



Project Laser Beam



Lessons from a five-year, global public-private partnership addressing child undernutrition



Final Conclusions

September 2014



“Multi-sector partnerships among companies, governments, donor agencies, and non-governmental organisations offer enormous potential for leveraging resources and capabilities to improve development results. Yet, they are challenging to establish and sustain.

They require ongoing efforts to build mutual respect and trust among diverse organisations with different interests, incentives, cultures, governance structures, decision-making processes and timelines. They require individual leaders in each partner organisation to be able to balance a sense of urgency for action and measurable results with the patience and persistence necessary to build effective relationships, deal with complexity and achieve systemic change. And they call for a shared commitment to overarching goals and principles combined with willingness to compromise and adapt when it comes to implementation.

Project Laser Beam, founded by the UN World Food Programme, Unilever, Mondelez International Foundation (formerly Kraft Foods Foundation), Royal DSM and the Global Alliance for Improved Nutrition (GAIN), has addressed and learned from these challenges. It has also demonstrated the value of a multi-layered approach to partnership. Project Laser Beam was convened and led by global platforms and champions, but has placed a strong emphasis on country-level ownership and on building the capacity of local implementation partners at a national and project-level.

In addition, Project Laser Beam has highlighted the benefit of combining public sector interventions, market-based solutions and philanthropic contributions within one initiative rather than viewing these as mutually exclusive approaches. Such a combination is difficult, but it can be achieved with clarity of roles and responsibilities, and sufficient trust among partners. This comprehensive approach has also enabled Project Laser Beam to tackle both the direct and underlying causes of child under-nutrition in a holistic manner.

The use of Accenture Development Partnerships as a third-party intermediary to facilitate and manage the Project Laser Beam initiative is worth noting. Having an independent intermediary that is respected and trusted by the partners and can offer both technical and relationship management skills can be a key factor in building successful partnerships among non-traditional allies.

As Project Laser Beam transitions to a new stage embedded in the Scaling Up Nutrition (SUN) Network, it offers valuable lessons for building multi-sector partnerships. Whether in the fight against malnutrition or to address other complex development priorities, such partnerships offer one of our best hopes for delivering more inclusive and sustainable development.”

Jane Nelson,

Director of Harvard Kennedy School's Corporate Social Responsibility Initiative, Harvard University

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Forewords



Unilever - Paul Polman,
Chief Executive Officer

When Project Laser Beam was launched in 2009, it was described as a transformational partnership. It was ground-breaking at the time because of its innovative multi-sector approach combining the expertise of leading public and private sector players to tackle child undernutrition - one of the most persistent challenges in our world.

Now, in 2014, five years later, Project Laser Beam has helped to improve the lives of more than two million people in Bangladesh and Indonesia. This report transparently shares the partnership's learnings and successes. It is essential that we leverage this experience across sectors and continue to build new collaborations if we are to be successful in addressing undernutrition and eliminating hunger in our lifetime.

To do this requires the spirit of innovation that Project Laser Beam demonstrates but also greater cooperation between governments, private sector, civil society and academia to develop strategies and solutions at global, regional and local level. For Unilever there is no question that we will continue our investments in nutrition across our value chain – from working with small holder farmers through to supporting the SUN Business Network within the Scaling Up Nutrition (SUN) Movement.

From a private sector perspective, addressing inequities such as undernutrition is not about philanthropy or altruism – it is about doing business sustainably. The cost of inaction in tackling stunting, malnutrition and hunger is far greater than the cost of action. Investment in nutrition can translate to a 2 to 3 percent increase in a nation's GDP each year and will assist in breaking the cycle of poverty that traps families and nations. Simply put, it makes good business sense and results in positive social impact and greater equity for communities around the world - investment in nutrition is an investment in creating a brighter future for generations to come.



UN World Food Programme - Elisabeth Rasmusson, Assistant Executive Director for Partnerships and Governance

Every human being deserves a healthy start to life and the chance to reach their full potential, yet chronic hunger steals these opportunities away from millions of people throughout the world, resulting in children being stunted, families' dreams remaining unrealised, and countries not achieving their economic potential.

It is because of these challenges that the World Food Programme has been providing food assistance to people in need since 1961 and working closely with local people and communities to enable them to become more self-sufficient. These challenges are also why we partnered with companies, governments, and other organisations in 2009 to create the bold, pioneering initiative called Project Laser Beam.

After five years, Project Laser Beam has helped to positively impact over two million people in Bangladesh and Indonesia. But more importantly, it has provided extremely valuable insights into, and learning opportunities around how we can create better multi-stakeholder partnerships and the local mechanisms that are so vital to overcome today's complex food, nutrition and development challenges.

We are very grateful to our partners who travelled with us into uncharted territory. They invested the time and resources needed for all of us to innovate and learn how we can achieve a world with zero hunger; a world in which children everywhere know their futures are open to infinite possibilities.



DSM - Feike Sijbesma,
Chief Executive Officer

The need to address chronic malnutrition - or hidden hunger - is one of the most critical challenges the world faces today. Two billion people, particularly in developing countries, are in urgent need of more nutritious food to live, thrive and, in some cases, simply survive. The problem is great and will require collaboration and coordination between many parties in the form of transformational partnerships in order to solve it.

Addressing nutrition deficiency is the most cost-effective way to improve the lives of people who are most at risk of long-term under-development. Good nutrition is essential to help pregnant and lactating mothers give birth to healthy children, produce adequate breast-milk and ensure children grow up to reach their full potential and not suffer from stunting.

The simple truth is: we have enough food in the world to feed everyone. The challenge is: to coordinate interventions that are both effective and sustainable. Fortunately, the solutions are known and available. At DSM, our expertise is in micronutrients (vitamins and minerals), which can be used in many forms of staple foods such as flour used to make bread. Many effective nutritional solutions are available but must be scaled up to reach those in need. When gaps in products and services are found, DSM's expertise and product solutions seek to assist Project Laser Beam in developing new solutions for improving nutrition.

We have it in our power to take action together to address malnutrition now and to prevent it in the future. Today's children and families need our help, so that they can build the foundation for the next generation.



Global Alliance for Improved Nutrition - Marc Van Ameringen, Executive Director

Child under-nutrition remains one of the most pressing issues of our time. Each year, 3.5 million children die because they do not have access to an adequate diet. Of those that do survive, some 162 million children are left stunted, unable to reach their full potential.

We believe that to be successful in the global fight against malnutrition we need a new approach – one that requires the private sector, civil society, and multilateral organisations to work in partnership with governments toward a common goal.

Project Laser Beam has been a forerunner in bringing these different sectors together to tackle child malnutrition. As one of its founding members, GAIN, together with its partners, has learnt a lot about what makes such partnerships work. Clarity of purpose, well-defined roles and good communication are all critical to building trust and enabling joint innovation and action.

Coordinated efforts by partners in Bangladesh and Indonesia built significant momentum to address malnutrition and led to concrete investments on the ground. Going forward, Project Laser Beam has been embedded in the broader framework of the Scaling Up Nutrition Business Network, a platform created to take multi-sector partnerships in nutrition to a global scale.

Project Laser Beam revealed how much we can achieve when we work together. Indeed, it showed that it is only by embracing the spirit of partnership that malnutrition can be eliminated within our lifetimes.



Mondelez International - Chris McGrath, Vice President of External Affairs

Over five years ago, Mondelez International joined forces with World Food Programme along with a coalition of companies to tackle malnutrition through Project Laser Beam. To help diversify diets, we teamed up with Helen Keller International to bring homestead farming to women in Indonesia and Bangladesh. Through these “micro-farms”, women were empowered to grow nutrient rich vegetables, raise poultry as a source of protein and increase family incomes by selling the harvest at market.

Through this effort we gained some invaluable lessons about collaboration, partnership, innovation and, I'd underscore, listening to our partners. We learned even more about the complexities of combating malnutrition and were inspired by the women who, like mothers around the world, want their children to be healthy.

As we sunset Project Laser Beam, we are thrilled to know the principles and insights that have emerged from this partnership will continue to inform other malnutrition efforts and collaborations. The resolve of Mondelez International to bring children good nutrition is strong and is one of the many inspirations that led us to launch a big, powerful idea: the Call for Well-being.

The Call for Well-being is a call for action in four areas that are critical to the well-being of the world and where Mondelez International can make the greatest impact: sustainability, mindful snacking, safety and community partnerships. Similar to Project Laser Beam, we're focused on driving impact and innovation. However, we recognise that we can't do it alone, and so we will amplify our “listening skills” and surface new voices. Alongside these new voices, we'll bring together diverse ideas - both big and small - to deliver meaningful change.



Executive Summary

Child undernutrition is a global issue that accounts for nearly three million deaths in children annually.

If children are undernourished by their second birthday, they could suffer irreversible physical and mental damage. This makes them more susceptible to illness throughout their life, resulting in lost opportunities to grow, flourish and reach their potential in adulthood. The economic costs of undernutrition are substantial. For example every US\$1 invested in reducing stunting in children in the first 1,000 days after conception through nutrition programmes is estimated to generate US\$18 in economic returns in Bangladesh and US\$48 in Indonesia.¹ Given the systemic and widespread nature of child undernutrition globally, the onus of addressing this issue does not and cannot rest upon a single organisation or sector. Public private partnerships play a critical role, bringing together complementary resources to deliver innovative, sustainable, and systemic solutions.

Project Laser Beam, a five-year, multi-million dollar public-private partnership, was established in 2009. It aimed to find new solutions to persisting problems in the area of child undernutrition. It brings together the expertise of the United Nations and other public agencies with that of Fortune 500 companies, governments, non-governmental organisations (NGOs) and local companies.

Project Laser Beam was unveiled at the Clinton Global Initiative meeting in New York in September 2009 by founding partners the UN World Food Programme, Unilever, Mondelez International Foundation (formerly Kraft Foods Foundation), Royal DSM and the Global Alliance for Improved Nutrition (GAIN). Over the five-year partnership, Project Laser Beam implemented 18 interventions, with 2.48 million people participating in the different programmes in Bangladesh and 424,000² in Indonesia. As the majority of the Project Laser Beam beneficiaries were involved in more than one intervention, the aggregate number of individual beneficiaries is lower. Of the total beneficiaries reached by Project Laser Beam, an estimated 1.74 million new beneficiaries (i.e., new to nutrition support) were reached by the partnership interventions.

The aim of Project Laser Beam was to create sustainable, scalable and replicable solutions to significantly reduce child undernutrition.

Over the five years of implementation, Project Laser Beam not only attained multiple successes but uncovered critical learnings that can help accelerate progress in tackling undernutrition using a multi-sectorial approach. Major achievements and learnings include:

1. Tackling child undernutrition

holistically by addressing both direct and underlying causes. Direct causes may include inadequate dietary intake that results in insufficient nutrients, and common infectious diseases, such as diarrhoea. Underlying causes may include household food insecurity, inadequate care for women and children, poor health and hygiene practices, and income poverty. Both were addressed by Project Laser Beam across four programmatic pillars of interventions: Food and Micronutrients, Water and Sanitation, Health and Hygiene, and Food security and Income Generation.

2. Creating transformational

partnerships by involving an appropriate set of stakeholders to address a systemic issue, then leveraging the core competencies of all partners to positively impact beneficiaries, reach scale and have a lasting impact.

3. Targeting whole communities,

including children during the first 1,000-day window of opportunity, pregnant and lactating women, and the communities in which they live to ensure continuous and sustainable support for undernourished children.

4. Creating an enabling environment for both traditional development and market-based solutions

where both public and private sectors can contribute and work together to address child undernutrition.

5. Selecting the “right” geographies

to enable all stakeholders (public and private sectors) in the partnership to contribute and benefit from their contribution in a way that creates sustainable impact.

6. Scaling up rather than re-inventing the wheel. Successful existing child nutrition solutions not only save investment in research and development but also speed up implementation.

7. Operating efficiently by implementing a decentralised consensus-driven operating model managed by a neutral external third party, Accenture Development Partnerships. Accenture Development Partnerships enabled all partners to play to their strengths and manage their designated interventions by focusing on their core competencies.

The final learning of Project Laser Beam is that there is significant value in collaborating with larger global child nutrition platforms or agendas, such as that of the Scaling Up Nutrition (SUN) Movement, to not only increase advocacy for governments to embed nutrition in their national agenda but also to share experiences and lessons learnt to inform future similar efforts. Such collaboration will also support the scaling up of Project Laser Beam nutrition interventions even after the project concludes.

Thus, even though Project Laser Beam ended in September 2014, the concept and learnings of Project Laser Beam and the experiences of its partners in fighting child undernutrition will add value to, and continue to help drive action on this front.

Introduction

The Challenge

Child undernutrition is responsible for nearly half (45 percent) of all deaths in children under five, which translates to nearly three million deaths in children annually.³ Millions of other children under five are permanently disabled both physically and mentally due to poor dietary intake. In 2011 alone, it was estimated that at least 165 million children globally were affected by stunting (chronic restriction of growth in height indicated by a low height-for-age), 51 million children were affected by wasting (acute weight loss indicated by a low weight-for-height), and 100 million children were underweight (low weight-for-age). The vast majority of these children are in Asia and Africa.⁴ Millions more are affected by less visible micronutrient deficiencies.

