

UNITLIFE INVESTMENT STRATEGY 2020-2022



This document was approved by UNITLIFE's Executive Committee at its 13 May 2020 meeting. To ensure UNITLIFE's investment strategy is informed by leading nutrition expertise and that it complements – and does not duplicate – existing efforts, the UNITLIFE Secretariat (1) conducted a desk review of existing literature, (2) held an Expert Consultations event on 2-3 April 2020 gathering over 30 nutrition experts from UN agencies, NGOs, research institutions, regional and donor organizations, (3) and bilaterally consulted additional leading institutions with expertise in nutrition as well as nutrition-sensitive and climate-smart agriculture. The Secretariat is grateful to all the experts who shared their time and insights to shape this strategy.

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UNITLIFE INVESTMENT STRATEGY 2020-2022

I. Executive Summary

UNITLIFE is an innovative fund hosted by the United Nations dedicated to the fight against chronic childhood malnutrition in children. Chronic malnutrition is a preventable disease caused by an inadequate nutrient intake in the first 1,000 days of a child's life (from conception until age two). Chronically malnourished children are stunted (low-height-for-age) and face largely irreversible life-long consequences on physical growth, cognitive development and the immune system. There are still a staggering 144 million stunted children under the age of five in the world.

Child nutrition begins in-utero through the mother's nutrition, continues through breastfeeding after birth and the introduction of complementary foods around six months. Ensuring sufficient, diversified, and quality diets for mothers and children is at the heart of a sustainable approach to reducing chronic malnutrition. Combined with nutrition behavior change interventions, nutrition-sensitive agriculture plays a key role in improving diets by diversifying food production, improving availability and access to nutrient-rich foods, and increasing the nutritional content of foods. As climate change threatens to decrease crop yields and reduce their nutrient-density, agriculture must adapt to climate change, to build the resilience of smallholder farmers and safeguard nutrition. Women represent almost half of the agricultural labor force in regions with high prevalence of malnutrition, but lack access to agricultural resources. Placing women at the center can yield a triple dividend by improving food and nutrition security, foster gender equality, and increase their resilience to climate change negative effects.

UNITLIFE will fund interventions at different points of the food value chain that (i) position improved nutrition as a primary outcome; (ii) promote nutrition-sensitive and climate-smart agriculture; and (iii) place women at the center. Priority will be given to (i) projects that are integrated and/or collocated with complementary interventions addressing other determinants of chronic malnutrition based on the context such as access to health services and adequate water, sanitation and hygiene; (ii) projects that demonstrate a strong sustainability approach to maximize long-term impact; and (iii) projects that include an innovation component. Investments will initially focus on Sub-Saharan Africa, the region with the highest prevalence of chronically malnourished children. As the fund capitalization grows, UNITLIFE will expand funding to South-East Asia, the region with the highest number of chronically malnourished children.

UNITLIFE will measure results along the following impact pathway: If (1) nutrition-sensitive and climate-smart agricultural practices are promoted among rural women in combination with infant and young child nutrition and care behavioral change programs, then (2) the prevalence of chronic malnutrition and macro/micronutrient deficiencies will decrease because (3) diet diversity, quantity, and quality will be improved. To be successful, UNITLIFE's investments will be co-located and/or integrated with interventions tackling other contributing factors such as access to health services and adequate water, hygiene and sanitation.

II. Investment Case

Why chronic malnutrition and micronutrient deficiencies?

Chronic malnutrition happens as a result of inadequate nutrient intake in the first 1,000 days of a child's life, from conception until the age of two. Chronically malnourished children face severe and largely irreversible life-long consequences: a stunted growth, impaired brain development and a weaker immune system. They are unable to reach their full potential to succeed in school, earn more as adults and support the economic development of their countries.

A stunted physical growth: chronically malnourished children are typically stunted – or short for their age, which in turn affects their adult height. The World Bank estimates that a 1 percent loss in adult height due to stunting is associated with a 1.4 percent loss in physical productivity¹. This is particularly relevant as many chronically malnourished children will take on manual labor jobs as adults, especially in agriculture. In addition to height, micronutrient deficiencies in the first 1,000 days of life can cause a number of other physical impairments, such as blindness in children deficient in vitamin A. Furthermore, stunted women have a higher risk of birth complications due to the smaller size of their pelvis².

Impaired brain development: early childhood is a period of rapid growth and cognitive development. During this period, children develop over one million neural connections per second³ – the more they ever will - and by age two, 70 percent of a child's brain has formed. Nutrition plays a central role in this process: without the right balance of macro and micronutrients including protein, zinc, iron, folate, iodine or vitamin A⁴, cognitive growth is adversely impacted. Chronically malnourished children develop fewer neural connections than peers receiving the right nutrition. They underperform at school and are more likely to drop-out.

