopia showed that the prevalence of underweight increased from about 37 per cent in 1983 to 47 per cent in 1992.³¹

Iodine deficiency disorders, Vitamin A deficiency and iron deficiency anaemia are discussed in Box 1.

Figure 2: REGIONAL TRENDS IN PROTEIN-ENERGY MALNUTRITION

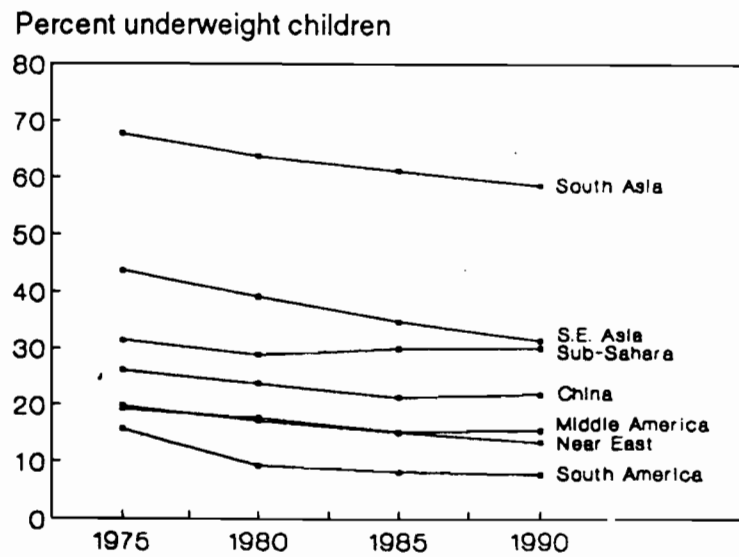


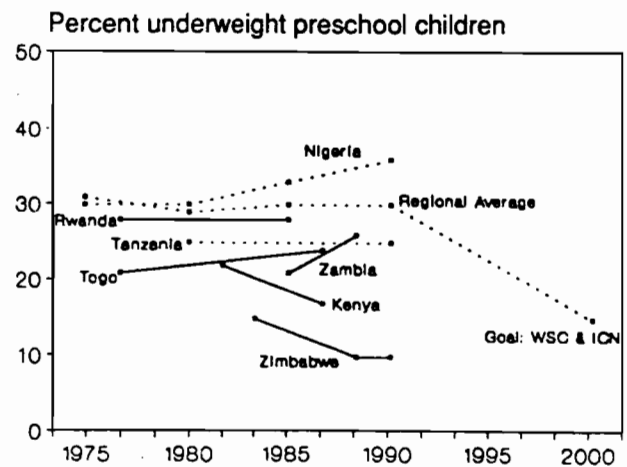
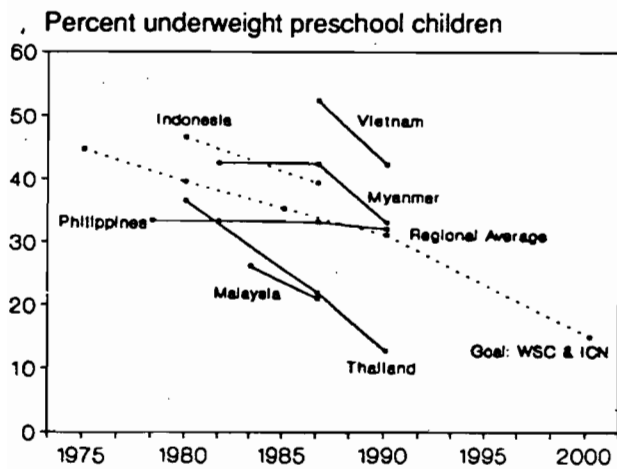
Figure 3: TRENDS IN PROTEIN-ENERGY MALNUTRITION
1975-2000

A

South East Asia

B

Sub-Saharan Africa



Sources: ACC/SCM Second Report on the World Nutrition Situation, Volume I (October 1992) and Volume II (March 1993).

Box 1

NUTRITIONAL DISORDERS

Iodine Deficiency Disorders. According to the WHO publication *Global Prevalence of Iodine Deficiency Disorders*,³² over 1.5 billion people are vulnerable to iodine deficiency disorders because they live in areas where the food and water normally consumed contain insufficient iodine to meet optimal requirements. Over 500 million people have goitre, the enlargement of the thyroid gland indicating inadequate iodine intake. Six million women with goitre become pregnant each year. In about 30,000 of these pregnancies, fetal damage due to inadequate iodine is so severe that the fetus dies or is stillborn. In about 120,000 pregnancies, the development of the fetal nervous system is so disrupted that the child is born a cretin. According to projections, 1.2 million iodine-deficient mothers will have children whose intelligence quotient will be reduced by about 10 points; many of these children will have sight or hearing defects. Some 50 million young children deficient in iodine will have reduced learning abilities. Moreover, 150 million adults are apathetic or have reduced mental alertness because of inadequate iodine intake.

Iodine deficiency disorders were eliminated in the United States and several countries in Europe by 1950 through the widespread use of iodized salt. Progress in controlling these disorders was achieved in a number of South American and Asian countries in the 1970s and 1980s. During the last three years, almost all remaining countries suspected of having problems eradicating iodine deficiency disorders have assessed their situation and formulated plans for control.