The first 1,000 days of a child's life - from conception to age two - presents a critical window of opportunity. Good nutrition and healthy growth in this period will have lasting benefits throughout a child's life.⁵ Conversely, if children are undernourished by their second birthday, they are likely to suffer irreversible physical and mental damage, and be more susceptible to illness throughout their life. This can result in lost opportunities to grow, flourish and reach their potential in adulthood. The World Bank reports that the economic costs of undernutrition are substantial: economic productivity losses to individuals are estimated at more than 10 percent of lifetime earnings, and losses to gross domestic product for countries may be as high as 2 to 3 percent annually.⁶ The consequences of child undernutrition do not only impact individuals in adulthood; they are passed on to the next generation as undernourished girls and women have children of their own.

Child undernutrition has both direct and underlying causes. Direct causes include an inadequate dietary intake providing insufficient nutrients, and common infectious diseases such as diarrhoea, which eliminates nutrients before they can be fully absorbed by the body. Underlying causes include impacts at household and community levels, such as household food insecurity, inadequate care for women and children, unhealthy household environments, poor health and hygiene practices, and income poverty.

To tackle child undernutrition sustainably, both the direct and underlying causes need to be addressed.

There is strong evidence, mostly generated by economists, showing that eliminating undernutrition in young children has multiple benefits. It can prevent child deaths by more than one third per year and improve school attainment by at least one year. In Africa and Asia, addressing undernutrition can boost gross national product by 11 percent and increase wages by five to 50 percent.⁷

Given the systemic and widespread nature of child undernutrition globally, the onus of addressing this issue does not and cannot rest on a single organisation or sector. Public private partnerships play a critical role in addressing child undernutrition. These partnerships can bring together complementary resources to stimulate the development of innovative, sustainable and systemic solutions. This was the premise upon which the creation of Project Laser Beam was based.

Overview of Project Laser Beam

The idea of the Project Laser Beam partnership was first conceived at the World Economic Forum in Davos in January 2009. It was unveiled in September 2009 at the Clinton Global Initiative meeting in New York by the founding partners the UN World Food Programme (WFP), Unilever, Mondelez International Foundation (formerly Kraft Foods Foundation), Dutch life sciences group DSM and the Global Alliance for Improved Nutrition (GAIN).

A five-year, multi-million dollar public private partnership, the aim of Project Laser Beam was to create a scalable, replicable and sustainable programme model to significantly reduce child undernutrition, contributing to the achievement of the first Millennium Development Goal (MDG) of eradicating poverty and hunger.

Project Laser Beam takes an holistic approach, bringing together the expertise of the United Nations and other public agencies with that of Fortune 500 companies, governments, NGOs and

local companies. By collectively using existing knowledge and technology within and across sectors, these partners aimed to create new solutions, developing new methods and markets, products and services to address persisting problems of child undernutrition.

Project Laser Beam aimed to leverage the strengths of public and private sector actors to create new methods and markets that would provide long-term benefit to malnourished children. The goal was for the public sector to provide the traditional development interventions that address nutrition, such as supplementary feeding, promoting breast feeding and providing school feeding, while private sector companies innovated in other ways to combat child undernutrition. These efforts would ideally intersect with new business models creating economic opportunities to enable whole communities to be better nourished.

After detailed analysis and planning, the first nutrition interventions of Project Laser Beam - school feeding programmes - were implemented in 2010 in selected geographies, namely Bangladesh and Indonesia. Over the next few years, interventions were ramped up. By September 2014 when the partnership came to an official close, a total of 12 interventions had been implemented in Bangladesh and six in Indonesia.

The Partners

Project Laser Beam embraced a multi-stakeholder model, tapping into the core expertise and competencies of each stakeholder to deliver maximum impact to beneficiaries. The five global founding partners: the UN World Food Programme (WFP), Unilever, Mondelez International Foundation (formerly Kraft Foods Foundation), Dutch life sciences group DSM, and the Global Alliance for Improved Nutrition (GAIN), worked with local implementing partners in Bangladesh and Indonesia to carry out holistic and coordinated nutrition interventions. The overall programme management of the partnership was supported by Accenture Development Partnerships. Each made a significant contribution to the partnership.

Global Partners

The founding partners of Project Laser Beam provided the backbone of the partnership, establishing the partnership governance and supporting the implementation of interventions across both the countries.

Collectively, they contributed in many areas, providing thought leadership, advocacy support, capacity building, programme implementation, monitoring and evaluation, and in-kind funding. The global partners were:



Unilever: The world's leading fast-moving consumer goods company with products sold in over 190 countries.



World Food Programme (WFP): The world's largest humanitarian agency fighting hunger worldwide, WFP is part of the United Nations system.



Royal DSM: A global science-based company active in health nutrition and materials.



Global Alliance for Improved Nutrition (GAIN): A global alliance that supports public-private partnerships to increase access to the missing nutrients in diets necessary for people, communities and economies to be stronger and healthier.



Mondelez International Foundation: The foundation of Mondelez International, one of the world's largest snacks companies, Mondelez International Foundation focuses on empowering families and communities to lead healthier lives.

Additionally the overall programme management of the partnership was provided by Accenture Development Partnerships:



Accenture Development Partnerships: A business unit within Accenture which provides business and technology services to the international development sector, operating on a non-profit basis.

Implementation Partners

Accenture Development Partnerships: Part of the global consulting firm Accenture, Accenture Development Partnerships employs an innovative not-for-profit business model that

makes the core skills and assets of Accenture accessible to the international development sector to help strengthen organisations and build emerging markets from within.

Implementation Partners

Roles

BRAC, one of the world's largest international development organisations based in Bangladesh

- Implemented programmes supporting women to continue education
- Provided funding for livelihoods development programmes
- Distributed micronutrient powders for home fortification

Consumer Association of Bangladesh (CAB), non-government organisation dedicated to the protection and promotion of consumers' rights and interests in the country

- Implemented food cart solutions

Friendship, an NGO based in Bangladesh

- Implemented a three-tier health programme and livelihood activities

GarudaFood, an Indonesian food and beverage company

- Provided funding
- Developed Lipid-based Nutrient Supplements (LNS) and provided in-kind donation of LNS

Helen Keller International, an international non-profit organisation

- Assisted with the implementation of the homestead food production model with support from the Mondelez International Foundation

Government of Bangladesh

- A partner (specifically the Ministry of Primary and Mass Education) in the school-feeding programmes
- Ministry of Industries implemented a programme together with GAIN to fortify vegetable oil with Vitamin A

Government of Indonesia

- Supported Project Laser Beam through its nutrition programmes facilitated by the Ministry of People Welfare, Ministry of Health, Ministry of Education, Ministry of Development Planning, Ministry of Agriculture and local governments

JITA, a joint venture social business of CARE and Danone

- Implemented income generation programmes

PT Indofood Sukses Makmur, a major Indonesian company involved in the food industry

- Provided funding
- Provided reformulated complementary food in Indonesia

UNICEF, the United Nations Children's Fund focused on children and child rights

- Implemented a salt iodization programme together with GAIN
- A partner in the vegetable oil fortification programme

WaterAid, an international non-profit organisation

- Contributed expertise on water and sanitation, including implementing sanitation and drinking water infrastructure, and behavioural change campaigns

Yayasan Kegizian untuk Pengembangan Fortifikasi Pangan Indonesia, an Indonesian nutrition foundation for food fortification

- Implemented programme to fortify vegetable oil with Vitamin A

Many of the founding partners themselves also implemented interventions in-country, including WFP, GAIN, DSM and Unilever.

Key Achievements and Learnings

As of July 2014, 2.48 million people participated in the different Project Laser Beam interventions in Bangladesh and 424,000⁸ in Indonesia. As the majority of the Project Laser Beam beneficiaries were involved in more than one intervention, the aggregate number of individual beneficiaries is lower. Of the total beneficiaries reached by Project Laser Beam, an estimated 1.74 million new beneficiaries (i.e., new to nutrition support) were reached by the partnership interventions.

1 Tackling child undernutrition holistically

The key characteristic of Project Laser Beam is its holistic approach. To tackle child undernutrition, it addresses both the direct and the underlying causes of undernutrition.

To do this, it leveraged the proven multi-stakeholder platform and methodology of the Renewed Efforts Against Child Hunger and undernutrition (REACH) partnership.⁹

REACH was established in 2008 by the Food and Agricultural Organisation (FAO), the United Nations Children's Fund (UNICEF), WFP and the World Health Organisation (WHO) to assist governments of countries with a high burden of child and maternal undernutrition to accelerate the scale-up of food and nutrition actions. REACH adopts a cross-cutting approach that helps governments organise partners around a common vision, objectives and goals to agree on priority nutrition and food security actions to reduce

child and maternal undernutrition.¹⁰ REACH promotes a holistic solution-oriented approach, putting the child at the centre of nutrition interventions that are designed to complement each other and provide a complete solution. A similar holistic approach was used by Project Laser Beam with stronger emphasis on implementation in targeted regions and private sector involvement.

The initial needs analysis for Project Laser Beam was based on the study undertaken by the Boston Consulting Group for REACH. The analysis helped map out nutrition activities in the targeted geographies, namely Bangladesh and Indonesia. It also saw the assembly of a

catalogue of potential interventions. These included the REACH interventions and interventions identified to address gaps and allow for private sector contribution. Project Laser Beam categorised the interventions into four programmatic pillars that would enable partners to work together using a holistic approach to address child undernutrition.

A programme of multiple interventions across the four programmatic pillars was set in place, with partners actively working together to create the links between focus areas in order to develop a complete and complementary package of interventions.



1. Food and Micronutrients

Directly providing food and micronutrients (Examples: school feeding programmes, micronutrient powders, fortified oils, etc.)



2. Water and Sanitation

Providing clean drinking water and sanitation facilities (Examples: installing safe water facilities, installation of latrines, etc.)



3. Health and Hygiene

Addressing underlying causes of under nutrition related to lack of basic healthcare / hygiene and nutrition diseases (e.g. diarrhea) (Examples: mobile health clinics, hand washing programmes etc.)



4. Food Security and Income Generation

Providing sustainable opportunities for communities to address the underlying cause of under nutrition (Examples: income generating activities, homestead farming, etc.)

Figure 1: Project Laser Beam's four programmatic pillars of nutrition interventions

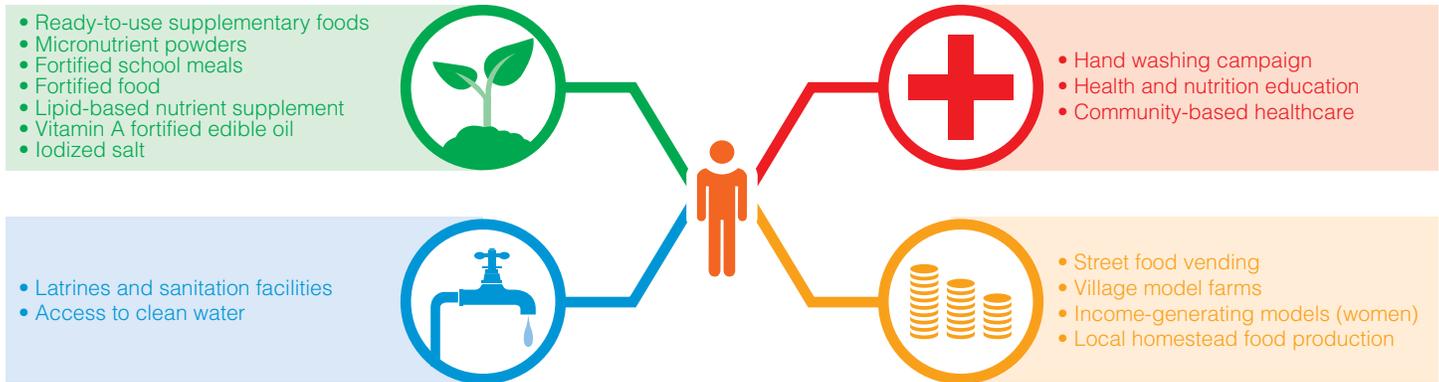


Figure 2: The holistic set of Project Laser Beam interventions that address child undernutrition across the four programmatic pillars identified (see Figure 1)

The value of employing a holistic approach to address child undernutrition is well recognised in the child nutrition sector. The SUN Movement,¹¹ which is currently working in 53 countries (including Project Laser Beam target countries, Bangladesh and Indonesia) to scale up nutrition, uses a similar approach. Countries participating in the SUN Movement collaborate to establish and advance new transformative ways of working. They follow a dual approach within national development programmes¹² to effectively implement both specific actions for nutrition and for nutrition-sensitive strategies.

In 2013, Project Laser Beam shared its learnings with the SUN Movement with the intent of broadening Project Laser Beam’s reach at a global level. The founding partners of Project Laser Beam, Unilever, DSM, GAIN and WFP are also part of the SUN Movement.