A weaker immune system: chronically malnourished children are at higher risk of dying from infectious diseases. Almost half of under-5 deaths are attributable to malnutrition. Zinc deficiency for example substantially increases morbidity and mortality of other common diseases

¹Heaver, R., Lee, Y.-K., & Shekar, M. (2006). *Repositioning nutrition as central to development a strategy for large scale action*. Washington, DC: World Bank. doi: <https://doi.org/10.1596/978-0-8213-6399-7>

²Titaley, C. R., Ariawan, I., Hapsari, D., Muasyaroh, A., & Dibley, M. J. (2019). Determinants of the Stunting of Children Under Two Years Old in Indonesia: A Multilevel Analysis of the 2013 Indonesia Basic Health Survey. *Nutrients*, 11(5), 1106. <https://doi.org/10.3390/nu11051106>

³Brain Architecture, Center on the Developing Child, Harvard University. (n.d.). Retrieved May 5, 2020, from <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/#neuron-footnote>

⁴McCarthy, C. (2018, January 23). The crucial brain foods all children need. Retrieved May 5, 2020, from <https://www.health.harvard.edu/blog/brain-food-children-nutrition-2018012313168>

such as diarrhea, the third leading cause of child deaths⁵. Chronic malnutrition in early childhood is also associated with higher risks of overweight and obesity and associated non-communicable diseases such as diabetes in adulthood.

The intergenerational ramifications: maternal nutrition is a key determinant of fetal growth and birth outcomes. Infant birth weight has been associated with both mother weight and height, meaning both mother nutrition in childhood and during pregnancy play a role. A stunted girl grows into a stunted woman and is at risk of giving birth to a small-size baby, who is at risk of repeating the cycle. The loss of income attributable to stunting enables this cycle by keeping generation after generation in poverty.

The economic cost: at the individual level, stunted children experience economic losses as adults in three ways: economic losses due to (i) decreased physical productivity, (ii) decreased cognitive abilities, and (iii) increased health care costs associated with weak immune systems. It is estimated that stunted children earn 20 percent less as adults⁶. At country-level, the estimated cost of child undernutrition in Africa ranges from 1.9 percent of GDP in Egypt to 16.5 percent in Ethiopia⁷, crippling the economic progress of most-affected countries. Globally, malnutrition costs US\$3.5 trillion to the economy every year⁸.

The funding gap: chronic malnutrition and micronutrient deficiencies are silent diseases. The latter is in fact referred to as hidden hunger. In contrast with acute malnutrition (which is the rapid loss of or inability to gain weight), they rarely make news headlines and remain largely unknown by the general public. The lack of visibility goes hand in hand with a lack of funding: investments to prevent chronic malnutrition remain insufficient. In order to reach the 2012 World Health Assembly and related Sustainable Development Goal target of reducing stunting by 40 percent by 2025, annual financing needs to increase from \$2.6 billion in 2016 to \$7.6 billion on average⁹. These figures include domestic governmental spending, official development assistance, and household resources. Innovative sources of financing such as UNITLIFE can contribute to close the funding gap. With 144 million stunted children in the world – 1 in 5 children under the age of 5 – and 2 billion people suffering from micronutrient deficiencies, the burden of chronic malnutrition and micronutrient deficiencies is staggering. Despite being one of the most common diseases affecting children and its devastating consequences, chronic malnutrition remains largely unknown and therefore underfunded. UNITLIFE will bring in new resources to prevent chronic malnutrition and micronutrient deficiencies and unlock the potential that millions of children would otherwise be robbed of.

Covid-19: the urgency to protect food security and nutrition

⁵ Dadonaite, B., Ritchie, H., & Roser, M. (2018, November 1). Diarrheal diseases. Retrieved May 5, 2020, from <https://ourworldindata.org/diarrheal-diseases>

⁶ Who.int. n.d. *WHA Global Nutrition Targets 2025: Stunting Policy Brief*. [online] Available at: <https://www.who.int/nutrition/topics/globaltargets_stunting_policybrief.pdf>

⁷ World Food Programme. (2016, September 16). What is the Cost of Hunger in Africa? Retrieved from <https://insight.wfp.org/what-is-the-cost-of-hunger-in-africa-e1e5c678b6a4>

⁸ 2018 Global Nutrition Report reveals malnutrition is unacceptably high and affects every country in the world, but there is also an unprecedented opportunity to end it. (2018, November 28). Retrieved from <https://www.unicef.org/press-releases/2018-global-nutrition-report-reveals-malnutrition-unacceptably-high-and-affects>

⁹ Shekar, Meera et al. "Reaching the global target to reduce stunting: an investment framework." *Health policy and planning* vol. 32,5 (2017): 657-668. doi:10.1093/heapol/czw184

At the time of writing this document, COVID-19 has spread to more than 200 countries and territories, claimed over 230,000 lives¹⁰, and deprived millions more of their livelihood. While many uncertainties remain as to the extent of the impact on developing countries' health systems and economy, the consequences on the food security and nutrition of the most vulnerable populations are expected to be devastating in the absence of timely adequate mitigation measures.

Information on COVID-19 so far indicates that those with preexisting health conditions are at higher risk of developing severe symptoms such as pneumonia. Malnutrition, because it weakens the immune system, could put those affected at higher risk of COVID-19 complications.

Projections from the International Labour Organization indicate that as many as 195 million jobs could be lost as a result of the pandemic¹¹. With losses of income, nutritious foods - often more expensive - are the first to be cut out of family diets. This is especially worrisome for the poorest people, who often rely on daily wages from casual labor and have little to no savings.