Vitamin A Deficiency. Vitamin A deficiency is caused by an inadequate intake of foods rich in vitamin A (mainly foods of animal origin) or pro-vitamin A (red and yellow fruits and vegetables). Frequent and severe infections decrease vitamin A stores and increase the risk of deficiency.

According to WHO estimates, about 190 million preschool children live in areas where they are at risk of vitamin A deficiency. The prevalence of clinical (visible by examination) signs of vitamin A deficiency is reasonably well known; a number of countries, notably in South East Asia, have already virtually eliminated clinical signs of vitamin A deficiency, including blindness. Partly because of the difficulty of measuring, the prevalence of low-serum vitamin A, indicating sub-clinical (not visible by examination) deficiency, has been estimated in relatively few countries. Lack of agreement on the extent and prevalence of marginal vitamin A deficiency remains an important constraint to tackling the problem in many countries, particularly in Africa.

Iron Deficiency Anaemia. Iron deficiency, the commonest nutritional disorder in the world, affects over one billion people, particularly preschool children and reproductive-aged women. It also has a serious impact on school children and working males.

Iron deficiency results from consuming diets containing insufficient iron, or diets in which iron is not readily absorbed. Iron from animal foods is most readily absorbed, and animal foods can increase iron absorption from vegetable sources. Vitamin C can also increase the absorption of iron from cereals and vegetables.

Over 370 million women in developing countries (about 40 per cent) are estimated to have anaemia, which is prevalent throughout the developing world. Nearly half the total number of anaemic women are in South Asia. Although current figures on anaemia prevalence indicate little global change, there is some evidence of increases in sub-Saharan Africa and South Asia.

V. NUTRITION AND RESOURCES

Human, Economic and Organizational Resources

It has been shown that individual nutritional security requires that three necessary conditions — food, health and care — be satisfied. Resources are needed to fulfil these three conditions, which actually often compete for the same resources (income or women's time, for instance). The three major categories of resources — human resources, economic resources and organizational resources — can also be classified as 'stocks' or 'flows' (Table 1).

Before appropriate actions can be designed, the availability and control of resources must be determined. All resources are controlled, either at the level where they exist or at

Table I: TYPES OF RESOURCES

| Type | 'Stocks' | | 'Flows' |
|----------------|--|--|---|
| Human | <ul style="list-style-type: none"> • skills • professionalism • motivation • will-power • aspirations • 'dreams' | <ul style="list-style-type: none"> • knowledge • experience • desire • anger • commitment • time available | <ul style="list-style-type: none"> • labour • confrontation • threat • negotiation • dialogue • time used |
| Economic | <ul style="list-style-type: none"> • land • natural resources • economic infrastructure (roads, electricity, water) • equipment | <ul style="list-style-type: none"> • tools • assets • savings • technology • information | <ul style="list-style-type: none"> • budget • credit • supplies • interest • profit • income |
| Organizational | <ul style="list-style-type: none"> • administrative infrastructure • norms • procedures • laws and regulations • professional organization • political power | <ul style="list-style-type: none"> • leadership • political organization • local organizations and committees • service organizations • family • clans | <ul style="list-style-type: none"> • decisions • participation • management • monitoring • training |

Source: Parker, D., 'Resources and Child Rights: An Economic Perspective', unpublished draft dated 26 October 1992, UNICEF International Child Development Centre, Florence, Italy.

any other level, most often at a higher level of society. Certain resources are deployed from a higher level (normally national level) to lower levels in the form of, for example, budgetary support and extension services. In most countries, these resources originate from the lower levels as levies and taxes. The actual control of these resources depends on the degree of decentralization (devolution) in society. Often these economic resources are conditional; that is, they are earmarked for a special purpose.

As the fulfilment of the three necessary conditions for nutritional security requires resources, an analysis of household food security, care and health services should not be limited to an assessment of the level of fulfilment of these conditions, but also include an assessment of the use of resources (type, relative amount and control). For example, two different 'food-secure' households may differ greatly in their use of resources. A household that uses almost all of its human or economic resources to achieve its food security is much more vulnerable or at much greater risk of becoming food insecure than is a household that uses a smaller portion of its resources. Four categories can be defined to assist in targeting support (Table 2).

As mentioned earlier, resources are available at different levels of society. Table 1 summarizes very well what kind of resources would be required at different levels of society to implement the CRC, including nutrition. Therefore, only a few nutrition-specific additions will be made here.

The most important human resource at all levels of society is the ability to assess the problem of malnutrition, analyse its major causes, and design and implement resource-relevant actions. At all levels, particularly at national level, there is a need for a reasonable **consensus** on the nature of the nutrition problem, including a conceptual framework. Without such a consensus, national nutrition policies and strategies are of limited use.

Table 2: CATEGORIES OF HOUSEHOLDS IN RELATION TO FOOD SECURITY

| | Food-Secure Household | Food-Insecure Household |
|--|----------------------------|------------------------------|
| Uses a small proportion of available resources | Best off | Not too difficult to improve |
| Uses a large proportion of available resources | At great risk (vulnerable) | Worst off |

As far as nutrition is concerned, access to cultivable land is an important economic resource at household level. Almost all successful community-based, nutrition-oriented programmes are associated with the existence of a community organization. The multisectoral nature of the nutrition problem requires a high degree of coordination and leadership (a human resource).