Key Learning

A holistic approach addressing both direct and underlying issues of child undernutrition by implementing interventions in a complementary way will create sustainable impact.

The holistic approach of Project Laser Beam facilitated the implementation of interventions across all four of the Project Laser Beam programmatic pillars. A good example of this is seen in the organic development of the first school-feeding programmes of Project Laser Beam in Bangladesh into comprehensive programmes addressing the direct (micronutrient-deficient diet) and underlying causes of undernutrition, namely health and hygiene, water and sanitation, and food security and income generation.

In Bangladesh, partners supported school-feeding programmes with knowledge and funds, with WFP distributing fortified biscuits funded by

Unilever. This initiative fell into **Pillar 1: Food & Micronutrients**. The partners soon discovered gaps in the solution: while children were getting nutritious food they had no access to clean drinking water or to facilities for basic sanitation and hygiene (i.e., washing their hands). To address this, Unilever channelled additional resources through WaterAid, an international non-profit organisation, to provide access to clean drinking water as well as basic sanitation in these schools. This intervention was part of **Pillar 2: Water & Sanitation**. This then formed the platform for implementing hand washing campaigns, which was part of **Pillar 3: Health & Hygiene**. To complete the support of the school ecosystem, Mondelez International Foundation worked with Helen Keller International (HKI) to set up homestead gardens. This gave the children access to nutritious food to consume at home, tackling the key issues addressed in **Pillar 4: Food Security & Income Generation**.

“Project Laser Beam has proven that the private sector can offer innovative solutions and take them to scale. Initially, private partners in Project Laser Beam focused on nutrition-sensitive interventions such as school feeding and boosting income and investment for the ultra-poor and were hesitant to support nutrition-specific interventions. Now the private sector is investing in interventions that combine income-generating activities for pregnant women and new mothers with a specific focus on the “window of opportunity” for children below two. Behavioural change communications on infant and young child feeding as well as hygiene practices have proven to be absolutely essential. Project Laser Beam has demonstrated great success in bringing together many different nutrition related activities in the same geographical location. In this way, synergy and spillover effects have been achieved.”

Christa Räder, WFP’s country director for Bangladesh

2 Transforming partnerships

In a recent report entitled “Catalysing Transformational Partnerships between the United Nations and Business” published by the UN Global Compact in cooperation with Unilever and Dalberg, a transformational partnership is defined as a multi-stakeholder engagement that restructures the rules of the game to make markets work, improve the enabling environment, and set global norms.¹³ Project Laser Beam was identified in this report as a transformational partnership based on the following characteristics:

- **It addresses a systemic issue:**
Child undernutrition is the underlying cause of 45 percent of all deaths of children under five years of age.¹⁴
- **It involves relevant stakeholders.**
The partnership brings together UN entities with Fortune 500 companies, public sector and non-governmental organisations to work on integrated solutions to address child undernutrition.
- **Partners complement each other.**
UN agencies have convening power, experience and an understanding of the nutritional needs of the targeted beneficiaries, as well as expertise in accessing challenging locations. Private sector partners have expertise in the fields of nutritious product development, income generation, supply chain development, management and consumer behaviour. They also have the in-country presence to effectively broker and implement

interventions. NGOs understand the needs and situations of local communities and have the experience to implement solutions for maximum impact on the ground. Governments have the policy and decision-making power to support implementations

- **Capacity for scale and lasting impact.**
Project Laser Beam interventions were designed to change market dynamics and behaviours, and to complement each other, creating an enabling and sustainable environment. This will help ensure that when Project Laser Beam initiatives conclude in 2014, local communities, governments, civil society and partner companies continue to benefit.

Project Laser Beam has also been recognised in a recent UK Department for International Development (DFID) funded report published by The Partnering Initiative (TPI) in 2014 as one of the most successful partnership platforms around the world.¹⁵ This report was used as input into the Global Partnership for Effective Development Cooperation (GPEDC) and supports the emerging findings of the UN's Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda on the role of the private sector in development.

Key Learning

To create a transformational partnership, recognise the aspirations of each partner and provide the opportunity for each partner to contribute based on their core expertise. This helps ensure that all partners can collaborate and contribute effectively.

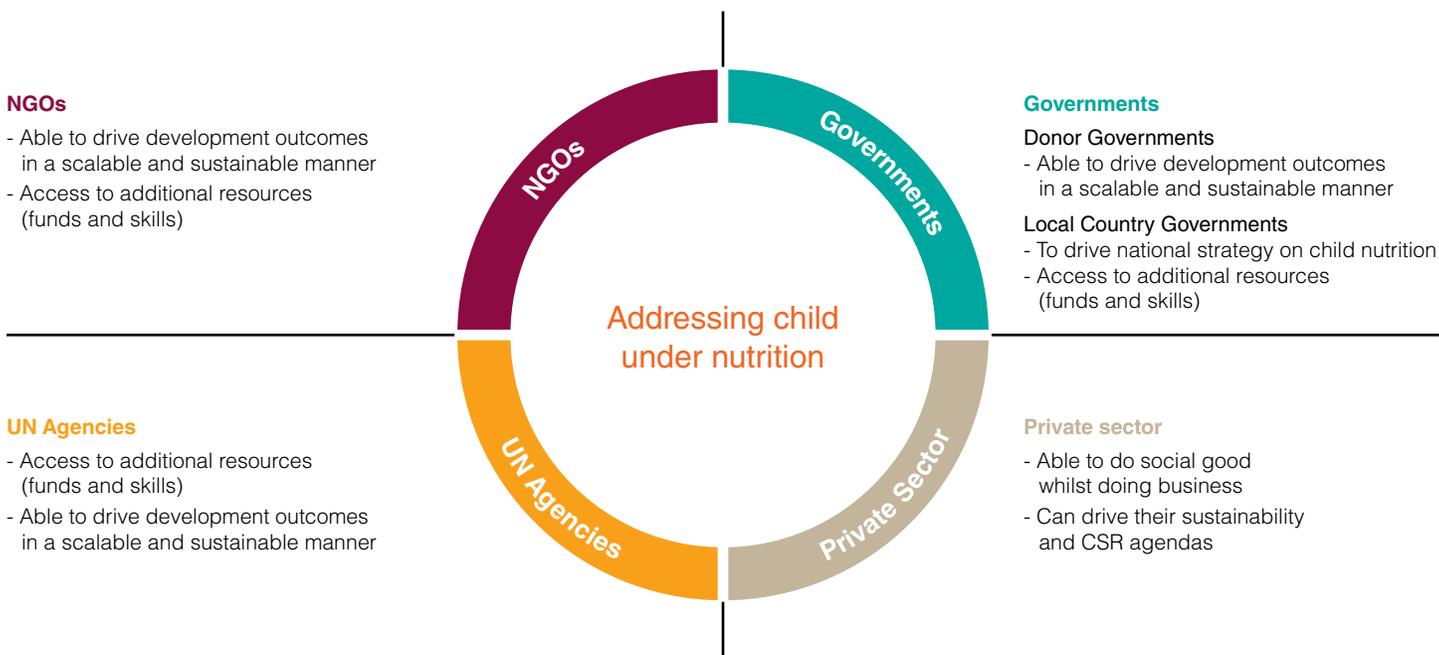


Figure 3. Opportunities across sectors in partnerships

3 Targeting whole communities

When Project Laser Beam began, the initial focus of the public sector was on the first 1,000 days from conception to two years of age as nutritional intervention and support throughout this period have an immediate and long-term effect on children's growth, health, learning ability and future productivity. As the partnership progressed, the target group of beneficiaries was expanded to include communities as this would help ensure continuous and sustainable support for children at risk.

In effect, Project Laser Beam expanded its reach to encompass the nutritional lifecycle, targeting not only pregnant and lactating women and children during the 1,000 days' window of opportunity, but also school age children, adolescent girls and the communities in which these children live. This broader approach allowed Project Laser Beam partners with different areas of expertise to provide nutrition solutions (from micronutrient powders and fortified foods to expertise in growing food gardens and hand washing) that were core to their organisation's competencies. In the Satkhira district in Bangladesh, Project Laser Beam achieved coverage of 327,000 (35 percent) women of reproductive age, children six to 59 months and girls five to 14 years old. This compares to 170,000 (8 percent) women of reproductive age, children six to 59 months and girls five to 14 years old in the East Nusa Tenggara province in Indonesia. In both cases the 2009/2010 baseline was zero.

Key Learning

The issue of undernutrition is not confined to the child alone; it includes mothers, women of child-bearing age and others in the community that play a substantial role in the child's life.

The challenge of intergenerational cycles of undernutrition in Bangladesh offers a suitable example. Here, small mothers who are themselves stunted by chronic undernutrition give birth to low birth-weight babies. These babies are more likely to have growth failure. This, combined with inadequate food intake and caring practices may lead to stunting, being underweight as child and teenager. The situation is further exacerbated by high rates of adolescent pregnancy, which may lead to the birth of another low birth-weight newborn.¹⁷ Breaking this cycle requires a multi-dimensional approach that focusses not just on the child but also on improving the nutritional status of women and adolescent girls, delaying marriage and first pregnancy, and improving education and livelihood opportunities for women.

Key Learning

It is not always simple or easy for all partners to contribute to all beneficiaries.

Not all Project Laser Beam partners' business or activity portfolios cover all the different groups of beneficiaries. The food companies, for example, by international agreement¹⁸ may not offer products for children under six months of age, while other partners were able address this age group through breastfeeding promotion. By expanding the target beneficiaries to whole communities, Project Laser Beam partners had a broader opportunity to contribute to addressing child undernutrition. In addition, continuity of support after the first 1,000-day interventions was assured, increasing the sustainability of the interventions as the child remained healthy for longer.

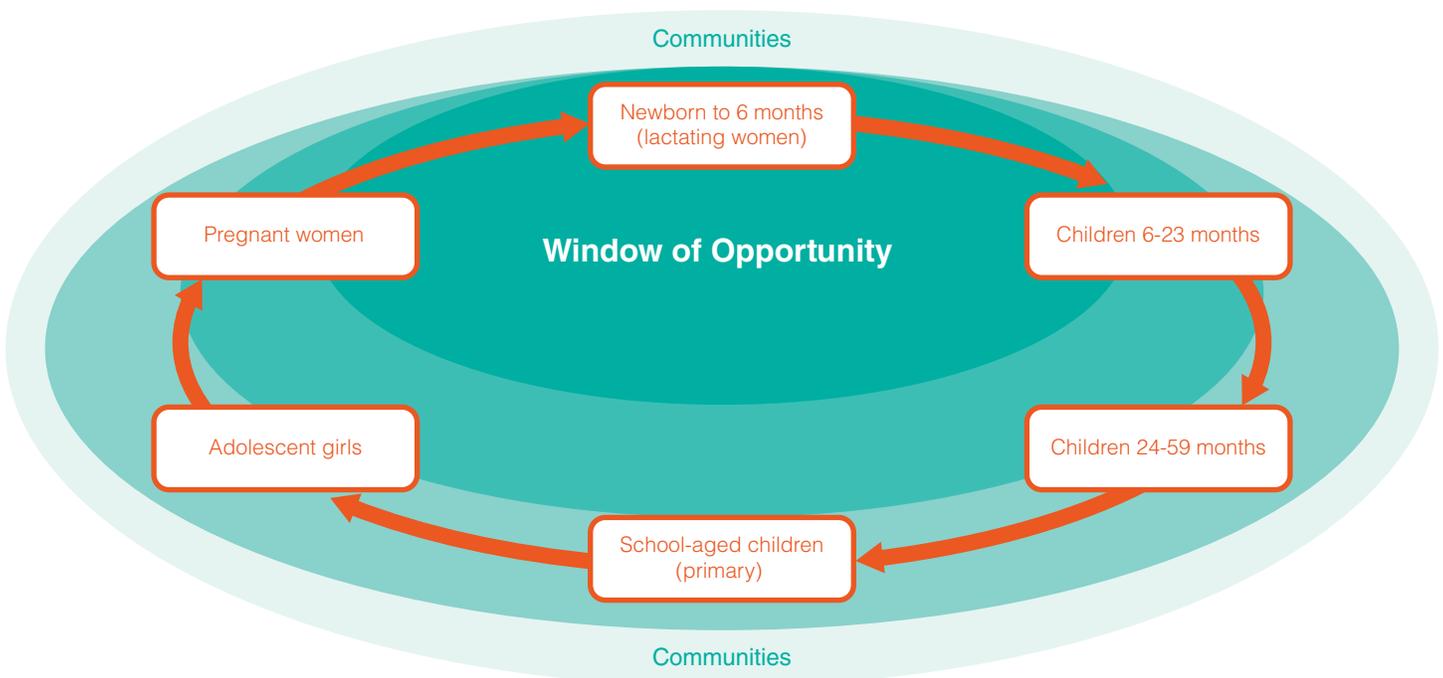


Figure 4: Project Laser Beam Target Beneficiaries¹⁶

4 Creating an enabling environment for both traditional development and market-based solutions

Being a public private partnership, Project Laser Beam implemented both traditional development and market-based interventions. This enabled the public and private sector partners to contribute and work together to address child undernutrition.