Disruptions in the food supply chain, market closures, reduction of seasonal migration for work and labour shortages, and decline in remittances could further impact people's access to food, while nation-wide school closures are already depriving children of school meals, the only source of nutrition for many of them. The delivery of humanitarian and development programs is also adversely affected by movement restrictions, especially community-based programs such as nutritional behavior changes interventions needed to prevent malnutrition.

Now more than ever, it is critical that all stakeholders join forces and step up efforts to provide access to good nutrition for the most vulnerable. Otherwise, the progress made on reducing all forms of undernutrition over the last decade could be lost, with a new larger generation of children suffering life-long consequences of chronic malnutrition. This will require developing innovative solutions to reach them in context where business as usual is no longer possible.

III. Investment Priorities

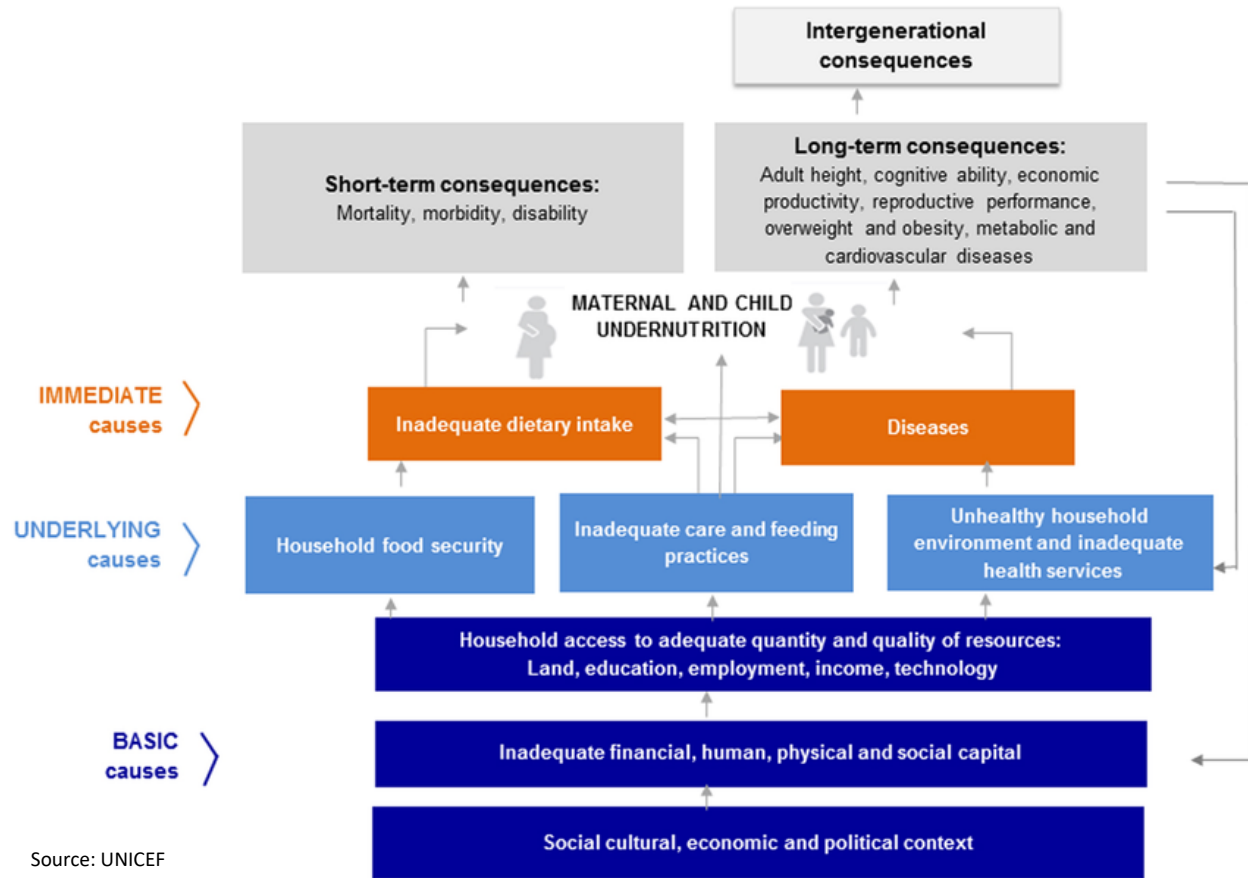
The causes of chronic malnutrition are multidimensional and require a multi-sectoral response. These causes are summarized in the UNICEF conceptual framework for undernutrition¹². Inadequate dietary intake and/or diseases are the immediate causes of chronic malnutrition, entangled together in a vicious cycle: malnutrition resulting from an inadequate dietary intake weakens children's immune system, making them sensitive to infectious diseases. Infections, especially when causing diarrhea, reduce children's nutrient absorption at a time when their organism's need for nutrients is increased to fight off the disease. Underlying causes can be

¹⁰ Coronavirus Cases: (n.d.). Retrieved May 1, 2020, from [https://www.worldometers.info/coronavirus/?utm_campaign=homeADemocracynow\(2020\)dvegas1?](https://www.worldometers.info/coronavirus/?utm_campaign=homeADemocracynow(2020)dvegas1?)