Costs, Benefits and Effectiveness

Resources are combined and used for a particular purpose. As David Parker describes,³³ human and organizational resources, to a large extent, determine the 'quality' of economic resources through a 'multiplier effect'. When costs are estimated, however, human and organizational resources are often not 'valued', or they are understated. Appraisals of project proposals are frequently based on estimating costs, effectiveness and, sometimes, benefits in terms of economic resources. Successful management of project implementation and monitoring, however, often focuses on human and organizational resources. This dichotomy is a serious constraint in development work and needs to be addressed in a more professional way in the future.

The problem of malnutrition can be dealt with at different levels of causality: immediate; underlying; or basic (see Figure 1, p.11). Projects and programmes aiming at the immediate causes of malnutrition are much easier to cost than those aiming at the underlying or basic causes. Attempts to undertake cost-benefit analysis of nutrition interventions are, therefore, most often limited to the first category, including supplementary feeding, supplementation and fortification of micronutrients, and basic health services.³⁴

Increased availability and access to services can address causes at any level — immediate, underlying or basic. In most cases, however, capacity-building and empowerment are needed to come to grips with the underlying and basic causes of the nutrition problem and therefore to increase sustainability. Programmes aiming at capacity-building and empowerment are very difficult to cost. This is partly a result of the complexity of causes. For example, for a reduction of 50 per cent in protein-energy malnutrition to be achieved in a sustainable way, a number of other goals must be fully or partly achieved; foremost among these are reduction of the incidence of diarrhoea and measles, optimal breastfeeding practices, and household food security.

Empowerment-oriented interventions are even more complicated to cost. They aim at increasing the access to resources (availability and control) at different levels of society, particularly at the household and community levels.

Empowerment is more sustainable than capacity-building, which in turn is more sustainable than service delivery. The 'time-horizon' — that is, the period of time chosen (number of years) for assessing sustainability — is a value judgement and results in very different cost-benefit ratios.

Cost-effectiveness analysis aims at estimating the resources used to achieve a stated output (quantity and time). This technique has been frequently employed in health studies and, increasingly, in nutrition studies as well. The choice of output variable is important. The most commonly used measure in health — cost per death averted — is not very appropriate for nutrition interventions. Improved nutrition lowers mortality but has many other positive impacts, including decreased morbidity, improved educability and increased productivity.

There is a clear relationship between childhood protein-energy malnutrition and subsequent adult labour productivity. The cost of a given improvement in height has therefore been suggested as an output indicator. The cost per 1,000 calories delivered is another alternative.³⁵

Cost per child removed or averted from a given state of malnutrition is probably the most useful measure. Most cost analyses, however, deal with unit costs; that is, the cost per beneficiary per volume of food delivered, per X number of calories per person per day, per year, and so forth. As the impact of the intervention is not included, unit cost data cannot be used in comparing different interventions. Estimating the number of beneficiaries is also difficult, in particular for integrated nutrition programmes.

Protein-Energy Malnutrition

Only few nutrition projects have collected data that make it possible to study cost-effectiveness, and these few studies show wide cost discrepancies which need to be explained (Table 3). Why does the Tamil Nadu project cost \$33 per child removed from protein-energy malnutrition and the Iringa project \$200? The basic difference between these two projects is that the Indian project was primarily a service-delivery programme with some capacity-building, whereas the Tanzanian project was a combined service-delivery, capacity-building

Table 3: COST-EFFECTIVENESS OF INTERVENTIONS
TO REDUCE PROTEIN-ENERGY MALNUTRITION
(Selected Countries, 1980 - 1986)

| Country | Date | Type of Intervention | US\$ Cost per child removed from Protein-Energy Malnutrition |
|---------------------------------|-----------|-----------------------|--|
| India (Tamil Nadu) | 1982 | Supplementary feeding | 33 |
| Philippines | 1982 | Targeted food supply | 331 |
| Dominican Republic | 1984-1986 | Nutrition education | 493 |
| Indonesia | 1983 | Nutrition education | 12 |
| Morocco | 1980 | Nutrition education | 5 |
| Tanzania (Iringa) ^{1/} | 1986 | Integrated programme | 200 |

Source: Horton, S., 1992, Unit Costs, Cost-Effectiveness and Financing of Nutrition Interventions", World Bank, Washington, D.C., 1992.

^{1/} IMSP 1983-1988 Evaluation Report. UNICEF New York, October 1988.

and empowerment programme. The difference can best be understood by dividing the cost into: (a) start-up cost (one-time cost); (b) expansion cost; and (c) annual operating cost per beneficiary. In the long term, the last category is the most important. Tamil Nadu had an operating cost of about \$9 per beneficiary per year. This is similar to the cost of \$8 in Iringa in 1985-1986. The Tanzanian project, however, expanded rapidly to new areas much larger than Iringa at a reduced cost and sometimes with greater impact. In these new areas, the operating cost was between \$2 and \$4 per beneficiary per year. This reduces substantially the estimated cost per child removed from malnutrition. Moreover, besides nutrition goals, the Tanzania project contributed to the achievement of many other child goals, including health, food security, water and sanitation.

The conclusion is that cost-effectiveness analysis of more-integrated nutrition programmes has most often been based on over-simplistic models of the causality of malnutrition and has not given recognition to the complexity of interactions and synergism or the long-term benefits of empowerment. The current results are therefore of limited value. Improvements in methodology are urgently needed.

A new effort to estimate cost, effectiveness and benefits in nutrition-oriented programmes is being made by the Academy of Education Development funded by the United States Agency for International Development. This work takes account of the complexities and has already provided useful estimates for Bangladesh.