The public sector partners implemented interventions ranging from supplementary and complementary feeding through large scale staple food fortification to promoting breast feeding and running school feeding programmes. The private sector partners, on the other hand, contributed their expertise in the development of innovative approaches (e.g., product development, behavioural change, etc.) and to create economic opportunities across the four programmatic pillars of Project Laser Beam.

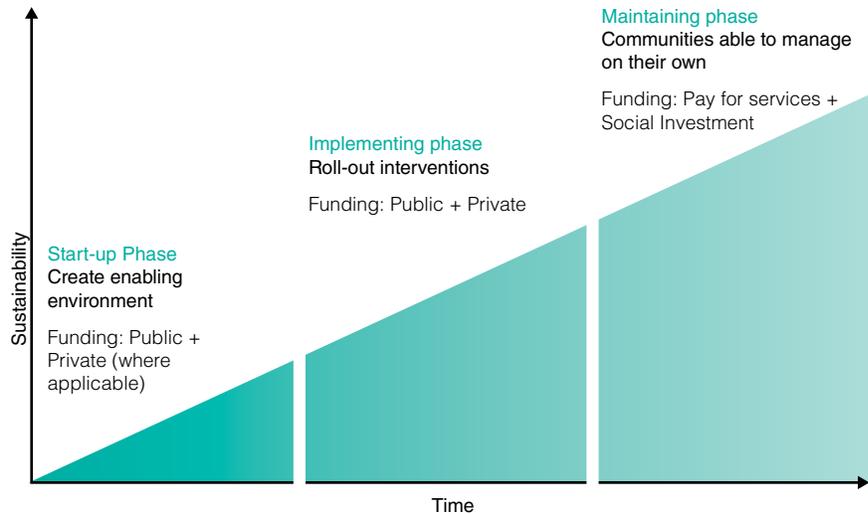


Figure 5. Evolutionary Funding Model for Partnerships



Key Learning

An enabling environment – with the right infrastructure, regulations and policies, and government support – is vital to enable both public and private sector partners to contribute in the best way possible based on their core expertise.

While public sector partners can, for the most part, draw on their experience in rolling out traditional solutions to address development issues, the environment to enable private sector partners to implement market-based solutions does not always exist. Consequently, private sector organisations have spent a high proportion of their resources to build this enabling environment as opposed to putting their core expertise to use. This “burden” has restricted private sector companies from concentrating fully on developing market-based solutions.

Building an enabling environment was critical for Project Laser Beam - not only in terms of maximising impact but also to secure the sustainability of interventions. A relevant example was Unilever’s support of WaterAid to provide water and sanitation infrastructure to schools in Bangladesh. As a result of this intervention, an enabling environment was created, not only to implement Unilever’s hand washing programme, but also to help maximise the impact of the nutrition interventions in the schools.

Recommendation: Creating an enabling environment should be a priority at the commencement of the partnership as this will help ensure that interventions can be implemented sustainably and that all partners are able to contribute effectively. Creation of an enabling environment should be strongly driven by the public sector as their traditional role within society empowers them to do so. Support from private sector partners with expertise in the relevant areas should also be leveraged. The SUN Movement has also recognised the need for an enabling environment. It set up four global networks - a Donor Network, Business Network, United Nations (UN) Network and the Civil Society Network - to facilitate the effective contribution of each sector.

Key Learning

Innovating solutions according to market-based research can provide newer ways of addressing child undernutrition.

While the impact of traditional nutritional solutions cannot be disputed, exploring newer innovative solutions to address child undernutrition was one of the objectives of Project Laser Beam. One such example is the Lipid-based Nutrient Supplements (LNS) intervention in Indonesia. This intervention aimed to build local capacity within Indonesia to produce two LNS for children aged six to 24 months to address the high prevalence of malnutrition and, in particular, prevent and treat moderate acute malnutrition (MAM) among the most vulnerable population groups in the East Nusa Tenggara province of Indonesia. LNS are ready-to-use foods which provide a range of vitamins and minerals, as well as energy, protein and essential fatty acids (EFA). LNS formulations and doses can be tailored to meet the nutrient needs of specific groups for whom they are intended and to fit in particular programmatic contexts. Previous studies showed that LNS has significant impact on infant growth, the development and micronutrient status of children and of pregnant and lactating women. LNS products do not require preparation in the home and are safely stored without refrigeration. They have low moisture content and do not require dilution or cooking, so risk of contamination is low. The goal of this project was to improve nutritional status of 15,000 children aged six to 24 months in the South Central Timor district.

DSM’s role in this intervention was to provide technical assistance to WFP in developing a premix tailored for the first local LNS recipes, as well as to provide the needed premix and ensure the quality of the micronutrient content of the newly developed product. In addition, DSM covered part of the programme staffing cost. WFP developed and implemented a social marketing strategy for introducing and promoting the LNS, as well as organised technical consultations to ensure the development of national standards for the LNS product range and to discuss scale-up options for the product through social safety nets.

5 Selecting the “right” geographies

As its name suggests, the partnership was about taking a “laser beam” focus on selected geographies, namely Bangladesh and Indonesia, to maximise the collective impact of interventions in areas of great need. Both countries have high levels of stunting and wasting amongst children under five.¹⁹ This targeted approach allowed Project Laser Beam to pilot innovative interventions and obtain learnings around tackling child undernutrition that can be shared with the wider community, replicated and scaled up.

The Project Laser Beam partners agreed that Bangladesh and Indonesia as whole countries were too large to tackle at once and that they needed to work within a reasonable scale to achieve impact and results within the partnership timeline. They narrowed their focus to specific regions within these countries, selecting specific sub-districts or “Upazilas” (Assasuni, Debhata, Kalaroa, Kaliganj, Satkhira Sadar, Shyamnagar and Tala) in the Satkhira district of Bangladesh and the Kupang and South Central Timor districts of the East Nusa Tenggara province in Indonesia.

Key Learning

When choosing target locations, select geographies that enable all stakeholders in the partnership to contribute and benefit from their contribution in a way that creates sustainable impact.

In an attempt to improve child nutrition among the poorest and most undernourished populations in Bangladesh and Indonesia, Project Laser Beam selected regions where infrastructure was lacking and populations were hard to access, and even the most basic business ideas were hard to envisage. This made it challenging for businesses to innovate against undernutrition in ways that might ultimately dovetail with their own business plans.

The notion had been that a strong market-based pull would be an asset, but choosing places that were not viable for business (e.g., due to extreme weather, lack of infrastructure, etc.) made it impossible to test that premise. As a result, Project Laser Beam’s private sector partners were constrained in terms of rolling out their market-based solutions. Instead, they had to invest in setting up this enabling environment, which took more effort and time than expected. Public sector partners were also constrained as they could not tap into the core expertise of private sector partners to deliver a holistic solution.

If the selection of the target regions had been based on analysis of “greatest needs” along with “readiness of the enabling environment”, investment by private sector partners and potential new partners may have been much higher.

Recommendation: When working in a public private partnership, partners should choose regions that have an enabling environment (e.g. infrastructure, regulations and policies, and government support) in place or where there is local government support to create an enabling environment.

Key Learning

Focus efforts on a single geography or reduced geographies to maximise impact when resources are limited.

Project Laser Beam had limited resources. Sharing them across two very different geographies proved challenging in terms of prioritising work. During the partnership review in 2012, partners thus agreed to reprioritise Bangladesh ahead of Indonesia. This would enable them to leverage resources more effectively to maximise impact and scale in a single geography. As a result, all new investments and resources were channelled into Bangladesh. This helped drive more directed efforts to create deeper impact.

It was challenging to target all members of the community and to coordinate all efforts in a single geography, especially as Project Laser Beam was working across multiple sectors (i.e., hygiene, nutrition, education, food security, etc.). It required a strong local coordination effort amongst partners who do not normally work across sectors. Thus, in addition to prioritising Bangladesh ahead of Indonesia, the partnership review in 2012 also reprioritised specific sub-districts or “Upazilas” in Bangladesh, assuring that undernutrition in these communities was tackled holistically and in a sustainable manner.

Bangladesh



Indonesia



Figure 6. Targeted Geographies for Project Laser Beam



WFP/Masud Al Mamun



© GAIN



WFP/Masud Al Mamun



WFP/Aline d'Ormesson



WFP/Ha'i Ragalawa



WaterAid/Katja Freiwald



WFP/Erik Nugroho



WFP/Masud Al Mamun



JITA/Hafizur Rahman



WaterAid/Katja Freiwald

6 Scaling up rather than re-inventing the wheel

Child undernutrition is not a new issue. Many tried-and-tested solutions exist today that can be replicated and scaled up in different parts of the world. To save up-front investment in research and development and speed up implementation, Project Laser Beam replicated and scaled up a number of existing solutions. These included:

School Feeding Programmes

This intervention provides children with a fortified meal or snack at school. It ensures school-aged children are well nourished and builds on the gains made in the crucial 1,000 days from conception to two years of age. A daily school meal also provides a strong incentive for parents to send children to school and keep them there. In 2013, WFP provided school meals to 19.8 million children in 63 countries.²⁰

The school-feeding programmes implemented in Project Laser Beam included provision of hot meals (Indonesia) and high-energy biscuits (Bangladesh). In Bangladesh, WFP distributed high-energy biscuits supported by DSM, Unilever and other private sector partners. In Indonesia, the Project Laser Beam partners sourced ingredients locally from the community for the hot meals, which gave the community a stake in the programme and enhanced its sustainability. (See the case study on Indonesia on page 36)

Under Project Laser Beam, about 48,000 school children (49 percent of them girls) received school meals in the Satkhira district of Bangladesh in 2014 while 13,164 children (51 percent of them girls) received school meals in Indonesia's East Nusa Tenggara province in 2013.



Micronutrients Programmes

To improve the nutrition and food security situation in East Nusa Tenggara, Indonesia, WFP distributed Micronutrient Powders (MNPs) for primary school children supported by DSM. School meals should provide children with a nutritious meal, including both macro-nutrients (protein, fat, calories) as well as micro-nutrients (vitamins and minerals). Where school meals are predominantly composed of unprocessed locally available foods, predominantly unfortified plant source foods, micronutrient content is very often inadequate to meet WFP school feeding minimum standards. These minimum standards are set at such a level that the school meal should contribute 50-75% of the child's daily recommended micronutrient intake in order to complement the child's home diet where it typically has limited diversity, consisting mainly of unfortified cereals, legumes and some vegetables. Thus, while the use of locally grown food in school feeding programmes is often preferred, for good reasons, the micronutrient content of these meals may need to be increased. Micronutrient powders (MNP), which are added to the meal just before serving and can be packaged in multi-serving sachets (e.g., eight grams sachet for 20 meals), is a very practical and low cost way of adding micronutrients to local school meals. The target beneficiaries were over 13,000 students aged six to 12 years from 60 different schools in Kupang and South Central Timor districts.

While specific Project Laser Beam target areas were Kupang and South Central Timor districts, the potential for scale-up of MNPs through Indonesia's School Canteen Programme or Pemberian Makanan Tambahan Anak Sekolah (PMT-AS) is much greater, with the opportunity for national coverage (currently there are approximately two million primary school students enrolled in the Programme in 33 districts across Indonesia, with possibility for roll-out in many more districts). Furthermore, MNPs could also be provided in the future through other institutional feeding, including secondary, boarding and private schools, using the same product.

Iodized Salt and Fortified Oil

The fortification of staple foods and condiments that are eaten by everyone with essential vitamins and minerals is an important and cost-effective strategy to fight malnutrition. Spending as little as 10 extra cents per person per year can significantly improve the nutritional value of food, positively impacting health.

In Bangladesh and Indonesia, GAIN worked with partners in government, industry and civil society to create the enabling regulatory environments and develop the technical expertise to fortify vegetable oil with vitamin A and, in Bangladesh, fortify edible salt with iodine. Consumer awareness campaigns are a further critical element that makes this market-based approach to bringing more micronutrients to whole populations sustainable.

Under GAIN's cooperation with UNICEF, up to 695,086 people were reached with vitamin A-fortified oil in Satkhira, Bangladesh by 2014. All were new beneficiaries. Of those beneficiaries, up to 326,690 are women of reproductive age, children under five and girls aged five to 14 years. In Indonesia, up to 397,322 people were reached with vitamin A-fortified oil. All were new beneficiaries, of which up to 170,247 were women of reproductive age, children under five and girls aged five to 14 years.

The number of beneficiaries consuming iodized salt increased in Satkhira, Bangladesh, from 1,016,811 in 2005/06 by over 10 percent. In 2014, about 58 percent of households consume iodized salt.



Hand Washing Programmes

Diarrhoea is one of the direct causes of undernutrition. It is caused by poor sanitation, unsafe drinking water, and a lack of hygiene – i.e., not washing hands with soap before handling children’s food. Each year, more than two million children worldwide under the age of five die from diarrhoea and pneumonia.²¹ Evidence shows that hand washing with soap can reduce the risk of diarrhoeal diseases by 42 to 47 percent.²²

The hand washing intervention in Project Laser Beam was implemented by Unilever with the support of local non-government organisations in both Bangladesh and Indonesia. Promoting hand washing is part of Unilever’s commitment in the area of health and wellbeing to the Unilever Sustainability Living Plan, which aims to help more than a billion people take action to improve their health and wellbeing.