¹¹ COVID-19: impact could cause equivalent of 195 million job losses, says ILO chief | UN News. (n.d.). Retrieved May 5, 2020, from <https://news.un.org/en/story/2020/04/1061322>

¹² UNICEF. Improving Child Nutrition: The achievable imperative for global progress. United Nations Children's Fund; 2013. p. 4.

summarized in three categories: household food insecurity, inadequate care and feeding practices, and unhealthy household environment (such as poor water, hygiene and sanitation conditions) / inadequate access to health services. These are underpinned by a number of basic socio-economic, environmental and political causes.



UNITLIFE will invest in the nutrition, climate-smart agriculture and women empowerment nexus as an entry point to improve nutritional outcomes for children and reduce chronic malnutrition and macro/micronutrient deficiencies. To ensure a comprehensive response, UNITLIFE will prioritize innovative projects that promote a sustainable approach and are either integrated or collocated with other interventions that contribute to reducing chronic malnutrition including but not limited to support to health systems, and improvement of water, sanitation and hygiene conditions.

The nutrition, agriculture, climate change and women empowerment nexus

Improving nutritional intake of children from conception until the age of two is at the core of reducing chronic malnutrition. This nutrition intake happens in-utero through the mother's nutrition, then through breastfeeding and the introduction of complementary foods. The quality, quantity, and diversity of the diet of both mothers and children are essential to ensure adequate nutrient intake.

Nutrition-sensitive agriculture combined with nutrition behavior change programs

The consumption of diverse foods across food groups is essential to ensure a balanced, nutritious diet. In many areas with high chronic malnutrition prevalence, diets are predominantly composed of cereals, roots and tubers, and lack animal sources of protein as well as fruits and vegetables rich in micronutrients. Improving diet diversity can be one of the most effective and sustainable interventions to reduce chronic malnutrition and micronutrient deficiencies¹³, and is essential for both women of reproductive age and young children. Barriers to diet diversity vary from one community to another but usually include availability and/or affordability of different food groups, lack of awareness of micronutrient deficiencies and chronic malnutrition, or in some cases cultural sensitivities associated with the consumption of certain foods.

The Food and Agriculture Organization (FAO) defines nutrition-sensitive agriculture as “a food-based approach to agricultural development that puts nutritionally rich foods, dietary diversity, and food fortification at the heart of overcoming malnutrition and micronutrient deficiencies.” Combined with nutrition behavior change interventions, nutrition-sensitive agriculture plays a key role in improving diet diversity, quantity, and quality by improving food availability and access, diversifying food production, and increasing its nutritional content through fortification¹⁴. While positive impacts on nutrition can be gained in every step of the food value chain, UNITLIFE’s investments will prioritize nutrition-sensitive interventions in (i) agricultural inputs and food production, (ii) food processing, sales and marketing, and (iii) food preparation and consumption.

Climate change, natural resources management and nutrition

Food production is dependent on natural resources such as soils, water and marine resources, biodiversity, minerals and fossil fuels¹⁵. As agriculture productivity increases to feed a growing population, so does the pressure on these limited resources with negative consequences such as land degradation, depletion of groundwaters or fish stocks. Adopting a sustainable approach to natural resources management is essential for the production of nutritious foods in the long-term.

Leading climate models forecast that the effects of climate change will adversely affect nutrition through decreased crop yields, decreased diet diversity, and decreased food nutritional content¹⁶. This will happen as a result of multiple pathways among which an increase in extreme climate events such as droughts and floods, an increase in temperature and an increase in CO₂ levels. The production of cereal crops has already dropped by an estimated 9-10 percent over the last half century due to changes in climate patterns¹⁷.

¹³ Mary Arimond, Marie T. Ruel, Dietary Diversity Is Associated with Child Nutritional Status: Evidence from 11 Demographic and Health Surveys, *The Journal of Nutrition*, Volume 134, Issue 10, October 2004, Pages 2579–2585, <https://doi.org/10.1093/jn/134.10.2579>

¹⁴ Nutrition-sensitive agriculture. Nov 2014. FAO. <http://www.fao.org/3/a-as601e.pdf>

¹⁵ Food Systems and Natural Resources. The International Resource Panel (IRP) Working Group on Food Systems and Natural Resources chaired by Maarten Hajer. Retrieved from <https://www.resourcepanel.org/reports/food-systems-and-natural-resources>

¹⁶ J. Fanzo, R. McLaren, C. Davis, J. Choufni. Climate Change and Variability. What are the Risks for Nutrition, Diets and Food Systems? IFPRI Discussion Paper 01645. May 2017. <http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/131228/filename/131439.pdf>

¹⁷ S. Connor. “Cereal Harvests across the World Have Fallen by 10% in the Last 50 Years.” *The Independent*, Independent Digital News and Media, 6 Jan. 2016, www.independent.co.uk/environment/climate-change-cereal-harvests-across-the-world-fall-by-10-in-50-years-a6799666.html.