Micronutrients

Cost studies on the control of micronutrient malnutrition are much more consistent than those for control of protein-energy malnutrition. This is particularly true for supplementation and fortification programmes. As far as vitamin A deficiency and iron-deficiency anaemia are concerned, the chosen time-horizon decides the optimal mix of strategies (supplementary, fortification, dietary change and primary health care measures) and the annual cost per beneficiary. Costing programmes to combat iodine deficiency disorders is easiest because salt-iodization is the preferred strategy already in the short term. Some unit-cost data compiled by S. Horton are shown in Table 4.

Some Global Estimates

During the preparation of the WSC, additional costs required to reach the major goals were estimated. The annual additional global cost to reach all the health, nutrition, education and

Table 4: UNIT COSTS OF MICRONUTRIENT INTERVENTIONS

| | Country | Year | Estimated Cost per Person per Year of Protection (US\$) |
|---------------------|-----------------------|------|---|
| Iodine | | | |
| Oil injection | Peru | 1978 | 0.46 |
| Oil injection | Zaire | 1977 | 0.14 |
| Oil injection | Indonesia | 1986 | 0.21 |
| Water fortification | Italy | 1986 | 0.04 |
| Salt | India | 1987 | 0.04 |
| Oil injection | Bangladesh | 1983 | 0.25 |
| Vitamin A | | | |
| Sugar fortification | Guatemala | 1976 | 0.14 |
| Capsule | Haiti | 1978 | 0.46 - 0.68 |
| Capsule | Indonesia/Philippines | 1975 | 0.42 |
| Capsule | Bangladesh | 1983 | 0.05 |
| Iron | | | |
| Sugar fortification | India | 1980 | 0.10 |
| Sugar fortification | Guatemala | 1980 | 0.84 |

Source: Horton, S., *Unit Costs, Cost-Effectiveness and Financing of Nutrition Interventions*, World Bank, Washington, D.C., 1992.

water and sanitation goals was estimated at \$20 billion. Estimates for protein-energy malnutrition ranged from \$2 billion to \$3 billion. The elimination of Vitamin A deficiency would require an additional \$20 million; the elimination of iodine deficiency disorders, \$80 million; and reduction of iron deficiency anaemia, about \$25 million.

More detailed estimates for Africa were prepared for the International Conference on Assistance to African Children, sponsored by the Organization of African Unity and held in Dakar (Senegal) on 25-27 November, 1992.³⁶ Total additional cost for achieving the major goals in Africa was estimated at \$8.9 billion per year, out of which nutrition would require \$0.8 billion. A more detailed breakdown is given in Table 5.

Table 5: ESTIMATED ADDITIONAL COSTS OF ACHIEVING
THE NUTRITION GOALS IN AFRICA, 1993-2000

| | US\$ million/year (1993-2000) |
|-----------------------------|----------------------------------|
| Protein-energy malnutrition | 520 |
| Iodine deficiency | 65 |
| Vitamin A deficiency | 115 |
| Iron deficiency anaemia | 121 |
| | — |
| Total | 821 |

Source: Organization of African Unity/United Nations Children's Fund, *Africa's Children, Africa's Future: Human investment priorities for the 1990's*, OAU/UNICEF, New York, 1992.

VI. HOW CAN NUTRITION BE IMPLEMENTED AS A RIGHT?

Towards a New Development Paradigm

During the last few years, development has increasingly been analysed from both a scientific and ethical perspective. In both regards, progress has been made in theory as well as in practice. It has become clear that economic growth does not necessarily lead to human development and poverty reduction. On the other hand, empirical studies have shown that direct measures for human development and poverty reduction contribute to economic growth. This view is clearly discernible in international development thinking. Recent reports from several agencies including the United Nations Development Programme (UNDP), the

World Bank, the International Fund for Agricultural Development (IFAD) and UNICEF reflect and articulate a new consensus in overall development strategies, emphasizing human development. This 'new' development paradigm is the result of two major changes in international development thinking:

- a changing view of the role of poor people in poverty eradication and development; and
- a much stronger weight applied to normative, moral or ethical arguments.

Both these changes have far-reaching implications for development cooperation. In the first, the poor are regarded as **key actors** in poverty eradication and development and not as passive beneficiaries of commodities and services. Local people are most capable of understanding the local situation and can judge what will or will not work. The majority of the poor know what is best for their own development, provided they have access to adequate resources, including information. This recognition is essential for 'authentic' development.

The **survival and coping strategies** of the poor need to be recognized and understood much better. The day-to-day situation for the poor is often more diversified and intricate than for the less poor. Frequent and often unpredictable changes in their physical, economic and social environment demand a constant adaptation, often involving great risks. The poorest, with the least resources, must adapt most often. Many of these coping strategies are very complex, but, given the scarce resources, probably the most efficient strategies possible. Poverty-reduction programmes should therefore support the efficient coping strategies already developed by the poor themselves; to do so, the 'outsider' who wants to assist must have understanding, patience and flexibility.

The strengthening of existing efficient coping strategies and the development of new ones require **empowerment of the poor**. This means increased availability and control of human, economic and organizational resources by the poor; it also means enlargement of the choices available to the poor. Social injustices and gender disparities must be reduced to achieve a more equitable resource control. Capacity-building, including education and training, is a prerequisite for empowerment.

Community participation is a means to empower as well as an important outcome of empowerment. Active participation requires communities to be involved in programme

planning, implementation, monitoring and evaluation. This involvement includes assessment of problems, analysis of their causes, and decisions regarding appropriate actions.