The hand washing programme rolled out through Project Laser Beam to over 427,545 beneficiaries.



Homestead food production model

Helen Keller International (HKI) has been implementing homestead food production programmes (HFPP) coupled with nutrition education in Bangladesh, Cambodia, Nepal and the Philippines for more than a decade.²³ The HFPP model targets women from poor households as the primary beneficiaries, placing farming inputs, knowledge and skills at their disposal to not only increase and ensure year-round availability and intake of micronutrient-rich foods in poor households (particularly by women and children) but also increase household income through homestead food production activities. HKI works in collaboration with local partner NGOs and government structures to establish

Village Model Farms (VMF) and also helps households to establish home gardens (cultivation of vegetables and fruit crops around the house) and small animal husbandry, mainly poultry.²⁴

In partnership with WFP and the Mondelez International Foundation, HKI promoted diversified household food production, including improved homestead production, poultry and improved marketing of agricultural products for Project Laser Beam in Bangladesh. The programme concentrated on establishing VMFs, including nursery and poultry models, year-round homestead gardens, improving poultry rearing and providing nutrition education. In total, 80 VMFs were established, with each earning an average of BDT 1,900 (~US\$24) per month from gardening and poultry activities (an increase from BDT 1,000 per month at the same time last year). Additionally average household income from vegetable cultivation and poultry rearing has almost doubled, at BDT 473 (~US\$6) per month compared with BDT 217 (~US\$3) at baseline.

In Indonesia, 4,001 households received training on improved poultry production practices under this partnership, implemented by HKI.



“Aparajitas” Rural Sales Programmes

JITA Bangladesh, a joint venture social business of CARE and Danone, works through a unique rural distribution model that empowers poor women and creates market access to impactful goods and services in Bangladesh. This JITA distribution model relies on JITA sales ladies known as Aparajitas²⁵ to carry product baskets of goods for health, hygiene, nutrition and agriculture, door to door in their underserved communities.

They receive commission based on sales.²⁶ The products in these baskets are sourced from private companies and have a viable distribution commission structure. This model and a similar approach called “Shakti” have been successfully rolled out by Unilever in India, Vietnam, Sri Lanka and Bangladesh, which has helped more than 75,000 rural women to often double their own household income and providing their community with greater accessibility to basic products

This model was replicated in Project Laser Beam through a partnership between JITA Bangladesh and Unilever. It empowered 200 poor marginalised women by providing them with an opportunity for employment. The result of this programme was a 36 percent increase of the annual household income of the 200 recruited Aparajitas, assisting them to generate household income and further empowering them to make household-related decisions.

Key Learning

Scaling up successfully implemented solutions not only saves time and effort but also increases impact as there is continuous improvement whereby learnings from previous programmes are incorporated into newer designs.

Models such as the school feeding programmes, large-scale food fortification, hand washing programmes and “Aparajitas” Rural Sales programmes that were replicated in Project Laser Beam have been previously implemented elsewhere and improved over time based on learnings from the past.

Recommendation: When selecting tried-and-tested solutions, ensure that they can be adapted and customised to local requirements and context. For example, the school meals programme for Project Laser Beam in Indonesia was adapted to suite the local tastes of the school children (i.e., hot rice meals versus biscuits).

7 Operating efficiently

The initial partnership operating model was led by a single global partner, the World Food Programme, who not only managed and coordinated the partnership but also implemented nutrition interventions in-country. This inequitable balance of workload put an additional burden on a single partner. Due to this challenge, a decentralised and consensus-driven operating model was established to manage Project Laser Beam. A secretariat, driven by an external third party, Accenture Development Partnerships, provided global programme and partnership management for Project Laser Beam.

Moving to a decentralised consensus-driven model enabled all partners to play to their strengths and manage their designated interventions. Each partner was able to focus on their core competencies, the burden of a single partner having to coordinate the partnership was relieved, and transparency across the partnership was improved.

In addition to establishing a secretariat to manage and coordinate the partnership, Project Laser Beam developed a structured governance model, implemented a monitoring and evaluation framework, established partner reviews and carefully defined partnership parameters.

Key Learning

Establishing a secretariat to manage and coordinate the partnership frees up the partners to focus on their core competencies and increases transparency and communication across the partnership.

The Project Laser Beam secretariat was managed by a neutral third party, Accenture Development Partnership, which freed up the partners to focus on implementing the intervention. In addition to establishing a secretariat to manage and coordinate the partnership, a structured governance model, a monitoring and evaluation framework, and partnership reviews and parameters were established.

- **Structured Governance Model:**
A three-tiered governance model

was implemented to ensure that the partners were empowered to deliver their roles to create impact. At the global level, partners came together in a steering committee on a regular basis to share information, discuss and resolve operational issues, and monitor and review progress. The secretariat managed the day-to-day activities of the partnership, ranging from project management to monitoring and evaluation. In-country, a country coordinator managed the local implementing partners to plan and carry out interventions and coordinate efforts across the four programmatic pillars.

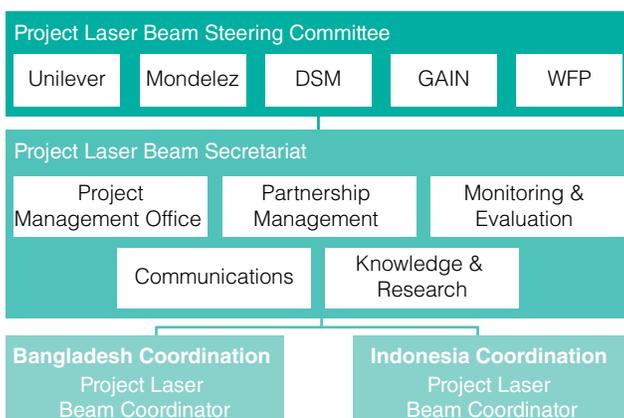
- **Rigorous Monitoring and Evaluation (M&E) Framework:** M&E was managed by GAIN for the overall partnership. The evaluation framework compiled individual interventions, looked at their overall contribution to Project Laser Beam's aims and tracked progress. Local implementing partners provided reports twice per year covering their targets and achievements, as well as success stories in terms of how their activities impacted lives.

Recommendation: Establish a rigorous M&E framework with upfront baseline analysis to monitor and track progress throughout the partnership. Reliable data not only allows for better impact analysis but also shows how efficiently funds are being utilised when addressing a development issue. The value of good data cannot be underemphasised.

Additionally the M&E framework should be designed using a bottom-up approach (i.e. engage with those who will implement the work to get their input on what is feasible to be measured and monitored) as this not only increases ownership and buy-in of M&E activities by the implementation partners but also creates an M&E framework that is practical and realistic to implement based on experience on-the-ground.

- **Honest Partnership Reviews:** To ensure that the partnership as a whole was working efficiently, two internal and one external partnership review were conducted over the partnership lifespan. Feedback from these reviews was incorporated back into the partnership for improvement. Some key outcomes from the reviews included prioritising Bangladesh over Indonesia and sharing Project Laser Beam learnings with the SUN Movement.
- **No expansion of global partners beyond the founding partners:** Project Laser Beam's focus was on delivering solutions locally and engaging with the right partners in-country. As such, the global founding partners decided to not reach out to other global partners. This decision was also influenced by the limited timeline.

Recommendation: Decide and commit at the very beginning of the partnership on expanding the partnership.



Steering Committee

- Consensus-driven decision making (not made bilaterally or by a single partner)
- Meets quarterly for strategic decisions on global Project Laser Beam direction and plans

Secretariat

- Empowered governing body that ensures neutrality and flexibility to drive activities forward, supported by Project Laser Beam partners with required competencies
- Coordinates PLB global activities such as partner engagement, PMO, communications + supports local country teams in M&E and PMO

Country Coordinator

- Coordinate country activities
- Includes local partners representatives to form required working groups

Figure 7. Project Laser Beam Governance Model

8 Collaborating with a larger global child nutrition platform or agenda

Alignment with local and national development goals was inherent in all in-country interventions. For example, in Bangladesh, Project Laser Beam activities were aligned to the National Food Policy Plan of Action (2008-2015) and the Bangladesh Country Investment Plan (2011-2015). On the other hand, Project Laser Beam was never fully embedded into the national nutrition agenda of Bangladesh and Indonesia due to the lack of advocacy. Additionally as there are many other similar initiatives working with or being implemented by the governments, it was difficult to get them to prioritise Project Laser Beam in their national agenda.

To achieve long-term impact it is imperative that governmental policies are in place to support interventions to deliver sustainable impact. Partnerships such as Project Laser Beam could contribute to the development of policies. However, the partnership's limitations in terms of geographical scope, resources and partners were not designed to influence policies. The partners of Project Laser Beam have recognised there is an inherent need to do so, and it needs to be done through a larger multi-stakeholder platform tackling undernutrition. For Project Laser Beam and its partners, the next step is thus to support the SUN Movement and its networks by sharing the lessons learnt on multi-stakeholder and multi-sector partnerships through Project Laser Beam's efforts. The founding partners of Project Laser Beam, Unilever, DSM, GAIN and WFP, have already signed their commitment to the SUN Movement.

Shortly after Project Laser Beam was initiated, the SUN Movement was established as a collective effort of governments, civil society, the United Nations, donors, businesses and researchers to realise everyone's right to food and good nutrition. As a country-led movement, the SUN Movement catalyses support for the implementation of national nutrition plans. Both Bangladesh and Indonesia, Project Laser Beam's target countries, have joined the SUN Movement. The majority of Project Laser Beam's founding members are also part of the global SUN Movement. Thus, Project Laser Beam has identified the SUN Business Network, the engagement platform for business within the wider SUN Movement, as a suitable platform to share learnings and support scaling up nutrition, which was identified as of major importance during the partnership review in 2012.

Key Learning

To achieve long-term impact it is imperative that government policies are in place to support interventions to deliver sustainable impact. A large multi-stakeholder platform tackling undernutrition can influence policies positively. Project Laser Beam and its partners will support the SUN Movement to do so.

Project Laser Beam can contribute to the SUN Business Network in the following ways:

- Sharing the experience and lessons learnt by taking a holistic approach to address malnutrition.
- Linking global Project Laser Beam business partners into the SUN Business Network.
- Extending engagement to local nutrition stakeholders (e.g., NGOs and local municipalities) currently supporting Project Laser Beam.
- Linking to experienced global and local implementing partners who can provide subject matter advice.

This means that even though the partnership ends in 2014, the experiences and learnings of the partnership will not end; Project Laser Beam partners will continue their fight to eradicate child undernutrition via the SUN Movement.



Country Case Studies

Bangladesh

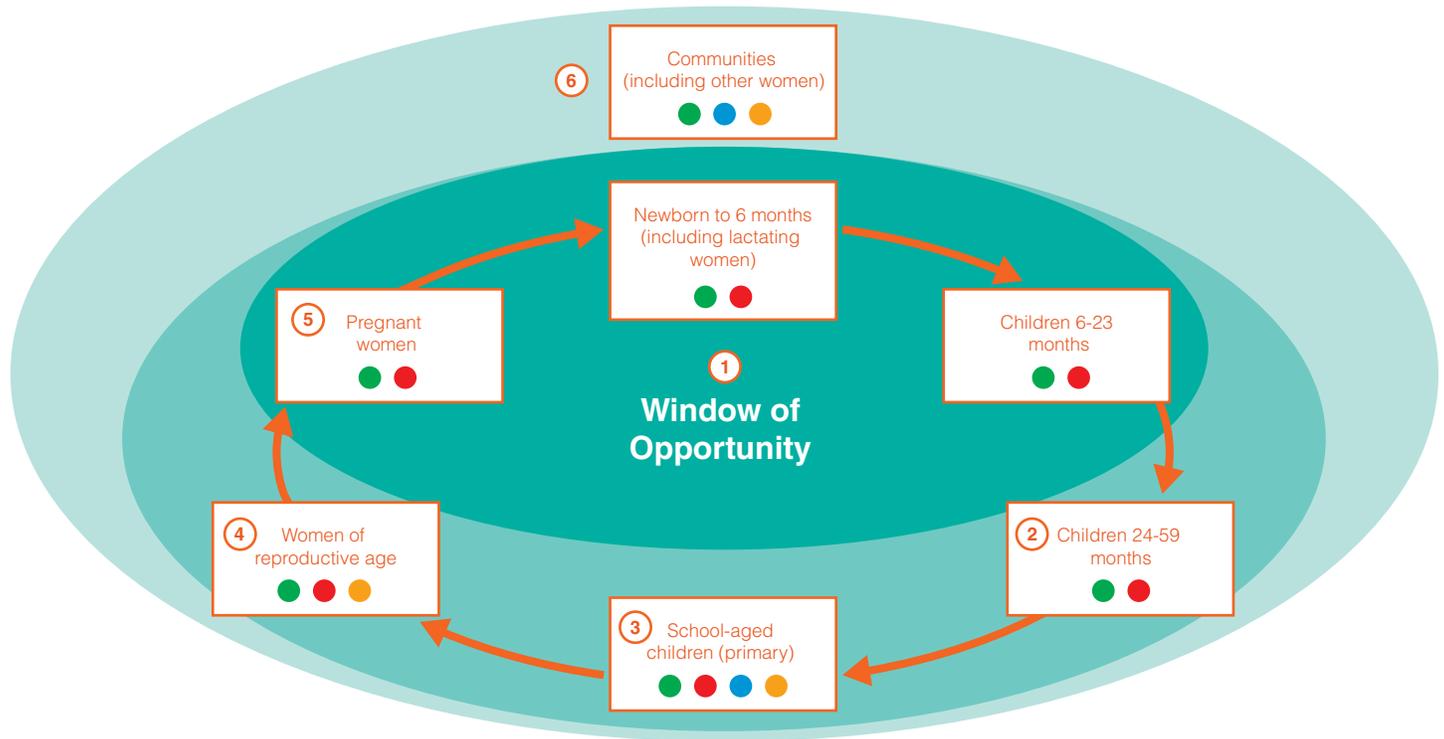
An inclusive community approach

According to the World Food Programme's Bangladesh Nutrition Strategy 2012-2016, undernutrition is a major public health and economic problem in Bangladesh. The strategy also highlights maternal undernutrition and early pregnancies as significant challenges, with more than one in five newborns having a low birth weight. It surmises that from the beginning of its life the child's learning and future income earning potential is greatly inhibited.