The effects on food security and nutrition are expected to be more prominent in Sub-Saharan Africa and South Asia, the very regions already battling chronic malnutrition, and which will need to feed a fast-growing population. The majority of their population relies on agriculture for survival, with over 60 percent of the population in Sub-Saharan Africa involved in agriculture on small farms¹⁸. Maize, the most produced crop in Africa with 80.6 million tons in 2018¹⁹, is one of the crops for which yields are expected to decrease the most in tropical areas²⁰. In West Africa, yields of millet and sorghum – the most common crops in the region – are also expected to decrease, threatening the livelihoods of smallholder farmers and increasing the number of hungry people. Severe child stunting attributable to climate change’s impact on food availability could increase by as much as 23 per cent in Sub-Saharan Africa and 62 per cent in South Asia²¹. Temperature increases are also affecting crop pests, in certain instances leading to their broader geographical spread and longer reproductive cycles, increasing food loss. Similarly, changing climate patterns are deregulating crop pollinators, which are particularly important for many fruits and vegetables²².

A climate-smart agriculture approach, as defined by the Food and Agriculture Organization “sustainably increases productivity, enhances resilience (adaptation), reduces/removes greenhouse gas (mitigation) where possible, and enhances achievement of national food security and development goals”. Adopting agricultural practices that are nutrition-sensitive, preserve natural resources, and enhance resilience to climate change is essential to help the vulnerable population access a nutritious diet.

The role of women

Women represent on average 43 percent of the agriculture labor force in developing countries²³ and almost 50 percent in sub-Saharan Africa and South Asia, where it is the top sector of employment for women. However, women have significantly less access to agricultural resources such as land, livestock, finance, information, technology, and markets. This unequal access adversely impacts women farmers’ ability to adopt climate-smart practices, which could improve their natural resource management and offset the negative effects of climate on agriculture. The Food and Agriculture Organization (FAO) estimates that closing the gender gap in agriculture could raise production on women’s farms in developing countries by 20 to 30% in developing countries, which could lift 100 to 150 million people out of hunger²⁴. By increasing women’s access to nutrition-sensitive and climate-smart agricultural resources, women have the potential to significantly improve nutrition outcomes of their families and communities²⁵.

¹⁸ L. Goedde, A. Ooko-Ombaka “Winning in Africa’s Agricultural Market.” *McKinsey & Company*, www.mckinsey.com/industries/agriculture/our-insights/winning-in-africas-agricultural-market.

¹⁹ *FAOSTAT*, www.fao.org/faostat/en/#data/QC.

²⁰ Rosenzweig, Cynthia, et al. “Assessing Agricultural Risks of Climate Change in the 21st Century in a Global Gridded Crop Model Intercomparison.” *PNAS*, National Academy of Sciences, 4 Mar. 2014, www.pnas.org/content/111/9/3268#sec-1.

²¹ Lloyd, Simon J et al. “Climate change, crop yields, and undernutrition: development of a model to quantify the impact of climate scenarios on child undernutrition.” *Environmental health perspectives* vol. 119,12 (2011): 1817-23. doi:10.1289/ehp.1003311

²² Climate Change and Crop Pollination. FAO. <http://www.fao.org/3/i2242e/i2242e01.pdf>

²³ The role of women in agriculture. FAO ESA Working Paper No. 11-02. March 2011 <http://www.fao.org/3/am307e/am307e00.pdf>

²⁴ <http://www.fao.org/news/story/en/item/52011/icode/>

²⁵ <http://www.fao.org/climate-smart-agriculture-sourcebook/enabling-frameworks/module-c6-gender/chapter-c7-2/en/>

Research has shown that nutrition-sensitive agricultural programs have a higher impact on children's nutrition when they target women and when they are combined with care and nutrition behavioral change programs²⁶. Women's nutrition is a key determinant for the nutritional status of their children, especially during pregnancy. Furthermore, as primary caretakers, women are often the ones who make nutrition decisions for their children and are more likely than men to spend income on items and services benefiting children, including nutritious foods. Empowering women through agriculture can increase their control over resources and income and improve their decision-making status in the household, enabling them to make healthy nutrition choices for themselves and their children. It can also increase the time available for caretaking through, for instance, the promotion of less labor-intensive agricultural practices²⁷. Because interventions economically empowering women challenge traditional gender roles and cases of increased domestic violence have been observed²⁸, a do-no-harm approach, considering the role of men in project implementation is important.

Placing women at the center can therefore yield a triple dividend by improving food and nutrition security, fostering gender equality, and supporting resilience to climate change impacts.

Cross-cutting priorities

Innovation

Innovation is at the core of UNITLIFE's approach, from its fundraising model to cutting-edge partnerships with research institutions and technology companies to improve program transparency and impact. In this spirit and in line with the recommendations that emanated from the Expert Consultations, UNITLIFE will prioritize funding for projects which include an innovative approach. Such approaches may include innovative uses of technology, innovative public-private partnerships, frugal and locally designed innovative solutions, or innovative program implementation and monitoring methods. Scale-up of existing innovations will be favored, especially in the case of technological innovations to prevent the multiplication of similar technological solutions at small-scales. Public-private partnerships will be encouraged to appeal to the core business of companies, rather than their corporate and social responsibility departments to promote sustainability.

Integration and co-location

Project duration, scope and scale are largely determined by individual donor priorities and funding availability. This reality is particularly detrimental to projects aimed at preventing chronic malnutrition, which often require multi-year multi-sectoral investments to achieve optimal results. UNITLIFE will prioritize funding for projects that are integrated or co-located with

²⁶ Ruel, M. T., and H. Alderman. 2013. "Nutrition-Sensitive Interventions and Programs: How Can They Help Accelerate Progress in Improving Maternal and Child Nutrition?" *Lancet* 382 (9891): 536–551. doi: 10.1016/S0140-6736(13)60843-0.

