



CARE'S PERSPECTIVE ON THE MDGs

Building on success to accelerate progress towards 2015
MDG Summit, 20-22 September 2010

MDG Goal 1: Eradicate Extreme Poverty and Hunger

Target 3: Halve, between 1990 and 2015,
the proportion of people who suffer from hunger

Overview

In the 1990-1992 period, 20 percent of the world's population was hungry. While that figure dropped to 15 percent for 2005-2007, the world's population is growing. So is the number of hungry people. In the last twenty years, the number of hungry people has risen from approximately 845 million to more than one billion. Since the Millennium Development Goals were agreed, attention to the hunger crisis and commitment to tackle it have increased, including among African heads of state and the G8 and through the High Level Task Force on the Global Food Crisis' Comprehensive Framework for Action. Despite these commitments and plan of action, we still have a long way to go. Yet at the same time, climate change and the negative impact it will have on agricultural productivity, especially in sub-Saharan Africa, threaten to push even more people into hunger and malnutrition.

How Do We Achieve Success?

Achieving Target 3 of MDG 1 requires renewed commitment, sustained investment, and strategic approaches that tackle the root causes of hunger. CARE's policy recommendations include:

- A comprehensive approach that focuses on the root causes of hunger, including:
 - Increased investment in socially, environmentally, and economically sustainable and equitable development of agriculture, fisheries, aquaculture and livestock, particularly addressing the linkage between climate change and food security, to boost food production;
 - Investment by national governments in social protection systems that protect dignified access to food;
 - Emphasis on women's empowerment to increase the impact of interventions;
 - Focused investment on smallholders, the rural poor, marginal groups and women, including enhancing their access to markets and credit;
 - Inclusion of the urban poor, in light of the impact of higher prices on their food security;
 - Expanding the scope of nutrition beyond treatment and feeding programs, targeting mothers and children under two years of age and recognizing the linkage between health, food security and agriculture;
 - Integration of a rights-based approach, including right to food, water, land and resources; and
 - Action research, including on agro-ecological approaches, to inform policy and implementation efforts on an ongoing basis.

- Pro-poor governance of resources and activities, including:
 - Targeting of resources to the most vulnerable, poorest populations;
 - Commitment to support country-led, whole-of-society plans;
 - Emphasis on capacity building; and
 - Commitment to pro-poor principles: transparency, downward accountability, and the effective engagement of local communities and affected populations, including women, in the design, implementation, monitoring and evaluation of programs and activities.

What Do We Know Works?

Case Study (CARE Bangladesh): Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) Program, Bangladesh

CARE Bangladesh's SHOUHARDO program achieved tremendous results in overall food security, as well as in areas related to gender equality, maternal and child health, nutrition, disaster risk reduction, and governance. In the end-of-program evaluation, CARE undertook an examination not only of the results achieved but also of the factors that led to that success. The SHOUHARDO program in Bangladesh was a Title II Development Assistance Program (DAP) funded through Food for Peace (FFP) and the Government of Bangladesh. CARE worked with the Government of Bangladesh (Ministries for Health & Family Welfare, and Food & Disaster Management), and 44 local NGO partners to implement the project.

The overall goal of SHOUHARDO was to sustainably reduce chronic and transitory food insecurity of 400,000 households in 18 districts of Bangladesh by 2009. Targeted participants included the poorest and most vulnerable households, and within them women and girls, living in the most vulnerable and remote areas, including Kishoreganj, Rangpur, Tangail and Chittagong. While each of these four regions possesses its own unique topography, they are populated by some of the most marginalized groups in Bangladesh due to their remoteness. The project reached a total of 4.6 million beneficiaries.

The overall goal was to be achieved through four specific objectives that addressed key behavioral and systemic/institutional constraints related to food availability, access and utilization. The four specific objectives included:

- **Improved availability and economic access to food through strengthening livelihoods and entitlements and enhancing accountability of service providers.** The program promoted increased and more equitable production of food crops and fisheries by addressing underlying political and social risks while enhancing livelihood capabilities. This included the provision of technical assistance and training via project staff and partners to promote sustainable farming and fishing practices, the enhancement of the effectiveness and accountability of government and non-government institutions, and a shift in the enabling environment to support livelihoods in a just and representative manner.
- **Sustainable improvement in the health and nutrition of project participants.** The program sought the sustained improvement in the health and nutrition of the program participants. The interventions included several components. The health component focused on pregnancy and birth care, including pre- and post-natal care, birth attendant training, supplemental vitamins, family planning, vaccinations, diarrhea monitoring, and referral systems for emergencies. The nutrition component provided supplemental feeding for pregnant and lactating mothers and children under two, breastfeeding, and weaning practices. The hygiene component included sanitation, sanitary practices, and safe, arsenic-free water.