Bangladesh is one of the two priority geographies selected by Project Laser Beam. After the partnership review in 2012, it was decided to prioritise Bangladesh over Indonesia to maximise impact. This meant that no new Project Laser Beam interventions would be implemented in Indonesia and all

new resources would be directed into Bangladesh. Bangladesh was prioritised because more interventions were being implemented there and the majority of the resources were already committed to the country. Out of the seven Upazilas in the pre-defined district of Satkhira (Assasuni, Debhata, Kalaroa, Kaliganj, Satkhira Sadar, Shyamnagar and Tala) in Bangladesh, two Upazilas (Assasuni and Shyamnagar) were prioritised to further increase impact. Interventions in these Upazilas were implemented across all four of the programmatic pillars of Project Laser Beam for whole communities. This includes children within the 1,000-day window of opportunity, school age children, women of reproductive age, pregnant and lactating women, and women in general.

As indicated in the Key Learnings and Achievements sections of this report, Project Laser Beam has found that the right balance between local and global engagement should be struck to maximise impact on the ground. To illustrate this impact within the communities, we have chosen to share the Bangladesh case studies of Project Laser Beam interventions from the beneficiaries' perspectives.



* Based on WFP Bangladesh Lifecycle Nutrition Approach (2012-2016)

- Food & Micronutrients Pillar
 - Water & Sanitation Pillar
 - Health & Hygiene Pillar
 - Food security & Income Generation Pillar
- # Case Study Number

Figure 8. Project Laser Beam addresses whole communities in Bangladesh

1 Conception - 24 Months (Window of Opportunity)

Case Study: First 1,000 Days Programme (WFP, Unilever, BRAC)

● Food and Micronutrients

WFP along with Unilever and BRAC, a Bangladesh-based development organisation, is implementing a project in Satkhira which is particularly targeted to the first 1,000 days of a child's life from conception. This project will provide intensive support to ultra-poor households with pregnant women and children under two year of age, and a community nutrition safety net to the community at large. The targeted ultra-poor household with pregnant women and children under two years of age will receive income-generating training and a cash transfer. Greater control of economic resources, training, education and group membership will contribute to increased empowerment of women, in turn increasing their ability to make better nutrition decisions and choices for their families. Behavioural-change nutrition training will also be provided to the wider community, and a community nutrition safety net will be put into place. This nutrition safety net will improve the nutritional status of children under 24 months and pregnant and lactating women (PLWs) living in the targeted areas who suffer from moderate acute malnutrition (MAM).



2 24 – 59 months (and older)

Case Study: Vitamin A Fortification of Edible Oils (GAIN)

● Food and Micronutrients

The Bangladesh National Micronutrient Survey (2011 - 2012) showed the prevalence of vitamin A deficiency among preschool and school age children to be 20.5 percent and 20.9 percent respectively, putting large numbers of young people at increased risk of blindness and unable to fight common diseases like diarrhoea and measles.

GAIN is implementing a project to reduce the prevalence of sub-clinical vitamin A deficiency among at-risk groups, including children aged 24 to 59 months, through the use of food fortification and other strategies aimed at improving the health and nutrition of at-risk groups.

In the first phase of the programme (January 2010 to June 2013), GAIN provided financial and technical support to the Bangladesh government, vegetable oil refineries, national nutrition committees and development partners such as UNICEF to create an enabling environment, raise awareness of the benefits of oil fortification with vitamin A, improve the quality of fortified oil and scale up fortified oil production to reach the majority of the Bangladeshi population.

In 2013, the mandatory fortification of Edible Oil with Vitamin A Bill was passed. This marked the beginning of a new chapter in the edible oil fortification programme in Bangladesh, as it is now mandatory to fortify edible oil with vitamin A. Additionally, the Bill requires use of a fortification logo - developed by GAIN in partnership with UNICEF - on bottles and containers, so that consumers can easily identify fortified products.

The second phase of the programme will run until December 2015 and will see GAIN extending cooperation with the Ministry of Industry (MOI) and refineries to reach full-scale sustainable production of quality-assured fortified edible oil.

At full scale, the project aims to reach an estimated 90 million people, or 57 percent of the population, with fortified vegetable oil. The increased coverage will contribute to progress towards the Millennium Development Goals and the food and nutrition targets set out in Bangladesh's Sixth Five-Year Plan 2011 – 2015, by helping to reduce the under-five mortality rate.



3 Schoolchildren

Case Study: Holistic School Meal Programme (WFP, Unilever, DSM, Mondelez International Foundation, WaterAid, Helen Keller International)

● Food and Micronutrients

● Water & Sanitation

● Health & Hygiene

● Food security & Income Generation

The school feeding programme is implemented through the Bangladesh Directorate of Primary Education (DPE) under the Ministry of Primary and Mass Education (MoPME). NGO service providers are also involved in the implementation of the activity. DPE officials at the district and sub-district levels coordinate the implementation with WFP regional offices and NGOs. The NGO service providers manage the biscuit distribution from the district level to the schools. Head teachers are responsible for the proper storage of the biscuits and their distribution in the classroom, while the school management committee supports the activity at the school and community level.

Under the school feeding activities, a snack of 75 grams of biscuits, fortified with vitamins and minerals is provided in the early hours of school to each pre-primary and primary school attendee. The biscuits provide 338 kilocalories per child per day and satisfy 67 percent of their daily micronutrient needs. In addition to the

provision of micronutrient rich biscuits, the school feeding programme includes an “essential package” to children, parents and other community members. This involves setting up a school vegetable garden and lessons on water, sanitation and hygiene, health, nutrition and social issues, such as dowry and early marriage and pregnancy. In addition, WFP promotes women’s leadership in School Management Committees.

In 2014, WFP and the Government of Bangladesh jointly committed to provide school food to 2.8 million children – 1.8 million assisted by the Government with its own resources and one million assisted by WFP. So far, 300,000 children have transitioned from the WFP programme to the Government school feeding programme. Discussions are now underway for further handover after 2014, with tentative plans for the Government to scale up to support three million children, of which 500,000 will be handed over from WFP. With support from Unilever through Project Laser Beam, WFP has fed 95,000 children in 2011 and 2012 in Satkhira, and 48,000 children in 2013 and 2014 in Assasuni, an Upazila of Satkhira.

One school child benefiting from the school feeding programme is nine-year old Mira from the Madarbari Government Primary School in Madarbari in the Upazila of Assasuni. She has two other siblings. Her father, Mostafizur Rahman, is a poor cart puller and her mother, Nazma Begum, is a housewife. In the past they lived in the city but migrated to the village as life in the city was expensive. However, they continued to live in poverty as her

father earned less than one dollar per day, with income dropping even lower during the rainy season. With this income it is difficult to run a family of five. Mira’s family is entirely dependent on her father’s income and they have no other assets than their house and small homestead.

When Mira moved to the village with her family she was very skinny. Since she joined the school she has become healthier and stronger as she receives a packet of micronutrient fortified biscuits within one hour of the start of class. She is able to drink safe drinking water and make use of a sanitary toilet installed by WaterAid. This has improved her health. Mira’s family is also eating healthier food because her mother is now doing homestead gardening with training and support from Helen Keller International. Her mother grows seasonal vegetables in the garden and sells the surplus.

Says Mira’s mother: “Since receiving the biscuits at school, Mira has gradually become healthier and stronger. She is also more conscious of personal health and hygiene issues, and she shares her knowledge with her siblings.

“I am also thankful for the assistance of Helen Keller International. They have taught me homestead gardening and I am now able to give vegetables to my children and my husband. In the past we only used to eat rice with water. My children and my husband love eating vegetables with rice.”



WFP/Masud Al Mamun



WFP/Masud Al Mamun



WFP/Masud Al Mamun



4 Women of reproductive age

Women in general play a critical role in address child undernutrition as evidence shows that improving women's economic status relative to that of men, both within the household and the community, not only improves women's nutritional health but that also that of their children.²⁷

Case Study 1: Sustainable Social Business Model providing access to basic daily life products (Unilever, JITA Bangladesh)

● Food Security & Income Generation

As a sustainable social business model, JITA implemented its Rural Supply Chain model in Satkhira. This model empowers poor marginalised women through an employment opportunity, with each JITA sales women selling and promoting a basket of health and hygiene products to an average of 50 households. In addition, approximately 2,000 primary school going children are educated regarding health, hygiene and nutrition through a school gardening programme which is part of the demand creation model. These children are educated and provided with lessons around sustainable consumption and developing an income source through gardening. The positive impacts include the following:

- Marginalised poor women find a sustainable source of income as JITA sales ladies and can better fight child-malnutrition in their families.
- Households buying the JITA products benefit as they gain access to nutrition and hygiene products.
- Poor rural women, JITA Aparajita, sell vegetable seeds and hygiene product such as hand-soaps to 3,000 primary-school going children as well to their families and parents through the School Gardening and Health-hygiene programme.

One of these JITA Women (called Aparajitas) is Ashura Begum who works at the Shyamnagar Hub of JITA Bangladesh.

Ashura is 30 years old with two school-going children. She got married at the age of 15. When her electrician husband became physically disabled as the result of an accident at work, she struggled to support her family and provide medical care for her husband. Despite working as a domestic and selling biscuits and nuts in the village, her income was insufficient and her children's education and health suffered. She learned about JITA Bangladesh from the JITA territory officer and decided to work as an Aparajita, an

independent sales woman. She started working as an Aparajita with an investment of BDT 500 (~US\$6) and sold the products instantly to women around her neighbourhood. Her status has risen and she now earns more money and is able to take better care of her family.

Says Ashura: "Being an Aparajita has proved to be a blessing for me. My special concern was for my husband's treatment and children's wellbeing. This is a precious income generating opportunity."



Case Study 2: Targeting Ultra-Poor Women (Unilever, BRAC)

● Food Security & Income Generation

Unilever is supporting the BRAC programme through its "Challenging the Frontiers of Poverty Reduction, Targeting the Ultra Poor" programme (CFPR-TUP). BRAC operates an exclusive strategy to tackle the situation of ultra-poverty in Bangladesh. This programme targets Specially Targeted Ultra-Poor (STUP) households who need complete tailor-made supports and services to make any positive change in their livelihoods. The objective of this programme is to assist the ultra-poor population to:

- Move beyond the ultra-poverty level.
- Access mainstream development programmes.

One of the beneficiaries is Farida.

Farida grew up in the Pachnol village in Jalalabad, Satkhira. She married and had two children. When her husband fell ill, she did odd jobs but struggled to make ends meet. At this point she was selected to participate in the Specially Targeted Ultra-Poor (STUP) programme. She was given four days of intensive enterprise development training on cow and poultry rearing as an income-generating activity. This equipped her with a basic knowledge of enterprise. It was followed by hands-on training, including life skills training conducted via weekly home visits. This training gave her more detailed knowledge of her assets, how

to generate income from them and how to diversify that income. It also aimed to strengthen her decision-making abilities regarding her assets (and in other aspects of her life), give her the ability to plan for the future and also equip her with knowledge of her rights and entitlements.

Farida was given one cow and 10 chickens as a part of her asset transfer. She was also given four sheets of tin to extend her home and provide a shelter for her assets. She was further given a subsistence allowance which was sufficient to supplement the costs of food every day, and gave her enough time to continue to work at odd jobs and generate income from her assets. This allowed her to save some money, which she was then able to use for further income generation.