²⁷ van den Bold, Mara; Quisumbing, Agnes R. and Gillespie, Stuart. 2013. Women's empowerment and nutrition: An evidence review. IFPRI Discussion Paper 1294. Washington, D.C.: International Food Policy Research Institute (IFPRI). <http://ebrary.ifpri.org/cdm/ref/collection/p15738coll2/id/127840>

²⁸ "Do No Harm Toolkit – Briefing Note." *IWDA*, 12 Aug. 2019, iwda.org.au/resource/do-no-harm-toolkit-briefing-note/.

complementary interventions addressing other determinants of malnutrition, to maximize project efficiency. These complementary interventions can be implemented by the organization applying for funding as part of an existing project or by another actor in the same area. Combining UNITLIFE's investments with resources from other donors will contribute to more effective, lasting, and scaled results.

Sustainability

By preventing chronic malnutrition and micronutrient deficiencies through nutrition-sensitive and climate-smart agriculture, UNITLIFE seeks to address the problem in a sustainable way with nutritional benefits continuing when projects end. In this respect, local actors, including national/local NGOs/CSOs and national/local authorities, have a greater understanding of the challenges, needs and cultural norms of their communities. They speak local languages and are known by the people they seek to help. They have a pivotal role to play in identifying drivers of chronic malnutrition, ensuring project design is contextually fit, and generate project acceptance and long-term behavioral change within communities. While contracting national NGOs as sub-implementing partners is a common practice among UN agencies and international non-profit organizations, their role is often limited to service delivery. UNITLIFE will prioritize projects which include local actors as equal partners in determining needs and priorities, a capacity building component, and a sustainable exit strategy built around local capacity. Sustainable exit strategies may integrate a financial inclusion dimension and promote women farmers' self-sufficiency beyond the project by increasing their access to financial solutions and markets for their nutrition-sensitive agricultural outputs.

Eligible interventions

UNITLIFE will fund interventions at different points of the food value chain that (i) position improved nutrition as a primary outcome; (ii) promote nutrition-sensitive and climate-smart agriculture; and (iii) place women at the center. Priority will be given to (i) projects that are integrated and/or collocated with complementary interventions addressing other determinants of chronic malnutrition based on the context such as access to health services and adequate water, sanitation and hygiene; (ii) projects that demonstrate a strong sustainability approach to maximize long-term impact; and (iii) projects that include an innovation component.

Recognizing that the determinants of malnutrition differ across and within countries, and that partners on the ground are best placed to assess specific needs of the communities they serve, UNITLIFE will not restrict eligible interventions, provided that they fit the above-mentioned criteria. For the sole purpose of illustration, a few non-exclusive examples are provided below:

Agricultural inputs and food production: environmentally sustainable agricultural diversification (diversification of crops grown and other farming activities such as animal husbandry); promotion of nutrient-rich and climate-resilient crops; promotion of biofortification (increasing crop nutritional value through crop breeding, fertilization or genetic modification); promotion of

home gardens and nutrient-rich off-season crops; promotion of crops, tools and practices that reduce women's agricultural work burden.

Food processing, sales and marketing: food fortification (adding essential micronutrients to foods); interventions increasing the availability and access to locally-developed nutrient-rich foods including petty and small-scale trade; fermentation, drying, and other methods to extend the shelf life and preserve the nutritional content of foods such as fruits, vegetables, or meat²⁹; interventions that connect women farmers to financial services and markets. Such interventions go hand in hand with adequate handling and storage to preserve the nutritional content of foods, among other benefits.

Food preparation and consumption: nutrition awareness and behavior-change programs promoting good infant and young child feeding practices, including mother nutrition, early initiation of breastfeeding, exclusive breastfeeding in the first six months, the introduction of complementary foods between six and eight months, and adequate complementary feeding practices meeting minimum diversity and frequency recommendations. Awareness-raising on the impact of different food preparation methods on the nutritional value of foods and of hygiene on food safety is also important.

IV. Geographical Focus

In its initial phase (2020-2022), UNITLIFE aims to raise \$50 million to combat chronic malnutrition. Geographical focus is essential to maximize impact of limited resources.

Regional focus

Regional burden of chronic malnutrition

The vast majority (94 percent) of the world's 144 million chronically malnourished children live on the African and Asian continents (40 percent and 54 percent respectively).

The prevalence is the highest in Africa, where as many as 24 African countries have stunting rates above 30 percent, including seven above 40 percent³⁰. Despite the stunting prevalence decreasing from 38 to 29 percent over the last 20 years, with population growth, the actual number of stunted children has increased from 50 million to 57 million during the same period. Overall, 1 in 3 children under the age of 5 in Africa is stunted³¹.

In Asia, both stunting prevalence and number of stunted children has significantly decreased since the year 2000, from 38 to 22 percent and from 137 to 78 million respectively as of 2019.

²⁹ J.Fanzo, R.McLaren, C.Davis, J.Choufni. Climate Change and Variability. What are the Risks for Nutrition, Diets and Food Systems? IFPRI Discussion Paper 01645. May 2017. <http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/131228/filename/131439.pdf>

^{30,32} "Malnutrition Data." UNICEF DATA, data.unicef.org/resources/dataset/malnutrition-data/.