Finally, the aspects of **sustainability, replicability and costs** have received increased attention during the last few years. Thirty years of development aid efforts have resulted in numerous examples of projects that could not be sustained because resources required for sustainability were far greater than the resources controlled by communities. In many cases, the community has not felt any ownership of the programme because the poor have been pushed to become passive beneficiaries instead of active participants. Participation and empowerment are necessary for the establishment of **community ownership** of a programme. Both community ownership and a minimum of resources are necessary conditions for **sustainability**. Local ownership is best reflected in the preparedness of community members to take risks and to contribute part of their own scarce resources to sustain and expand the programme. Cost recovery should not be a condition imposed from above, but voluntary; in which case, it is an expression of the true self-reliance of the community.

For several decades, improvements in the social conditions of the poor have been seen primarily as 'an investment in human capital', and it has been emphasized that improved health and nutrition would pay off in higher productivity, better learning capacity and reduced health sector expenditure. Many economists, in particular those working with the World Bank, have promoted such arguments. As much as these arguments are both useful and often valid, some people believe that, quite apart from these desirable outcomes, health, good nutrition, and education are, first of all, **human rights**.

This is clearly reflected in the unprecedented concurrence on the Goals for Children in the 1990s, described earlier, and in the rapid ratification of the CRC. Governments, international agencies and NGOs have agreed to establish international and national mechanisms to monitor the progress towards the achievement of these goals.

Some aspects of a cross-cutting nature have been brought up as necessary conditions for the attainment of these goals. **Reduction of disparities**, including **gender disparities**, is the most important one. These concerns are not derived from any scientific analysis or argumentation: they are normative, as was the case, for example, in the anti-slavery campaign in the United States or in the struggle for women's voting rights in Europe. Or as James P. Grant, UNICEF Executive Director, stated in his speech to the World Conference on Human Rights held in Vienna on 14-25 June 1993:

We are all ... interdependent neighbours, and it is unconscionable to believe that we can continue to live indefinitely, side by side, amidst the kind of obscene disparities in wealth, health and levels of freedom and participation that exist today.

All these changes reflect a desire and a belief in the possibility of increased **democracy** in the world. Democracy includes empowerment, participation and self-reliance. What we are witnessing today is the beginning of a **global movement** for eradication of poverty in a world richer than ever before. The United Nations — created for peace, justice and human rights — should play a leading role in this movement.

All these aspects and implications for development in general also apply to nutrition policies, strategies and programmes. If the new thinking is to be operationalized, the distinction between the scientific and the ethical aspects of development must be clarified.

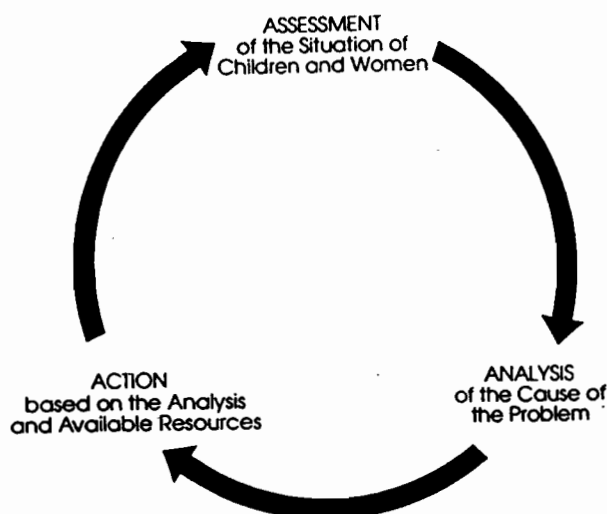
Nutrition and Practice

Section I of this paper pointed out that the problem of malnutrition in society has a scientific and an ethical aspect, and that science normally consists of theory and practice. Theory and practice are two interacting and re-informing aspects of science. The UNICEF conceptual framework for nutrition problems is an attempt towards a theory. It also proposes an approach to practice — the 'triple-A' approach (Figure 4).³⁷

The conceptual framework helps to clarify what important decisions and actions need to be taken to improve the situation of women and children. The people and institutions to take these actions are implicit. More explicitly, this section examines the operation of decision-making processes: it identifies who can take action and analyses to what extent their decision-making processes may be strengthened or changed to improve their effectiveness in supporting the well-being of women and children. To facilitate the analysis, an approach is used that emphasizes the cyclical nature of decision-making. A problem is identified and assessed; its causes are analysed; and action is taken to address the problem. This 'triple-A' cycle is repeated as re-assessment and re-analysis are made after action has been taken to see what the effect of the action has been and what additional actions may be needed. The 'triple-A' process is a generic construct of any management process, whether by parents, concerned about the health of their children, deciding whether to take them for treatment, or by national or international executives deciding whether to allocate more funds to

Figure 4: THE TRIPLE-A CYCLE:

ASSESSMENT - ANALYSIS - ACTION



Source: United Nations Children's Fund, 'Strategy for Improved Nutrition of Children and Women in Developing Countries', *UNICEF Policy Review*, UNICEF, New York, 1990.

nutrition programmes. Decision makers are people taking action who need information to understand the extent of the problem they are trying to address and its causes; and to monitor and assess the results of actions taken to try to solve the problem.