Farida was also assisted by the Gram Daridra Bimochan Committee or GDBC (Village Poverty Alleviation Committee) in Jalalabad to enrol her two daughters, Asma and Mita, in school. The GDBC mobilised BDT 1500 (~US\$19) for her husband's medical treatment, the Project Laser Beam STUP programme's health care services component also provided her with medicine worth BDT 730 (~US\$9). Finally, Farida was also provided with confidence-building training, which aimed to build her social networks, inspire her to work with others in a team and give her the tools necessary for her to come up with independent solutions to problems.

Farida was able to set aside some money as savings, and she utilised those savings and her existing assets to engage in multiple transactions and build on her assets. BRAC's health care services and the funds mobilised by the GDBC helped Farida's husband recover from his liver infection and he was able to get a job pulling a hired cart. Farida also earned an income from sewing kathas (traditional woven blankets). She went on to sell some of her chickens and cow to buy a cart for her husband to pull. She also used those funds to take 10 katha of land (a local unit of measurement, one katha is the equivalent of 66.9 square meters) on mortgage.



Currently, Farida has two cows, three goats, 17 ducks and hens, 10 katha of land on a mortgage and a cart. All of this now provides a regular and stable source of income for her household. The GDBC is continuing to provide assistance as well as ensure that her two girls attend school regularly. According to Farida, her circumstances have not just changed economically, but socially as well. She says with pride: "People in our community give me more importance now. Nowadays I'm actually asked to attend weddings instead of just going there to work for them; people even expect me to bring a gift! People also value my opinions more, and they even come to me for advice."

Farida now has food security, a diversified income source and owns assets. Her children are attending school and she has received social acceptance from her community. She has also finished her last round of confidence-building training, and will be enrolled into a village organisation so that she can be part of a mainstream development programme for the community.

5 Pregnant Women

Case Study: Three-tier health care model in the most remote areas (Unilever, Friendship)

Health and Hygiene

Unilever has a long history of working with Friendship to provide basic healthcare to people with limited access. Friendship is a national NGO based in Bangladesh since 1998. The Friendship Health Programme has a holistic approach to health service, providing primary and secondary health care through its base hospitals as well servicing the community via trained community members and weekly satellite clinics. The Friendship health programme consists of three tiers of service delivery, ensuring maximum coverage.

1. The Friendship Community Medics (FCM) are female community members, introduced with the purpose of creating a self-sustaining, primary health service provision mechanism to address maternal and child health, nutrition and family planning issues.

2. The satellite clinics at the field level are staffed by paramedics that visit remote locations on a weekly basis. They are assisted by the FCMs to provide general treatment, behavioural change communication and referrals for serious cases.

Identified cases are referred to the base hospital in Satkhira. Specialised care is offered and field staff are provided the opportunity to work alongside, and be trained by foreign doctors.

Reshma Sultra is a Friendship Community Medic (FCM) in an Upazila of the Satkhira District. In late 2011, she visited Khadiza Khatun (22), a wife of a farmer in the district who was pregnant, at her home. She suggested to Khadiza that she go to the Friendship satellite clinic in the area for ante natal care (ANC) as the Government Community clinic was some distance away. At the clinic, a paramedic gave her a thorough check-up and provided her with iron, folic acid and calcium tablets. Reshma also suggested that Khadiza attend Uthan Boithak, a courtyard meeting held regularly by Friendship. Here Khadiza learnt about vaccinations, the value of nutritious food and supplements, breast feeding, danger signs for pregnant women and the importance of safe delivery of the child at a facility site.

Khadiza arranged for a trained midwife to assist with the birth as she lived more than 20km away from the nearest hospital. She gave birth to a healthy child. Reshma visited Khadiza again to check on her post natal care (PNC). On these visits she also checked the child's weight, mental development and vaccination status.

Says Khadiza: "This was my first child and I was not sure what to do. Reshma has helped me to learn important information about pregnancy and birth. This service in our homes is very welcome as visiting the Upazila Health Complex is burdensome. Reshma has helped ensure we have a healthy child."



6 Communities

Case Study 1: Households (Mondelez International Foundation, Helen Keller International)

Food Security & Income Generation

Jarna lives in a small home in Kaligonj, Bangladesh with her husband, her parents-in-law, and her two-year-old daughter. Her husband's income as a local rickshaw-van puller, approximately BDT 150 (~US\$1.90) a day, supports their entire family. Through a Mondelez International Foundation-sponsored Homestead Food Production programme within Project Laser Beam, Jarna attends educational sessions to learn about ways she can provide the best nutrition for her family and contribute fresh produce from her garden.

Jarna is enthusiastic about the programme's prospects for her and her family. Health worker Rina Howlader helps Jarna to access the knowledge and support she needs. As an Extension Worker she provides ongoing training around various topics, including hygiene, nutrition, gardening, poultry rearing and marketing, providing group sessions and meeting with individuals in their homes.

Says one beneficiary: "The individual counselling helps us most to scale up the practices in our home. Sometimes there can be gaps [in understanding], but once the Extension Worker comes to my home for individual counselling, I am able to understand the message better and ask my questions. I am very proud to show my garden, and feel the Extension Worker is part of my family."

Across the 4,800 households where Project Laser Beam is implemented in Bangladesh, Extension Workers provide hundreds of hours of individual attention and instruction each month. This personalised care is ensuring that the messages of proper nutrition stick, and that each woman has the tools and support to make sure her family has lasting health.



Case Study 2: Providing access to clean drinking water & sanitation (Unilever & WaterAid)

Water & Sanitation

Kanika Rani Mandal is 30 years old and lives in the Vurulia village of Vurulia Union in Shyamnagar Upazila with her husband and two children. Kanika has little education and little knowledge of hygiene or disease. She is a housewife and her husband is a small businessman. The majority of the money the family has is spent on health-related issues, making poverty a constant feature of their life.

Shyamnagar is one of the most climate-vulnerable coastal areas of Bangladesh. It lacks basic services and child malnutrition is acute. In 2011, Project Laser Beam began funding this region, investing in an integrated initiative of nutrition, health care, livelihood and WASH (Water Supply, Sanitation and Hygiene Promotion) to improve the lives of vulnerable communities.

WaterAid's local partner, Shushilan started working in Vurulia in 2011 on the project funded by Unilever and supported by WaterAid. They formed Mother's Groups in every ward (district) of their project area. Kanika became a member of such a group and started learning about climate change, safe water, sanitation, hygiene practice, nutrition, healthy living and the need for continued education. These sessions helped her understand how she could protect her family better and she helped make other women aware of these issues.

She planted a garden beside her house to provide more nutritious food for her family members. As a result of all her positive activities, a local NGO named SMKK has now appointed Kanika as a Field Facilitator, and she works to teach the women of her village about nutritious food, health, hygienic practice and education.

She can now send her two children to school regularly, and also make a contribution to the expenditure of her family along with her husband.

Says Kanika: "I am a great example of how awareness and education can change a woman's life and also that of her family." Other women in Vurulia village applaud Kanika's success and are now following in her path - they consider her success their success.



Case Study 3: Rice Fortification (DSM, WFP, BRAC, Government of Bangladesh)

Food & Micronutrients

White rice is a good source of energy, but has a low nutrition value as most nutrients are lost when the brans and germs are removed. In close collaboration with Swiss technology company Bühler, DSM Nutritional Products developed a scalable technology to fortify rice. DSM was able to develop a fortified kernel that looks exactly like a non-fortified rice kernel to produce rice enriched with essential vitamins and minerals: NutriRice. The fortified kernels are blended with non-fortified rice in a ratio between 0.5 and 2 percent (typically 1 percent). Rice fortification adds value to the daily intake of key nutrients and as such directly contributes to tackling global malnutrition.

WFP, DSM and the Government of Bangladesh initially conducted a pilot on the acceptability and operational feasibility of fortified rice in the rice-based government social safety nets and in the WFP School Feeding Programme with positive outcomes: the fortified rice, so called Pushti Chal, was well accepted and often preferred by the beneficiaries (June – September 2013). For the trial, fortified rice was distributed to approximately 12,000 households under the Vulnerable Group Development (VGD) programme in partnership with the Ministry of Women and Children Affairs (MoWCA). The Research and Evaluation Division of BRAC collected the data on the feasibility and acceptability study of fortified rice among the reached beneficiaries and performed the analysis.

In 2014, it is expected over 100,000 beneficiaries will be consuming fortified rice. The project's goal is to mainstream fortified rice into the Government's major social safety net programmes by making fortified rice the default option for the procurement of rice for the safety net programmes in Bangladesh. In addition, the programme will cover 25,000 schoolchildren who receive cooked school meals and 225,000 people enrolled in the Enhancing Resilience to Natural Disasters and the Effects of Climate Change programme, implemented jointly by the Government and WFP. WFP will also work with garment factory owners to encourage them to provide fortified rice to their employees, most of whom are women, and aims to facilitate access to fortified rice among the general public.

In the long term, market demand for fortified rice will be strengthened and local capacity will be built to manufacture fortified rice kernels and blend them with locally grown rice. Fortified rice is expected to be commercially available in Bangladesh at the end of 2014.



Indonesia

A holistic approach

Project Laser Beam targeted the East Nusa Tenggara province in Indonesia because it scores lowest in Indonesia on the Human Development Index, has the highest stunting prevalence in the country (58 percent), and a high wasting prevalence (13 percent).²⁸ Two districts in East Nusa Tenggara were targeted – Kupang and South Central Timor. The South Central Timor district ranks as most food-insecure in the province due to an increasingly hard to predict lean season, which intensifies the likelihood that the youngest children will fall into acute malnutrition.

Prevention of wasting during the lean season is critical to avoid the vicious cycle of reduced nutrient intake and infection that can ultimately lead to stunting.

Project Laser Beam efforts in Indonesia included various interventions addressing both direct and underlying causes of undernutrition throughout the life cycle of a child. Key target groups included children from six to 23 months in age, pregnant and lactating women (as described in Case Study 2), as well as school aged children and rural communities (e.g. local farmer groups, caregivers, community leaders, etc.).

Case Study 1: Local Food-Based School Meal programme (LFBSM)

The Local Food-Based School Meal Programme (LFBSM) provides hot nutritious meals fortified with vitamins and micronutrients to local schools three days a week using locally available commodities (maize and mung beans). The programme is accompanied by comprehensive behaviour change communications on home fortification with micronutrient powders, health and hygiene, and good nutrition practices.

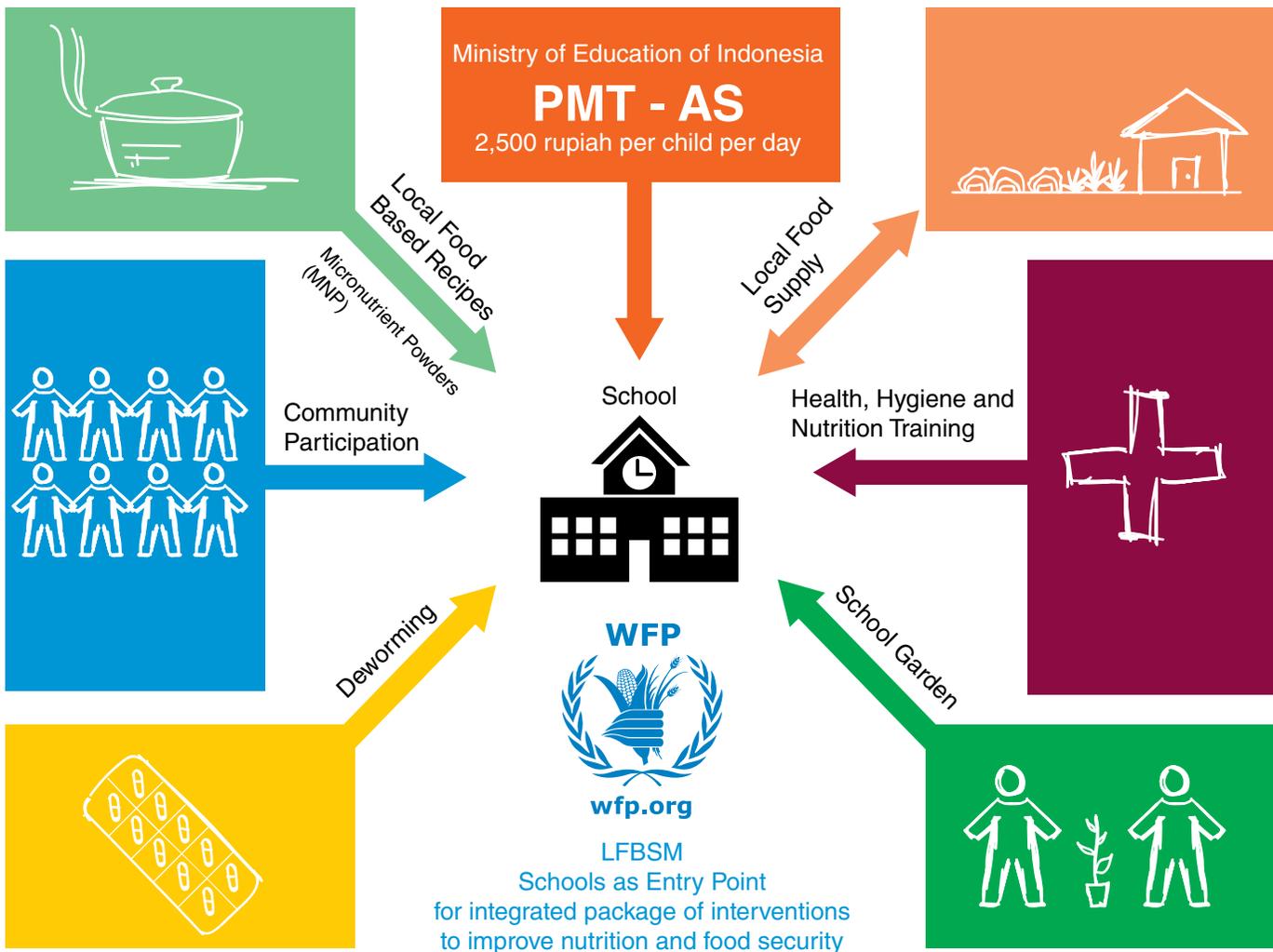


Figure 9: Local food-based school meal programme (LFBSM)

This programme is a good example of how a holistic approach addresses the direct and underlying causes of child under-nutrition and how the different Project Laser Beam partners collaborated to implement the school meal programme.