³¹ Ibid.

Nevertheless, 12 countries still face stunting rates above 30 percent, out of which two over 40 percent³².

Additionally, several small island developing states in Oceania are also severely affected by chronic malnutrition, as well as one country in Latin America and the Caribbean.

UNITLIFE's geographical focus

Year 1 (2020) - UNITLIFE will pilot a project in one African country: In UNITLIFE's first year of existence, available funding for the pilot project(s) is limited with a minimum of \$500,000 available and a maximum of \$1 million. In this context, UNITLIFE will focus on a sole country to ensure impact of limited resources is maximized, while reducing competition among partners when funding is only available for a maximum of two small-scale projects of 18 months³³.

Year 2 and 3 (2021-2022) - UNITLIFE will expand its geographical reach to additional African countries and target at least one Asian country: UNITLIFE expects to raise up to \$10 million by the end of 2021 and reach a capitalization of \$50 million by the end of 2022. In 2021, UNITLIFE will hold its first formal call for proposal. The focus on the African continent will be maintained, with additional eligible countries included based on funds available. In parallel, the Secretariat will initiate consultations with experts on malnutrition in Asia, in view of including at least one Asian country in the 2021 or 2022 at the latest. Project duration is foreseen to increase to 24 months.

Countries in Oceania and Latin America and the Caribbean may be considered.

Country selection criteria

UNITLIFE will use a combination of nutrition-specific and context indicators to identify target countries. Where relevant, indicators will be further disaggregated geographically to account for in-country disparities within regions and/or between rural and urban areas.

| Type | Indicator | Source | Rationale |
|---|---|------------------------|---|
| <i>Nutritional situation indicators</i> | | | |
| MALNUTRITION | High stunting prevalence (30 percent or higher) | UNICEF-WHO-WB database | UNITLIFE will focus its investment where needs are the highest. |

³³ As UNITLIFE is in its pilot phase, initial project duration has to be limited to 18 months. As capitalization grows, a "top-up" funding window to extend some of the existing projects based on results may be considered.

| | | | |
|--|--|---|---|
| DIET ADEQUACY | Low prevalence of exclusive breastfeeding (0-5 months) Low prevalence of minimum dietary diversity among women of reproductive age and/or children under 5 | UNICEF-WHO-WB database DHS, MICS and other country surveys | UNITLIFE's impact pathway focuses on improving the quality, quantity and diversity of mother and child diets. UNITLIFE's impact will be greatest where mother and child diets are suboptimal. |
| Contextual indicators | | | |
| SECURITY | Exclusion of countries experiencing high-intensity conflict Thorough risk assessment conducted for countries experiencing medium-intensity conflict or high institutional or social fragility | World Bank List of fragile and conflict-affected situations | UNITLIFE will consider country security and stability to inform investment risk. Qualitative information from other sources, including discussions with in-country actors, will complement stability analysis. |
| NATIONAL COMMITMENT | SUN member country Government political and financial commitments to nutrition, including Cost of Hunger study where relevant | SUN database Cost of Hunger in Africa (COHA) report list | UNITLIFE supports national leadership on nutrition and will prioritize countries with a national nutrition strategy in place, who invest domestic resources. Presence of a COHA study will be favorably considered, without acting as an excluding criteria |
| EXISTING FUNDING | Lower levels of ODA for nutrition | SUN database | UNITLIFE will prioritize countries / areas that receive lower levels of ODA for nutrition, especially for the prevention of chronic malnutrition |
| Additional indicators (where available) | | | |
| GENDER EQUALITY | TBD | | Relevant indicator(s) on gender equality will be identified in concertation with UN Women |
| ECONOMIC COST OF MALNUTRITION | High cost to GDP | COHA reports | This indicator and associated information in the COHA studies provides information on the economic burden of malnutrition on countries. |
| MALNUTRITION | Low birth weight prevalence High prevalence of anemia in women of reproductive age | UNICEF-WHO-WB database | Prevalence of low birth weight and prevalence of anemia in women of reproductive age are measured by and available for many countries, and can serve as additional nutritional indicators. The latter is usually associated with iron deficiency. |