Some of the problems causing malnutrition are amenable to effective actions at household and community levels. If decision-making at these levels were more supportive, more women and children would survive, and those surviving would be in better condition. Other problems can be addressed only with support from outside the community (for example, by medical services, which in turn require supplies that may need to be procured outside the country with foreign exchange). International economic and political relations affect decision-making at these levels, with implications for the strategies adopted at national level and the conditions under which households make their decisions. It is clearly important, therefore, that the critical actions and decision makers be identified and their decision-making processes understood. Processes supportive of women and children should be encouraged and those detrimental changed.

Actions to improve the nutritional situation of women and children involve the reallocation of resources in their favour. Within households, this may mean more time spent

by parents with their children; greater sharing of work among adults in the household; and a larger percentage of income earmarked for goods and services of benefit to women and children. At national and international levels, planning priorities might be changed and budgets reallocated. To make decisions to reallocate resources, those controlling the resources need information to justify their decisions.

Decision-making at all levels depends on an initial assessment, which is undertaken only when a problem is perceived and a commitment made to do something about it. Perception and commitment are dependent on the availability of information and the ability to understand the information. Analysis of the problem may be facilitated by the collaborative efforts of people most affected and knowledgeable about the situation, together with people technically trained to undertake analyses of similar problems. Actions taken to improve the situation after this assessment and analysis may not lead to solutions of all aspects of the problems; they may, however, contribute to creating a new situation which is more conducive to actions that may not have been feasible before.

After this cycle of assessment, analysis and action, as previously discussed, the impact of actions is re-assessed and the situation re-analysed. For this process to take place, there must be an information system in place, which must include information not only about the end result of the situation (malnutrition, for example) but also about its causes. In this way, the process will lead to more-effective, better-focused actions.³⁸

'Triple-A' processes do not function in a vacuum. A number of factors are critical to their success, and must be present to 'fuel' their operation:

- **Perception and understanding** of the nature of the nutrition problem. This influences, in particular, the choice of what is assessed, how it is analysed, and what actions are regarded as feasible;
- **Effective demand** for nutrition-related information and motivation to act. Decision makers need information for designing actions as well as for convincing others that actions are necessary and feasible (creating coalitions);
- **Capabilities** (primarily technical) to obtain information in assessment (monitoring) and to use information in analysis and design of actions;
- **Resources for the system**, that is, for the establishment and maintenance of the nutrition information system, including human, economic and organizational resources; and

- **Resources for action.** When there are inadequate human, economic or organizational resources available to implement likely action, the focus of the nutrition information system must be to mobilize these resources.

From the perspective of human rights, perception, understanding and effective demand for information are most important. Many problems in society can be well known scientifically for decades without being **perceived as social problems**. For example, both the consequences of and the remedies for iodine deficiency disorders have been known by scientists since the 1920s, but these disorders have only recently been recognized as social problems. It is now becoming 'good politics' to allocate resources to eliminate iodine deficiency disorders, one of the WSC nutrition goals.

As mentioned earlier, most WSC goals can be seen as 'moral minima' and their achievement as a necessary condition for the implementation of children's rights to nutrition. Strong advocacy can contribute to a perception that it is embarrassing if a country is not moving faster towards this achievement. Advocacy combined with an improved understanding of the problem and its solutions will create an environment that will initiate and 'fuel' triple-A processes, which will then mobilize the resources necessary for achieving the goals.

The WSC goals can be achieved in different ways. Services can be delivered and capacities built with different degrees of participation. Strategies and programmes that are implemented with no or limited participation can reduce poverty without contributing much to the implementation of rights. Empowerment implies reduction of poverty, but it is much more than that: it means power over one's own life, control of resources and choices. In that sense, empowerment means human rights. Delivery of services and building of capacities should be done in a participatory manner, one which contributes to empowerment.

Nutrition as a Right

Individual nutritional well-being at a given point in time can be achieved through delivery of services, capacity-building and empowerment, or a combination of these strategies. Nutritional security as a part of sustainable development requires empowerment. Nutritional security not only means that an individual has an acceptable nutritional status today, but also

Table 6: FOOD SECURITY MATRIX

| GUIDING PRINCIPLES | FOOD ADEQUACY | | VIALE PROCUREMENT consistent (not conflicting) with the realization of other basic human needs | SUSTAINABILITY OF SUPPLY AND ACCESS |
|-------------------------------|---|--|--|--|
| | Nutritional adequacy | Safety | | |
| Level of national obligations | | | Cultural acceptability | |
| RESPECT | 1. <i>Recognize</i> the positive nutritional aspect of existing food patterns. | 2. n.a. | 3. <i>Recognize</i> the significance of food culture as part of a wider cultural identity. | 5. <i>Recognize</i> the positive ecological significance of existing food production systems; <i>recognize</i> the significance of informal and NGO institutions in crisis management ('buffer systems'). |
| PROTECT | 6. <i>Prevent</i> distortions of positive nutritional aspects of existing food patterns. | 7. <i>Develop</i> national legislation on food safety; <i>participate</i> in developing international legislation on food safety ("Codex Alimentarius"). | 9. <i>Develop</i> national legislation and administrative mechanisms and procedures to protect and facilitate a viable food procurement for all. | 10. <i>Develop</i> national legislation to counteract activities that may erode ecological balance; <i>protect</i> ecologically sound buffer systems in crisis management. |
| FULFIL | 11. <i>Correct</i> negative aspects of existing food patterns; <i>guide</i> dietary change when necessary, consistent with the above; <i>incorporate</i> nutritional considerations in relevant development activities. | 12. <i>Establish</i> a nationwide system of food control and inspection. | 14. <i>Formulate</i> and <i>execute</i> policies, plans and programmes to facilitate and assist all groups in society (with emphasis on the socioeconomically most vulnerable) in obtaining viable procurement of food, consistent with basic human needs. | 15. <i>Formulate</i> and <i>execute</i> policies, plans and programmes to facilitate the restoration of ecological balance; <i>support</i> and <i>strengthen</i> effective existing institutions and, as necessary, <i>develop</i> new ones for crisis management. |