- **Enhanced empowerment of 400,000 women and girls from targeted vulnerable households.** The program aimed to empower 400,000 women and girls in the targeted communities through a number of approaches, including Empowerment, Knowledge and Transformative Action (EKATA), Early Child Care for Development (ECCD), Parent Teacher Associations (PTA), and School Management Committees (SMC). The program placed emphasis on increasing women's decision-making power at household and community levels; reducing gender-based violence and acts which increase women's economic insecurity; raising awareness of educational entitlements for women and girls; capacity development in leadership and advocacy; and strengthening the linkages between women's groups and the village and slum development committees, NGOs, legal assistance, and other bodies that address gender disadvantage which disproportionately affects women.
- **Enhanced ability of targeted communities and institutions to prepare for, mitigate and respond to natural disasters.** The fourth objective of the program was to ensure adequate warning of the natural disasters that continually undermine the livelihoods of the SHOUHARDO communities and to put in place plans and structures to help mitigate their impact. The intervention relied on training in early warning and disaster preparedness and response for Union Disaster Management Committees (UDMC) and Pourashava Disaster Management Committees (PDMC), the training of large cadres of volunteers at the ward and community level, and the identification and reinforcement of coping strategies as well as skills in disaster preparedness.

Total Cost and Program Duration: US\$ 99.2 million and 277,292 MT of commodities/ 5 years.

Outcomes and Impacts: The outcomes of the SHOUHARDO program reveal positive impacts in overall food security, nutrition, women's empowerment, governance, and disaster risk reduction.

Outcomes related to Target 3 of MDG 1:

- ***Reduced stunting by 28 percent (compared to a global average of 12 percent for USAID programs); wasting by 18 percent; and underweight by 30 percent.***
- Increased dietary diversity. The more SHOUHARDO activities a household participated in and benefited from, the more dramatic the increase in dietary diversity.
- Increased the number of months with sufficient food.
- Reduced forced migration by 54 percent.
- Reduced advance labor by almost 75 percent and non-formal loans by over 56 percent.
- Increased income by 128 percent and the number of income sources by 24 percent.

Outcomes related to MDGs 3, 4 and 5:

- 21 percent increase in number of children fully immunized.
- 61 percent increase in number of children given oral rehydration treatment during diarrhea.
- 300 percent increase in number of women with at least three antenatal visits.
- 563 percent increase in number of women taking more food than usual during pregnancy.
- 26 percent increase in safe water for washing.
- More than 6,000 female entrepreneurs provided with business skills.
- Index of women's decision-making power within her household increased 23 percent.

Outcomes related to disaster risk reduction and governance:

- Contribution to the development of a Climate Forecasting Application in Bangladesh.

- Extension of the early warning system from three-day to ten-day forecast. The Government of Bangladesh has taken up this application and plans to bring the forecast from 10 to 25 days.
- 2,342 village and slum development committees formed, increasing linkages to local government.

Key Factors for Success, Scale Up, and Replication: The SHOUHARDO design was consistent with CARE's *Unifying Framework for Poverty Eradication & Social Justice*, developed around three upper-level outcome categories – improving human conditions, improving social positions, and creating a sound enabling environment. Together, these categories ensure that the underlying causes of poverty are accurately analyzed and addressed from both needs- and rights-based perspectives.

SHOUHARDO used a *bottom-up method of empowering some of the poorest and most marginalized populations to attain their basic rights*. By coupling this approach with the Unifying Framework, CARE Bangladesh proposed a model that truly tries to break the vicious cycle of poverty. Within this model, SHOUHARDO addressed factors for which there is a well-documented relationship with improved nutritional status and survival of children, including education of women and girls, and women's empowerment and control of resources. The inclusion of more traditional interventions of health and hygiene promotion, water and sanitation, growth promotion, and increased food production along with distribution of food rations created a synergy which resulted in significant and sustainable impact.

Specific principles of implementation included:

- Emphasis on *capacity building and governance* to enable pro-poor development;
- Emphasis on *women's empowerment* to increase the impact of interventions, including children's nutritional status;
- Implementation of *array of interventions targeting underlying determinants* of nutritional status;
- *Integration of nutritional programs* into existing government health programs;
- *Comprehensive approach* combining risk reduction and disaster mitigation activities with cross-sectoral livelihoods interventions;
- Overlapping of sector-specific strategies, creating *mutually reinforcing interventions*; and
- *Recognition of linkages* among hunger, nutrition, health, and climate change.

For more information:

Program Contact: Faheem Khan, Chief of Party, SHOUHARDO, CARE Bangladesh (faheem@carebangladesh.org).

Founded in 1945, CARE is a leading aid organization fighting global poverty. In nearly 70 countries, CARE works with the poorest communities to improve basic health and education, enhance rural livelihoods and food security, increase access to clean water and sanitation, expand economic opportunity, and help vulnerable people adapt to climate change. Women are at the heart of CARE's efforts, because experience shows that a woman's achievements yield dramatic benefits for her entire family. CARE also provides lifesaving assistance during emergencies, and helps rebuild communities after the disaster has passed.



CARE International is an independent, non-political, non-religious federation comprised of 12 member organizations: CARE Australia, CARE Canada, CARE Danmark, CARE Deutschland, CARE France, CARE Japan, CARE Nederland, CARE Norge, CARE Österreich, CARE Thailand/Raks Thai Foundation, CARE UK, and CARE USA.
www.careinternational.org