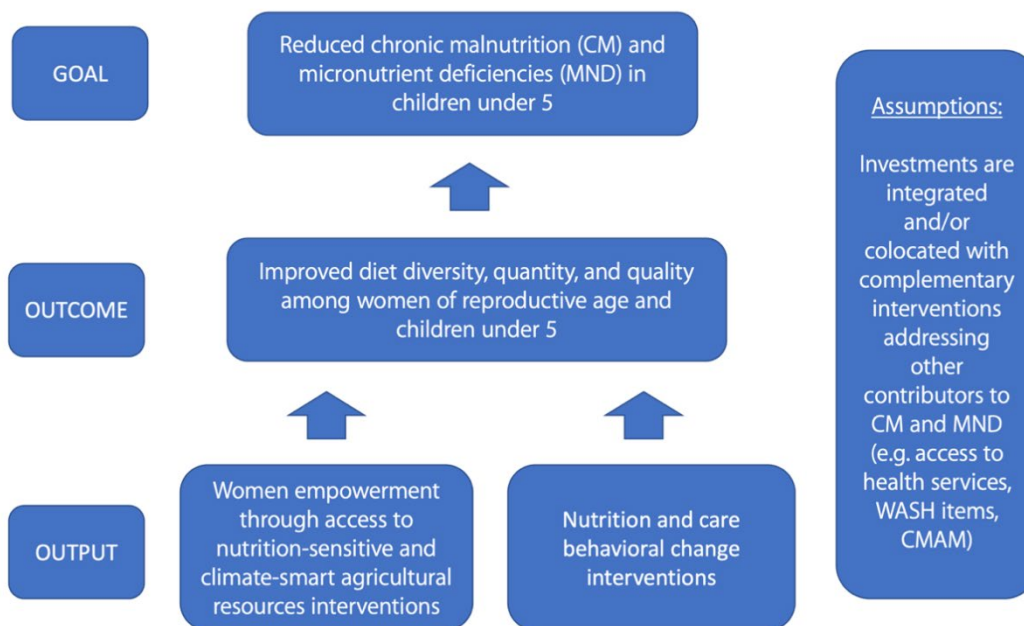
V. Results Framework

Impact pathway:

If (1) nutrition-sensitive and climate-smart agricultural practices are promoted among rural women in combination with care and nutrition behavioral change programs, then (2) the

prevalence of chronic malnutrition and micronutrient deficiencies will decrease because (3) diet diversity, quantity, and quality will be improved.

UNITLIFE IMPACT PATHWAY



Core sets of indicators

In line with recommendations from the Expert Consultations, UNITLIFE and its partners will measure results at output and outcome level. Goal-level indicators such as stunting are indeed insensitive to short- and medium-term changes, especially from agriculture projects, and require large sample sizes often beyond the coverage of individual projects³⁴. Micronutrient deficiency status measurement presents another challenge related to its measurement which can be more invasive and expensive, mainly relying on blood sampling. For this reason, UNITLIFE will use outcome indicators related to diet diversity, quantity, and quality as a proxy.

To facilitate aggregation and analysis of project results, UNITLIFE partners will be encouraged to measure a core set of standard indicators. These indicators have been chosen in line with UNITLIFE's impact pathway and include three nutrition-specific indicators reflecting on one hand diet diversity, quantity and quality, and on the other hand knowledges, attitudes and practices related to infant and young child feeding. The remaining two indicators serve to assess the use of climate-smart practices in the project and the project impact on women empowerment. Recognizing that individual nature of each project, these can be complemented by additional project-specific indicators. The [FAO Compendium of indicators for nutrition-sensitive agriculture](http://www.fao.org/3/a-i6275e.pdf) can help partners identify relevant indicators.

³⁴ Compendium of indicators for nutrition-sensitive agriculture. FAO. 2016. <http://www.fao.org/3/a-i6275e.pdf>

| Type | Indicator | Method | Rationale |
|---|--|---|--|
| DIET DIVERSITY | Minimum dietary diversity – children 6-23 months Minimum dietary diversity (MDD) -women of reproductive age (15-49 years) | Household survey: 24-hour recall by the caregiver of food consumption based on a list of food groups. | The MDD indicator has been shown to reflect micronutrient adequacy in the diet. Consumption of 4 out of 8 food groups for children and 5 out of 10 food groups for women is considered as meeting minimum dietary diversity. The data collected through the MDD questionnaire allows an analysis of changes in the consumption of specific food groups. |
| DIET FREQUENCY | Minimum Meal Frequency (MMF) (children 6-23 months) | Household survey: 24-hour recall | This indicator measures the number of meals a child receives per day and has been shown to reflect quantity adequacy in the diet. Combined, MDD and MMF for the composite Minimum Acceptable Diet (MAD) indicator which reflects simultaneously diet diversity and quantity. |
| INFANT AND YOUNG CHILD FEEDING (IYCF) KNOWLEDGE AND BEHAVIOR CHANGE | Awareness of and behavior changes in IYCF practices | Household survey: knowledges, attitudes, and practices (KAP) | IYCF KAP surveys also used to identify gaps in knowledge, attitudes and dietary practices to guide project design and to measure efficiency of nutrition education interventions. Model questionnaires are available. MDD and MMF can be measured as part of KAP surveys. |
| WOMEN EMPOWERMENT | Project-specific, determined by implementing partner | N/A | UNITLIFE’s primary goal is to improve mother and child nutrition through nutrition-sensitive and climate-smart agriculture that places women at the center. The specific interventions related to women empowerment, nutrition-sensitive and climate-smart agriculture will vary based on context and project. Recognizing this diversity of interventions, indicators measuring results in these areas will be identified by partners based on project-specific targets |
| NUTRITION-SENSITIVE AND CLIMATE-SMART AGRICULTURE | Project-specific, determined by implementing partner | N/A | |

The three core nutrition indicators above can be measured in most projects falling within UNITLIFE’s investment strategy. Partners will also report on women empowerment and climate-smart agriculture, while retaining flexibility of indicator selection based on context. Additional indicators measuring project-specific targets will be decided upon by partners who are encouraged to select indicators from the FAO Compendium for nutrition-sensitive agriculture: <http://www.fao.org/3/a-i6275e.pdf>. Beneficiary data should be gender-disaggregated.