that his or her nutritional well-being is secured in the future. This requires a safe minimum resource base, or entitlements. The child's right to adequate nutrition therefore means that his or her entitlements must be secured. State obligations should be seen in this context of individual need fulfilment.

Eide³⁹ defines state obligations at three levels. First, States must **respect** the freedom of individuals to take actions by using the resources they control. Collective or group actions must also be respected. Second, States must **protect** individual freedom of action and use of resources from other more assertive or aggressive subjects. Individuals need to be protected from powerful economic interests, unethical trade and marketing practices. Finally, States must **fulfil** the expectations of all to enjoy their rights, either indirectly by providing opportunities or directly by providing commodities or services needed by the individual (Table 6). Himes divides governmental obligations for implementing child rights into four categories: (a) respect; (b) protect; (c) facilitate; and (d) fulfil.⁴⁰

Breastfeeding as a human right can be seen from this perspective. States should respect the mother's final choice to breastfeed or not to breastfeed; protect the mother from misinformation about feeding in general, and from aggressive marketing of breastmilk substitutes in particular; and support the nursing mother by creating an enabling environment for breastfeeding and, more directly, through training in lactation management and establishment of baby-friendly hospitals, for example.

Three additional dimensions need to be considered in order to assess and analyse the present situation and to identify appropriate state obligations in relation to nutrition: (a) type of nutrition problem (protein-energy malnutrition, iodine deficiency disorders, and so forth); (b) type of obligation (respect, protect, facilitate or fulfil); and (c) level of society (from individual to international).

Himes uses dimension (b) and (c) in identifying concrete state obligations in relation to the CRC in general. Eide uses (a) and (b) in identifying state obligations at any level of society in relation to household food security (see Table 7).

In the conceptual analysis of the nutrition problem, 'food', 'health' and 'care' were identified as the three necessary conditions for individual nutritional security. Availability, control and use of resources (human, economic and organizational) determine the degree of fulfilment by: (a) direct delivery of services; (b) capacity-building; and (c) empowerment. It therefore seems useful to translate state obligations into these categories. The child's right to nutritional security implies the eradication of protein-energy malnutrition. Some examples

Table 7: STATE OBLIGATIONS IN RELATION TO THE CHILD'S RIGHT TO NUTRITION
(Protein-Energy Malnutrition)

| Level of Society | Respect | Protect | Facilitate | Fulfil |
|----------------------|--|---|---|---|
| Individual/Household | Respect positive cultural habits in food, health and care. <i>Respect</i> individual choices, for example use of contraceptives. | Protect individual/households from any type of exploitation, and deterioration of entitlements necessary for nutritional security. | Facilitate the transfer of knowledge and skills in relation to nutritional security (capacity-building). <i>Facilitate</i> individuals/households in reducing poverty (empowerment) through removal of constraints to access to credit. | Provide direct support to individuals/households whose entitlements have broken down or are at risk of breaking down. |
| Community/District | Respect the establishment of democratic community organizations. | Protect communities and areas from economic and cultural marginalization and exploitation. | Facilitate community/district situation assessment and analysis. | Reduce geographic disparities as far as resources are concerned. |
| National | Respect the role of NGOs in poverty alleviation and nutrition. | Protect individuals through national legislation on the Code of Marketing of Breastmilk Substitutes, universal iodization of salt, minimum maternity leave and food safety legislation. | Prepare and <i>update</i> regularly NPAs for children and women. <i>Ensure</i> universal primary education. <i>Reduce</i> all gender-biased constraints. | Provide basic services in health, agriculture, water and sanitation. <i>Incorporate</i> nutrition goals in development plans. <i>Establish</i> a national nutrition surveillance system. |
| International | Respect different ideologies (culture, religion, habits, etc.) | Protect countries from the use of food as a political weapon. <i>Protect</i> civilians from unacceptable suffering in times of disaster. | Facilitate international exchange and transfer of information, expertise and experiences in nutrition. | Assist victims of natural disasters, wars and other abuses. <i>Monitor</i> the progress in nutrition. |

of state obligations related to protein-energy malnutrition at different levels of society are proposed in Table 6. The Table is far from complete and only shows how a more systematic approach can be used.

The NPA process provides a useful opportunity for a human rights analysis. Many countries have already developed national legislation relevant to the CRC. The right to nutrition, however, is rarely recognized. The proposed three-dimensional instrument can be useful in moving ahead in a more pragmatic but systematic way in the necessary definition of state obligations.

In many countries, NGOs have been involved in the preparation of NPAs. Many NGOs also participated in the preparation of the International Conference on Nutrition and at the actual Conference in Rome. As described in Section III, there are already some strong NGO initiatives for promoting children's right to nutrition. These NGO initiatives should be seen as the beginning of a global movement for the right to nutrition.