In this set-up, multiple partners (global and local) work together with schools and local communities and governments across the Project Laser Beam programmatic pillars. Their goal is to improve the nutrient intake, nutritional status and health of school children, and to contribute to breaking the intergenerational cycle of undernutrition. At the same time, the involvement of local communities provides additional opportunities for income generation and behaviour change communication activities. As part of a multi-stakeholder and multi-sector approach:

- **Government of Indonesia (GoI)** takes the lead on this intervention. The local food-based school meals are part of the government's efforts to revitalise the national school feeding programme, an important social safety net programme. The Government of Indonesia has been involved in LFBSM at national, provincial, district and local level, monitoring implementation, providing ingredients for school meals, and providing technical support.
- **Communities** play a key role in the programme. Parents contribute time to cook the meals at schools and provide additional locally grown ingredients, and the local farmer association receives WFP support to meet the quality and quantity requirements of the programme.
- **WFP** supports the authorities in coordinating the overall implementation of the LFBSM programme, playing a bridging role between policy and practice, and between the diverse stakeholders; monitoring the programme; and procuring and distributing the main commodities to the schools.
- **DSM** provides micronutrient powders (MNPs) which are added to school meals to optimise nutrient content and reduce micronutrient deficiencies. DSM also supports advocacy, capacity building and behavioural change communication on MNP, health and nutrition.

- **Unilever** funds the provision of the local food-based fortified school meals and has developed a full behavioural change package to improve good nutritional practices. It also rolls out hand-washing campaigns to the schools.
- **Mondelez International Foundation** funds the Homestead Food Production (HFP) model, encouraging families to grow micronutrient-rich crops, raise poultry and implement aquaculture.
- **Helen Keller International-Indonesia (HKI)** rolls-out the HFP model implemented by the Rapid Action on Nutrition and Agriculture Initiative (RANTAI) programme.
- **Indofood** (PT Indofood Sukses Makmur Tbk), a publically listed Indonesian food solutions company, provides reformulated complementary food to vulnerable children in rural areas of East Nusa Tenggara. Indofood also works with DSM to package micronutrient powders for school children.
- **GAIN** coordinates overall Project Laser Beam performance monitoring. GAIN has developed a monitoring and evaluation framework and supports twice-yearly reporting and analysis of all partners' results.

Similar examples are also being implemented in Bangladesh where the Project Laser Beam multi-stakeholder and multi-sector approach is key to wider market-based solutions on child nutrition (e.g., rice fortification, complementary food supplement, etc.

Beneficiary Story- Margaritha

"My dream is to become a teacher, like my mummy".

Six-year-old Margaritha is a first grade student at an elementary school in West Timor, Eastern Indonesia. When she grows up, she wants to become a kindergarten teacher, like her mother.

Margaritha lives in the village of Fatukanutu, in a district where only 8.5% of children graduate from high school. Most children who, like Margaritha, live in remote areas will never have the opportunity to go to university. The lucky few who have the chance to even go to primary school face the reality of hunger on a daily basis; only a limited

number of West Timor schools are enrolled in Indonesia's national School Canteen Programme (PMT-AS), which provides elementary schools with a small budget to purchase local snacks for students. With the limited reach of this programme, it is hard for children in the schools not covered by the PMT-AS to concentrate on their studies when they are distracted by empty stomachs.

Fortunately for Margaritha, her school is part of WFP's "Local Food Based School Meal" programme. A typical meal consists of a warm, nutritious porridge made from local ingredients, such as maize, bananas, mung beans and fresh coconut. Eating a healthy meal in the morning enables Margaritha to concentrate throughout the school day and fuels her creativity. "Margaritha gets really excited to go to school on the days the warm porridge is served" says her mother. "As a teacher I see the difference; students are more active in class with full tummies". WFP's nutritious recipe is a health booster in areas where food is scarce and diets are poor, and it encourages parents to send their children to school. Most families in West Timor can afford to eat only maize and a few vegetables every day. Margaritha's family eats meat only twice a month, on special occasions.

When Margaritha comes back from school, she helps her mother clean the house and does her homework sitting on the floor; then she works on creative projects with her sister, Angel. Margaritha's father is a carpenter, and she has inherited his creativity. She and her sister recycle old carton boxes and papers to make photo frames and other decorations for the house. Margaritha is a bright, self-confident and creative child. WFP is helping ensure that hunger will not hold her back from accomplishing her dreams.



Case Study 2: Maternal and Child Nutrition (MCN) in Indonesia

The WFP Maternal and Child Nutrition (MCN) programme focuses on the South Central Timor district in the province of East Nusa Tenggara, a highly vulnerable area of the country, both in terms of food security and undernutrition.

In close partnership with the Government of Indonesia and other key stakeholders, including the private sector, WFP has developed intervention models and analytical tools aimed at strengthening evidence on the importance of increasing access to adequate nutrients for the most vulnerable, in particular during the first 1,000 days of life (from pregnancy to two years).

One strategy has been to raise awareness on the importance of economic access as a barrier to meeting household nutrient requirements in different areas of Indonesia through the Cost of Diet study. This study supports advocacy for appropriately targeted public social safety net or market based strategies to fill the nutrient gap.

Another key strategy has been to improve the nutrient content of existing specialized complementary foods for children six to 24 months, and to develop new products such as Lipid-based Nutrient Supplement (LNS) in collaboration with the private sector, so increasing accessibility of these products for vulnerable communities.

The third strategy has been to develop evidence through programme experience in East Nusa Tenggara and use it for policy advocacy and dialogue at the national level on food and nutrition security.

Coordination with other UN agencies on nutrition has also been strengthened to provide support to the government and other stakeholders in this area.

MCN programme components in South Central Timor include:

- The reformulation and provision of locally produced fortified complementary food for children six to 24 months for prevention of stunting. The fortified blended food was produced by local company Indofood.
- Development and provision of a medium dose LNS named Kaziduta. LNS are ready-to-use foods which provide a range of vitamins and minerals, as well as energy, protein, and essential fatty acids (EFA) for prevention of wasting during the lean season. This LNS was developed locally with private sector company Garuda Food.
- Provision of high energy biscuits for pregnant and lactating women.
- Behaviour change communication on nutrition, health and hygiene to improve practices at the household and community levels. Entry points for the dissemination of key messages are multiple, including community health community leaders and primary schools.

- Capacity strengthening of local health staff at primary health care level (puskesmas) and for posyandu on growth monitoring and counseling for infant and young child feeding (IYCF).
- Implementation of nutrition-sensitive interventions aimed at improving consumption of micronutrient-rich food at the household level (through home gardens and food for assets schemes). Evidence creation related to the effectiveness and cost-effectiveness of this model.

In 2013, WFP reached 10,000 children aged six to 23 months, and 5,000 pregnant and lactating women in 340 community health posts in 14 sub-districts of South Central Timor.



Figure 10: Examples of behaviour change communication on nutrition and health and hygiene aims to improve practices at the household and community level.

References

- ¹ Hoddinott J, Alderman H, Behrman JR, et al. The economic rationale for investing in stunting reduction. *Maternal and Child Nutrition* 2013;9 (Suppl.2):69–82.
- ² This figure includes the reach of GAIN's national programme to fortify vegetable oil with vitamin A, which has been estimated based on the size of the population in the East Nusa Tenggara province (the targeted geography for Project Laser Beam in Indonesia).
- ³ Maternal and child undernutrition and overweight in low-income and middle-income countries, Robert E Black, Cesar G Victora, Susan P Walker, Zulfiqar A Bhutta, Parul Christian, Mercedes de Onis, et al, *The Lancet*, 3 August 2013 (Volume 382 Issue 9890 Pages 427-451)
- ⁴ UNICEF, WHO, World Bank. Levels and trends in child malnutrition. Joint child malnutrition estimates. New York, NY: United Nations International Children's Fund; Geneva: World Health Organisation; Washington, DC: World Bank, 2012.
- ⁵ The Lancet, "Maternal and Child Undernutrition," Special Series, January, 2008.
- ⁶ Repositioning Nutrition as Central to Development, World Bank, 2006
- ⁷ Child Growth = Sustainable Economic Growth: Why we should invest in nutrition, Haddad, L., May 2013
- ⁸ This figure includes the reach of GAIN's national programme to fortify vegetable oil with vitamin A, which has been estimated based on the size of the population in the East Nusa Tenggara province (the targeted geography for Project Laser Beam in Indonesia).
- ⁹ REACH was established in 2008 by the Food and Agricultural Organisation (FAO), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), and the World Health Organisation (WHO) to assist governments of countries with a high burden of child and maternal undernutrition to accelerate the scale-up of food and nutrition actions. <http://www.reachpartnership.org/>
- ¹⁰ <http://www.reachpartnership.org/about-reach>
- ¹¹ SUN is a Movement founded on the principle that all people have a right to food and good nutrition. It unites people—from governments, civil society, the United Nations, donors, businesses and researchers—in a collective effort to improve nutrition <http://scalingupnutrition.org/>
- ¹² An introduction to the Scaling Up Nutrition Movement, SUN Movement, February 2014
- ¹³ Catalysing Transformational Partnerships between the United Nations and Business, published by the UN Global Compact Office, September 2011
- ¹⁴ WHO Fact Sheet on Children: Reducing mortality, September 2013
- ¹⁵ Unleashing the power of business: A practical Roadmap to systematically engage business as a partner in development, The Partnering Initiative, 2014 <http://www.bpdroadmap.org/action-examples-2/>
- ¹⁶ Adapted from the WFP Bangladesh Lifecycle Nutrition Approach (2012-2016)
- ¹⁷ WFP Bangladesh Nutrition Strategy 2012-2016, Juliana Muiruri, Philip Hulcome, Britta Schumacher, Monira Parveen, Farzana Bilkes, and Syeda Sajia Mehjabeen, March 2012
- ¹⁸ International Code on Marketing of Breastmilk Substitutes, World Health Organisation, Geneva 1981
- ¹⁹ In Bangladesh, prevalence of stunting among children under five years of age is 41% and prevalence of wasting among children under five years of age is 15.6% (Bangladesh Demographic and Health Survey 2011). In Indonesia, prevalence of stunting among children under five years of age is 36% and prevalence of wasting among children under five years of age is 13% (UNICEF, SOCW 2013)
- ²⁰ World Food Programme: Two minutes to learn about school meals, July 2014
- ²¹ Pneumonia and Diarrhoea: Tackling the Deadliest Diseases for the World's Poorest Children. Rep. New York: UNICEF, 2012.
- ²² Curtis, V. & Cairncross, S. (2003). Effect of washing hands with soap on diarrhoea risk in the community: a systematic review. *The Lancet Infectious Diseases*. 3(5), 275-281.
- ²³ Homestead food production model contributes to improved household food security, nutrition and female empowerment – Experience from scaling-up programs in Asia (Bangladesh, Cambodia, Nepal and Philippines), Helen Keller International, *Nutrition Bulletin*, Vol. 8 Issue 1, March 2010
- ²⁴ Homestead food production model contributes to improved household food security, nutrition and female empowerment – Experience from scaling-up programs in Asia (Bangladesh, Cambodia, Nepal and Philippines), Helen Keller International, *Nutrition Bulletin*, Vol. 8 Issue 1, March 2010
- ²⁵ Aparajita means woman who never accept defeat.
- ²⁶ www.jitabangladesh.com/
- ²⁷ The Importance of Women's Status for Child Nutrition in Developing Countries, Smith, Research Report 131 International Food Policy Research Institute, Lisa C. Smith, Usha Ramakrishnan, Aida Ndiaye, Lawrence Haddad, Reynaldo Martorell, Frances Stewart U. K, 2003
- ²⁸ Riskesdas report, 2010, Ministry of Health, Indonesia

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