Other popular movements in history provide lessons that could accelerate and strengthen this movement. Some of these lessons are summarized below:

- Most movements are driven by normative, human rights-oriented goals. It was never primarily scientific arguments that were used in the struggle against slavery, or the fight for universal suffrage and other gender issues, for example. Usually the arguments for a change were derived from moral values, often based on a call for human rights. This normative orientation makes the work in a movement similar to, and frequently identical with, political work.
- Often movements are the result of protests against something that is considered basically wrong, unfair or unacceptable. In many cases 'a common enemy' is identified, which contributes to the mobilization of both people and governments.
- Most movements are pluralistic. The overriding concern to attain a priority goal dwarfs most of the other aspects that previously divided individuals and groups with different political or ideological positions.
- Normally movements do not 'allow' anybody to be 'neutral'. All people have to take a position: 'for' or 'against'.
- A movement is almost always a process involving confrontation, requiring a great deal of voluntary work, driven by enthusiasm, using targeted slogans, and challenging existing dogma and myths.

- Young people, and often women, have been in the 'front line' of most successful movements. A movement deals with what could be and promises a better future for the young.

VII. CONCLUSIONS

The right to nutritional well-being is recognized in some United Nations declarations and conventions, but not as often as one would expect. The right to food and freedom from hunger, in contrast, has been recognized in a large number of human rights declarations and conventions. The difference is the result of past tendencies to identify malnutrition with the lack of food. This reductionistic concept of malnutrition has contributed to food-biased nutrition programmes and projects.

The UNICEF nutrition strategy promotes a broader concept of malnutrition, in which household food security, adequate care of children and women, and access to basic health services, together with a healthy environment, are identified as three necessary conditions of nutritional well-being, or individual nutritional security. 'Food', 'health' and 'care' are all recognized rights in the CRC, which makes this convention unique in promoting children's right to nutrition.

A number of nutrition-related goals were adopted and agreed upon at the WSC and the International Conference on Nutrition. These global goals represent an ethical position of what **should** be done, as well as a scientifically proven investment for economic development. Experience in many countries also shows that these goals **can** be achieved, which signifies that they are 'doable' global goals. The achievement of nutrition goals is a necessary, but not sufficient, condition for the implementation of nutrition as a right. Nutrition as a right requires people's empowerment. Service delivery and capacity-building should be used to achieve the goals. Provided that these are implemented in a participatory manner, they will contribute to empowerment. Promotion of nutrition as a right will, at the same time, contribute to increased resource mobilization and allocation for service-delivery and capacity-building strategies and programmes for achieving the same goals.

Participation for empowerment requires a recognition of the poor as key actors, rather than passive beneficiaries of commodities and transfers. The triple-A approach provides a generic construct for how resources are managed to address problems. The circular and

iterative process of **assessment** of the problem, **analysis** of the causes of the problem, and design and implementation of **actions** to address the problem, followed by a re-assessment, improved analysis and new actions, can be strengthened and accelerated by a number of factors. Most important among these are improved perception and knowledge, creation of an effective demand for information, improved capabilities and increased resources.

Nutrition is improving in the world, but far too slowly. An increasing number of people know that the nutrition goals can be achieved because the world has the knowledge and the resources; and an increasing number of people think that the world **should** achieve these goals. This was clearly manifested in the rapid ratification of the Convention on the Rights of the Child and the great consensus at the World Summit for Children. More and more people are starting to ask **why** governments do not do more. In the 1990s, this will gradually create a 'global embarrassment', which will not only influence what political leaders choose to do, but also which leaders are chosen. There is both a need and an opportunity to create a global movement for the children's right to nutrition. NGOs will have to play an important role in the creation of such a movement.

If a global movement to eradicate malnutrition is to be created, global development ethics should be developed and promoted. Crocker defines 'development ethics' as a "normative or ethical assessment of the ends and means of Third World and global development".⁴¹ Development ethics should provide a definition of 'development'. A. Sen defines development as "a process of expanding capabilities of people". 'Global development ethics' should also define the responsibilities of the industrialized world and address the question of 'global justice'. An essential task for development ethics is to make development more **humane**. We have to reject all kinds of moral skepticism, moral relativism and value neutrality. We need what Crocker calls "a non-ethnocentric ethical consensus". Maybe the start could be to follow Sen's advice to identify a "cross-cultural moral minimum". The Goals for Children in the 1990s are exactly that. The NPA process should be used to codify gradually in national legislation concrete state obligations in relation to nutrition goals. In such a way, children's nutrition will be implemented as a human right.

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- ³⁶ Organization of African Unity/United Nations Children's Fund, *Africa's Children, Africa's Future: Human investment priorities for the 1990's*, OAU/UNICEF, New York, 1992.
- ³⁷ See United Nations Children's Fund (1990), note 21 *supra*; see also United Nations Children's Fund and Government of Tanzania, *Women and Children in Tanzania*, UNICEF, Dar es Salaam, 1990.
- ³⁸ For more details see United Nations Children's Fund, 'A UNICEF Nutrition Information Strategy' (Draft 4), Mimeo, UNICEF, New York, July 1993.
- ³⁹ See Eide et al., note 9 *supra*.
- ⁴⁰ Himes, James R., 'Implementing the United Nations Convention on the Rights of the Child: Resource Mobilization and the Obligations of the States Parties'. *Innocenti Occasional Papers*, Child Rights Series, UNICEF International Child Development Centre, Florence, Italy, November 1992.
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